These symptoms are often associated with other problems. If symptoms last for two weeks or more, it is important to make an appointment with your GP and remind them of your family history. They may refer you for investigations (tests).

**Can tests show if the bowel cancer in my family is due to a strong inherited tendency?**

Occasionally, families at moderate risk of bowel cancer will be offered genetic testing. This will depend on specific details about your family history. If testing is possible it usually involves testing a sample of stored tumour tissue from a relative who has had bowel cancer.

The results may show if the cancer was likely due to a strong inherited tendency. Depending on the results of the tumour tests, genetic testing may be offered if a blood sample from the affected relative is available. This is not always possible if the affected relative has passed away.

If a tumour test can be offered to your family this will be discussed with you in the genetics clinic.

**Sources of further information**

**Macmillan Cancer Support**
Tel: 0808 808 0000
www.macmillan.org.uk

**Cancer Research UK**
Speak to a nurse: 0808 800 4040
www.cancerresearchuk.org

**Feedback**
We appreciate and encourage feedback. If you need advice or are concerned about any aspect of your care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204
From a mobile or abroad: 0115 924 9924 ext. 65412 or 62301
E-mail: pals@nuh.nhs.uk
Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR
www.nuh.nhs.uk

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

Adapted from leaflet by Clinical Genetics at Guy’s and St Thomas’ NHS Foundation Trust

Kathryn Mellor, Clinical Genetics © August 2018. All rights reserved. Nottingham University Hospitals NHS Trust. Review: August 2020 Ref: 1006/v3/0818/AH.
How common is bowel cancer?

In the UK, bowel cancer is the third most common type of cancer. It affects about one in every 14 men and one in every 19 women. Most people who get bowel cancer develop it in later life.

Only a very small number (about 5-10%) of all the people who develop bowel cancer have a strong inherited (genetic) tendency. A strong inherited tendency to developing bowel cancer is therefore rare but having a family history of bowel cancer is quite common.

The digestive system

![Diagram of the digestive system]

What is a ‘moderate’ risk of bowel cancer?

If you are at moderate risk, this means that you have an increased chance of getting bowel cancer during your lifetime compared to the general population risk (up to a 1 in 6 lifetime risk). However, you are much more likely to not develop bowel cancer than you are to get it.

Do people with a moderate risk of bowel cancer need screening?

You may be offered bowel screening to check for abnormal changes in the bowel depending on your age and family history. This type of screening is called a colonoscopy.

A colonoscopy is a procedure in which the doctor or nurse can look directly at the lining of the bowel. The bowel needs to be cleared with laxatives before the test. A narrow tube with a small light attached to the end (a colonoscope) is carefully inserted into your back passage (bottom) and up into the large bowel. This technique gives the doctor or nurse a clear view of the lining of the large bowel.

The NHS Bowel Cancer Screening Programme offers non-invasive screening every 2 years to people in the general population from 60-74 years. You can request to continue screening after 74. They are also rolling out a one off bowel scope for people aged 55.

More details about bowel screening can be found at www.gov.uk/guidance/bowel-cancer-screening-programme-overview or call 0800 7076060.

What should you do if anyone else in your family develops cancer in the future?

This may not alter your risk of developing cancer. However, please let your GP and us know if anyone in your family develops cancer especially of the large bowel or rectum, endometrium (womb), ovaries, small bowel, stomach or kidneys.

If you let your GP or us know about this change, your family history of cancer can be reviewed again as appropriate.

What can you do to keep a check on yourself?

There are a few things to look out for which can help with the detection of bowel cancer:

- Bleeding from the back passage (bottom) other than from haemorrhoids (piles).
- Change in toilet habits (e.g. persistent diarrhoea/constipation).
- A feeling that you have not completely emptied your bowel.
- Pain or discomfort in your abdomen (stomach).
- Feeling very tired or breathless.