



COLORECTAL CANCER (ALSO KNOWN AS BOWEL CANCER)

Queensland^{1,2}

Latest figures from the Queensland Cancer Registry show that:

- ✦ In 2013 there were 2,912 people diagnosed with colorectal cancer (1,582 men and 1,330 women).
- ✦ In 2013, 1,032 people died from colorectal cancer (581 men and 451 women).
- ✦ The risk of being diagnosed with colorectal cancer by age 85 years is 1 in 12 (1 in 10 for men and 1 in 14 for women).
- ✦ Colorectal cancer was the second highest cause of cancer deaths in men (behind lung and prostate), and third highest in women (behind lung and breast).
- ✦ The approximate lifetime risk of dying from colorectal cancer by the age of 85 is 1 in 34 (1 in 28 for men and 1 in 43 for women) in Queensland.
- ✦ Compared to the general population, almost 69 per cent of people diagnosed with colorectal cancer will survive for at least five years.
- ✦ In 2013, 76 per cent of colorectal cancer deaths occurred after the age of 64.

Trends in Queensland²

- ✦ Incidence rates are decreasing for both males and females. Male colorectal cancer incidence rates increased by 1.2 per cent each year during 1982 to 2000, but have decreased by 1.2 per cent each year since then until 2013. Female incidence rates were relatively stable from 1982 to 2008, but have decreased by 2.3 per cent each year until 2013.
- ✦ Mortality rates are falling - the rate among males was relatively stable from 1982 to 1994 but has decreased by 2.1 per cent each year since 1994 until 2013, and the rate among females has decreased by 1.4 per cent each year between 1982 and 2013.

Australia^{3,4}

- ✦ Colorectal cancer is the third most common cancer (after prostate and breast) diagnosed among persons in Australia.

¹ Queensland Cancer Registry 2015, *Cancer in Queensland, Incidence, Mortality, Survival and Prevalence 1982-2013*. Brisbane: Cancer Council Queensland, Queensland Health and QCR.

² Queensland Cancer Statistics On-Line, 2016. Viertel Cancer Research Centre, Cancer Council Queensland (www.cancerqld.org.au/research/qcsoi). Based on data released by the Queensland Cancer Registry (1982-2013; released December 2015).

³ Australian Institute of Health & Welfare 2014. *ACIM (Australian Cancer Incidence and Mortality) books: Bowel cancer* (<http://www.aihw.gov.au/acim-books/>). Canberra: AIHW.

⁴ Australian Institute of Health and Welfare, 2014. *Cancer in Australia: an overview, 2014*. Cancer series no 90, Cat. No. CAN 88. Canberra: AIHW.



- ✦ Colorectal cancer is the second most common cancer diagnosed among men (after prostate) and women (after breast).
- ✦ In 2012, 14,957 Australians were diagnosed with colorectal cancer (8,239 men and 6,718 women).
- ✦ 4,162 people died from the disease in 2013, including 2,299 men and 1,863 women.
- ✦ One in 13 Australians will be diagnosed with colorectal cancer before the age of 85, with the disease affecting one in 11 men and one in 15 women.
- ✦ Colorectal cancer accounts for 12.3 per cent of all cancers diagnosed in Australia, and 7.1 per cent of all cancer deaths.

Symptoms⁵

- ✦ Early detection is vital as it provides a better chance of cure. People should consult their general practitioner if they experience any of the following symptoms:
 - Blood mixed with mucus, either combined or separate from the bowel motion;
 - Changes in normal bowel habits;
 - Unexplained weight loss;
 - Persistent cramping or abdominal pain; and
 - General weakness, tiredness and breathlessness.

Prevention⁴

- ✦ Food, nutrition and physical activity all have a role to play in the prevention of colorectal cancer. People should attempt to:
 - Maintain a healthy body weight;
 - Eat a varied and nutritious diet including plenty of fruit and vegetables;
 - Maintain at least a moderate level of physical activity (For example, walking for 30 minutes on most days of the week);
 - Refrain from smoking; and
 - Reduce alcohol consumption.

Risk factors⁶

- ✦ Age – the older you are, the greater your chance of developing bowel cancer. (Sporadic polyps are very often found in the colons of people over the age of 45);
- ✦ Family history of cancer in close relatives (parents, siblings or children);
- ✦ Previous diagnosis of bowel cancer;
- ✦ People with a long history (10 years or more) of extensive ulcerative colitis.

⁵ Youlden DR, Cramb SM, Baade PD. *Current status of colorectal cancer in Queensland: 1982 to 2005*. Viertel Centre for Research in Cancer Control, Cancer Council Queensland. Brisbane, Queensland: 2008.

⁶ Queensland Cancer Fund 2002, *Understanding Cancer of the Colon and Rectum* [brochure], Queensland Cancer Fund.



Testing

- ✦ A Faecal Occult Blood Test (FOBT) is a simple test that looks for tiny amounts of blood in the bowel motion. It involves taking a stool sample, smearing it onto a slide or card and sending it to the laboratory for testing.
- ✦ It is recommended people aged over 50 years, without symptoms and without a family history of bowel cancer have an FOBT every two years.
- ✦ If blood is found in an FOBT, further testing such as a colonoscopy is needed to determine the cause of the bleeding.

National Bowel Cancer Screening Program

- ✦ The National Bowel Cancer Screening Program was announced in the 2005-06 Federal Budget, with an aim to reduce bowel cancer morbidity and mortality through population screening using the Faecal Occult Blood Test (FOBT).
- ✦ The second phase of the National Bowel Cancer Screening Program commenced on 1 July 2008 and offers testing to people turning 50, 55 or 65 between January 2008 and December 2010.
- ✦ In the 2011-2012 Federal Budget, the Australian Government decided to reinstate the National Bowel Cancer Screening Program with a commitment to permanent funding. This means we will never again have a situation where the future of the program is uncertain, as we did at the end of 2010.
- ✦ From 2011 and beyond, Australians turning 50, 55 and 65 years of age receive a FOBT kit under the National Bowel Cancer Screening Program.
- ✦ This means that significant numbers of Queenslanders are still at risk of a late diagnosis of bowel cancer, until the Federal Government decides to fund a comprehensive national bowel cancer screening program for everyone over the age of 50 years.
- ✦ Cancer Council Queensland, together with Cancer Council Australia and other State and Territory Cancer Councils, has called on the Federal Government to fund a program of population-wide two-yearly screening for those aged over 50.
- ✦ Without a population-wide program, people will continue to die from a disease that can be treated effectively if it is detected early.
- ✦ For more information about our advocacy campaign, go to <http://www.getbehindbowelscreening.com.au/>.

Research⁷

A research study conducted by the Viertel Centre for Research in Cancer Control investigating the patterns of diagnoses and treatment, as well as predictors of quality of life up to five years

⁷ Lynch BM, Baade P, Fritschi L, Leggett B, Owen N, Pakenham K, Newman B, Aitken JF 2007, 'Modes of presentation and pathways to diagnosis of colorectal cancer in Queensland', *Medical Journal of Australia*, vol. 186, no. 6, pp. 282-87.



post-diagnosis for colorectal cancer survivors found:

- ✦ Only two per cent of colorectal cancer patients were diagnosed by Faecal Occult Blood Test with 90 per cent diagnosed with symptoms. (NB This was prior to the introduction of the National Bowel Cancer Screening Program).
- ✦ The majority of people (90 per cent) experienced symptoms prior to being diagnosed with colorectal cancer.
- ✦ Patients who did not have private health insurance had a longer time to diagnosis, largely due to the waiting times associated with colonoscopy in the public system.
- ✦ Quality of life was higher in people who regularly exercised, and was highest amongst survivors who increased their physical activity over the period of the study.
- ✦ Quality of life decreased as the amount of time spent watching television increased.

For more information about colorectal cancer and support, please call 13 11 20.

Disclaimer: The information in this publication should not be used as a substitute for advice from a properly qualified medical professional who can advise you about your own individual medical needs. It is not intended to constitute medical advice and is provided for general information purposes only. Information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community.

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