

# Colorectal Cancer

## (ALSO KNOWN AS BOWEL CANCER)

### Queensland<sup>1,2</sup>

- In 2017, there were 3229 people diagnosed with colorectal cancer (1765 males and 1464 females).
- In 2017, 1159 people died from colorectal cancer (632 males and 527 females).
- The risk of being diagnosed with colorectal cancer by age 85 years is one in 13 (one in 12 for males and one in 16 for females).
- Colorectal cancer was the third highest cause of cancer deaths in males (after prostate cancer and melanoma), and the third highest in females (after breast cancer and melanoma) in 2017.
- The approximate lifetime risk of dying from colorectal cancer by the age of 85 is one in 38 (one in 31 for males and one in 48 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 2017, 85 per cent of colorectal cancer deaths occurred after the age of 60.

### Trends in Queensland<sup>2</sup>

- Between 2000 and 2017, colorectal cancer diagnosis rates in males have significantly declined by 1.2 per cent per year. Prior to this, rates had increased by 1.2 per cent each year during 1982-1999. For females, the rates declined by 1.6 per cent every year from 2007-2017. Prior to that the rates were stable from 1982-2006.
- Colorectal cancer death rates among males decreased by 1.9 per cent annually from 1993-2017 while from 1982-1992 the rates were increasing by 1.2 per cent every year. The rates among females decreased by 1.4 per cent per year between 1982-2017.

### Australia<sup>3</sup>

- Colorectal cancer is the third most common cancer diagnosed among males (after prostate cancer and melanoma) and second most common cancer diagnosed in females (after breast cancer).
- Colorectal cancer is the third most common cause of cancer deaths among Australian males after lung and prostate cancer, and the third among Australian females after lung and breast cancer.
- In 2016, 15,352 Australians were diagnosed with colorectal cancer (8390 males and 6962 females).
- 5336 people died from the disease in 2018, including 2870 males and 2466 females.
- Colorectal cancer accounts for 11 per cent of all cancers diagnosed in Australia.

### Symptoms<sup>4</sup>

In its early stages, bowel cancer may have no symptoms. This is why screening is important. However, many people with bowel cancer do experience symptoms. These can include:

- blood in the stools or on the toilet paper
- a change in bowel habits, such as diarrhoea, constipation or smaller, more frequent bowel movements
- a change in appearance or consistency of bowel movements (e.g. narrower stools or mucus in stools)
- a feeling of fullness or bloating in the abdomen or a strange sensation in the rectum, often during a bowel movement
- unexplained weight loss
- weakness or fatigue
- rectal or anal pain
- a lump in the rectum or anus
- abdominal pain or swelling
- a low red blood cell count (anaemia), which can cause tiredness and weakness
- rarely, a blockage in the bowel.

# Colorectal Cancer

## Risk factors<sup>4</sup>

- Older Age – most people with bowel cancer are over 50, and the risk increases with age.
- Polyps – having a large number of polyps in the bowel.
- Bowel diseases – people who have an inflammatory bowel disease, such as Chronh’s disease or ulcerative colitis, have a significantly increased risk, particularly if they have had it for more than eight years.
- Lifestyle factors – being overweight, having a diet high in red meat or processed meat such as salami or ham, drinking alcohol and smoking.
- Strong family history – a small number of bowel cancers run in families.
- Other diseases – people who have had bowel cancer once are more likely to develop a second bowel cancer; some people who have had ovarian or endometrial (uterine) cancer may have an increased risk of bowel cancer.
- Rare genetic disorders – a small number of bowel cancers are associated with an inherited gene.

## Reducing cancer risk<sup>5</sup>

### Testing for bowel cancer

- Immunochemical Faecal Occult Blood Test (iFOBT) – involves taking a sample of your stools at home.
- It is recommended that people aged over 50 years, without symptoms and without a family history of bowel cancer have an iFOBT every two years.
- If blood is found in an iFOBT, further testing such as a colonoscopy is needed to determine the cause of the bleeding.

### National Bowel Cancer Screening Program<sup>6</sup>

- 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.
- The National Bowel Cancer Screening Program now sends all eligible Australians aged between 50 and 74 years of age (around four million Australians) free, clean and easy to use test kits to complete at home. The program aims to reduce deaths from bowel cancer through early detection. This program could save up to 500 lives annually, and significantly reduce the burden of bowel cancer on Australians and their families.

## Changes to everyday behaviours

Nutrition, physical activity, alcohol consumption, tobacco smoking and body weight 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 (moderate amount of 100g per day lean red meat consumption is recommended) and avoid processed meat
- aim for at least 30 minutes of moderate intensity physical activity (such as a brisk walk) each day or try 60 minutes each day to further reduce your risk
- avoid tobacco smoking
- limit alcohol consumption to no more than 10 standard drinks per week, and no more than four at a time, or avoid it altogether.

1. Queensland Cancer Register, 2020. Unpublished data (1982-2017).
2. Queensland Cancer Statistics On-Line, 2020. Viertel Cancer Research Centre, Cancer Council Queensland ([aqsol.cancerqld.org.au](https://aqsol.cancerqld.org.au)). Based on data released by the Queensland Cancer Register (1982-2017; released July 2020).
3. Cancer data in Australia (web report), Australian Institute of Health and Welfare (AIHW), Last updated 02 Jun 2020 <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/summary>.
4. Information and symptoms of bowel cancer, Cancer Council Queensland. <https://cancerqld.org.au/cancer-information/types-of-cancer/bowel-cancer/#symptoms>
5. Cancer Guidelines Wiki ([https://wiki.cancer.org.au/australia/Guidelines:Colorectal\\_cancer/Primary\\_prevention\\_dietary\\_and\\_lifestyle](https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer/Primary_prevention_dietary_and_lifestyle))
6. Australian Government, Department of Health: National Bowel Cancer Screening Program <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bowel-screening-1>

# Colorectal Cancer

## 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's 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 deliver counselling via telephone and video, with face to face appointments available in some regional offices. Our team includes nurse counsellors and psychologists trained and experienced in helping people affected by cancer.

### Further information and support



13 11 20



Email



Webchat

**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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