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

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. Additional cancers in the family may alter your risk of developing cancer so we will look at your family history again.

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

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

It is important to remember that most bowel cancer is not inherited.

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. 65414 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.
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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

What is an ‘increased’ risk of bowel cancer?
If you are at an increased risk, this means that the chance of you developing bowel cancer in your lifetime is higher than the general population risk.

Do people with an increased risk of bowel cancer need screening?
It is likely you will be offered regular bowel screening to check for abnormal changes in the bowel. The frequency of such screening will depend on your age and family history. The 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.

Can tests show if the bowel cancer in my family is due to an inherited tendency?
Sometimes it is possible to carry out a test in an affected family member on a sample of cancer tissue that was removed at the time of surgery or colonoscopy. If this is an option this will be discussed with you.

These cancer tissue studies can identify if certain characteristics that can be seen in a bowel cancer may be due to an inherited bowel cancer syndrome called Lynch Syndrome (previously known as Hereditary Non Polyposis Colorectal Cancer or HNPCC).

Arranging tumour tests and waiting for the results can take several months.

If the tumour tests suggest that the bowel cancer could be due to Lynch Syndrome, a genetic test (requiring a blood sample from the person with bowel cancer) may be offered. This is called a ‘mutation search’ test and it looks for changes (mutations) in the relevant Lynch Syndrome genes. This will be discussed with you in more detail in the genetics clinic if appropriate.

More details about The NHS Bowel Cancer screening Programme can be found at: www.gov.uk/guidance/bowel-cancer-screening-programme-overview or call 0800 7076060.

If you have been told that your lifetime risk of developing bowel cancer is increased, it is possible that the bowel cancer in your family is due to a strong inherited tendency.