

## Managing your bowel cancer risk: screening



This fact sheet tells you about ways screening (looking for early signs of cancer) may lower your chance of getting bowel cancer. The information is from evidence we have available to us now.

This information is for people who want to reduce their risk of bowel cancer by having a screening test to detect the early signs of possible disease.

### What is bowel cancer screening?

Screening looks for early changes in the bowel that, if left, may result in cancer. Treatment works best when a cancer or pre-cancerous growth is found early.

### Faecal occult blood test (FOBT)

The faecal occult blood test (FOBT) is the standard screening test for bowel cancer for those without symptoms or a strong family history of bowel cancer. In Australia, screening with an FOBT is recommended every two years from the age of 50.

An FOBT looks for traces of blood in the bowel motion (faeces), which are invisible to the naked eye and could be a sign of bowel cancer. The test is done at home and involves taking a tiny sample from two separate bowel motions. The samples are sealed in an airtight container and mailed to a pathology laboratory for analysis.

An FOBT is 'positive' when traces of blood are found in either sample. In most cases blood will be due to conditions other than cancer, such as polyps (benign growths on the lining of the bowel) or haemorrhoids, but it needs to be investigated. If your FOBT is positive you will receive a letter asking you to speak to your doctor about follow-up tests to determine the cause.

If your FOBT is 'negative' you are advised to re-screen in two years.

### National Bowel Cancer Screening Program

In 2018 an FOBT will be sent to all Australians turning 50, 54, 58, 60, 62, 64, 66, 68, 70, 72 and 74 through the National Bowel Cancer Screening Program.

We strongly encourage you to do the test if it is offered to you through the national program.

The program is being expanded and by 2020 a free FOBT will be offered every two years to all Australians between the ages of 50 and 74.

**If you are over 50 and not yet eligible for the national program you can ask your doctor for an FOBT. FOBTs are also available at some pharmacies and through some healthcare funds.**

### What is a colonoscopy?

If you have a positive FOBT, symptoms or a strong family history of bowel cancer, your doctor is likely to recommend a procedure called a colonoscopy.

A colonoscopy allows the doctor to look inside the large bowel through a flexible 'telescope'. The bowel is cleaned by drinking medicine and having a restricted diet the day before the procedure. The doctor can see if there are pre-cancerous polyps and remove them during this procedure. The doctor can also identify if there are bowel cancers that need further surgery or treatment. This procedure is performed under light sedation or light anaesthesia. You can discuss this with the anaesthetist before the procedure.

## Other screening tests

There are other tests available, such as CT colonography. These have a place in screening, but are limited. For example, it is not possible to remove polyps during the CT colonography procedure. This means that if polyps are found a colonoscopy will be needed at another time.

Other tests (that have not yet been proven) include:

- DNA stool testing – those that look for cancer-related gene mutations (changes)
- capsule colonoscopy – where a tiny TV camera is swallowed, taking pictures as it travels through the bowel
- blood tests – a subject for research at this time.

## How effective is bowel cancer screening?

Finding changes early is the key to a cure. This is what an FOBT does – it looks for early changes. It is estimated that up to 90 per cent of bowel cancers can be cured or avoided if found early. If you have a high risk (chance) of getting bowel cancer, screening is usually by colonoscopy rather than FOBT.

## Screening for people at a higher risk of bowel cancer because of a family history

More frequent screening may be needed if there is a family history of bowel cancer, with:

- one first-degree relative (parent, sister or brother or child) diagnosed with bowel cancer at age 55 years or less
- two or more first-degree relatives or one first-degree and one second-degree (such as grandparents, half-sisters or half-brothers) related on the same side of the family, diagnosed at any age.

These people should have a colonoscopy every five years; starting 10 years earlier than the youngest age a person in the family was when they got cancer. Yearly FOBT can be offered as well.

**Note:** If an individual has one first-degree relative with bowel cancer over 55 years of age, colonoscopy to screen is not necessary, as the risk is only slightly above average. Screening with an FOBT, as for the rest of the population, is recommended.

## High risk groups

Certain families have signs that suggest a gene may have been passed on (inherited) to other members of the family. Having this gene means they have a higher chance of getting bowel and other cancers.

The signs of having a faulty gene are:

- three or more relatives on the same side of the family with bowel cancer, often in two or more generations
- family members with other cancer types, such as cancer of the uterus, stomach or ovary/ies
- relatives who got cancers when they were in their 30s, 40s and 50s
- the presence of many polyps found at colonoscopy
- members of the family who have had two or more separate cancers, such as two cases of bowel cancer or bowel and uterine cancer for example
- a person is a member of a family with a known gene mutation linked to bowel cancer.

Individuals and families in this situation should get advice from their doctor or one of the Family Cancer Centres. Staff at these centres can:

- confirm diagnoses
- work out an individual's and their family members' risk of developing bowel cancer
- offer genetic testing if needed.

Call the Cancer Council on 13 11 20 to find your nearest Family Cancer Centre.

## Personal history of adenomatous polyps and bowel cancer

If an individual has had bowel polyps removed, it is worth checking to see what type of polyp was found. Not all polyps need ongoing checks.

People with adenomatous polyps (adenomas) do need follow up colonoscopies. Below is a guide to how often they are needed:

- one or two small adenomas – follow-up between five and 10 years
- larger polyps (10mm or more), or multiple small polyps – follow-up at three years



- if there is doubt about whether a large polyp has been completely removed – follow-up at three months
- five or more polyps – follow-up at three years
- more than 10 adenomas – follow-up at 12 months.

People who have had a bowel cancer removed should have another colonoscopy at one year and then at five years.

If the result is normal or shows one or two small adenomas, the next colonoscopy is recommended five years later. Some centres offer FOBT once a year between colonoscopies.

### Victorian Family Cancer Registry

The Victorian Family Cancer Registry is a confidential list of families who have an inherited risk of developing cancer. It is kept by Cancer Council Victoria.

Family Cancer Centres can be given permission by individuals in high risk families to add their names to the register.

The registry helps these high risk families by sending reminders when screening appointments and tests are due. It also updates family histories so other family members are followed up with the care they need.

### How does the registry protect privacy?

The registry takes privacy seriously. Information is kept only once permission has been given. No information will be given to family members without permission.

### Symptoms of bowel cancer

Symptoms (signs) of bowel cancer include:

- bleeding from the rectum (back passage)
- an unexplained and persistent feeling of fullness
- unexplained tiredness
- a recent ongoing change in bowel habit (such as more frequent bowel motions, change in consistency) and/or
- pain around the abdomen.

A person with any bowel-related symptoms should see a doctor immediately, especially if they are over 40 years of age or have a family history of bowel cancer. Screening tests are not for people with symptoms.

### Bowel Cancer Risk Calculator

This online interactive risk calculator uses evidence based guidelines and includes family and personal history to determine an individual's risk of developing bowel cancer. It provides screening and surveillance recommendations and addresses modifiable lifestyle risk factors.

Find the calculator at: [www.cancervic.org.au/bowel-cancer-risk-calculator/](http://www.cancervic.org.au/bowel-cancer-risk-calculator/)

### What that word means

**family history** A careful look at the medical history of family members of an individual who has bowel cancer. This may involve:

- getting information from death certificates
- questioning other family members.

**gene change** A change somewhere in a gene. A change may be:

- inherited
- caused by a mistake while a cell is reproducing itself
- caused by some chemicals or viruses,
- caused by events that science is yet to discover.

A change in a gene may lead to the gene not working in the right way. This can make the person more likely to get cancer. A gene change is also known as a gene alteration or gene mutation. Not all people with gene changes get cancer.

**high risk** This means that someone's chance of developing a disease in the future is higher than average. This is due to:

- a family history of the disease and/or;
- a change in a gene known to make that person more likely to get that disease.

People in the high risk group should think about ways to lower their risk.

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