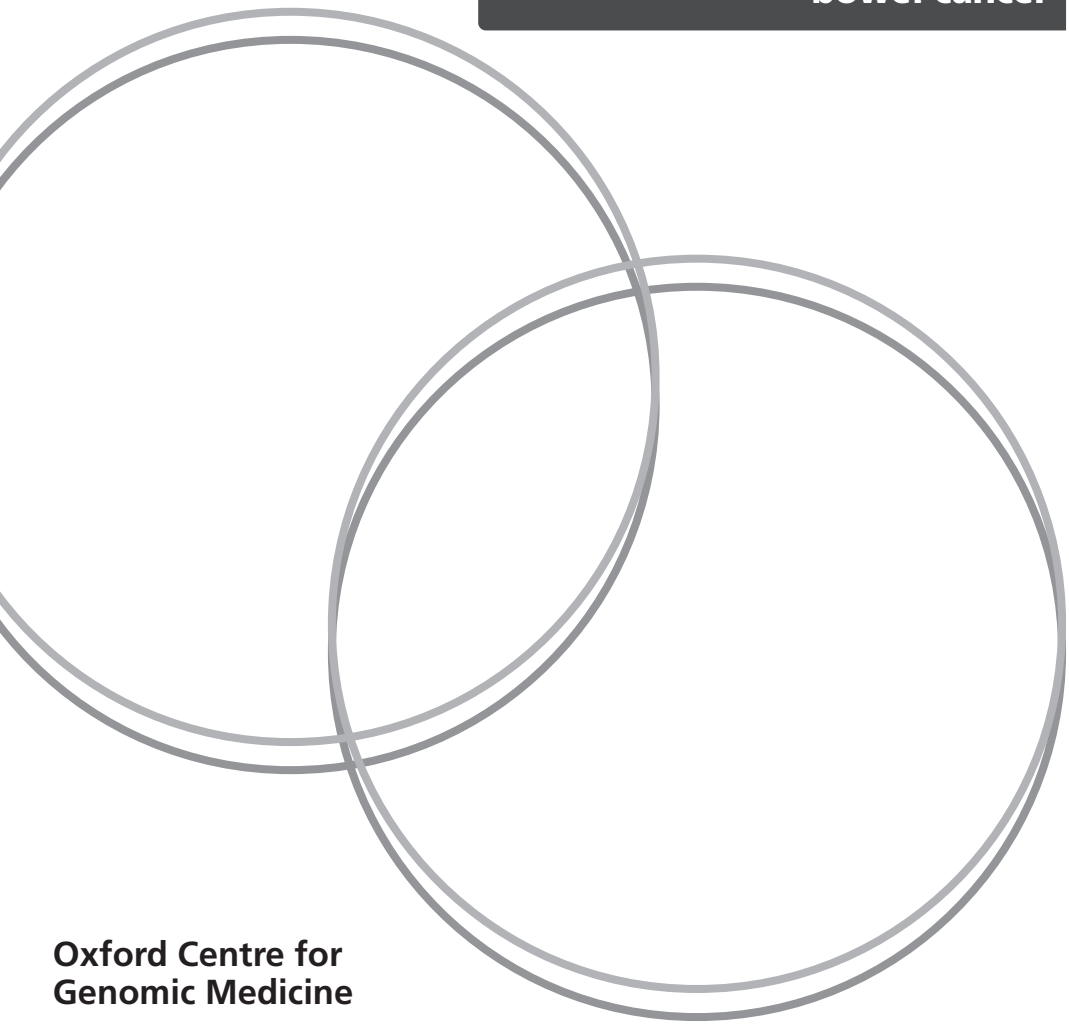
Oxford University Hospitals
NHS Foundation Trust

Family History of Bowel Cancer

Information for families with a **moderately** increased risk of bowel cancer



Oxford Centre for
Genomic Medicine

How common is bowel cancer?

Bowel cancer is the 3rd most common cancer in the UK. 1 in 20 people develop bowel cancer, most of them at older ages. Bowel cancer is also called colon or colorectal cancer.

As it is common, many of us will know someone who has had bowel cancer. Most of these cancers occur by chance. Only about 5% of bowel cancer is inherited.

How do we recognise inherited bowel cancer?

It is rare to have an inherited tendency to develop cancer. We only suspect an inherited tendency in families where:

- Several close relatives on the same side of the family have had bowel cancer or related cancers. This may include womb, ovarian, stomach or kidney cancer.
- Someone has had bowel cancer at a young age (below the age of 50).
- Someone has had more than 1 of these types of cancer.
- Someone has had lots of bowel polyps.

In families like this, there may be an altered gene which means that people are more likely to develop bowel cancer. These genes can be passed down from one generation to the next. We can sometimes offer these families a genetic test.

Are the cancers in my family genetic?

When we look at your family history we look at the number of relatives who have had cancer, and their ages when they developed it. Cancers occurring at older ages are less likely to be inherited. The types of cancer relatives have had is also important as only certain types of cancer are related to each other.

Many cancers, such as lung cancer and cervical cancer are usually due to environmental rather than genetic effects.

From the information you have provided, the cancers in your family are unlikely to be due to one of the inherited forms of bowel cancer we know about. It is likely that the cancers are due to combinations of other genes and environmental factors. This may be because there have only been 1 or 2 cancers in your family, because they have occurred at older ages or because they have occurred in relatives who are more distantly related.

Will I be offered a genetic test?

In most families, where there are only a few individuals affected with bowel cancer, advice for their relatives is based on the ages and types of cancer seen in the family rather than on results of genetic tests. Genetic tests are useful in some families. If possible, it is most helpful to test a sample of stored tumour tissue from a relative who has had bowel or womb cancer. This test can help us know if the cancer in the family is likely to be inherited or not. If we think this test may be helpful in your family, we will ask their permission (or permission of their closest relative if they have died).

Alternatively, we may suggest your relative is referred to their local genetics clinic to organise the test. If you wish to ask more about this, please contact us on the telephone number on the back of this leaflet.

This can help to ensure we are offering you and your family the most appropriate screening.

Is my risk of bowel cancer increased?

In your family the pattern of cancers doesn't suggest a known inherited form of bowel cancer. However, your family history means relatives do have a slightly higher risk of developing bowel cancer than other people their age. It is still much more likely that individuals in the family won't develop bowel cancer.

Do I need to have extra screening?

As your risk of bowel cancer is slightly higher you may be offered bowel screening to check for any abnormal changes in the bowel. This type of screening is called a colonoscopy. When and how often we would advise colonoscopies will depend on your family history of cancer.

If you have already had bowel cancer yourself, your bowel surgeon will arrange any ongoing screening for you.

What does bowel screening involve?

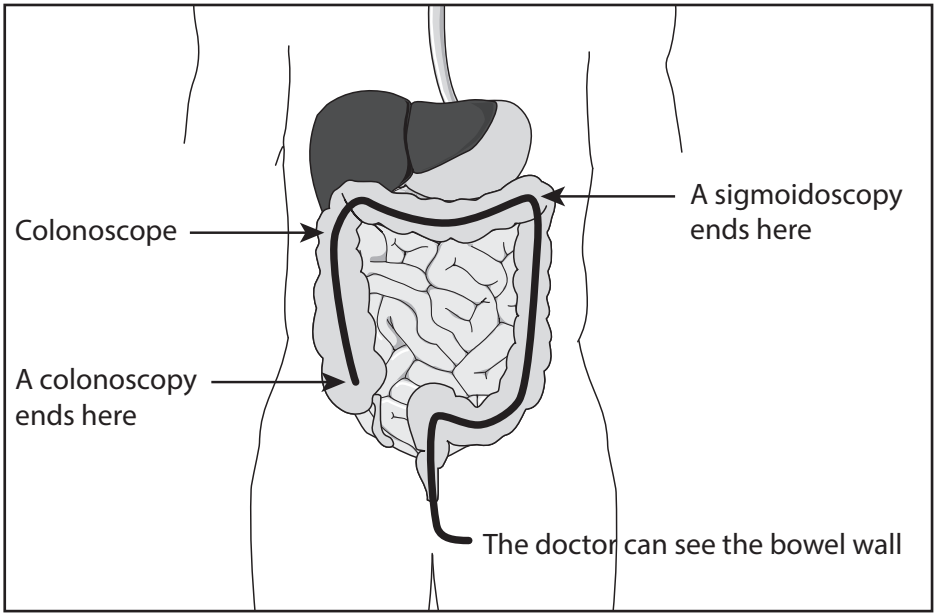
To have a colonoscopy you must first empty your bowel by taking strong laxatives. A long flexible tube containing a tiny camera (about the thickness of your index finger) is passed through the anus into the bowel to look for polyps or abnormalities.

You will be given mild sedation so it is not usually too uncomfortable.

There are two benefits of a colonoscopy. Firstly, it can detect cancers early when they are more treatable. Secondly, during the procedure, any polyps found can be easily removed. Polyps are small, non-cancerous growths in the bowel. It is normal for an adult to develop 1 or 2 polyps as they get older.

Polyps do not usually cause problems but some polyps can develop into cancers if left for several years. By removing them, the chance of cancers forming is reduced.

How the bowel is examined by colonoscopy



What can I do to reduce my risk?

A balanced diet with lots of fruit, vegetables and wholegrains can reduce the risk of bowel cancer. Eating less red meat (beef,pork and lamb), and less processed food is recommended. Taking regular exercise, keeping a healthy weight, stopping smoking and limiting alcohol intake is helpful for our general health.

What symptoms should I look for?

You should be aware of any persistent unexplained tiredness or any unusual bowel symptoms.

These might include blood in your stools, passing mucus, unexpected weight loss or persistent change in bowel habits. You should see your GP for further advice if you have any of these symptoms. You should make your GP aware of the family history and may wish to take this leaflet with you.

What about my relatives?

Your relatives may also benefit from extra bowel screening. They can contact us to discuss this or ask their GP to refer them to their local genetics centre. We can share the information we have with their genetics centre if you wish.

Is there screening for the general population?

The NHS national bowel screening programme is offered to everyone between the ages of 60-74. It involves a faecal occult blood (FOB) test every 2 years. A kit is sent out in the post for you to take a small sample of your stool. The sample is posted back and is tested for any signs of blood. If there is any bleeding, you would be offered further tests to check for any problems.

An additional test called a bowel scope test (flexible sigmoidoscopy) is gradually being offered to all men and women aged 55.
It involves using a thin, flexible instrument to look inside the lower part of the bowel for polyps or cancer.

Further Information

http://www.cancerresearchuk.org/

http://www.macmillan.org.uk/Home.aspx

If you need more advice please contact:

Oxford Centre for Genomic Medicine

ACE building (Room 33G16)
Nuffield Orthopaedic Centre
Oxford University Hospitals NHS Foundation Trust
Windmill Road
Headington
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OX3 7HE

Telephone: **01865 226 034**

Email: **orh-tr.churchill-clinicalgenetics@nhs.net**

Website: **http://www.ouh.nhs.uk/clinical-genetics**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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