



## **BOWEL CANCER AND COLONIC POLYPS**

Bowel cancer is an important issue for both men and women over the age of 50. It is uncommon before the age of 40 and the incidence rises sharply after the age of 50. Approximately 1:20-25 men and women will develop bowel cancer at some stage during their life. This makes it the commonest cancer in men and the second most common in women. Each year around 4000 new cases of bowel cancer are detected in NSW. Bowel cancer is the second leading cause of cancer death behind lung cancer (which is rare in non-smokers). It accounts for 14% of cancer deaths in NSW.

It is important to recognise that the majority of bowel cancers are preventable. Most cancers start as benign growths on the large bowel which are called polyps. These are like little mushrooms on the bowel. All polyps that are identified are removed at colonoscopy, thus eliminating the risk of the polyp turning into a cancer. However, if you have polyps, don't worry. Most polyps never turn into cancer. Only a small percentage progress to cancer each year, but most cancers start in this way. This is why polyps are removed.

### **What should I do?**

If you are over the age of 50 then evidence from large international and Australian studies suggests that the risk of bowel cancer can be reduced greatly by testing the stool for "occult blood" annually (blood that cannot be seen with the eye, but detected by a special testing mechanism). The National Health and Medical Research Council currently advises annual faecal occult blood testing for all average risk people over the age of 50. An average risk person is someone who has no warning signs of bowel trouble and no relatives with bowel cancer. If a positive test is detected then this is an indication to proceed with colonoscopy. Although most patients with a positive test will turn out just to have polyps, it is still important to remove these before they progress to cancer.

Another group are those people at increased risk. These people have a first degree relative (parents, brothers or sisters) affected with bowel cancer before the age of 55 or two close relatives with bowel cancer at any age. The risk in this group of people may be increased up to six fold above the baseline risk for the average person. If you have one first degree relative affected with bowel cancer at age 60-70 then the risk is probably increased two fold. In this group of people it is advised to commence screening by colonoscopy at age 50 or 10 years earlier than the index case and regular check up colonoscopies at 5 yearly intervals, depending upon the results of the initial test.

### **So what now?**

If you are 50 years of age or older, talk to your general practitioner about the most appropriate strategy for you to minimise the risk of developing bowel cancer. For the majority of patients this will simply involve annual faecal occult blood testing and your GP can organise this for you.

**DON'T DIE OF EMBARRASSMENT!**