



Registered Charity Number 1063614

Practice Guidance: Bowel Cancer

The role of community pharmacists in raising awareness of particular health issues is becoming more widely recognised. This guidance on best practice for pharmacists when advising on suspected, or diagnosed, bowel cancer has been prepared in the Royal Pharmaceutical Society's Practice Division in conjunction with the charity Beating Bowel Cancer.

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**Royal
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Practice Points for Pharmacists

What are the symptoms of bowel cancer?

Not everyone will have symptoms and the symptoms may vary. The most common **higher risk** symptoms to look out for are:

- A persistent change in bowel habit especially going more often or looser for several weeks.
- Bleeding from the anus without any obvious reason.
- Abdominal pain, especially if severe.
- A definite palpable right-sided abdominal mass.
- Unexplained iron-deficiency anaemia.

These symptoms, when occurring for the first time, are higher risk criteria for fast-track clinic referral, under the two week standard.

Below are also lower risk symptoms which can be treated and watched by the GP for up to 3 months:

- Rectal bleeding with anal symptoms.
- Transient changes in bowel habits.
- Abdominal pain without other higher risk symptoms.¹

Background for pharmacists

- The national contractual frameworks for pharmacy include requirements for pharmacists to promote public health messages.
- Bowel cancer is the UK's second biggest cause of cancer deaths.
- With the rollout of screening, bowel cancer education and awareness is high priority.
- New treatments for bowel cancer are resulting in more community care requirements.

What is bowel cancer?

Bowel cancer is a disease of the large bowel (colon) or rectum. It is also sometimes called colorectal or colon cancer. It is the second largest cause of cancer deaths in the UK.

Most cancers start with wart-like growths, known as polyps, on the wall of the gut. Polyps are very common as we get older – 1 in 10 people over 60 have them – but most polyps do not turn to cancer.

If potentially cancerous polyps can be found at an early stage, they can be removed painlessly without the need for an operation.

Sometimes bowel cancer may spread to other parts of the body such as the liver or lungs.

How great is the problem?²

- Most people do not get bowel cancer. Research suggests over 90% of bowel cancer patients will survive the disease for more than five years if diagnosed at the earliest stage.
- It is the second largest cause of cancer deaths in the UK, killing around 50 people every day.
- 37,500 people are diagnosed with bowel cancer each year. Around 16,000 people die as a result of the disease.
- Bowel cancer affects men and women almost equally. 95% of bowel cancer cases are in the over 50s, however the incidence of bowel cancer in younger people is increasing rapidly.
- Of all those diagnosed with bowel cancer, around 50% are not expected to live for more than 5 years after they are diagnosed.

Awareness of bowel cancer³

Research by Beating Bowel Cancer shows that:

- Almost ¾ of people weren't aware that bowel cancer was one of the top two causes of cancer deaths.
- Half of respondents did not know the high risk symptoms of bowel cancer.
- 80% of respondents agreed that more information is needed about bowel cancer.

What are the causes of bowel cancer?

It is not known precisely what causes most bowel cancers, and in many cases there are no obvious causes. However, diet, lifestyle and family history are recognised risk factors that demonstrate a person's chances of developing bowel cancer.

Family history

- Bowel cancer is not automatically inherited.
- In the UK, approximately 5-10% of all people diagnosed with bowel cancer have a family history of the disease.⁴
- If there is a family history, often those affected are diagnosed before the age of 45.
- If someone has two close relatives (eg. mother, father, sister, uncle etc.) who have had bowel cancer, the GP should be informed.

Inflammatory bowel disease (including Crohn's disease and ulcerative colitis).

- People who have long term inflammatory bowel disease or those who have tendency to develop polyps may have an increased risk of developing bowel cancer.

Diet/lifestyle

- People whose diets are low in fibre, fruit and vegetables and who do not exercise regularly appear to be at an increased risk of developing bowel cancer.⁵ ►

Can you prevent bowel cancer?

People can take active steps to improve their lifestyle and reduce the risk of developing bowel cancer. The following advice can be given:

- Eat a healthy diet. This means eating lots of fruit and vegetables (the recommended 5-a-day), wholegrain foods and fish, less fat and less red and processed meat.
- Take regular exercise and try to maintain a healthy weight.
- Stop smoking.
- Cut back on alcohol.
- Know your body and how it usually functions so that you recognise changes in your bowel habits.

When should a patient be referred?

When any of the higher risk symptoms appear persistently for more than four to six weeks a patient should be referred. It is important to remember that most symptoms do not turn out to be cancer. However, it is essential that any symptoms are investigated, as early diagnosis is key to a successful recovery from bowel cancer – the longer symptoms are left, the worse the outcome is likely to be. Consideration should be given to the side effects of

other medicines the patient is taking as these may be similar to the symptoms presented in bowel cancer.

Screening for bowel cancer

An NHS Bowel Cancer Screening Programme is in operation throughout England, Scotland and Wales. Bowel screening will be introduced in Northern Ireland this year and in the Republic of Ireland from 2012. Bowel screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. It has shown to reduce the risk of dying from bowel cancer by 16%.⁶

Bowel screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

Those eligible for screening, who are registered with a GP, will receive a screening kit via the post. They are required to take three stool samples, and post these back to a central laboratory for analysis.

The age range for screening varies from country to country. See our **Practice Guidance: Bowel Screening** for more information or for screening updates visit www.beatingbowelcancer.org.

Surgery

The most common form of treatment for bowel cancer is surgery⁷ with some people requiring chemotherapy and radiotherapy to reduce the size of the tumour and prevent progression of the disease. If surgery is not an option, then chemotherapy and radiotherapy are offered to halt progression of the disease and to help control the symptoms.

During surgery (which may be open or keyhole) for bowel cancer, the piece of bowel that contains the cancer is removed together with the surrounding lymph nodes.⁸

Depending on the position of the cancer, the two open ends of the colon are joined together and 'normal' bowel function is restored. However, in some cases, particularly if the cancer is close to the anus, this may not be possible.

In these situations, the colon is brought to the surface of the skin on the abdomen forming a stoma. The patient will then require colostomy or ileostomy bags.

There are some risks with removing large portions of the bowel, particularly changes in bowel pattern and alteration in urinary and sexual function.

Chemotherapy

Patients may well be treated with chemotherapy after (or sometimes before) surgery and so will be referred to an oncologist to consider whether chemotherapy would be advisable.

Specialist help and advice will be given to assist people to carry on their normal life whilst having treatment.

Full details of bowel cancer treatment choices, including chemotherapy drugs, can be found in Beating Bowel Cancer's booklet 'Treating Bowel Cancer: Your Pathway', available from the charity.

Radiotherapy

Radiotherapy is more commonly used to treat cancers of the rectum and this may be given prior to surgery or as a course of treatment following the operation.

Support

Bowel cancer patients will generally fare better if they are looked after by a Multi-Disciplinary Team (MDT). This will include a colorectal nurse specialist who specialises in this type of disease and who will be available to provide information and support. A stoma care nurse should also be on hand for people with a stoma, and should offer home visits. ■



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Beating Bowel Cancer is a registered charity that can also provide help, support and information for bowel cancer patients and their families.

Telephone: 08450 719300
Email: info@beatingbowelcancer.org

Local Cancer Networks offer resources to support pharmacists providing care for patients with cancer. **The British Oncology Pharmacy Association (BOPA)** provides networking and educational support.

Centre for Postgraduate Pharmacy Education publishes a useful guide: 'Cancer in relation to Pharmacy Practice'.

www.beatingbowelcancer.org

1 CRUK CancerStats Key Facts November 2009.

2 Cancer Research UK 2005. Cancerstats

3 TNS Omnibus Research conducted amongst 1643 people aged 30+ across the UK from 4-8 November 2009.

4 Cancer Research UK.

5 EPIC (European Prospective Investigation into Cancer and Nutrition).

6 Cochrane Database of Systematic Reviews, 2006.

(Screening for colorectal cancer using the faecal occult blood test: an update).

7 Healthcare Commission National Bowel Cancer Audit 2006.

8 National Institute of Health and Clinical Excellence Guidance August 2006. Laparoscopic Surgery for Colorectal Cancer.

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