

# Bowel Cancer Screening – You Really Should Do It

Bowel cancer is common, occurring in 1: 28 adults, with more than 14000 new cases diagnosed annually in Australia. The risk for developing bowel cancer increases sharply after age 45, with >93% diagnosed after the age of 50. Approximately 15-20% of bowel cancers are believed to have a strong hereditary component. However, there is evidence that lifestyle factors such as smoking, alcohol, obesity and consumption of red/processed meats are risk factors for bowel cancer.

Bowel cancer happens when abnormal cells in the large bowel grow and multiply out of control. In early stages these mutations grow into benign polyps but over time polyps can evolve into a malignant cancer that invades into the deeper layers of the bowel wall and eventually spread elsewhere to the body. However these mutations occur relatively slowly such that removal of polyps and small cancers before they invade and spread is effective in preventing death and poor health

Bowel cancer can spread before there any symptoms – by the time a cancer causes problems such as bleeding, change in bowel habit and/or pain, it possibly has already invaded and spread elsewhere. The purpose of bowel screening is to find polyps or cancer early before they cause symptoms when they are much easier to treat and cure. Evidence suggests that bowel cancer screening is as effective as breast cancer screening and Pap smears in terms of preventing cancer deaths.

In Australia, clinical practice guidelines recommend bowel cancer screening strategies for target groups:

- Significant family history - colonoscopy
- Symptoms (rectal bleeding, change in bowel habit, anaemia) – colonoscopy
- Average risk aged over 50 (no symptoms, no family history) – faecal occult blood test (FOBT) every 2 years

FOBT is a non-invasive test designed to detect minute traces of blood in faeces that might be shed by a polyp or tumour before symptoms develop. The test can be done in the privacy of your home and the completed kit can be mailed back to the laboratory for testing. A positive result usually means referral to a specialist for examination of the bowel using a flexible tube that also allows removal of polyps (colonoscopy). Studies show that regular screening using FOBT can reduce death from bowel cancer by 15-33%.

The Australian Government started the National Bowel Cancer Screening Program (NBCSP) in 2006 and currently, people aged 50, 55 and 65 are invited to participate using a supplied FOBT kit. Latest results confirm that for those who had colonoscopy after a positive test, 1 in 33 had cancer and 1 in 11 had a significant polyp.

The evidence suggests that people should not ignore bowel cancer screening as it can save lives.