



Dr Griff Walker

MBBS, FRACP

Gastroenterologist

Dr Walker specialises in:

- General Gastroenterology
- Pancreatic and biliary disease
- Inflammatory bowel disease
- Endoscopic mucosal resection
- ERCP
- Endoscopic ultrasound
- Therapeutic and open access gastroscopy and colonoscopy
- Bowel cancer screening

For more information contact:

Gold Coast Private Hospital
Suite 8, Ground Floor
14 Hill Street, Southport QLD 4215
Phone: 07 5574 6133
Fax: 07 5594 6072



Gold Coast Private Hospital

14 Hill Street, Southport QLD 4215
Phone: 07 5530 0300
www.goldcoastprivatehospital.com.au

Bowel cancer: the facts

- Australia has one of the highest rates of bowel cancer in the world
- It accounts for 13% of all invasive cancers diagnosed in Australia, second only to prostate cancer
- There were approximately 17000 new cases and more than 4000 deaths each year
- 1 in 12 Australians will develop bowel cancer before the age of 85
- 90% of bowel cancers can be successfully treated if detected early

What is bowel cancer?

Colorectal cancer (CRC), or bowel cancer, develops when cells in the bowel lining grow too quickly, forming a clump known as a polyp or an adenoma

Polyps are usually benign. Polyps can grow for several years before undergoing additional changes and becoming cancerous and spreading to other parts of the body

Bowel cancer risk factors

- Are 50 and over
- Are overweight
- Have a poor diet, such as a diet high in red meats, processed meats (e.g. bacon, sausages), fried foods, alcohol, or low in vegetables, fruit and whole grains (e.g. wholemeal bread, brown rice)
- Have had an inflammatory bowel disease such as Crohn's disease or ulcerative colitis
- Have previously had non-cancerous tumours in the bowel
- Have a strong family history of bowel cancer or polyps
 - More than 80 per cent of people who develop bowel cancer do not have a family history of bowel cancer
 - The risk of bowel cancer is twice as high if a patient has a first degree relative with bowel cancer
 - The risk is four times as high if a patient has two first degree relatives with the disease

What are the symptoms?

- Bowel cancer can develop with few, if any, early warning symptoms. Symptoms of bowel cancer include:
 - bleeding from the rectum, or any sign of blood after a bowel motion
 - a recent and persistent change in bowel habit, for example looser bowel motions, severe constipation and/or needing to go to the toilet more than usual
 - unexplained tiredness (a symptom of anaemia)
 - abdominal pain

What you can do

- Lower your risk of developing bowel cancer by
 - having a healthy diet
 - exercising regularly
 - reducing your alcohol consumption
 - not smoking

- There has been additional evidence that low-dose aspirin may reduce the risk of adenoma formation and bowel cancer
 - Aspirin consumed for >5 yr period showed a reduction in incidence of CRC by 25% and mortality by 33%
 - It is now recommended that patients >50 yrs of age and particularly those at an above average risk (FHx, Lynch syndrome, history of adenomas) should be offered low-dose aspirin for chemopreventative effects
- Participate in a screening program

Screening

- Colorectal cancer is one of the few cancers for which screening has reduced the incidence
- National Bowel Cancer Screening Program (NBCSP) Facts
 - Only 36% of those receiving the Faecal Occult Blood Test (FOBT) participated
 - 7.5% of the participants had a positive FOBT
 - Only 68% of those went on to have a documented colonoscopy
 - 9% had advanced adenomas
 - 4% had a colorectal cancer
 - Women participated more than men
 - More men had cancers
- Current eligible ages receiving the NBCSP begin at age 50 and by 2020 second yearly NBCSP invites will be made to 50 to 74 year olds
- The program has proved unequivocally effective, reducing predicted CRC mortality by up to 15-25%. Earlier diagnostic staging has also reduced morbidity. There is however much room for improvement with participation and appropriate follow-up.

Treating bowel cancer

- You will usually require surgery if bowel cancer is found. If the cancer is found at an early stage, the chance of a full recovery is high. Most people will be able to return to their current lifestyle and activities.

What can we do as GPs?

- Discuss these facts with our patients & explain the importance of participating in the NBCSP
- If your patient hasn't been invited, then FOBT testing can be offered every 1-2 years
- Remember, a negative test does not mean your patient doesn't have CRC or other gastrointestinal pathology. So, if you're worried, please refer!



This fact sheet is courtesy of **Dr Griff Walker**, Gastroenterologist & Interventional Endoscopist for Coast Gastroenterology at Gold Coast Private Hospital.

Call **07 5574 6133** or email admin@coastgastro.com.au for more information.