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# Bowel Cancer

Latest statistics and research into one  
of Australia's most common diseases

The GI CANCER Institute, part of the  
Australasian Gastro-Intestinal Trials Group  
(AGITG), conducts clinical trials to  
find better medical treatments for  
Gastro-Intestinal cancers.

[www.gicancer.org.au](http://www.gicancer.org.au)

## How big a problem is bowel cancer?

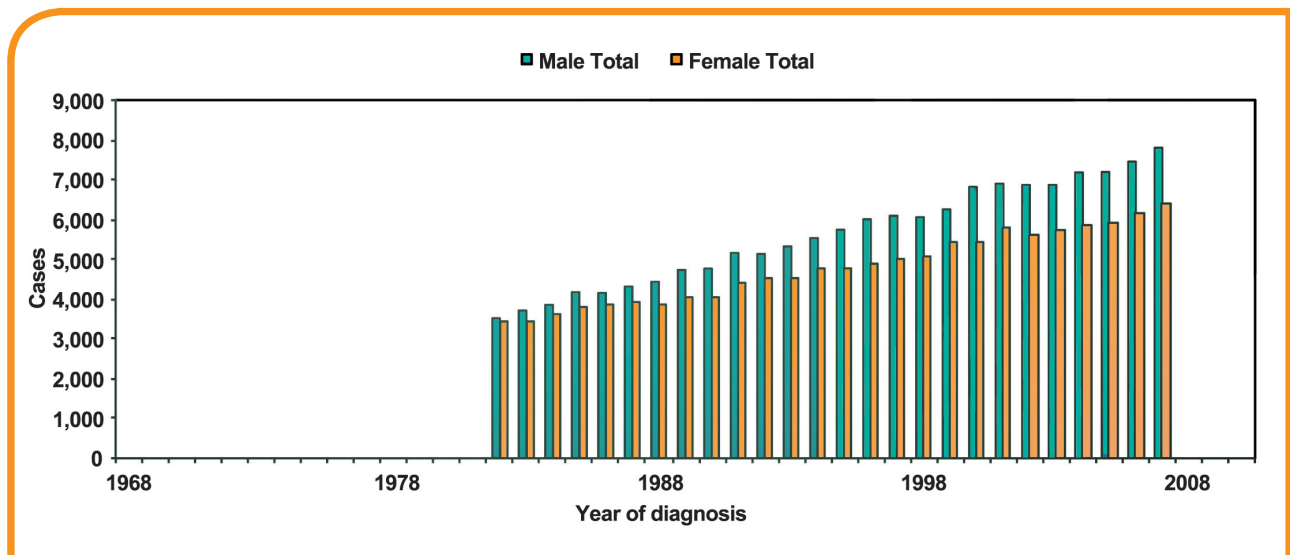
Bowel cancer is one of the most common forms of cancer in Australia.

Each year an increasing number of people will develop bowel cancer. The latest statistics show that around 14,000 people are diagnosed with this disease each year.

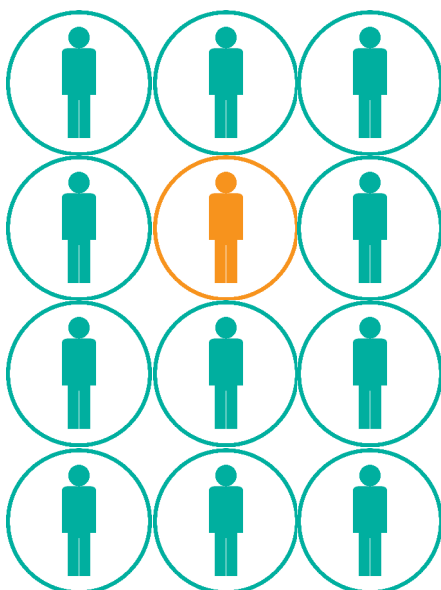
In 2007 there were 14,234 cases diagnosed in Australia. This made up 7.6% of all cancer cases, making bowel cancer second only in incidence to prostate cancer, and a higher incidence than breast cancer. 4047 people died of bowel cancer in 2007, and although this figure is slowly decreasing over time, this made up 9.8% of all cancer deaths in Australia.

Incidence of bowel cancer is rising.

**Number of cases by year and sex for Bowel Cancer, (ICD10, C18–C20), Australia, 1982–2007**



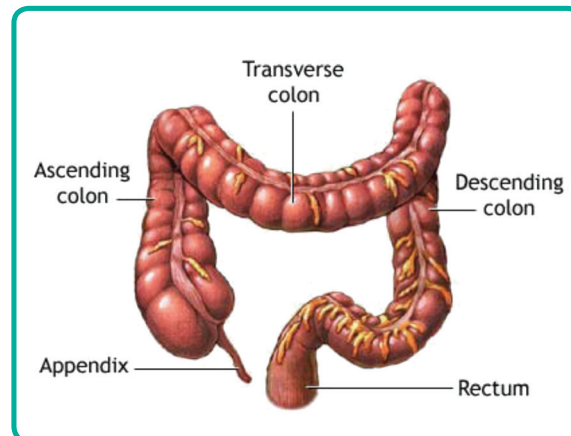
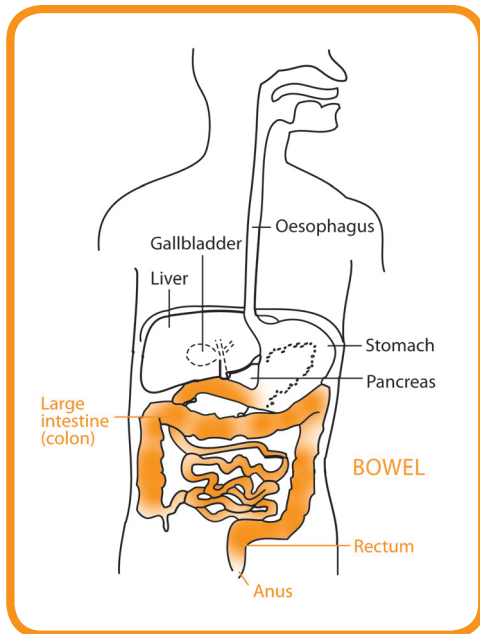
*Australian Institute of Health and Welfare (AIHW) 2010.  
ACIM (Australian Cancer Incidence and Mortality) Books. AIHW: Canberra.*



**It is estimated that 1 in every 12 people will develop bowel cancer in their lifetime.**

## What is the bowel and what does it do?

The bowel is part of the body's digestive system, which connects the stomach to the anus. Your doctor may call the digestive system the gut or gastrointestinal tract (GI tract or GIT for short). The function of the bowel is to finish digesting food by absorbing water and nutrients. Bowel cancer is a diseased growth that usually develops inside the large bowel.



## What is bowel cancer?

Most bowel cancers develop from small growths inside the colon or rectum called polyps, which look like small spots on the bowel lining or like cherries on stalks.

Not all polyps become cancerous. If polyps are detected and removed, the risk of bowel cancer is reduced. This usually happens during a colonoscopy, where a flexible tube called a colonoscope is carefully fed from the rectum into the colon. The colonoscope is fitted with a camera and light, which is used by a doctor to look at the wall of the rectum and colon for any signs of disease. If a polyp is found, the doctor can remove it then and there. Bowel cancer, haemorrhoids and other damage or disease in the bowel are also diagnosed during a colonoscopy.

**Bowel cancer is 90% curable if caught early, but less than 10% curable when detected late in its progress.**

### *Did you know?*

Though bowel cancer is the second most commonly reported form of cancer in Australia, regular screening could, in many cases, have prevented it altogether. A test every two years, can reduce the risk of dying from bowel cancer by up to one third.

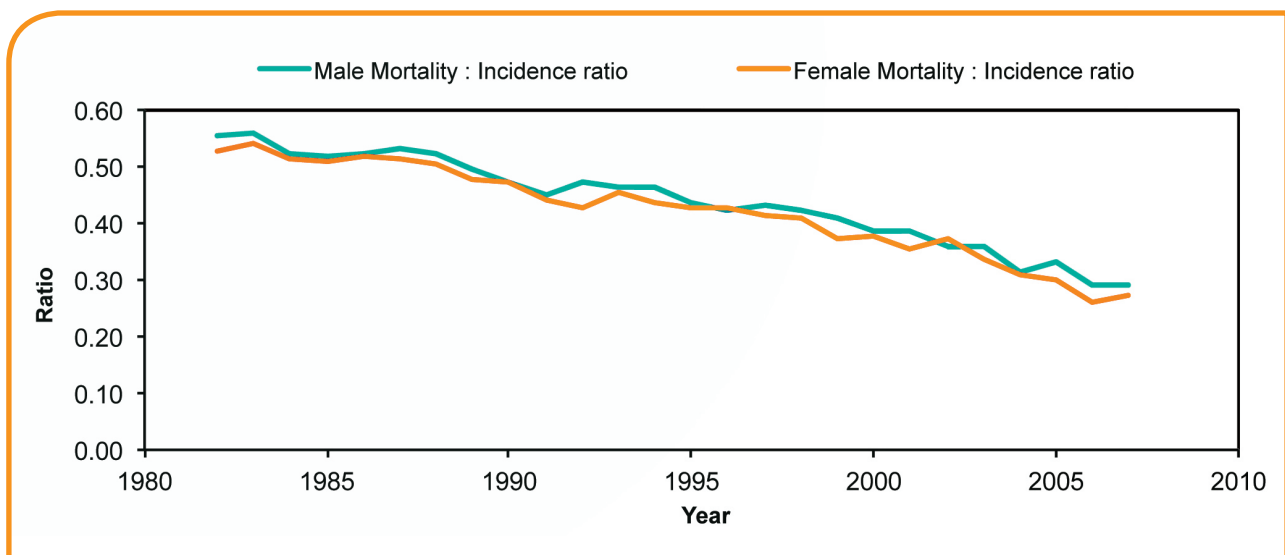
## Why is bowel cancer such a threat?

Bowel cancer, known as the ‘silent killer’ because of its lack of early symptoms, can be treated successfully if detected early. But fewer than 40% of bowel cancers are detected early.

Bowel cancer (or colorectal cancer) is the most common internal cancer in Australia. Approximately 14,000 new cases are diagnosed each year. After lung cancer, bowel cancer kills more Australians than any other cancer, with almost 78 deaths per week. Both men and women are at risk of developing bowel cancer.

Deaths from bowel cancer are going down. Modern screening techniques mean the cancer can be caught and treated before it becomes fatal. Yet despite the fact that bowel cancer is usually curable when detected early, people continue to die of the disease.

**Trends in mortality/incidence ratios for Bowel cancer (ICD10 C18–C20), Australia, 1982–2007**



Australian Institute of Health and Welfare (AIHW) 2010.  
 ACIM (Australian Cancer Incidence and Mortality) Books. AIHW: Canberra.



## Risk Factors for Bowel Cancer

People over 50 years old are at the highest risk of bowel cancer, with the rate of deaths from the disease nearly tripling between the ages of 50 and 85.

Lifestyle factors, including obesity, a sedentary lifestyle and a diet high in animal fats and processed meats can increase the risk of bowel cancer.

Other risk factors include:

- A family history of bowel cancer
- A personal history of adenomatous polyposis or hereditary non polyposis colon cancer, polyps
- Tobacco consumption or heavy alcohol consumption may also increase the risk

Some medical conditions are also correlated with higher incidences of bowel cancer, including:

- Inflammatory bowel disease
- Crohn's disease
- Diabetes

## Symptoms

Bowel cancer can develop with few, if any, early warning symptoms.

Symptoms of bowel cancer can 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.

## Prevention

It is believed that eating a healthy diet and exercising regularly could prevent 66 to 75% of bowel cancer cases.

## What the research is showing

The Australian Government trialled a CRC Screening Pilot Program in three diverse regions of Australia between November 2002 and July 2004. The Pilot found that bowel cancer screening using Faecal Occult Blood Test (FOBT) as the screening test, with colonoscopy as the follow-up procedure, is feasible, acceptable and cost-effective in an Australian context.

## What we are doing to improve treatments

The Australasian Gastro-Intestinal Trials Group (AGITG) is currently conducting clinical trials to find better treatments for patients with bowel cancer. Clinical trials test many types of treatment such as new drugs, combinations of biological agents, new approaches to surgery or radiation therapy and new combinations of therapy.

## New International research:

An international clinical trial, called the SCOT trial, is currently underway to establish whether the course of chemotherapy can be reduced for patients affected by bowel cancer. If successful, the SCOT trial will significantly decrease the financial burden of adjuvant treatment and produce vast benefits in terms of short and long term side effects.

## New Australian research:

Patients whose cancers have progressed after treatment with standard therapies are limited. The Australasian Gastro-Intestinal Trials Group is currently involved in an international trial of a drug which may help to inhibit metastatic colorectal cancer by targeting the epidermal growth factor receptor (EGFR, a protein on the surface of many cancer cells), as well as the blood vessel formation. The drugs which are the subject of the CO.20 clinical trial may stop cancer growth. The study will examine the effect of these treatments on length and quality of life in people with advanced colorectal cancer whose cancer has progressed after chemotherapy.

## Most recent research:

AGITG is currently raising funds for a new trial to determine whether it is more beneficial in terms of outcome and quality of life to give patients chemotherapy before or after surgery. The ATTACHE study will also look at how the side effects of chemotherapy can be reduced and the cancer eliminated or managed over the longer term.

**The Access Economics report commissioned by the Australian Society for Medical Research in 2003 valued the return on investment in health research and development as yielding an average annual return of \$5.50 for every \$1 invested.**

## About Us:

The GI CANCER Institute is part of the Australasian Gastro-Intestinal Trials Group conducting clinical trials to find better ways to treat people with Gastro-Intestinal cancers. These cancers involve organs including the oesophagus, stomach, liver, gall bladder, pancreas and bowel.

Since 1991, through our network of over 700 medical and scientific professionals we have spent over \$20 million conducting clinical trials. These trials involve more than 2,700 patients and have changed, and continue to change, best practice treatments across Australia and New Zealand.

**AGITG clinical trials are not about laboratories and test tubes, they are about real people fighting real disease and providing access to the most effective medical treatments. Trials aim to answer scientific questions and find better ways to treat Gastro-Intestinal cancers.**

**It is only through clinical trials that cancer treatments can improve.**

## References:

Australian Institute of Health and Welfare (AIHW) 2010. ACIM (Austalian Cancer Incidence and Mortality) Books. AIHW: Canberra.

Australian Government Department of Health and Aging: <http://www.health.gov.au/internet/screening/publishing.nsf/content/bw-factsNSW>

National Independent Bowel Cancer Screening Programme: <http://www.bowelcancerforum.com/faq.cfm>

## Resources:

The GI CANCER Institute  
<http://www.gicancer.org.au/bowel.php>

The Australian Institute of Health and Welfare  
<http://www.aihw.gov.au/cancer/>

Cancer Australia (government research body)  
<http://www.canceraustralia.gov.au/>