Bowel Cancer Explained

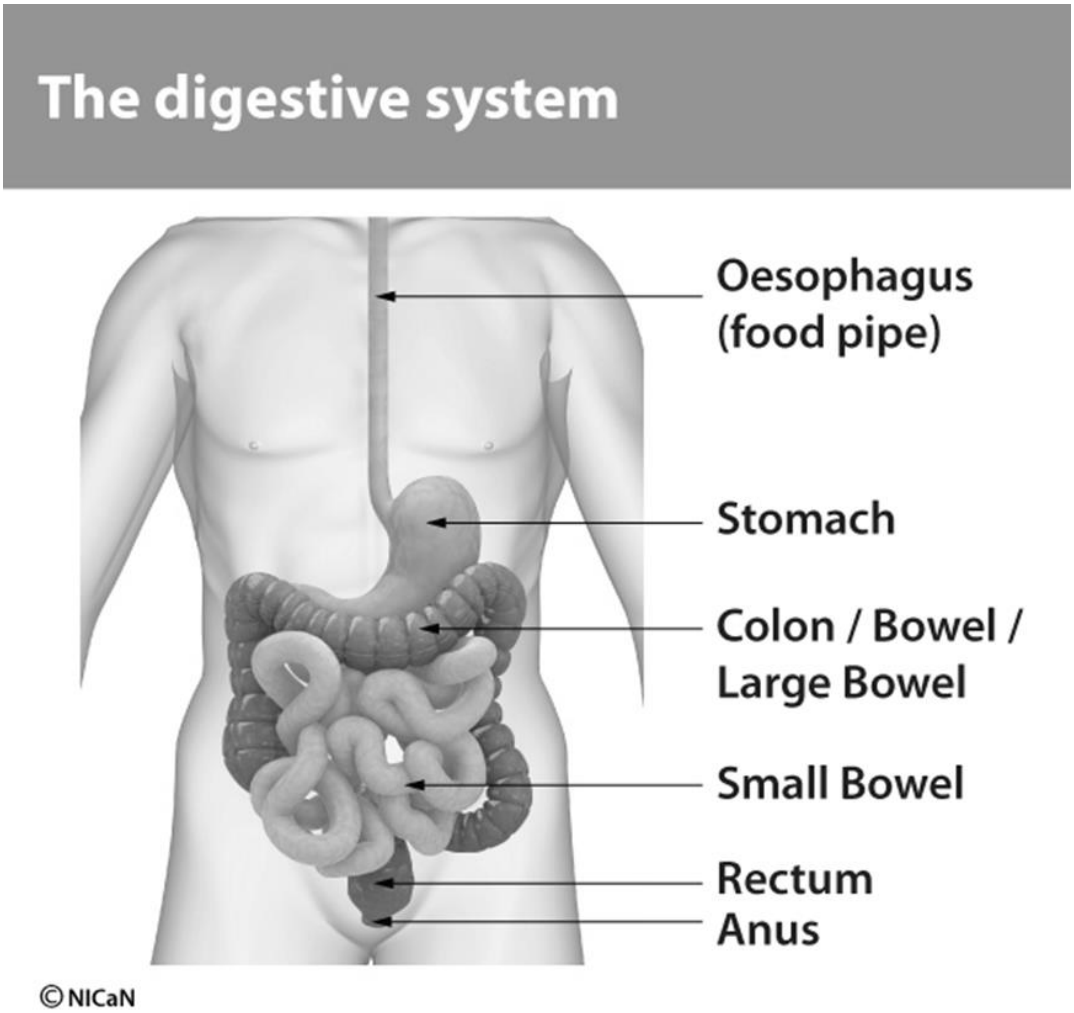
Introduction

This leaflet explains what bowel cancer is, symptoms, possible causes, how it is diagnosed and how it may be treated. This leaflet does not replace the discussion between you and your doctor but helps you to understand more about what is discussed.

The digestive system

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

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 (see diagram below).



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

The stools then enter a storage area called rectum. When the rectum is full, we get the urge to open our bowels. The stools are finally passed through the anus (back passage) when going to the toilet.

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 metastasis.

Cancer is not a single disease with a single cause and a single type of treatment. There are over two hundred 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)

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 six weeks such as: going to the toilet more often, or trying to go, looser or 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:

- Tests with a specialised flexible telescope to look inside the bowel
- X-ray tests and scans
- Blood tests

How is bowel cancer treated?

There are three 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 where cancer specialists consider which treatment(s) may be the best option.

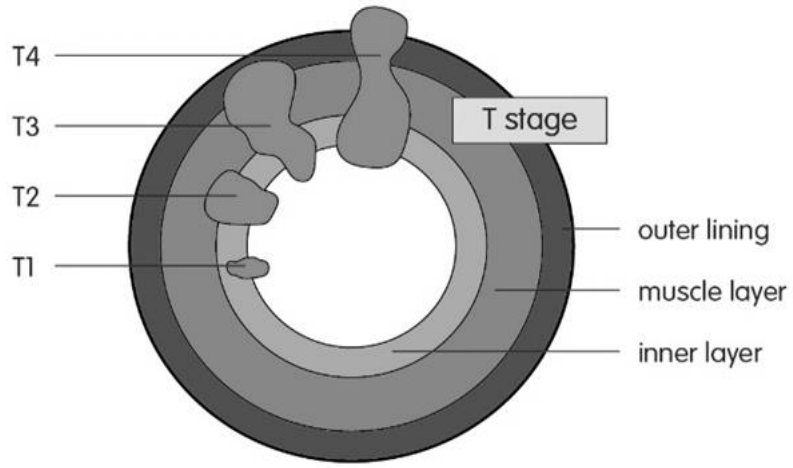
Following the MDT meeting your consultant surgeon will discuss the results of your investigations and treatment options with you. Your surgeon will also answer any questions you have on the benefits and risks of these treatments. Once a treatment plan has been agreed with you, the team should be able 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 the TNM system. This is explained in the picture below:



TNM system

- **T** (tumour) - how far the tumour has grown through the bowel wall
- **N** (nodes) - whether the cancer has spread to nearby lymph nodes
- **M** (metastases) - whether the cancer has spread (metastasised) to other parts of the body

T stage

- T1 - the tumour is in the inner layer of the bowel
- T2 – the tumour has grown into the muscle layer of the bowel wall
- T3 – the tumour has grown into the outer lining of the bowel wall
- T4 – the tumour has grown through the outer lining of the bowel wall

N stage

- N0 – no lymph nodes contain cancer cells
- N1 – cancer cells in up to three nearby lymph nodes
- N2 – cancer cells in four or more nearby lymph nodes

M stage

- M0 – the cancer hasn’t spread to other parts of the body
- M1 – the cancer has spread to other parts of the body, like the liver or lungs

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 out-patient over a period of time. Radiotherapy is carried out and The Queen Elizabeth Hospital, in Birmingham.

Each treatment takes just a few minutes to complete and is painless. Courses of treatment are short (five days) or long (four to six 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 six 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 suggested, 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.

This leaflet was originally developed by a range of health care professionals and the copyright was through the former Pan Birmingham Cancer Network. The leaflet has now been adopted by Good Hope, Heartlands and Solihull which are part of University hospitals Birmingham NHS Trust and reviewed and revised in line with trust policy.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you

confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

University Hospital Birmingham NHS Foundation Trust:

Colorectal Nurse Specialist Teams (24 hour answerphone)
Heartlands/Solihull Hospitals Telephone: 0121 424 2730
Good Hope Hospital Telephone: 0121 424 7429
Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: colorectalnursingcns@uhb.nhs.uk

Follow us on Twitter @uhbcolorectal

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

Cancer Information and Support Centre Good Hope Hospital
Rectory Road
Sutton Coldfield B75 7RR Telephone: 0121 424 9486

Health Information Centre Birmingham Heartlands Hospital Bordesley Green
Birmingham B9 5SS Telephone: 0121 424 2280

Further Support:

Local:
Birmingham Cancer Support Centre (Help Harry Help Others): 0121 783 5407; www.hhho.org.uk
Sutton Cancer Support Centre: 0300 012 0245; www.suttoncancersupport.org
The Holly Trust (Bowel cancer support group): www.hollytrust.org.uk

National:
Bowel cancer UK
Call us on 020 7940 1760. We're open Monday to Friday 9am-5pm
Email us at admin@bowelcanceruk.org.uk

Ileostomy Association
Birmingham branch: 0121 3552745/07842 555070
Email: Mike Jameson mike.jameson@iasupport.org
www.birmingham.iasupport.org

Colostomy UK
Office Tel: 0118 939 1537- Monday- Friday 9-5
Helpline open 24 hours a day: 0800 328 4257
hello@colostomyuk.org

www.colostomyuk.org

Beating Bowel Cancer
Beating Bowel cancer provide medical advice to patients through a specialist nurse advisor line on 08450 719301 or
Email nurse@beatingbowelcancer.org
Website: http://www.beatingbowelcancer.org/

Accessibility



To view this information in a different language or use text-to-speech reader visit **www.uhb.nhs.uk,** click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email **interpreting.service@uhb.nhs.uk**.

How did we do? ☺😐☹



If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you. www.uhb.nhs.uk/fft**