



BOWEL CANCER AND POLYPS

Introduction

We do not know what causes some people to develop bowel polyps and bowel cancers. It is probably due to a number of different factors, particularly diet, lifestyle and ageing. Bowel cancer may also run in families. This is the “genetic” risk.

Some polyps, called adenomatous polyps, in the large bowel (colon) may show changes under the microscope that indicate that they are at risk of turning to cancer. By detecting bowel polyps early we can remove them at colonoscopy and reduce the risk of bowel cancer. **It is also a warning for other family members when someone has bowel polyps.**

It is important to remember that most bowel polyps and even bowel cancers cause no symptoms at all – until it is too late.

Some more vital facts about bowel cancer -

1. Bowel cancer is now the most common internal cancer in Australia (and Australia is leading the world).
2. Bowel cancer kills someone in Australia every two hours. This is twice the road toll! The risk is equal for men and women and increases rapidly after the age of 45 years.
3. Bowel cancer kills more people in Australia than breast, cervix or prostate cancer.
4. Bowel cancer can be detected early and cured or can be prevented in the first place.
5. The Australian Government has published clinical practice guidelines for the prevention and early detection and management of colorectal cancer – VISIT - www.cancerscreening.gov.au/bowel .
6. A National bowel cancer-screening programme was launched this year. Ask your GP about bowel cancer prevention now.

Bowel Cancer – Who are the “higher” risk groups?

1. Cancer families (F.A.P. and HNPCC) are relatively uncommon, but important. Your doctor will tell you if this applies to your family.

If you have a first degree relative (father, mother, brother, sister, daughter or son) who has had bowel cancer or bowel polyps, then you should see your doctor. **You probably need a colonoscopy.**

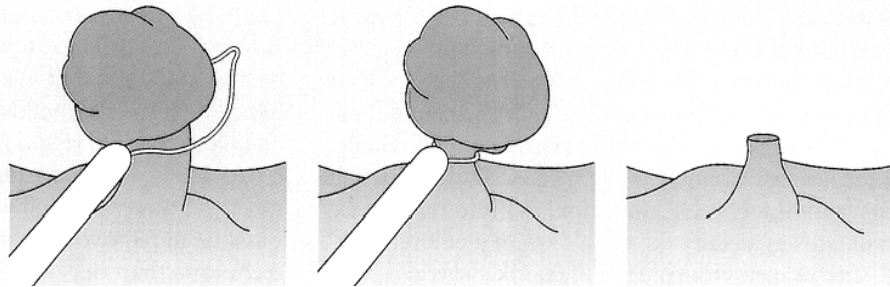
2. Multiple relatives with bowel cancer (and certain other cancers) also add to the risk.
3. Other cancers such as cancer of the uterus (womb), ovary, ureter (and possibly breast) may be linked with bowel cancer.
4. Age is the greatest factor. After age 45 we are all at an increasing risk of developing bowel cancer. By the age of 50 we should have all had “a bowel check”.
5. All patients with a past history of bowel cancer or polyps should have a regular colonoscopy programme.
6. Patients with colitis for more than ten years need regular colonoscopy. Colitis is a significant risk factor for bowel cancer.
7. SYMPTOMS? – Of course all people with unexplained bleeding from the bowel, iron deficiency anaemia, change in bowel habit, abdominal pain should see their doctors. - DO NOT WAIT FOR SYMPTOMS...

PREVENTION OF BOWEL CANCERS OR POLYPS

Diet and Lifestyle – Fresh fruit and vegetables every day. Broccoli, spinach, sprouts and cauliflower are particularly good for you. Wheat based brans every day are helpful and supplements of calcium and Selenium (from your chemist or health food shop) may also be helpful in bowel cancer prevention.

The Australian government and the NHMRC have made the following recommendations to try to prevent bowel polyps and bowel cancers from starting in the first place. This also applies to those people who have already had bowel cancer or polyps removed. Good scientific evidence supports these recommendations: -

1. Exercise at least 30-60 minutes every day, preferably outdoors.
2. Keep your weight in the normal healthy range, avoid obesity.
3. Fat may be the main risk factor in your diet. Eat less fat.
4. Moderate alcohol intake (2 glasses per day max.)
5. Quit smoking now – it may cause bowel cancer.
6. Regular daily low dose Aspirin and antioxidants such vitamin C, E and folic acid supplements may be recommended in the higher risk groups on a regular basis.
7. If you have had bowel cancer or polyps, you should advise all close family members.



Snaring a polyp on a stalk Snare engaged around stalk Polyp removed via cauterisation

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www.cancerscreening.gov.au/bowel