

## ABOUT

Bowel cancer usually affects the large bowel, which is made up of the colon and rectum. That's why you might also hear bowel cancer referred to as colorectal or colon cancer.

Most bowel cancers are thought to develop from a type of polyp called an adenoma – benign tumors that form in the lining of the bowel that can become malignant over time, often many years.

Not all polyps become cancerous, but studies have shown that the removal of polyps followed by regular surveillance can reduce the risk of developing bowel cancer. Polyps can be removed during a simple day procedure called a colonoscopy.

If cancer does develop, it is usually confined to the bowel for a relatively long period before spreading through the bowel wall to lymph nodes and other parts of the body.

The treatment for bowel cancer commonly involves surgery, with or without additional chemotherapy or radiation therapy. It depends on how developed the cancer is, with less developed cancers being far easier to treat.

## FACTS



Australia has one of the highest rates of bowel cancer in the world.



More than 15,000 people are diagnosed with bowel cancer each year. By 2020, this number is expected to increase to almost 20,000 bowel cancer cases detected annually.



Bowel cancer is the second most common cause of cancer-related death in Australia, after lung cancer.



Every 2 hours, bowel cancer claims a life. That's around 80 people every week or over 4,000 each year.



Bowel cancer is the second most common cancer after prostate cancer for men, and breast cancer for women.



The most recent statistics from 2012 indicate that 1,115 people under the age of 50 were diagnosed with bowel cancer, representing 7% of the total number diagnosed.



Bowel cancer can be prevented if you are proactive about your health and screen regularly.



Detected early, up to 90% of bowel cancers can be successfully treated.



Fewer than 40% of bowel cancers are detected at an early stage when the likelihood of remaining cancer-free is high. Bowel cancers diagnosed at a late-stage (stage D) can be treated, but the likelihood of remaining cancer free for the five-years following successful treatment is significantly lower at 7%.

## RISKS

### AGE

The older you are, the greater your chance is of developing bowel cancer. Risk levels increase four-fold during your 40s and continue to rise sharply and progressively from the age of 50.

### PERSONAL MEDICAL HISTORY

Your risk of bowel cancer increases if you've had inflammatory bowel disease such as Crohn's disease or have had polyps removed.

### FAMILY MEDICAL HISTORY

If you have a family history of bowel cancer or polyps you may have a higher than average risk of developing bowel cancer.

### LIFESTYLE

A diet high in saturated fats and processed meats can increase your risk of bowel cancer, as can smoking and excessive alcohol consumption. A lack of exercise and obesity can also place you at higher risk.

## PREVENTION

**B**

### BE HEALTHY & ACTIVE

No matter your age, maintaining a healthy and active lifestyle can decrease your bowel cancer risk.

**E**

### EXPLORE YOUR FAMILY HISTORY

If there is a history of bowel cancer in your family you may be at increased risk. Speak to your GP about the screening method best suited to you.

**A**

### ACT ON SYMPTOMS

Recognising symptoms and acting quickly is important for the early detection of bowel cancer. Regardless of your age, speak to your GP immediately if you are concerned.

**T**

### TAKE A SCREENING TEST

Screening using a simple at home screening test at least every two years is recommended for most people from age 50.

