

A practical guide to  
understanding cancer

# ARE YOU WORRIED ABOUT BOWEL CANCER?

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MACMILLAN.**  
CANCER SUPPORT

# **Sometimes, people worry about getting bowel cancer because a relative has had it.**

**This leaflet explains:**

- **that it is not common for cancer to run in families**
- **what we know about the main causes of bowel cancer**
- **what you can do to reduce your risk of bowel cancer.**

## Cancer risk

More than 1 in 3 people in the UK will get cancer during their lives. Everyone has a certain risk of developing cancer. It's thought that this is affected by a combination of our genes, lifestyle and environment.

Most of the time, we don't know exactly what causes any particular cancer. But we do know some of the risk factors for cancer. Risk factors are things that can make you more likely to develop cancer. They include things such as being older, smoking and being overweight.

Some risk factors are very likely to cause cancer. Others only slightly increase the risk of getting it. Usually, cancer is the result of a combination of several risk factors.

**Having a particular risk factor doesn't mean that you'll definitely get cancer – just as not having any risk factors doesn't mean you won't.**

Smoking is a good example of this. If you smoke, it isn't certain that you will get lung cancer – just as if you don't smoke, it's not certain that you won't. But smoking will greatly increase your risk of getting lung cancer. About 9 out of 10 people who develop lung cancer are smokers.

For most people, increasing age is the biggest risk factor for developing cancer. In general, older people (those over 65) are far more likely to develop cancer than younger people (those under 50).

Cancer is very common. Most of us have relatives who've had cancer. People often worry that a history of cancer in their family greatly increases their risk of developing it. But in fact, fewer than 1 in 10 cancers (5–10%) are associated with a strong family history of cancer.

## **How does family history affect bowel cancer risk?**

Most bowel cancers aren't caused by inherited cancer genes and most people who get bowel cancer don't have a family history of it.

In general, the more members of your family who have been diagnosed with bowel cancer (or related cancers such as womb or ovarian cancer), the younger they were when diagnosed, and the more closely related they are, the more likely it is that there's a family link.

**If you have one relative who developed bowel cancer at an older age, this doesn't significantly increase your risk.**

Your risk of developing bowel cancer may be significantly increased if:

- one of your first-degree relatives was diagnosed with bowel cancer before the age of 50 – first-degree relatives are your parents, brothers, sisters or children
- one of your first-degree relatives, and one of their first-degree relatives, were diagnosed with bowel cancer at any age (for example, your father and his sister)
- you have relatives with bowel and womb cancer on the same side of the family
- you have relatives with multiple growths (polyps) in the bowel.

If you're worried about a history of bowel cancer in your family, talk to your GP. They may be able to reassure you or refer you to a clinical genetics service or family cancer clinic.

People with a family history of bowel cancer may be assessed as having low risk, moderate risk or high risk.

**Low risk** This means that your risk of developing bowel cancer is about the same as other people of the same age in the UK.

If you have a low risk, the chance of you developing bowel cancer over your lifetime is estimated to be about 5–9% (between 5 and 9 in 100).

Low risk doesn't mean no risk, so it's still important that you take part in the national bowel screening programme when you're invited to (see page 14).

### **Moderate risk**

This means you have a higher risk of bowel cancer than average. But, you are far more likely not to get bowel cancer than to get it.

If you have a moderate risk, it's estimated that your lifetime risk of developing bowel cancer is about 10–17% (between 10 and 17 in 100).

### **High risk**

This means that your lifetime risk of developing bowel cancer is estimated to be higher than 17% (more than 1 in 6).

Some people have a high risk of developing bowel cancer because they have inherited an altered gene (cancer gene) that greatly increases their risk. The main conditions linked to inherited cancer genes are **FAP** and **Lynch syndrome** (also known as Hereditary Non-Polyposis Colorectal Cancer, or **HNPCC**).

If there is a cancer gene running in a family, usually several relatives on the same side of the family are diagnosed with bowel cancer. In Lynch syndrome, there may also be other cancers in the family that are related to bowel cancer, such as womb or ovarian cancer. People in the family may also be diagnosed with cancer at a particularly young age.

**If you're at  
increased  
risk**

If you're assessed as having an increased risk of bowel cancer, you'll usually be offered additional bowel screening (see page 16). Depending on your estimated risk, you may also be offered other treatments to reduce your risk.

There's more information about screening and treatments to reduce the risk of bowel cancer in our booklet *Cancer genetics – how cancer sometimes runs in families*.

**Only about 1 in 20  
bowel cancers (5%)  
are due to an inherited  
cancer gene.**

## Other risk factors for bowel cancer

Most people who develop bowel cancer don't have a family history of it. Other factors can affect the risk of developing bowel cancer.

**For most people, other factors have a bigger effect on their risk of bowel cancer than family history.**

### Age

Getting older is the single biggest risk factor for bowel cancer. Most people who get bowel cancer (80%) are over 60.

### Inflammatory bowel conditions

Having **ulcerative colitis** or **Crohn's disease** can increase the risk of developing bowel cancer. If you have an inflammatory bowel condition, a doctor who specialises in bowel diseases (gastroenterologist) will assess your risk and may offer you regular bowel screening with a colonoscopy (see page 15).

### Bowel polyps

Bowel polyps are non-cancerous growths on the lining of the bowel. If you've had certain types of bowel polyps, your risk of bowel cancer is increased and you may be offered screening with a colonoscopy.

### Diet

A diet high in red or processed meat and low in fruit and vegetables increases your risk of bowel cancer. Processed meats are meats that have had preservatives added or that have been preserved by salting, curing or smoking. They include sausages, ham and burgers.

**Smoking** Smoking tobacco, especially over a number of years, increases the risk of developing bowel cancer.

**Being overweight** Being overweight can increase the risk of developing bowel cancer, especially for men.

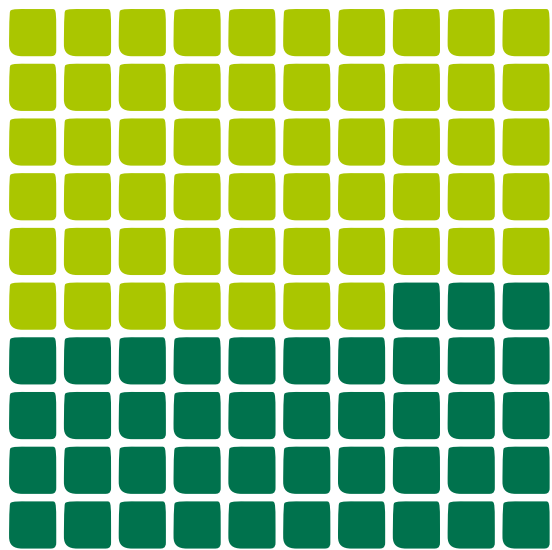
**Inactivity** People who aren't physically active are more likely to develop bowel cancer.



**Over half of bowel cancers in the UK could be prevented by changes in lifestyle.**

# Bowel cancers that could be prevented by changes in lifestyle

## Men

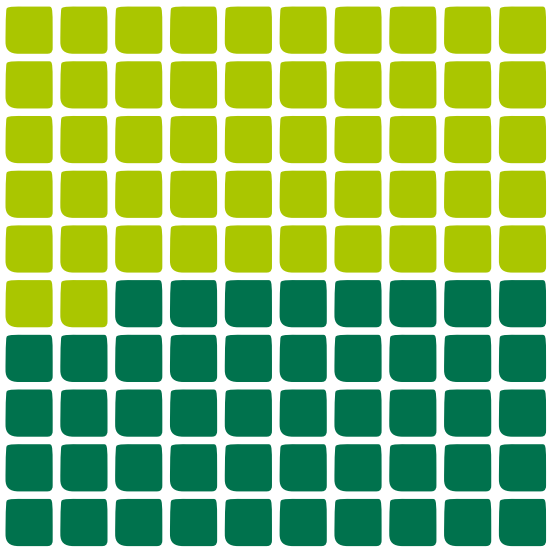
It's estimated that **57%** of bowel cancers in men could be prevented by changes in lifestyle.





-  Bowel cancers that could be prevented by lifestyle changes
-  Bowel cancers not linked to lifestyle

# Women

It's estimated that **52%** of bowel cancers in women could be prevented by changes in lifestyle.



-  Bowel cancers that could be prevented by lifestyle changes
-  Bowel cancers not linked to lifestyle

CHOI  
70¢

FRESH  
WINTER CABBAGES  
60¢

2 for 1.00  
1.00

DUTCH VINE  
TOMATOES  
60¢ pound



## Reducing your risk

Over half of bowel cancers in the UK could be prevented by changes to lifestyle. On the next few pages, we explain some of the things you can do to reduce your risk of bowel cancer.

### Eat a healthy diet

Following a healthy diet can reduce your risk of bowel cancer.

Eat plenty of fibre, such as beans, oatmeal, fruit and vegetables. Aim to eat five portions of fruit and vegetables every day.

Avoid processed meat and reduce the amount of red meat, fat and salt you eat.

### Keep physically active

Regular physical activity can reduce your risk of bowel cancer. Being physically active doesn't necessarily mean going to the gym – regular walking, cycling or swimming can be enough.

Try to do at least 2½ hours of moderate-intensity physical activity a week. This could be made up of 30 minutes of activity each day for five days. You could even break it up further into 10 minutes of activity, three times a day.

Moderate-intensity activity is where you're still able to talk, but your breathing is quicker and deeper. Your body is warming up, your face may have a healthy glow and your heart is beating faster than normal but not racing.

If you're not used to exercise, your GP can advise you on getting started.

## **Keep to a healthy weight**

The latest figures for the UK estimate that more than half of adults (61%) are overweight.

If you are overweight, getting back to a healthy weight will help reduce your risk of bowel cancer.

Leading an active lifestyle, following a healthy diet and controlling the size of your portions can help you maintain a healthy weight. Your GP can give you more advice on your ideal weight and on losing weight.

## **Give up smoking**

Smoking tobacco increases your risk of developing bowel cancer and many other types of cancer. If you smoke, giving up is the single most important thing you can do for your health.

Help is available if you want to give up smoking. Ask your GP for advice, or contact your national stop smoking service.

### **Smokefree (England)**

**Tel** 0800 022 4332

(Mon–Fri, 9am–8pm, Sat–Sun, 11am–4pm)

**[www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)**

### **Smokeline (Scotland)**

**Tel** 0800 84 84 84

(Mon–Sun, 8am–10pm)

**[www.canstopsmoking.com](http://www.canstopsmoking.com)**

## **Stop Smoking Wales**

**Tel** 0800 085 2219

(Mon–Fri, 9am–5pm)

**[www.stopsmokingwales.com](http://www.stopsmokingwales.com)**

## **Smokers' Helpline (Northern Ireland)**

**Tel** 0808 812 8008

(Mon–Fri, 4pm–8pm)

**[www.want2stop.info](http://www.want2stop.info)**

## **Limit how much alcohol you drink**

Drinking more than four units of alcohol a day can increase your risk of bowel cancer.

The European Code Against Cancer recommends that to reduce cancer risk, men should drink no more than two units of alcohol a day and women no more than one unit.

A unit is half a pint of ordinary strength beer, lager or cider, one small glass (125ml) of wine, or a single measure (25ml) of spirits.

Making the lifestyle changes described here doesn't mean that you definitely won't get cancer, but they make it less likely and will improve your health generally.

## Screening for bowel cancer

Screening aims to detect changes in the bowel before cancer develops, or to detect cancer at an early stage when it's most likely to be cured.

There are bowel screening programmes in all four countries in the UK:

- In England and Wales, screening is offered every two years to people aged 60–74.
- In Northern Ireland, it's offered every two years to people aged 60–71.
- In Scotland, it's offered every two years to people aged 50–74.

People older than this can contact their GP if they'd still like to have bowel screening.

These screening programmes involve taking an FOB test (FOBT). The test can detect tiny amounts of blood in your bowel motions, which may be caused by a cancer. You do the test at home and then send it away for checking. People with blood in their bowel motions are asked to have further tests.

**Taking part in FOBT bowel cancer screening reduces the risk of dying from bowel cancer.**

## Bowel scope tests

For this type of screening, a doctor or nurse gently puts a long, flexible tube into your back passage to look for any changes in the bowel.

There are two types of bowel scope:

- A **flexible sigmoidoscopy** looks at part of the large bowel (the rectum and the first part of the colon).
- A **colonoscopy** looks at all of the large bowel (the rectum and the colon).

A bowel scope can detect cancers in the bowel. It can also find and remove polyps, which could otherwise turn into cancer. So, it can prevent bowel cancers too.

From 2016, the bowel screening programme in England will expand to include a one-off flexible sigmoidoscopy test. People will be invited to have this around the time of their 55<sup>th</sup> birthday. Six bowel cancer screening centres are testing (piloting) this type of screening from 2013. This means if you live near a centre that's taking part in the pilot, and you are aged between 55 and 60, you may be invited to have this screening test before 2016.

Other countries in the UK are also considering whether to introduce bowel scopes into their bowel cancer screening programmes.

### **Screening for people at increased risk**

If you have an increased risk of bowel cancer, you may be offered bowel screening with a colonoscopy (see page 15).

The age that colonoscopy screening begins and how often it's done depends on your estimated risk.

Some people are offered a one-off colonoscopy. If this shows that their bowel is healthy, they won't need any further colonoscopy screening. But they will still be encouraged to take part in their national bowel cancer screening programme.

**More than 90% of  
people (9 out of 10)  
survive bowel cancer  
when it's diagnosed  
at its earliest stage.**



## Be bowel aware

When it's found early, bowel cancer can usually be cured. More than 90% of people (9 out of 10) survive bowel cancer when it's diagnosed at its earliest stage.

It's important to be aware of changes that could be a sign of bowel cancer. You should see your GP if you have:

- bleeding from your back passage
- a change in bowel habit (diarrhoea or constipation) that lasts for more than two weeks
- a pain or lump in your tummy
- loss of weight or appetite
- a feeling of not having emptied your bowel properly after going to the toilet.

Bowel problems are very common, so these symptoms may not be caused by cancer – but it's important to get them checked out. Don't be embarrassed to speak to your doctor if you have bowel problems. Conversations like this are part of their everyday work.

It's important to make another appointment with your GP if the treatment they suggest doesn't help you.

## If you are still worried

A common reaction to serious illness in the family, or to bereavement, is to feel more vulnerable to the same disease. If you can't stop worrying, you may find it helpful to speak to a counsellor. You can ask your GP for details of a local counselling service, or call our cancer support specialists on **0808 808 00 00**.

The mental health charity MIND has a leaflet called *How to Stop Worrying* – order a copy from **mind.org.uk** or by calling **0300 123 3393**.

## Further resources

We have more information on cancer types, tests, treatments, and living with and after cancer. We also have details of other helpful organisations and support groups in your area.

### Get in touch

#### **Macmillan Cancer Support**

89 Albert Embankment, London SE1 7UQ

**Questions about cancer?** Call free on 0808 808 00 00 (Mon–Fri, 9am–8pm)

**Hard of hearing?** Use textphone 0808 808 0121, or Text Relay.

**Non-English speaker?**

Interpreters are available.

**[www.macmillan.org.uk](http://www.macmillan.org.uk)**

### Related Macmillan resources

You may want to order some of our other resources about bowel cancer and genetics:

- *Cancer genetics – how cancer sometimes runs in families*
- *Having tests for bowel cancer*
- *Understanding bowel screening*
- *Understanding colon cancer*
- *Understanding rectal cancer*

To order a booklet, visit **[be.macmillan.org.uk](http://be.macmillan.org.uk)** or call **0808 808 00 00**. All of our information is also available online at **[macmillan.org.uk/cancerinformation](http://macmillan.org.uk/cancerinformation)**

## **Other useful websites**

### **Bowel Cancer UK**

**[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)**

Charity dedicated to saving lives by raising awareness of bowel cancer. The website has information about bowel cancer.

### **Healthtalkonline**

**[www.healthtalkonline.org](http://www.healthtalkonline.org)**

Website containing information about bowel screening and bowel cancer, and video and audio clips of people talking about their experiences of bowel cancer.

### **UK Bowel Cancer Screening Programmes websites**

The following websites have information about the bowel screening programme in each country:

**[www.cancerscreening.nhs.uk/bowel](http://www.cancerscreening.nhs.uk/bowel)**  
(England)

**[www.nhsinform.co.uk/screening/bowel](http://www.nhsinform.co.uk/screening/bowel)**  
(Scotland)

**[www.screeningservices.org.uk/bsw](http://www.screeningservices.org.uk/bsw)**  
(Wales)

**[www.cancerscreening.hscni.net/1995](http://www.cancerscreening.hscni.net/1995)**  
(Northern Ireland)

## Disclaimer

We make every effort to ensure that the information we provide is accurate and up-to-date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

## Thanks

This leaflet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our medical editor, Dr Tim Iveson, Consultant Medical Oncologist and Macmillan Chief Medical Editor.

With thanks to: Nicola Bradshaw, Macmillan Principal Genetic Counsellor; Dr Lynn Greenhalgh, Macmillan Cancer and General Consultant Clinical Geneticist; Dr Marc Tischowitz, Consultant Clinical Geneticist; and the people affected by cancer who reviewed this edition.

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# Can you do something to help?

We hope this leaflet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



## **Share your cancer experience**

Support people living with cancer by telling your story, online, in the media or face to face.

## **Campaign for change**

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

## **Help someone in your community**

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

## **Raise money**

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

## **Give money**

Big or small, every penny helps. To make a one-off donation see over.

## **Call us to find out more**

# 0300 1000 200

[macmillan.org.uk/getinvolved](http://macmillan.org.uk/getinvolved)

## Please fill in your personal details

Mr/Mrs/Miss/Other \_\_\_\_\_

Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
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Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please accept my gift of £ \_\_\_\_\_

(Please delete as appropriate)

I enclose a cheque / postal order /  
Charity Voucher made payable to  
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity  
Card / Switch / Maestro

Card number

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Signature \_\_\_\_\_

Date     /     / \_\_\_\_\_

## Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- ☐ I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to [macmillan.org.uk/donate](http://macmillan.org.uk/donate)

Please cut out this form and return it in an envelope (no stamp required) to:  
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,  
89 Albert Embankment, London SE1 7UQ



More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way,  
call Macmillan on 0808 808 00 00  
(Mon–Fri, 9am–8pm) or visit [macmillan.org.uk](http://macmillan.org.uk)

Hard of hearing? Use textphone  
0808 808 0121, or Text Relay.  
Non-English speaker? Interpreters available.  
Braille and large print versions on request.

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