GI Cancer

What you and your family need to know
The GI Cancer Institute is Australia’s only independent, non-profit organisation with the specific aim of raising awareness and funds to carry out clinical trials and research to test and improve treatments for gastro-intestinal (GI) cancers: a term for the group of cancers that affect the digestive system. This includes cancer of the oesophagus, stomach, liver, pancreas, gallbladder and biliary tract, large and small bowel, rectum and anus.

These trials are conducted by the Australasian Gastro-Intestinal Trials Group (AGITG), a multi-disciplinary collaborative group of medical and research professionals. Since 1991 this network of health professionals have been working to improve medical treatments for people with GI cancers.

**Our vision is to create a world free from GI cancers.**

We put patients with GI cancer at the centre of our research, saving and improving lives by accelerating the pace of discoveries that lead to cures. Our dedicated group of research and health professionals turn bold new ideas into life-saving clinical trials that help patients as quickly as possible.

**Our clinical trials make a difference in three key ways:**

- Providing access to the latest cutting-edge treatments for GI cancer patients
- Improving future treatments by delivering significant findings
- Providing information that influences the direction of best medical practice.
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What is GI cancer?

Gastro-intestinal (GI) cancer is a term for the group of cancers that affect the digestive system. These include cancer of the oesophagus, stomach, gallbladder and bile duct, liver, pancreas, bowel, rectum and anus.

Gastro-intestinal cancer is Australia’s most common form of cancer – with close to 29,000 new diagnoses each year. GI cancers in Australia cause more than 13,800 deaths a year – 38 per day. This is more than the combined total of deaths from breast and prostate cancer.

Estimated five-year survival rates for GI cancers in 2019:

<table>
<thead>
<tr>
<th>Location</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oesophagus</td>
<td>22%</td>
</tr>
<tr>
<td>Stomach</td>
<td>30%</td>
</tr>
<tr>
<td>Liver</td>
<td>18%</td>
</tr>
<tr>
<td>Gallbladder &amp; Bile Duct</td>
<td>20%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>9.8%</td>
</tr>
<tr>
<td>Small Bowel</td>
<td>66%</td>
</tr>
<tr>
<td>Bowel/Colorectal</td>
<td>69%</td>
</tr>
<tr>
<td>Anus</td>
<td>68%</td>
</tr>
</tbody>
</table>

Most commonly diagnosed form of cancer in Australia

51% 5-year survival rate

28,900 new cases were diagnosed in 2019 (estimated)
Oesophageal Cancer

Oesophageal cancer occurs when malignant cancer cells have formed in the tissue of the oesophagus, the tube that transports food from your mouth to your stomach. Oesophageal cancer can occur in any part of the oesophagus and within different cells.

Oesophageal cancer that occurs in the cells lining the mucosa (the inner layer of the oesophagus) is called squamous cell carcinoma. They are more frequently found in the upper and middle sections of the oesophagus.

Oesophageal cancers in the lower part of the oesophagus usually arise from the glandular cells of the mucosa. The role of these glands is to produce mucus, which helps make swallowed food slide more easily down the oesophagus. These types of cancer are called adenocarcinomas of the oesophagus. In Australia and western countries, oesophageal cancer is more commonly found in the gastro-oesophageal junction – the lower end of the oesophagus where it joins the stomach.

Stomach Cancer, Gastrointestinal Stromal Tumour and Neuroendocrine Tumours

Stomach cancer is when malignant cancer cells form in the wall of the stomach. The most common form of stomach cancer occurs in the innermost layer of the stomach called the mucosa, which has glands that produce fluids that break down food during digestion. This type of cancer is called “gastric adenocarcinoma”. Linitis plastica is a less common type of adenocarcinoma which spreads to the walls of the stomach wall and makes it thicker and more rigid.

The stomach is an organ in the upper abdomen that helps digest food and absorb any important nutrients before the food moves to the intestines. Stomach cancer is a slow-growing cancer that begins in the stomach lining and, if not detected early, can spread to the outer layers of the stomach. Afterwards the stomach cancer can invade through the stomach wall and enter the blood stream or lymph nodes.

In Australia, around 2,462 people were diagnosed with stomach cancer in 2019. Males are approximately twice as likely as females to be diagnosed with it. Individuals with stomach cancer have a 30% chance of surviving past five years after their initial diagnosis.

Other less common types of stomach cancer include Gastrointestinal Stromal Tumour (GIST), which develop in the connective tissue in the stomach wall, squamous cell carcinomas and carcinoid tumours. Neuroendocrine tumours (NETs) are when malignant cancer cells form in the neuroendocrine system. This is a network of glands and nerve cells that produce and release hormones into the bloodstream to control how our bodies function normally. NETs are usually slow growing tumours, but NET growth can also be aggressive and spread to other parts of the body.
Types of GI cancer

Liver Cancer
Liver cancer occurs in two situations: primary liver cancer when malignant cells first form and spread in the liver, and secondary liver cancer where cancer that began in another part of the body has later spread to the liver.

The liver is the second largest organ of the body and is part of the digestive system. It is in the upper right side of the abdomen, next to the stomach. The liver plays an important role by filtering waste products from the blood, and breaking down foreign substances, such as alcohol and drugs. The liver is also responsible for producing bile to help dissolve fats so that it can be easily digested.

Liver cancer is the fourth highest cause of cancer related deaths worldwide. In Australia, liver cancer is not common compared to other cancer types. Around 2,599 cases of liver cancer were diagnosed in 2019.

Liver cancer is usually diagnosed when it is at an advanced stage. Survival outcomes are influenced by the health and age of the patient in addition to any pre-existing liver problems, such as cirrhosis, liver disease or infection with hepatitis.

Liver cancer is twice as common in men as women. The five-year survival rate after initial diagnosis is 18.5%.
Gallbladder and Biliary Tract Cancer

Gallbladder cancer affects the gallbladder, a small pear-shaped organ located in your upper abdomen next to the liver. The role of the gallbladder is to store fluid called bile. The liver produces bile to help digest and absorb fats in the small bowel (or small intestine).

There are several types of gallbladder cancers, named after the type of cell it affects. Gallbladder cancer begins in the mucosal inner layer of the gallbladder and spreads through the outer layers. More than 85% of gallbladder cancer types are adenocarcinomas that start in the gland cells lining the gall bladder. The role of the gland cells is to produce mucous, a thick fluid that coats the lining of the gallbladder tissue.

Biliary tract cancer is a rare cancer that affects the bile tract. The bile tract is made up of tubes that transport the bile produced by the liver into the small intestine. There are two bile ducts that come from the liver and one from the gallbladder. These tubes connect to form the common bile duct that connects to the small intestine. When food is being digested, bile stored in the gall bladder is released and passed through the bile ducts into the small intestine.

In Australia, around 965 people were diagnosed with either gallbladder or biliary tract cancer in 2019. The average rate of incidence for Australians is 3 out of every 100,000 people. For people diagnosed with gallbladder or biliary tract cancer, there is a 20.1% chance that they will be alive 5 years later.

Pancreatic Cancer

Pancreatic cancer develops when malignant cancer cells, which are abnormal cells with uncontrolled growth, occur in parts of the pancreas. 90% of pancreatic cancers arise from exocrine cells, which are pancreatic cells that secrete substances to help the digestion of food.

The pancreas is a small gland, around 13cm long, located behind the stomach and joined to the start of the small intestine, called the duodenum. The role of the pancreas in the digestive system is to produce hormones that help regulate blood sugars and enzymes that help the body digest food.

Pancreatic cancer begins in the lining of the pancreatic duct and spreads into the body of the pancreas. Cancerous cells can then spread further into the pancreatic blood vessels and nerves, blocking the bile duct. Afterwards, the cancer can also enter the lymphatic system and bloodstream and spread to other organs.

Around 3,599 people in Australia were diagnosed with pancreatic cancer in 2019. There is an estimated average of 9 new cases a day and 8 deaths a day. Pancreatic cancer is more common in older age groups. The five-year survival rate for pancreatic cancer is 9.8%. 
Types of GI cancer

**Bowel Cancer**

Bowel cancer, also known as colorectal cancer, is when malignant cancer cells grow in the wall of the large bowel. This includes the large intestine, and rectum, which are all part of the lower digestive tract. Cancers that affect the small bowel (or small intestine) are very rare.

Bowel cancer occurs when the cells of the large bowel lining begin to grow uncontrollably and turn into a cell clump called a polyp or an adenoma. Most polyps are benign and are not malignant or cancerous. However, when polyps are undetected they can become cancerous. Most bowel cancers originate from cancerous polyps that spread to other organs.

The most common type of bowel cancer is called an adenocarcinoma, named after the glandular cells in the lining of the bowel where the cancer first develops. Other rarer types include hamartomas, mesenchymal tumours, neuroendocrine tumour, and lymphomas.

In 2019, bowel cancer was the third most commonly diagnosed type of cancer in Australia and the second leading cause of cancer death. Up to 16,398 new cases were diagnosed. The risk of bowel cancer increases with age. Individuals diagnosed with bowel cancer have a 69.9% chance of surviving longer than five years.

**Anal Cancer**

Anal cancer is when malignant cancer cells form in the tissue in the anus. Anal cancer usually occurs in two areas: where the anal canal meets the rectum or in the skin just outside the anal opening. Anal cancer is a rare cancer, with approximately 484 people diagnosed in Australia each year. The risk of anal cancer increases with age but it can occur at any age. It is more common in women than men.

Most common types of anal cancer have a very good long-term prognosis, especially if the cancer is found early. The five-year survival rate for anal cancer is 68.9%.
Can GI cancer be prevented?

It is possible to reduce your risk of GI cancer. The risk of developing most GI cancers is reduced by:

• **Eating a healthy diet** with plenty of fruit, vegetables, wholegrain food and fish, and reducing your consumption of fatty foods, red meat and processed meats;

• **Reducing consumption of alcohol and not smoking**;

• **Participating in regular exercise** and maintaining a healthy weight;

• **Being aware of your medical conditions** that may increase your risk of developing GI cancers;

• **Understanding your gastro-intestinal health** and learning about the way your body naturally functions so that you can recognise any changes in bowel habits;

• **Participating in screening programs** after the age of 50.

*Genetic inheritance (family history of cancer) can also be a factor in some GI cancers. In some of these cases, screening is available that may help to identify a cancer and allow surgery or treatment at an earlier stage. If you’re aware of a strong family history of GI cancer, discuss this with your GP.*
Cancer can cause physical and emotional strain. It is therefore important to look after your general health and wellbeing as much as possible.

**Maintain a healthy diet and weight**

Eating right can be hard for anyone, and can be even harder during and after cancer treatment. This is especially true for cancers that affect the digestive tract like bowel cancer.

GI cancers and their treatments may affect what foods you can eat and how your body digests foods. You may find that some foods you had previously eaten may cause digestive problems. You may also find that you feel full more quickly, don't feel like eating, or may have lost your sense of taste. Some patients with bowel cancer have problems with nausea, diarrhoea, sweating, and flushing after eating.

It’s important to make sure you eat and drink enough to maintain your weight and avoid malnutrition. If you are eating less than usual, it is often recommended to choose high energy, high protein foods. If you need help with your diet, ask your doctor for a referral to a dietitian with experience in cancer care.

**Stay active**

Physical activity may help to reduce tiredness and improve your mood. There is emerging data of the association of physical activity with lower risk of GI cancer. Speak to your doctor about the amount and type of exercise that would be best for you.

**Complementary and alternative therapies**

Some people with cancer choose to use complementary or alternative treatments alongside their conventional cancer treatments. It is very important that you tell your doctor about any complementary medicines you are using or thinking about trying, as some may interact with or reduce the effectiveness of the cancer treatment your doctor has recommended. They may also have unwanted side effects.

**Relationships with others, sexuality and intimacy**

Having cancer can affect your relationships with family, friends and colleagues. Give yourself time to adjust to what’s happening and do the same for others.

Having GI cancer and its treatment can also affect the way you feel about your body, your intimate relationships, the way you express yourself sexually and your sexual feelings (your ‘sexuality’). These changes can be very upsetting.

If you are able to have sex, your doctor may advise you to use contraception to protect your partner or to avoid pregnancy. Your doctor will talk to you about any precautions you may need to take. If having children is important to you, talk to your doctor before starting treatment.

*If you would like to discuss things further, ask your doctor for a referral to a counsellor.*
Helpful tips to maintaining a healthy weight:
• Eat what appeals to you
• Try different foods to see which ones you can tolerate best
• Snack often during the day (eat small meals every 2-3 hours, rather than 3 large ones)
• Eat slowly (this can help stop you from feeling full too quickly)
• Stay hydrated – drink liquids between meals
• Ask family and friends for help with cooking when you don’t feel well
• Speak to a dietitian for advice

Fig and Walnut Porridge

**Ingredients**
• 1 cup traditional rolled oats
• 1 1/2 – 2 cups skim milk (or soy/almond milk – look for varieties fortified with calcium when choosing alternative milk product)
• Sprinkle of cinnamon
• Sprinkle of nutmeg
• 1 pear (stewed)
• 2 figs cut into small pieces (can replace fig with raspberries)
• 1/2 cup toasted walnuts
• 1 tsp honey

**Method**
1. Place oats, spices and milk into a small saucepan.
2. Bring to the boil, then reduce to medium heat, stirring for 5 minutes, or until oats are thick and creamy.
3. Pour the cooked oats into a bowl and top with sliced poached pear, fig or raspberries and toasted walnuts and drizzle with honey.
Depression and anxiety

Being diagnosed with cancer leads to a wide range of reactions in different people. Many people experience strong emotional responses to cancer and its treatment. There can be fear, sadness, anger, fatigue, anxiety and fear of the cancer returning. Sometimes these emotions last longer than the disease or the treatment.

After being diagnosed with cancer, a period of sadness is normal. If you continue to feel sad or overwhelmed, if you have trouble getting up in the morning or if you no longer want to do things that previously gave you pleasure, you may be experiencing depression. This is common among people who have cancer. You may need help to deal with this.

Ask your doctor for advice. Your doctor can also refer you to a psychologist or psychiatrist for help, or can provide you with helpful information.

*Some useful websites you can go to for information about depression and anxiety:*

**Beyond Blue**

**Black Dog Institute**

<table>
<thead>
<tr>
<th>Signs of anxiety</th>
<th>Signs of depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Constantly feeling agitated or angry</td>
<td>• Always feeling low or flat</td>
</tr>
<tr>
<td>• Having difficulty sleeping</td>
<td>• Losing interest in things that used to be enjoyable</td>
</tr>
<tr>
<td>• Having difficulty concentrating or making decisions</td>
<td>• Having difficulty sleeping</td>
</tr>
<tr>
<td>• Avoiding distressing issues and situations</td>
<td>• Poor appetite (although this may be due to cancer treatment)</td>
</tr>
<tr>
<td>• Feeling a constant need for reassurance</td>
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</tbody>
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Managing financial stress

People diagnosed with cancer often worry about how they will manage the cost of treatment as well as being able to meet daily living expenses, especially if they are not able to work for a period of time during or after treatment. For some people, financial stress can lead to depression and anxiety.

If you are struggling financially, help is available. The Financial Planning Association of Australia (FPA) offers a Pro Bono Financial Planning Service for individuals and families affected by cancer. If you need financial assistance and counselling, you can contact Financial Counselling Australia (FCA) for help.

Some useful websites you can go to for information about financial assistance:

Financial Planning Association of Australia (FPA)
fpa.com.au/fpa-community/pro-bono-service

Financial Counselling Australia
financialcounsellingaustralia.org.au

Concerns about discrimination

Many people with cancer worry that they will be discriminated against or sacked if they need time off work for treatment. Being discriminated against at work because you have cancer is against the law and Australian employers are required to take reasonable steps to accommodate an employee’s illness. If you feel that you are being unfairly treated or discriminated against because of your illness or treatment, you can contact the Fair Work Ombudsman for help.

More information about fairness in the workplace can be found on the following websites:

Fair Work Commission
fwc.gov.au

Fair Work Ombudsman
fairwork.gov.au
Caring for someone who has cancer can be a difficult and emotional time. It may be hard for the patient to take part in daily planning and decision-making because they’re dealing with the physical, emotional, and social effects of cancer and treatment. As a caregiver, you can have a significant influence on how the patient deals with their illness.

Caregivers may be partners, family members, or close friends. Caregivers are an important part of the patient’s care team. As a caregiver, you may find yourself working closely with the patient’s care team and assisting with medications, managing side effects and helping to co-ordinate the patient’s care. Your encouragement can help the patient stick with their treatment plan and take other steps to get well, like eating healthy meals or getting enough rest.

Here are some things you can do when caring for someone with cancer:

• **Help with day-to-day tasks** – Help with simple activities like, shopping and preparing food, cleaning the house, doing laundry, paying bills.

• **Help with patient care** – Help patients get to and from doctors’ appointments, know how to manage medical problems at home, and know when to seek medical help.

• **Help the patient live as normal a life as possible.**

• **Provide emotional support** – Let the patient know you’re available, and encourage the patient to share their feelings, but do not press the issue.

You might find that the person you’re caring for is angry, quiet and withdrawn, or just sad. If they keep acting very sad or withdrawn, you might want to talk to the cancer care team about what could be causing it and what can be done.

• **Respect the patient's need to share, to remain quiet or to be alone** – Take your cues from the person with cancer. Some people are very private while others will talk more about what they’re going through.

• **Take care of yourself** – Care giving is a hard job, and many caregivers are there for their loved ones 24 hours a day for months or even years. Give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

*If you, or someone you know, is caring for someone with GI cancer, there is support available. Speak to your doctor or local cancer centre about carers’ services and support groups in your area.*
Where to get help

If you, or a family member or friend, have been recently diagnosed with GI cancer, you may feel overwhelmed, scared, anxious and upset. These are all normal feelings.

Talking to someone who understands or who has had the same cancer or similar experiences to you can help. Sharing experiences, challenges and success with others who are in the same situation as you can reduce stress and feelings of isolation.

Contact with others may also provide you with reassurance that what you are experiencing is normal and usual as part of having cancer.

Ask for support from family and friends. Your doctor can also refer you to local services and relevant support groups.

Many useful resources are also available on the internet. The websites listed are good sources of support and information.

References:

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GI cancers are amongst the least funded in Australia, compared to their impact in lives lost. Pancreas, oesophagus, stomach and bowel cancer have all fared significantly worse in funding than other major cancers such as leukaemia, melanoma, breast and prostate cancers, when compared to the number of deaths they caused.³

"We need to raise community awareness of gastro-intestinal cancers and funding for research – to match their devastating burden of death and disease."

Russell Conley,
Chief Executive Officer,
GI Cancer Institute & AGITG

To make an online donation go to gicancer.org.au/Donate or phone 1300 666 769

Our Privacy Policy is available on our website www.gicancer.org.au and contains further details about: (i) how we obtain, store and use the personal information we collect; (ii) where we send it; (iii) how you can access and correct it; (iv) how you can lodge a privacy complaint; (v) how we handle those complaints. You may contact our privacy officer with any queries via email: info@gicancer.org.au or mail: PO Box M250 Missenden Road NSW 2050 or telephone: 1300 666 769.