

# DON'T MISS BOWEL CANCER

Most people with Bowel Cancer have **NO SYMPTOMS**

**2017**  
DEATHS   
ROAD TOLL  
1,225<sup>1</sup>  
BOWEL CANCER  
4,114<sup>2</sup>

**MAIN RISK  
FACTOR**  
**AGE**  
**50+**

**2018**  
DIAGNOSED   
 7,709<sup>2</sup>  
 9,294<sup>2</sup>

**2018**  
ESTIMATED   
**46.58**<sup>3</sup>  
PEOPLE **DIAGNOSED** EVERY DAY!  
**11.31**<sup>3</sup>  
PEOPLE **DIE** EVERY DAY!

5 YEAR SURVIVAL OF  
STAGE 1 CANCER IS  
GREATER THAN **90%**<sup>4</sup>

Everyone should be screened from  
the age of fifty.  
This should start **even earlier** in people  
with a positive family history.

## What can you do to help prevent bowel cancer in your patients?

### 1. Identify people at high risk.

If someone has inflammatory bowel disease, a family history of colorectal cancer, has symptoms such as rectal bleeding, fullness or change in bowel habit, they probably need a colonoscopy. Similarly, if someone has unexplained anaemia or iron deficiency, the most appropriate test is likely to be a colonoscopy, **not** faecal occult blood testing (FOBT).

### 2. Encourage people to participate in the national screening program.

This program is designed for **asymptomatic** people over the age of fifty. However, like other programs around the world, the participation rate is less than 50%, particularly in younger men. You may be able to address their concerns and encourage them to participate using some of the following information:

- The program has successfully increased the detection of early bowel cancer in Australia.
- Most advanced countries have screening programs. Japan has been screening for more than 30 years.
- Approximately 7% of people will get a positive result. One in 10 of these people will have cancer and others will often have polyps.

**d.** The mortality of early bowel cancer detected by screening is very low.

**e.** No diet or medication change is needed for the test.

**f.** The risk of bowel cancer is very low in people with a negative result although they should be alert for any symptoms and should be screened every 2 years.

**g.** If the patient was not invited to participate in the national program they can have the same testing done through Dorevitch Pathology.

### 3. Have the screening test yourself.

Doctors die from bowel cancer as much as anyone else. Doing the test will help you understand the screening process and educate your patients. And it might save your life! If you can't be bothered being screened, why should you expect your patients to be any different?

1. [https://bitre.gov.au/publications/ongoing/rda/files/RDA\\_Dec\\_2017.pdf](https://bitre.gov.au/publications/ongoing/rda/files/RDA_Dec_2017.pdf)

2. <https://bowel-cancer.canceraustralia.gov.au/statistics> (Accessed 31/01/2018)

3. <https://bowel-cancer.canceraustralia.gov.au/statistics> (Accessed 31/01/2018)

4. Commonwealth Department of Health and Family Services, Colorectal Cancer Screening: A report of the Australian Health Technology Advisory Committee, Canberra, Canberra, 1997, p 11.