

# Early detection of bowel cancer

Know the symptoms & get checked



**Bowel Cancer**  
NEW ZEALAND

[bowelcancernz.org.nz](http://bowelcancernz.org.nz)



## Our mission

### **To combat bowel cancer on every front**

Bowel Cancer NZ is a nationwide, patient-focused charity dedicated to reducing the impact of bowel cancer in our communities through awareness, education, advocacy, research and support. Our goal is to lead the world with solutions to reduce New Zealand's bowel cancer statistics and free future generations from the impact of bowel cancer.

## Our vision

### **That no New Zealander will die of bowel cancer**

We may never eradicate bowel cancer, but through better screening, treatments and support, we can catch it earlier when it's most treatable. That's why we won't stop until we've beaten apathy, beaten embarrassment, beaten the lack of awareness and funding ... and above all, beaten bowel cancer.



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## Introduction

**Bowel cancer is preventable, and yet New Zealand has one of the highest rates of bowel cancer in the world.**

Over 3,000 Kiwis are diagnosed with bowel cancer every year, and just over 1,200 will die from it.

It doesn't have to be this way.

No one likes to talk about bowel cancer, but the bottom line is, the more you know, the better your chances of beating it.

Screening can detect early-stage bowel cancer even before symptoms appear. *If caught early*, bowel cancer is curable in more than 90% of cases. That's why it's important to do your bowel screening test if you're eligible for the National Bowel Screening Programme, or speak with your doctor regarding any concerns or issues you may be having about your bowels.

We hope this information will help inform the decisions and choices you can make about your own health and wellness and that of your whānau.

# Keeping a lid on bowel cancer: the facts

Bowel cancer is also known as colorectal or colon cancer and is a cancer of the lining of the colon or rectum (also referred to as rectal cancer).

Bowel cancer develops when there are a series of mutations to the cells that line the bowel, which results in the uncontrolled growth of these cells. Initially, these cells develop into polyps, which can be flat or grow on stalks from the bowel wall. These growths are more common as people get older. Although most polyps never develop into bowel cancer, some can if left undetected.

## The facts

- Bowel cancer is the second-highest cause of cancer death in New Zealand, second only to lung cancer.
- Māori and Pasifika patients are more likely to have a first diagnosis at an emergency department and present with bowel cancer at a more advanced stage.
- Bowel cancer is more common in those over 50; however, it can affect people of all ages, with over 350 people aged under 50 diagnosed each year.
- Men have a slightly higher risk of bowel cancer than women.
- Bowel cancer is curable in more than 90% of cases if caught early.

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## Bowel cancer symptoms

**Knowing the symptoms of bowel cancer is the first step you can take towards early detection.**

Symptoms may come and go, so don't wait if you have any of those listed below or are concerned about your bowel health. Knowing your bowel habits will help you recognise any changes. No matter your age, see your doctor straight away because early detection offers the best chance of a cure.

**Symptoms may include:**

- bleeding from the bottom (rectal bleeding),
- change to your normal bowel motions/habits that come and go over several weeks,
- anaemia / iron deficiency (lacking energy, shortness of breath, poor concentration, being able to exercise less),
- severe persistent or periodic abdominal pain,
- a lump or mass in the abdomen,
- tiredness and loss of weight for no obvious reason.



# How is bowel cancer diagnosed?

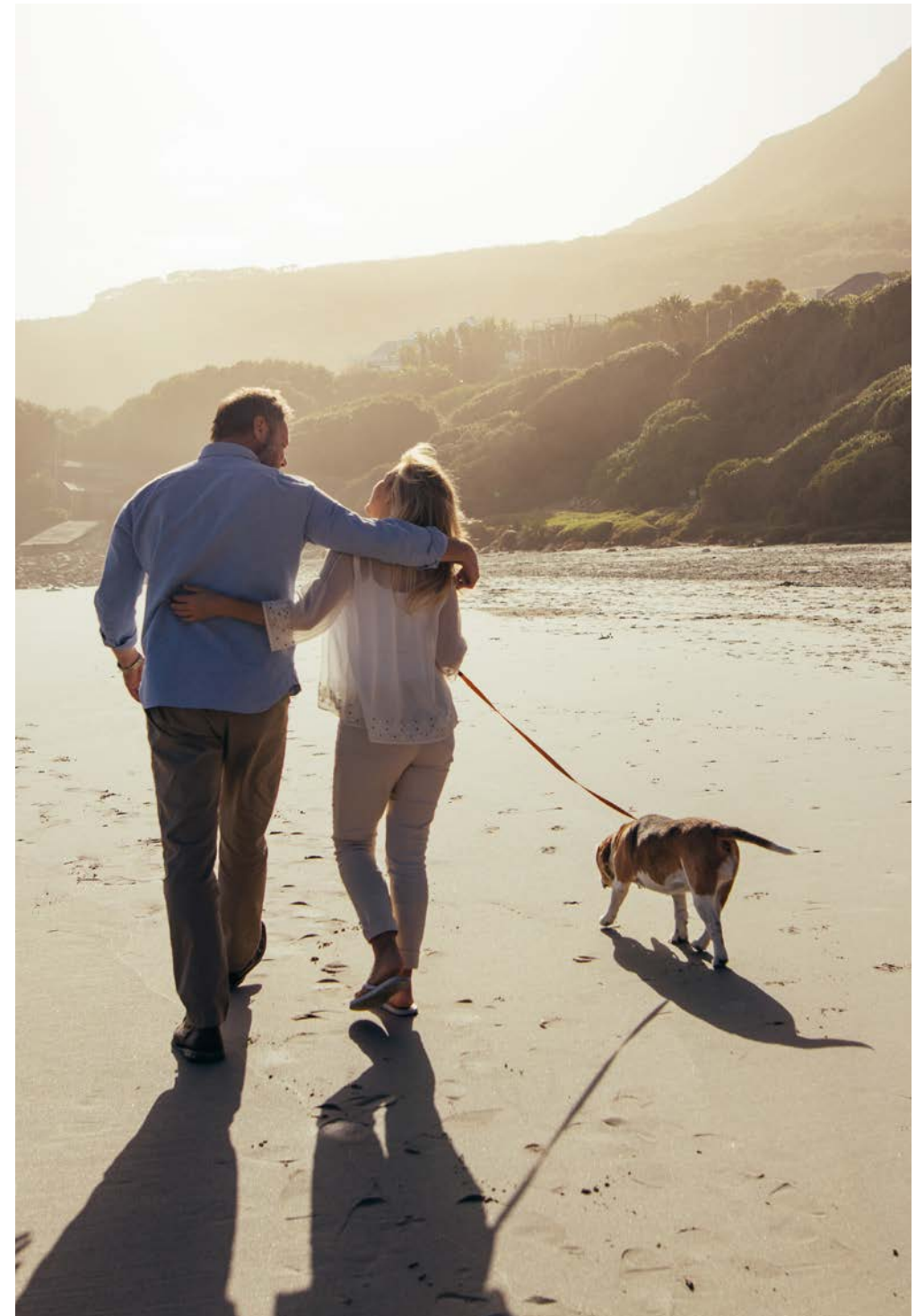
When you see your doctor, they will ask about your symptoms and whether you have a family history of bowel cancer. They may then carry out some or all of the following tests or refer you to the appropriate provider for procedures to check for bowel cancer.

- Abdominal and rectal examinations.
- Blood tests.
- Bowel screening test, as used by the National Bowel Screening program.
- Sigmoidoscopy.
- Colonoscopy.
- CT colonography (also known as virtual colonoscopy).

## Abdominal and rectal examinations

During this examination, your doctor will feel/palpate your abdomen to check for any abnormal lumps, bumps or protrusions. They may also perform a rectal examination, inserting a lubricated, gloved finger into your rectum (bottom) to feel for any lumps. This can be slightly uncomfortable, and some may find it a little embarrassing. However, it is over quickly and can let the doctor know if there are haemorrhoids or other small growths within the rectum.

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## Blood tests

A sample of your blood may be taken to:

- check your iron levels, which, if low, can indicate bowel cancer due to subtle/ slow blood loss,
- count the number of red cells in your blood because anaemia (low red cell count) can be a sign of bowel cancer.

## Bowel screening

Bowel cancer can develop without any warning signs, but over 90% of cases can be treated successfully if caught early. Screening is one of the most effective ways to find bowel cancer early before it spreads.

A bowel screening test is clean, quick, simple to do and can be done by yourself at home. The test checks for tiny traces of blood in your poo, not for bowel cancer itself. Blood can leak from pre-cancerous polyps, haemorrhoids or early-stage bowel cancer and pass into bowel motions before any other bowel cancer symptoms become apparent.

A faecal immunochemical test (FIT) is a bowel screening test used to identify any minute traces of blood in the stool (poo) sample. Depending on the result, this may warrant further investigation with a procedure like a colonoscopy (to identify and remove pre-cancerous polyps or detect bowel cancer).

For your GP to organise a FIT to be carried out, they need to have 'reasonable suspicion' of bowel health issues. General health care pathways will ask a GP to have conducted prior investigations, such as blood tests and an abdominal/rectal exam, before being able to request a screening test to be done. Please note, this is not part of general health screening.

## The National Bowel Screening Programme

The government-run National Bowel Screening Programme (NBSP) is free for eligible men and women aged 60 to 74 every two years. To address a health inequity, Māori and Pasifika will be invited to participate in bowel screening from 50 years old, which will be rolled out nationally from July 2023.

You will receive an invitation letter by post when it is your turn to be screened. The date of your birthday and when your local hospital initiated the programme will determine when your letter is sent. The invitation will be followed by a packet in the post containing a consent form and a bowel screening kit.



Screening is for people who have no obvious symptoms of bowel cancer. It's always important to discuss any bowel concerns with your doctor and seek their advice on whether screening will benefit you. They will review your current and previous medical history and advise the best way to manage any concerns. Don't wait to do a screening test if you are experiencing any bowel cancer symptoms\*. Instead, see your doctor straight away.

For more information, go to [www.timetoscreen.nz/bowel-screening](https://www.timetoscreen.nz/bowel-screening)

If you are not eligible for this government-run programme and would like information on other screening options, please email our nurse [here4you@bowelcancernz.org.nz](mailto:here4you@bowelcancernz.org.nz).

\*See our symptom checker on page 18 or refer to the list of symptoms on page 9.

# Talking to your doctor

Doctors are used to talking about bottoms and other intimate subjects so if you have been experiencing any bowel cancer symptoms, make an appointment to discuss these with your GP.

The more information you can give about your bowel habits, the easier it will be for your doctor to make an accurate diagnosis. Don't be shy. Whatever you have to say, your doctor has heard it all before.

## Preparing for your appointment

Your doctor will ask some routine questions to assist with diagnosing your symptoms. Making some notes beforehand may help you feel more comfortable talking about the symptoms you are experiencing. Try noting some information for each of the following questions, including when you first experienced the symptom(s) and their frequency (e.g. daily, weekly, intermittently). Or see our 'symptom checker' on page 18.

- Have you had a recent, persistent change in bowel habit to looser, more diarrhoea-like motions, or are you going to the toilet more, or trying to go (constipated), and feeling like you cannot empty your bowels fully?
- If you haven't had a change in bowel habit, do you have bleeding from the bottom?
- Do you have other symptoms, such as straining, soreness, pain, or itchiness?
- Have you experienced any abdominal pain?
- Have you unintentionally lost weight recently or become more tired lately?
- Do you have a family history of bowel cancer?



Your doctor may also ask you about your lifestyle and diet (to determine any other risk factors), your medical history, and any medications you may be taking (including painkillers, indigestion remedies, blood thinners, antibiotics and laxatives).

You can ask the doctor questions, too, so make a list before the appointment to ensure you remember and receive the information you need. If your symptoms persist, make sure to follow up again with your doctor.

**Still concerned? Put your health first and consider the following options:**

- Get a second opinion from another health professional.
- Go privately for a consultation and/or colonoscopy.
- Discuss a CT colonography with your GP.

## When further investigation is needed

Perhaps you returned a positive result from your screening test, or your doctor thinks the symptoms you are experiencing need further investigation. The only way to accurately 'see' what is going on within your bowel is to have a look.

There are three standard diagnostic procedures, and your doctor or specialist will advise which one is best for you, depending on your test results and symptoms.



## Colonoscopy

This procedure is conducted by a medical specialist and examines the lining of your bowel (large intestine) to see if there are polyps or cancerous tumours in the bowel. A colonoscope (a long, flexible tube) with a bright light and camera inside it is inserted into your bottom, enabling the doctor to get a clear view of the bowel.

Before your colonoscopy, you will need to follow special dietary restrictions and take laxative medications to ensure your bowel is completely empty – you will receive instructions on how to do this. You must follow these carefully so your bowel is clear, and the specialist can see the lining of your bowel during the colonoscopy. If not done as directed, it may be that your colonoscopy will need to be stopped and re-scheduled.

**During the colonoscopy, the doctor may:**

- take biopsies and photos;
- remove polyps;
- check for other bowel health conditions.

The procedure can cause discomfort as gas is used to inflate the bowel. Therefore, sedation is available and often recommended, as the procedure can last between 20 and 45 minutes.

**After a colonoscopy, it is advised:**

- you rest;
- have something small and light to eat;
- talk with the nurse or doctor about what was found;
- if you had sedation, have someone drive you home and stay with you.

Your doctor or specialist can refer you for a colonoscopy through your local hospital or health care centre. Hospitals have specific criteria set by the Ministry of Health around accepting colonoscopy referrals.

Your doctor can also refer you to a private endoscopy clinic for the procedure. The cost (at the time of writing) for a colonoscopy could be from \$3,000 to \$6,000. Private health insurance policies usually cover the cost of a colonoscopy, so make sure your GP refers you to a clinic covered by your insurer.

## Sigmoidoscopy

This procedure can be done in an outpatient clinic and does not require anaesthesia or sedation. It will require some bowel preparation with laxatives or an enema; however, it is a gentler approach than the bowel preparation for a colonoscopy.

A rigid or flexible sigmoidoscopy enables the specialist to look inside your rectum through a thin, short endoscope passed into the back passage. With a flexible sigmoidoscopy, the doctor can look inside the rectum and the lower part of the bowel.

If the doctor sees anything during this procedure that needs further investigation, biopsies can be taken, and samples sent to the pathology laboratory for examination

## CT Colonography

Also known as a 'virtual colonoscopy', this reliable diagnostic tool uses a low-dose radiation CT scanner to look for polyps and tumours inside the large bowel. CT colonography has a similar reliability to colonoscopy for detecting cancers and pre-cancerous polyps. There is minimal bowel preparation needed and no sedation.

**During the test:**

- CO2 gas or air is used to inflate the bowel.
- You will then go through a CT scanning machine.
- It will take approximately 15 minutes to complete.

The test is not painful - however, the gas used to inflate the colon may cause a feeling of bloating as if you have trapped wind. This feeling usually passes quickly after the test (or within 24 – 48 hours).

If a tumour or a pre-cancerous polyp is detected, a colonoscopy will be needed to biopsy the tumour and/or remove the polyp.

Your doctor may be able to refer you to a radiology clinic for a CT colonography through the public system, or you can go privately. The cost (at the time of writing) is \$800 – \$1,000. Check with your private health insurer to see if the cost is covered.

# Symptom checker



If you tick any of these boxes, please make an appointment to see your GP to discuss further.

Have you had any of the following for longer than 2 weeks?

- |  |                          |
|--|--------------------------|
| Bleeding from your bottom                        | <input type="checkbox"/> |
| Diarrhoea  | <input type="checkbox"/> |
| Constipation                                     | <input type="checkbox"/> |
| Alternating diarrhoea and constipation           | <input type="checkbox"/> |
| Abdominal pain, fatigue, lumps, other discomfort | <input type="checkbox"/> |

## Additional symptoms information for GP

1. Are the symptoms unusual for you? ☐ yes ☐ no

If yes: in what way are they unusual for you?

2. Have you spoken to a doctor about these? ☐ yes ☐ no

3. Do you have a family history of bowel cancer or polyps? ☐ yes ☐ no

4. Have you lost weight without trying over the last 4 weeks? ☐ yes ☐ no

5. Are your symptoms associated with pain? ☐ yes ☐ no

If yes, how much pain do you have?

1 2 3 4 5 6 7 8 9 10

none

severe

6. Have you had bowel problems in the last 12 months? ☐ yes ☐ no

If yes, please specify: ☐ Haemorrhoids ☐ Polyps ☐ Colitis ☐ Cancer

Other – please specify

7. List any and all medications you are currently taking. Include any over the counter medications and natural products eg: vitamins.

## Conclusion

Early detection of bowel cancer provides the best chance of a cure. If caught early, bowel cancer is curable in 90% of cases.

Talking about your bowel health with a nurse or doctor may be embarrassing and sensitive, but the bottom line is - the more you know, the better your chances of beating it.

Knowing your bowel habits, recognising any changes and getting checked by your doctor right away can help diagnose bowel cancer early before it has a chance to progress.

Bowel Cancer NZ is here to help too. If you have questions about bowel cancer, contact us on 0800 BCNZ NURSE (226 968)

by email [here4you@bowelcancernz.org.nz](mailto:here4you@bowelcancernz.org.nz)

or via the website chatbot [bowelcancernz.org.nz](https://www.bowelcancernz.org.nz)

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*Reducing the impact of  
Bowel Cancer on our community*

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