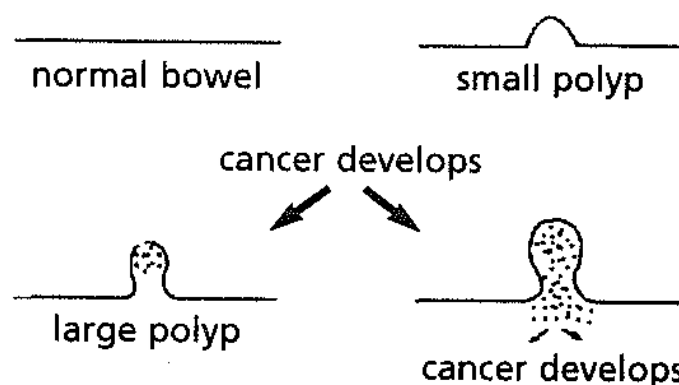


Patient information

Family history and bowel cancer

Bowel cancer is one of the most common cancers in the UK. In the general population, on average, 1 in 25 will develop the disease, usually over the age of 50 years.



Bowel cancer develops from '**polyps**'. A polyp is an overgrowth of normal cells that may not cause any symptoms. If left, changes can occur in the cells of the polyp causing a cancer to develop. Most people will develop a few polyps in their lifetime but not all will become cancerous. It is estimated only 1 in 10 polyps will develop into cancer.

Most people diagnosed with bowel cancer have developed it by chance. It is known that people with a family history of the disease have an increased risk of developing bowel cancer in their lifetime compared with that of other people in the general population.

This may be caused by an inherited gene fault. This can make a person more prone to developing bowel cancer, sometimes earlier in their lifetime than expected.

A **gene** is like a book of instructions. A fault (mutation) in a gene acts like a spelling mistake in a sentence so the normal instruction or message no longer makes sense, leading to abnormal processes to occur in the body.

Bowel cancer is sparked off when there is a mutation in the genes of the cells in the lining of the bowel.

Mutations can occur because of a combination of factors in our lifestyle and environment, for example, diet, smoking and as a result of the ageing process.

Some people are already born with an inherited gene fault which makes them more susceptible to developing a bowel cancer in their lifetime.

High risk groups

There are two known syndromes that greatly increase a person's risk of developing a bowel cancer and/or an associated cancer.

Familial adenomatous polyposis (FAP) is a rare syndrome, which is thought to be responsible for less than ½% of all bowel cancers. Individuals affected by FAP carry a fault in a gene called APC. These people develop hundreds of polyps in the large bowel, usually at a very young age. Surgery is often indicated to remove the large bowel, which eradicates the risk of bowel cancer developing in those carrying the faulty gene.

Hereditary non polyposis colon cancer (HNPCC) is more common. It is responsible for about 1-2% of all cases of bowel cancer. The small group of people affected by it often have a number of close relatives diagnosed with bowel cancer and/or associated cancers such as womb cancer. Usually at least one relative has been diagnosed under the age of 50 years.

For this high risk group, frequent screening of their bowel is offered to look for polyps or early cancers to help to improve on detection of, and survival from, the disease.

In some cases a test can be offered to this group of people with a strong family history to search for a faulty gene. The search for a gene can take years and does not guarantee one will be found. If one was found, other "at risk" members of the family can be tested. This would help to clarify if they are "at risk" or not and thus determine their need for surveillance.

Moderate risk groups

The percentage of people at high risk of hereditary bowel cancer is relatively small.

There is a larger group of people who are thought to be at less risk of a hereditary bowel cancer than the high risk group, but may still be at greater risk than the general population because of having one or two close relatives affected by the disease. This

group probably carries a combination of genes predisposing them to cancer, possibly by altering their body's responses to the effects of the environment.

Having one close relative i.e. parent or sibling, affected with bowel cancer can moderately increase a person's risk especially if they were diagnosed under 45 years.

If two or three relatives e.g. parent, grandparent and/or aunt/uncle on the same side of the family were affected between the ages of 50-70 years; this may suggest a possible trend in the family line.

Those who have a family history of bowel cancer that fits into a moderate risk, may also benefit from regular surveillance, the frequency of which being dependent upon the strength of the family history.

Surveillance of the bowel

Surveillance for bowel cancer is usually in the form of a **colonoscopy**.

A colonoscopy is an investigation using a small flexible tube that is inserted into the back passage to view the lining of the bowel (colon) with a camera. This procedure is able to detect polyps and remove small ones as well as look for abnormal changes.

Complications from this procedure are rare. The risks of perforation of the bowel, bleeding and/or pain are estimated to occur in no more than 1 in 1000 colonoscopies.

Although a colonoscopy is not the most pleasant of investigations, the benefit it offers as a method of surveillance tends to outweigh the temporary inconvenience.

Family history of cancer can provoke many anxieties and concerns about our own risks. It is important to remember bowel cancer is very common so it is likely most of us will have some family history of cancer. Even if you have several relatives affected by bowel cancer, it does not mean you will develop it.

It is therefore important for people who are concerned about their family history of cancer to have access to accurate information so as to avoid further anxiety and misconceptions.

It is of benefit to everyone with or without a family history of bowel cancer to be aware of the signs and symptoms of bowel cancer.

Here are the most common symptoms to look out for

- A persistent change in your bowel habit, i.e. passing loose bowel motions more often for more than a few weeks without a complete return to your normal bowel habit.
- Bleeding from the back passage without any other symptoms. (Piles are a common cause of bleeding but are often accompanied by a sore bottom and itching).
- Unexplained tiredness, anaemia, a lump in your abdomen (tummy), persistent severe 'colicky' pain in the abdomen, passing excessive and/or offensive wind.

It must be acknowledged these symptoms **do not** necessarily indicate a bowel cancer. Non cancerous bowel problems can cause similar complaints but if these symptoms persist, it is advisable to seek advice from your GP.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk>



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