

COLORECTAL CANCER (ALSO KNOWN AS BOWEL CANCER)

Queensland^{1,2}

Latest figures from the Queensland Cancer Registry show that:

- ✳ In 2015 there were 3214 people diagnosed with colorectal cancer (1728 males and 1486 females).
- ✳ In 2015, 1095 people died from colorectal cancer (609 males and 486 females).
- ✳ The risk of being diagnosed with colorectal cancer by age 85 years is one in 12 (one in 10 for males and one in 14 for females).
- ✳ Colorectal cancer was the third highest cause of cancer deaths in males (behind lung and prostate cancer), and the third highest in females (behind lung and breast cancer).
- ✳ The approximate lifetime risk of dying from colorectal cancer by the age of 85 is one in 36 (one in 30 for males and one in 45 for females) in Queensland.
- ✳ On average, people diagnosed with colorectal cancer were 71 per cent as likely to live for another five years compared to the general population.
- ✳ In 2015, 77 per cent of colorectal cancer deaths occurred after the age of 64.

Trends in Queensland²

- ✳ Between 2000 and 2015, bowel cancer incidence rates in males have significantly declined by 1.2 per cent per year. This followed an increase in rates by 1.2 per cent each year during 1982-1999. For females the bowel cancer incidence rates declined by 1.5 per cent every year from 2008-2015. Prior to that the rates were stable from 1982-2007.
- ✳ Mortality rates due to bowel cancer among males decreased by 1.8 per cent annually from 1991-2015 while from 1982-1990 the rates were increasing by 1.8 per cent every year. The mortality rates among females decreased by 1.4 per cent per year between 1982-2015.

Australia^{3,4}

- ✳ Colorectal cancer is the second most common cancer diagnosed among males (after prostate) and females (after breast).
- ✳ Colorectal cancer is the third most common cancer deaths among Australian males after lung and prostate cancer and third among Australian females after lung and breast cancer.

¹ Queensland Cancer Register, 2018. Unpublished data (1982-2015).

² Queensland Cancer Statistics On-Line, 2018. Viertel Cancer Research Centre, Cancer Council Queensland (qcsol.cancerqld.org.au). Based on data released by the Queensland Cancer Register (1982-2015; released November 2018).

³ Australian Institute of Health & Welfare 2018. *ACIM (Australian Cancer Incidence and Mortality) book: Colorectal cancer* (<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/acim-books>). Canberra: AIHW

⁴ Australian Institute of Health & Welfare 2017. *Cancer in Australia 2017*. Cancer series no 101, Cat. No. CAN 100. Canberra: AIHW

- ✦ In 2015, 15,604 Australians were diagnosed with colorectal cancer (8,573 males and 7,031 females).
- ✦ 5375 people died from the disease in 2016, including 2,936 males and 2,439 females.
- ✦ One in 13 Australians will be diagnosed with colorectal cancer before the age of 85, with the disease affecting one in 11 males and one in 16 females.
- ✦ Colorectal cancer accounts for 12 per cent of all cancers diagnosed in Australia, and 12 per cent of all cancer deaths.

Detection and 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 in the stools or on the toilet paper.
 - Changes in normal bowel habits.
 - Unexplained weight loss.
 - Unexplained anaemia.
 - Abdominal pain or swelling.
 - A lump in the rectum or anus.
 - Weakness or fatigue.

Prevention⁶

- ✦ Nutrition, physical activity, alcohol consumption, tobacco smoking, and overweight and obesity all have a role to play in the prevention of colorectal cancer. To reduce the risk of colorectal cancer, Cancer Council Queensland recommends the following healthy lifestyle behaviors:
 - Maintain a healthy body weight.
 - Eat a healthy, well balanced diet including foods high in dietary fibre and plenty of fruit and vegetables.
 - Limit consumption of red meat to no more than 500g per week and avoid processed meat.
 - Aim for at least 30 minutes of moderate intensity physical activity each day (for example, a brisk walk for 30 minutes on most days of the week) or try 60 minutes each day to further reduce your risk.
 - Quit smoking or reduce the amount you currently smoke.
 - Limit alcohol consumption to no more than two standard drinks per day or avoid it altogether.

Risk factors⁵

- ✦ Age – most people with bowel cancer are over 50 years of age and the risk increases with age.
- ✦ Family history of cancer in close relatives (parents, siblings or children).
- ✦ Lifestyle factors – being overweight, poor diet, physical inactivity, alcohol consumption and tobacco smoking.

⁵ Information and symptoms of bowel cancer, Cancer Council Queensland. <https://cancerqld.org.au/cancer-information/types-of-cancer/bowel-cancer/#symptoms>

⁶ Cancer Guidelines Wiki (https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer/Primary_prevention)

- ✦ Previous diagnosis of bowel cancer.
- ✦ People with a long history (8-10 years or more) of bowel diseases such as ulcerative colitis.
- ✦ Rare genetic disorders such as familial adenomatous polyposis (FAP) and Lynch syndrome which may account for a small number of bowel cancers (5-6%)

Testing for bowel cancer

- ✦ 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 small sample of the bowel motion, 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 Program⁷

- ✦ 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 National Bowel Cancer Screening Program now invites Australians aged 50 – 74 years to screen for bowel cancer using a free, clean and easy to use test kit to complete at home. The program aims to reduce deaths from bowel cancer through early detection.
- ✦ By 2020, all eligible individuals aged between 50 and 74 years of age (around four million Australians) will be invited to screen each year. This could save up to 500 lives annually, and significantly reduce the burden of bowel cancer on Australians and their families.

⁷ Australian Government, Department of Health: National Bowel Cancer Screening Program
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bowel-screening-1>

Information and Support

Cancer Council 13 11 20

Being diagnosed with cancer or supporting a loved one can leave you with many questions. We want to help you find the answers. Call Cancer Council 13 11 20 Information and Support line to talk with one of the team.

Our team can provide you with cancer information, emotional and practical support. We can also refer you to Cancer Council Queensland's support programs and services.

This confidential service is available Monday to Friday 9am-5pm (excluding public holidays).

Cancer Connect

Cancer Connect is a confidential telephone-based peer support service that connects you, your carer or loved ones with a peer support volunteer who has had a similar cancer experience. You can be matched with a Cancer Connect volunteer based on cancer diagnosis, treatment, family or work issues.

Cancer Counselling Service

Living with a cancer diagnosis, or supporting someone along the way, is rarely easy. Talking things through with a counsellor or psychologist can help you manage your cancer related concerns.

Our Cancer Counselling Service is available for anyone distressed by cancer at any stage. We are a telephone-based counselling service, with face to face appointments available in some regional offices. Our team included nurse counsellors and psychologists trained and experienced in helping people affected by cancer.

For further information and support, please call Cancer Council 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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