Screening for Bowel cancer

Bowel (colorectal) cancer is the second commonest cause of cancer-related death (after lung cancer). It affects 6% of the population in Westernised (industrialised) countries and causing death in about 3%. About 1 in 4 of all deaths are caused by cancer in industrialised countries and bowel cancer accounts for more than 1 in 10 of those deaths from cancer.

Screening for Bowel (colorectal) cancer
This cancer is the best "bet" to have a successful screening programme for several reasons: It is relatively common and cure rates for surgery are very high if caught at an early stage(>90%). Also in most cases a pre-cancerous stage called a polyp can often be found and simply removed to prevent cancer ever developing.

Population screening tests and Faecal Occult Blood Testing
The identification of a simple test is unfortunately less straightforward. The simplest test is **faecal occult blood screening** (checking for blood in the faeces that is not visible) which involves collecting a tiny amount of faeces in a special container which you will be provided with..

Like all screening tests the test only has *limited accuracy.* . A positive faecal occult blood test indicates approximately a 10% chance of cancer or a 34% chance of a polyp which can be associated with cancer. Unfortunately though the test will miss up to 30% of cancers. (false negative rate)

A positive test needs to be followed by colonoscopy, an examination of the full length of the large bowel with a thin supple telescope. So, the high rate at which faecal occult blood is found when cancer is ultimately shown to be not present (false positive rate) means that inevitable worry is caused to those individuals who subsequently turn out to have a healthy colon.

However reports of the best results show that if yearly faecal occult blood testing is recommended to all individuals over age 50, screening would reduce the death rate from colorectal cancer by about one third. This result sounds well worthwhile and so this screening programme is now recommended as standard practice in the USA. It is also soon to be offered in the UK as a national screening programme through the NHS.

Ongoing trials are in progress in the UK to further study the effectiveness of faecal occult blood screening. Also being performed are trials to assess flexible sigmoidoscopy. This is an examination with a supple telescope of the final 40cm or so of the bowel, where the majority of colorectal cancer occurs (approximately 80%). In theory, flexible sigmoidoscopy is a better screening test because it has a much better chance than occult blood screening of detecting the pre-cancerous polyps. But it has the disadvantages of being more invasive for the patient and of inevitably missing those cancers higher up in the bowel that are beyond the reach of the sigmoidoscope.

In the USA, pressure exists to include colonoscopy (examination of the whole large bowel with a flexible telescope) routinely as part of a screening programme that also includes faecal occult blood testing. UK experts view this proposal as premature and suggest that routine colonoscopy needs to be found worthwhile in future trials before being introduced for screening for individuals who have a *normal* risk of colorectal cancer.

How can I reduce my risk of bowel cancer

- Drink alcohol in moderation (<21 units weekly for men and <14 units weekly for women)
- Don't smoke
- Eat plenty of green vegetables
- Avoid a high intake of red meat and avoid preserved or burnt meats
- Keep to a normal weight
- Take regular exercise