



**Birmingham Women's  
and Children's**  
NHS Foundation Trust

Information for families with a slightly  
increased risk of bowel cancer

# Family History of Bowel Cancer



By your side

## 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 may 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 than usual. 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.

Unfortunately, we don't know very much about these other genes at the moment. There are research studies looking for them and we hope to know more in the future. We may contact you to invite you to take part in one of these studies, although there is no pressure to do so if you don't want to.

### **Will I be offered a genetic test?**

Genetic tests are only useful in families who are likely to have a known inherited form of bowel cancer. As we don't know about the genes involved in families like yours, we cannot offer testing for them at the moment.

In some families, we may ask permission to test a sample of stored tumour tissue from a relative who has had cancer.

This can be useful to rule out a form of inherited bowel cancer called Lynch Syndrome, also known as Hereditary Non Polyposis Colorectal Cancer (HNPCC).

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

If this testing will be useful for your family, your geneticist will either discuss it at your appointment or suggest it in your letter. If you wish to ask more about this, please contact us on the telephone number on the back of this leaflet.

### **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?**

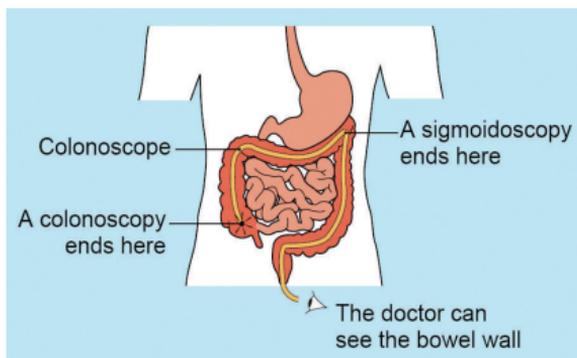
To have a colonoscopy you must first empty your bowel by taking strong laxatives. A long flexible tube containing a tiny camera (about the thickness of your index finger) is passed through the anus into the bowel to look for polyps or abnormalities.

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, this reduces the chances of cancers forming.

## How the bowel is examined by colonoscopy



### What can I do to reduce my risk?

A balanced diet, limited red meat with fresh fruit and vegetables and plenty of fibre is advisable. Regular exercise and reducing smoking and alcohol intake reduces the risk of several types of cancer.

### 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?

There is an NHS national bowel screening programme beginning at age 60. 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 stools. The sample is

posted back and is tested for any signs of blood. If there is any bleeding, you may be offered further investigations to check for any problems. Population screening by a single examination of the lower part of the large bowel, called flexible sigmoidoscopy, at around the age of 55 is being piloted in parts of England. It is expected to be extended to the rest of England in time.

## Further Information

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

[www.macmillan.org.uk/Home.aspx](http://www.macmillan.org.uk/Home.aspx)

## If you need more advice please contact:

West Midlands Family Cancer Service  
Clinical Genetics Unit  
Birmingham Women's and Children's  
NHS Foundation Trust Mindelsohn Way,  
Edgbaston, Birmingham B15 2TG

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Reviewed and updated: June 2017

Next Review: June 2020

Ref No: CG8/BoM

