



Cancer Screening Programmes

BOWEL CANCER SCREENING

The Facts

What is the aim of this leaflet?

This leaflet gives you information about bowel cancer, and the benefits and risks of bowel cancer screening. It aims to help you make an informed choice about taking part in the NHS Bowel Cancer Screening Programme.

What is the purpose of bowel cancer screening?

- Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.
- Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

Is screening for bowel cancer important?

- About one in 20 people in the UK will develop bowel cancer during their lifetime.
- It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year (Cancer Research UK, 2005. *Cancerstats*).
- Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16% (Cochrane Database of Systematic Reviews, 2006. *Screening for colorectal cancer using the faecal occult blood test: an update*).

What is the NHS Bowel Cancer Screening Programme?

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. This age range is currently being extended to 60 to 74. People in the invitation age range are automatically sent an invitation, then their screening kit, so they can do the test at home. Your GP will provide your contact details, so it is important that he or she has your correct name and address.

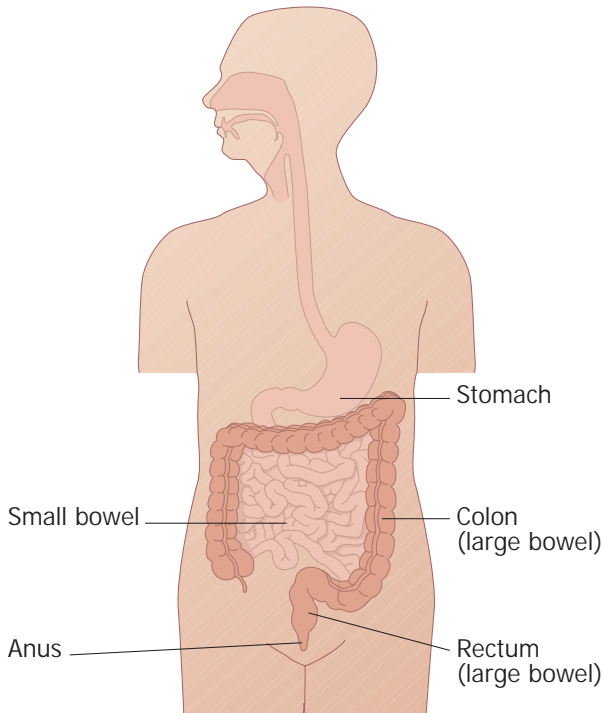
After your first screening test, you will be sent another invitation and screening kit every two years until you reach 69 (74 in areas where age extension has already started). If you are over the invitation age range, you can ask for a screening kit every two years by calling the Freephone number at the end of this leaflet (page 15).

What does the bowel do?

The bowel is part of our digestive system and is divided into the small and large bowel. The large bowel is made up of the colon and rectum.

Food passes from the stomach to the small bowel. After the small bowel takes nutrients into the body, any undigested food passes through the large bowel, where water is removed from the waste matter.

This waste matter is held in the rectum (back passage) until it leaves the body as bowel motions (also known as stools or faeces).



What is bowel cancer?

Bowel cancer is also known as colon, rectal or colorectal cancer. The lining of the bowel is made of cells that are constantly being renewed. Sometimes these cells grow too quickly, forming a clump of cells known as a bowel polyp (sometimes known as an adenoma). Polyps are not bowel cancers (they are usually benign), but they can change into a malignant cancer over a number of years. A malignant cancer is when cancer cells have the ability to spread beyond the original site and into other parts of the body.

Who is at risk of developing bowel cancer?

- Both men and women are at risk of developing bowel cancer.
- Your risk of developing bowel cancer increases with age. Eight out of 10 people who are diagnosed with bowel cancer are over 60.
- People with a family history of bowel cancer have an increased risk of developing the disease.
- People who take little exercise, people who are overweight, and people who have a diet high in red meat and low in vegetables, fruits and fibre are all thought to have an increased risk of developing bowel cancer.

How does the screening test work?

- The screening test detects tiny amounts of blood, which you cannot normally see, in your bowel motions. It is called the **Faecal Occult Blood (FOB) test** ('occult blood' means hidden blood).
- Polyps and bowel cancers sometimes bleed, which is why we screen for blood in your bowel motions.
- **The FOB test does not diagnose bowel cancer**, but the results will tell you whether you need an examination of your bowel (a colonoscopy).

How is the screening (FOB) test carried out?

You carry out the FOB test in the privacy of your own home. The screening kit provides a simple way for you to collect small samples of your bowel motions. You wipe the samples on a special card, which you then send in a hygienically sealed Freepost envelope to a laboratory for testing. There are detailed instructions with each kit. You may think that doing the test sounds a bit embarrassing or unpleasant, but it will only take a few minutes and it is an effective way to detect bowel cancer early.

When do I get my results and what do they mean?

You should receive a results letter from the laboratory within two weeks of sending in your sample. There are three types of results you could receive.

- A **normal result** means that blood was not found in your test sample. Most people (about 98 out of 100) will receive a normal result. A small number of these people will have repeated the test due to an unclear result beforehand.

A normal result does not guarantee that you do not have or will never develop bowel cancer in the future, so being aware of the symptoms of bowel cancer (see page 11) is very important.

You will be offered bowel cancer screening again in two years.

- An **unclear result** means there was a slight suggestion of blood in your FOB test sample. This could have been caused by conditions such as haemorrhoids (piles) or stomach ulcers. **Receiving an unclear result does not mean you have cancer, just that you need to repeat the FOB test.**

If you receive an unclear result, you will be asked to complete the FOB test up to two more times. This is necessary because polyps and cancers do not bleed all the time and it is important to find out whether or not there is blood in your stools. About four people out of every 100 will initially receive an unclear result. Most people who repeat the test will then receive a normal result.

- An **abnormal result** shows that blood may have been found in your FOB test sample – **it is not a diagnosis of cancer, but it does mean that you will be offered a colonoscopy.** The abnormal result may have been caused by bleeding from bowel polyps, rather than a bowel cancer. It may also have been caused by other conditions, such as haemorrhoids (piles).

About two in every 100 people doing the test will have an abnormal result. Sometimes, someone with an abnormal result will have repeated the test due to a previous unclear result.

If you receive an abnormal result, you will be offered an appointment with a specialist screening practitioner at a local screening centre, to discuss having a more detailed examination of your bowel (a colonoscopy), to see whether or not there is a problem that may need treatment.

Summary of screening results

| | |
|-----------------|--|
| Normal | No further tests are needed. You will be invited to take part in screening again in two years. |
| Unclear | Repeat the FOB test. |
| Abnormal | You will be offered an appointment to discuss colonoscopy at a local screening centre. |

What is a colonoscopy?

A colonoscopy is an investigation that involves looking directly at the lining of your large bowel. A thin, flexible tube with a tiny camera attached (a colonoscope) is passed into your back passage and guided around your bowel. If polyps are found, most can be removed painlessly, using a wire loop passed down the colonoscope tube.

These tissue samples will be checked for any abnormal cells that might be cancerous.

- About five in 10 people who have a colonoscopy will have a normal result (they do not have cancer or polyps).
- About four in 10 will be found to have a polyp, which if removed may prevent cancer developing.
- About one in 10 people will be found to have cancer when they have a colonoscopy.

A colonoscopy is the most effective way to diagnose bowel cancer. For most people, having a colonoscopy is a straightforward procedure. However, as with most medical procedures, there is the possibility of complications. These can include heavy bleeding (about a one in 150 chance) that needs further investigation or medical advice. The colonoscope can cause a hole (perforation) in the wall of the bowel (about a one in 1,500 chance). In extremely rare cases, colonoscopy may result in death. Current evidence suggests that this may only happen in about one in 10,000 cases.

For more information about colonoscopy, you can read our leaflet 'The colonoscopy investigation' (see page 15). We will also send this leaflet to anyone who is offered a colonoscopy appointment.

Remember, most people who complete the FOB test will not need a colonoscopy.

Do I have to have a colonoscopy if I have an abnormal FOB result?

If you have an abnormal result, you will be offered an appointment with a specialist screening practitioner. He or she will fully explain the colonoscopy procedure to you and assess your fitness for it. If you want to go ahead with the colonoscopy, the practitioner will book an appointment for you.

How reliable is bowel cancer screening?

- Bowel cancer screening has been shown to reduce the risk of dying from bowel cancer.
- Like all screening tests, the FOB test is not 100% reliable.
- There is a chance that a cancer can be missed if it was not bleeding when the screening test was taken.
- Bowel cancer may also start to develop in the two years between screening tests.
- It is important to be aware of the symptoms of bowel cancer in the two years between screening tests.

What are the symptoms of bowel cancer?

The most common symptoms of bowel cancer to look out for are:

- a persistent change in bowel habit, especially going to the toilet more often or diarrhoea for several weeks;
- bleeding from the back passage without any obvious reason;
- abdominal pain, especially if it is severe; and
- a lump in your abdomen.

Please remember that these symptoms do not necessarily mean that you have bowel cancer, but if you have one or more of these symptoms for four to six weeks, you should see your GP.

What if I need treatment for bowel cancer?

In the unlikely event that you are diagnosed with bowel cancer, a team of specialists will look after you. They will make sure that you get the best care and treatment at all times.

If bowel cancer is detected at the earliest stage, there is over a 90% chance of survival (Cancer Research UK, 2005. *Cancerstats*).

The main treatment for bowel cancer is surgery. In some cases, chemotherapy or radiotherapy may be offered.

If the cancer is in a polyp that has been removed during colonoscopy, regular check-ups may be all that is needed.

Not all bowel cancers detected by screening can be cured.

What happens to my sample once it has been tested?

Once the FOB test sample has been analysed, the result is recorded onto a database and the sample card is destroyed. We regularly review all screening records as part of our aim to offer you a good quality service and to help increase the expertise of specialist staff. This means that staff who work elsewhere in the health service will need to see your records.

For more information on how we keep records, you can contact NHS Direct on 0845 4647.

Summary

Before deciding whether or not you want to take part in bowel cancer screening, you may like to consider some of the benefits and disadvantages, and think about what is important to you.

- Bowel cancer is the second most common cause of cancer deaths in the UK. Taking part in bowel cancer screening reduces your chances of dying from bowel cancer.
- Bowel cancer screening can also detect polyps that may develop into cancer over time. Removing polyps during a colonoscopy can reduce your chances of developing bowel cancer in the future.
- There is a chance that a cancer can be missed if it was not bleeding when the screening test was taken.
- An abnormal test result means that you will be offered a colonoscopy. Most people who have a colonoscopy will not have cancer. Although rare, there are risks associated with having a colonoscopy.
- Not all bowel cancers detected by screening can be successfully treated.
- Although some people may find completing the FOB test unpleasant, it can be done in the privacy of your own home.

This leaflet was developed by Cancer Research UK, in association with the NHS Bowel Cancer Screening Programme and with advice from the English Bowel Cancer Screening Pilot.

It was also developed through consultation with the following charities.

- Beating Bowel Cancer
- Bowel Cancer UK
- Cancerbackup
- Men's Health Forum

More information and support

If you have any questions, or would like more information about screening for bowel cancer, you can:

- contact your programme hub on Freephone **0800 707 60 60**;
- talk to your GP;
- visit the NHS Cancer Screening Programmes website at www.cancerscreening.nhs.uk;
- visit the NHS Choices website at www.nhs.uk, or call **0845 46 47**;
- visit the MacMillan Cancer Support website at www.macmillan.org.uk, or call **0808 808 0000**;

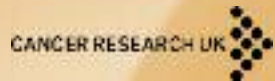
- visit the CancerHelp website at www.cancerhelp.org.uk, or call 0808 800 4040;
- visit the Bowel Cancer UK website at www.bowelcanceruk.org.uk, or call 0800 8 40 35 40;
- visit the Beating Bowel Cancer website at www.beatingbowelcancer.org, or call 08450 719 300;

If you are 70 or over, (75 or over in areas where the age range has been extended), and would like a bowel cancer screening kit, please call Freephone 0800 707 60 60.

Bowel Cancer Screening – The Colonoscopy Investigation. Available at www.cancerscreening.nhs.uk/bowel/publications/colonoscopy-investigation.html



Published by the Department of Health in association with NHS Cancer Screening Programmes, with advice and support from the Cancer Research UK Primary Care Education Group.



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273372 12p 1m Oct11 (HOW) (407928)
Produced by COI for the Department of Health
First Edition May 2006
Updated February 2011

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www.cancerscreening.nhs.uk