

WELLBEING

Motion Sickness

When caught and treated early, bowel cancer is one of the most curable forms of the disease, yet too many people are still dying. It is time to follow your gut and learn the signs to look out for

According to statistics, bowel cancer is the third most common cancer worldwide. However, geographically, the incidence of the disease varies widely. "Bowel cancer is a disease of the Western world," explains Mr Mark George, consultant colorectal surgeon at London Bridge Hospital. "Because of this, we know that it is predominantly related to our diet and lifestyle, which makes it one of the so-called preventable cancers."

Despite this fact, the disease still accounts for more than 16,000 deaths a year in the UK. That is because most people are unaware of the symptoms to look out for or the lifestyle choices they make that put them at greater risk. "People who have a high percentage of red meat – particularly processed meats like sausages and bacon – in their diets are associated with a higher risk of bowel cancer. And eating more fibre, particularly wholegrains, is associated with a reduced risk," adds Mr George.

Studies also show that smoking, being overweight and leading a sedentary lifestyle can increase our risk of getting this common disease. "Currently, 40,000 people in the UK are diagnosed [each year], with what is essentially the most preventable of all cancers," explains Mr George.

7 WAYS TO REDUCE YOUR RISK

The good news is, a few lifestyle changes are all it takes to dramatically reduce your chances of getting bowel cancer. Here's what to do:

- Eat a good diet that is high in fibre, with lots of fresh fruit and vegetables and wholegrains. This will not only lower your cancer risk but is essential for general bowel health and function, to avoid constipation and haemorrhoids (piles).
- Take regular exercise.
- Do not consume too much red or processed meat. Some experts advise eating no more than 500g cooked weight per week
- Avoid becoming overweight.
- Do not smoke.
- Avoid excess consumption of alcohol.
- Participate in a bowel cancer screening programme if you are in an age group to whom this is offered.

As with many forms of cancer, genetics also play a role. "A family history of the disease is important, particularly if you have a first relative who developed the disease under the age of 45," says Mr George. "That is a significant factor in the occurrence of the rarer genetic form of the disease. Patients who have inflammatory bowel conditions such as Crohn's disease and ulcerative



SIGNS TO WATCH OUT FOR

- Bleeding from the bottom and/or dark blood in your faeces. "You do not need to be a stool gazer," says Mr George. "But be aware of any dark blood in your stools."
- A change in your normal bowel habit that lasts three weeks or longer – especially to looser movements or diarrhoea.
- Extreme tiredness for no obvious reason.
- Unexplained weight loss.
- A colicky pain or lump in your tummy.

cannot stress enough that all people offered the faecal occult blood test and further screening should take up the opportunity. It is life-saving – a quarter of all bowel cancers are detected this way. Detected early, bowel cancer has a 95 per cent five-year survival rate. I urge every one of your readers to keep an eye out for the symptoms and to have the test if offered one."

Meanwhile, a new screening programme for the disease could soon be available. The NHS is currently trialling its bowel scope screening programme among 55-

year-olds in six areas of England. Due to be rolled out nationally in 2018, it is believed the test could save up to 3,000 lives a year. Flexible sigmoidoscopy (also known as the Flexi-scope test) involves inserting a thin, flexible tube into the large bowel. The tube has a tiny camera and light on the end, allowing the endoscopist to look at the inside wall of the bowel and remove any small growths or "polyps".

These symptomless growths can sometimes develop into bowel cancers, so removing them at an early stage can help to prevent the disease from developing. The test can also be used to detect existing bowel cancers so that the patient is able to receive the appropriate treatment.

Earlier this year the findings of a 16-year clinical trial on Flexi-scope screening, co-funded by Cancer Research UK, were published in *The Lancet*. They revealed that 10,000 people each year will avoid bowel cancer as a result of incorporating the Flexi-scope test into the national bowel screening programme. The study also suggested that deaths from the disease would drop by almost half (43 per cent) among those who attended screening. **■**

- For more information about bowel cancer, visit bowelcanceruk.org.uk
- Visit londonbridgehospital.com

colitis are also at increased risk. However, having coeliac disease or IBS (irritable bowel syndrome) does not increase your risk."

In addition to being highly preventable, bowel cancer is also very curable if caught and treated early, making an awareness of the symptoms and the screening programmes available extremely important. This is particularly true for anyone over the age of 50 as the risk for bowel cancer then rises dramatically.

SCREEN GRAB

The NHS bowel cancer screening programme has been running in the UK for some time, with anyone aged 60 to 74 asked to take an FOB (faecal occult blood) test every two years. It involves submitting three consecutive stool samples that are then sent off to a laboratory and checked for the microscopic presence of blood, which can indicate inflammation and disease within the bowel. Anyone testing positive is invited to have a colonoscopy, during which a small camera is used to track the length of the large intestine, a procedure done under mild sedation.

"Over 98 per cent of these come back negative," says Mr George. "However, those two per cent that come back positive most often catch the disease at its very early stages, when it is very treatable and has a very good cure rate. I