

Bowel Cancer Explained

**Pan Birmingham
Cancer Network**

Patient Information 

Introduction

This leaflet explains what bowel cancer is, symptoms, possible causes, how it is diagnosed, and how it may be treated.

You have received a diagnosis of:

Your consultant surgeon is:.....

Your nurse specialist / key worker is:

The treatment options discussed with you today were:

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To understand bowel cancer it helps to have some knowledge of how your body works.

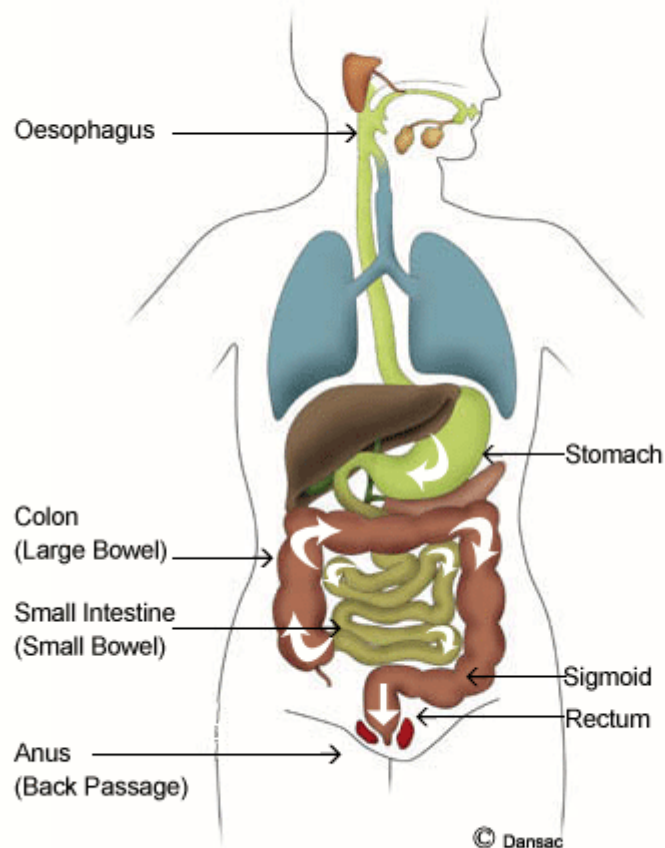
The Digestive System

When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), a coiled tube many feet long where food is digested and nutrients (things your body needs) are absorbed.

The semi-liquid food is then passed into the colon (large bowel), a wider, shorter tube, where it becomes faeces (waste). The main job of the colon is to absorb water into our bodies so making the faeces more solid.

The faeces then enter the rectum (storage area). When the rectum is full, we get the desire to open our bowels. The waste is finally passed through the anus (back passage) when going to the toilet.

THE DIGESTIVE SYSTEM



What is cancer?

The tissues and organs of the body are made up of cells. These age and become damaged and need to repair and replace themselves continually. Normally, this takes place in a structured and orderly fashion. Sometimes, this process goes wrong and cell division and repair gets out of control and a growth forms. This growth is called a tumour.

A tumour may be benign (non-cancerous) or malignant (cancerous). In a benign tumour the abnormal cells develop to form a growth but do not spread, although the tumour can become large and press on other organs.

A malignant tumour can spread to invade and possibly destroy surrounding tissues. Cancer cells can also spread to other organs in the

body through the blood stream or the lymph glands. The cells can continue to grow and form a new tumour in another place, which is often called a 'secondary' or a metastases.

Cancer is not a single disease with a single cause and a single type of treatment. There are over 200 types of cancer, each requiring different treatments.

What is bowel cancer?

In this leaflet, the term 'bowel cancer' is used to describe both:

- Cancer of the large bowel (colon)
- Cancer of the back passage (rectum)

Collectively these cancers are known as colorectal cancers.

How does bowel cancer develop?

Bowel cancer usually develops from a polyp in the bowel. A polyp is a type of growth that forms in the lining of the bowel. Most polyps remain benign but, if left untreated, some may turn into a cancerous tumour. Removal of polyps can prevent bowel cancer.

What causes cancer of the bowel?

Little is known regarding the cause of bowel cancer, although we are aware of some risk factors. Most of these are associated with lifestyle:

- 'Western' type diet - high meat intake (particularly processed meat: sausages, bacon, burgers and ham). Low intake of vegetables and possibly fruit
- Inactive lifestyle
- Smoking
- Obesity
- Some inflammatory bowel diseases
- A family history of bowel cancer - if two or more members of your immediate family have had bowel cancer or one member of your family was diagnosed under the age of 45.

What are the symptoms of bowel cancer?

Symptoms vary according to the position and size of the cancer. The following can be **possible** symptoms of bowel cancer and include:

- A persistent change in bowel habit for 6 weeks (going to the toilet more often, or trying to go, or looser, more diarrhoea like stools, or severe constipation)
- Repeated bleeding from the back passage or blood in the bowel motion with no anal symptoms (no irritation, lumps, straining with hard stools or soreness)
- Unexpected weight loss
- Anaemia (unexplained tiredness and fatigue due to a low level of red blood cells)
- An unexplained lump in the tummy.

These symptoms do not definitely mean that someone has bowel cancer, however, they should always be taken seriously.

How do I know I have bowel cancer?

Bowel cancer is usually diagnosed using the results from a number of tests and investigations:

- Flexible Sigmoidoscopy
- Colonoscopy
- Barium Enema
- Ultrasound Scan
- CT Scan
- MRI Scan
- Virtual colonography
- Blood Tests.

How is bowel cancer treated?

There are 3 standard types of treatment for bowel cancer. These are surgery, radiotherapy and chemotherapy. Each of these can be used alone or in combination with each other, depending on the extent and location of the disease.

When a diagnosis of bowel cancer is made, each individual case is discussed at a multi-disciplinary team (MDT) meeting to consider which treatment(s) may be the best option. The members of the team consist of: colorectal consultant surgeons; consultant oncologists (cancer specialists); radiologists (a doctor who interprets X-rays and scans); pathologists (a doctor who examines tissues under a microscope to assist

diagnosis); colorectal nurse specialists in cancer and other doctors and health professionals with an interest in cancer.

Following the MDT meeting your consultant surgeon will meet with you and discuss the results of your investigations and the treatment options that should be undertaken in your case. Your surgeon will also answer any questions you have on the benefits and risks of these treatments. Once a treatment plan has been agreed with you, the team should be able to offer you a date to start treatment within 31 days.

What type of surgery is performed?

The type of operation performed depends on the extent and position of your cancer. Where possible the cancer and surrounding bowel and tissues will be removed and the two ends of the bowel joined back together. Sometimes a stoma (bag on the tummy to collect bowel waste) may need to be performed; this can be temporary or permanent.

Following surgery a pathologist examines the piece of bowel removed. The pathologist describes the growth of the cancer according to a system called Dukes' Staging. This is:

Dukes' Stage	Extent of Cancer
A	Cancer is confined to the wall of the bowel
B	Cancer has spread through the wall of the bowel
C	Cancer has spread to lymph nodes. It will probably although not always, have spread through the bowel wall
D	Cancer has spread to other sites, often the liver.

What is radiotherapy?

Radiotherapy involves directing a beam of radiation at the cancer; it is similar to having an X-ray. Radiotherapy is usually given on a daily basis as an outpatient over a period of time. Each treatment takes just a few minutes to complete and is painless. Courses of treatment are short (5 days) or long (4 to 6 weeks).

Radiotherapy can be used to:

- Shrink rectal cancer prior to surgery
- Relieve symptoms if surgery is not appropriate
- Reduce the risk of a cancer coming back after surgery
- Treat cancer if it comes back after surgery.

What is chemotherapy?

Chemotherapy is a systemic treatment in that it treats the whole body. It involves the use of anti-cancer drugs to destroy cancer cells or stop them from multiplying.

Chemotherapy may be given with long course radiotherapy before surgery.

Chemotherapy given after surgery is usually over a period of about 6 months as an out-patient.

Sometimes chemotherapy is used instead of surgery if an operation is judged not to be suitable.

Drugs may be given by injection into a vein or by mouth in a tablet form.

Often people who have seemingly the same disease have different treatments. This is because tumours can be of different sizes, different types and in different parts of the bowel and/or body. If chemotherapy is indicated, a consultant oncologist will explain which anti-cancer drugs are suitable for you and discuss the aims of treatment and any possible side effects.

What are clinical trials?

Research is continuing to find new or better ways of treating bowel cancer. All new drugs and treatments are developed through clinical trials. You may be asked to participate in these. This is completely voluntary and would be discussed with you in detail.

If you have any questions at all, please ask your consultant surgeon, oncologist or colorectal nurse. It may also help to write down questions as you think of them so you have them ready and bring

someone with you when you attend your outpatient appointments.

Local sources of further information

You can visit any of the health/cancer information centres listed below:

Birmingham Women's Healthcare NHS Trust

Health Information Centre
Birmingham Women's Healthcare NHS Trust
Metchley Park Road
Edgbaston
Birmingham
B15 2TG
Telephone: 0121 627 2608

Good Hope Hospital NHS Trust

Cancer Information and Support Centre
Good Hope Hospital NHS Trust
Rectory Road
Sutton Coldfield
B75 7RR
Telephone: 0121 378 6641

Heart of England NHS Foundation Trust

Patient Information Centre
Birmingham Heartlands Hospital
Bordesley Green East
Birmingham
B9 5SS
Telephone: 0121 424 2280
Email: healthinfo.centre@heartofengland.nhs.uk

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich
B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

The Cancer Information Service
Birmingham Treatment Centre
City Hospital
Dudley Road
Birmingham
B18 7QH
Telephone: 0121 507 3792
Fax: 0121 507 3816

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
University Hospital Birmingham NHS Foundation Trust
Queen Elizabeth Hospital
Edgbaston
Birmingham
B15 2TH
Telephone: 0121 697 8417

Walsall Primary Care Trust

Cancer Information & Support Services
Challenge Building
Hatherton Street
Walsall
Freephone: 0800 783 9050

For details of local cancer support groups and organisations, please ask your colorectal nurse.

Cancerbackup - Information in your language

Cancerbackup is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues: <http://www.cancerbackup.org.uk>

Cancerbackup's freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on freephone **0808 800 1234**, who will then link in a relevant interpreter. There are also 12 additional freephone lines specifically for speakers of the most common community languages. Lines are open Monday to Friday 9am-8pm.

(Source: <http://www.cancerbackup.org.uk>)

Freephone numbers:

Arabic: 0808 800 0130

Bengali: 0808 800 0131

Cantonese: 0808 800 0132

English: 0808 800 1234

French: 0808 800 0133

Greek: 0808 800 0134

Gujarati: 0808 800 0135

Hindi: 0808 800 0136

Polish: 0808 800 0137

Punjabi: 0808 800 0138

Turkish: 0808 800 0139

Urdu: 0808 800 0140

Vietnamese: 0808 800 0141

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website: <http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

Good Hope Hospital Trust
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Sandwell and West Birmingham NHS Trust
University Hospital Birmingham Foundation Trust
Walsall Hospitals NHS Trust

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