



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

Information for people without an
increased risk of bowel cancer

Family History of Bowel Cancer



By your side

Bowel cancer in the family – what does this mean for me?

Bowel cancer is a fairly common type of cancer. Many of us will know someone who has had bowel cancer or have a relative with bowel cancer.

This leaflet aims to answer some of the questions that you may have about your family history of bowel cancer. You may have had cancer yourself. If you have, this leaflet may be relevant to your family members.

How common is bowel cancer?

In the UK, bowel cancer is the 3rd most common type of cancer. It affects about 1 person in 20 (both men and women). However, most people who get bowel cancer do so at older ages. Most of those cancers occur due to chance. Most people who develop bowel cancer will not have an 'inherited' type of bowel cancer. 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 than usual. These genes can be passed down from one generation to the next. We can sometimes offer these families a genetic test.

Is the cancer in my family inherited?

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 given us, the cancers in your family are unlikely to be due to an inherited tendency. It is more likely that the cancers in your family occurred due to chance.

This may be because you only have 1 or 2 relatives who have had cancer or because the cancers have occurred at older ages. If the cancers in your family are in more distant relatives, the risk for you is less likely to be increased, especially if your close relatives have not developed any cancer.

Can I have a genetic test?

As the cancers in your family are very unlikely to be inherited, genetic testing is not likely to be helpful in your family.

Is my risk of developing cancer increased?

Based on the information you have provided, your risk of developing bowel cancer during your lifetime is not significantly increased. Your risk is unlikely to be very different from that of anyone else in the general population. The population risk is 1 in 20 (or 5%).

Should I be having any extra bowel screening?

No. People without an increased risk do not need to have extra bowel screening. When bowel screening is necessary it involves a colonoscopy. 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.

Colonoscopy can very occasionally have serious side-effects such as bleeding or damage to the bowel. For this reason extra bowel screening is only offered to people who have an increased risk, or people with symptoms.

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 should I do if someone else in my family gets cancer?

If anyone else in the family develops any cancers or polyps please let us know. This may not alter your risk of developing cancer. However, it is important that you check with us that this does not change our advice.

What can I do to reduce my risk?

A balanced diet, with fresh fruit and vegetables and plenty of fibre is advisable. Regular exercise and reducing smoking and alcohol intake is also thought to be helpful for our general health.

Is there screening for the general population?

Every two years men and women aged between 60-74 are invited to carry out a faecal occult blood (FOB) test.

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 screening to check for any problems. Population screening by a single examination of the lower part of the bowel, called a flexible sigmoidoscopy, at around the age of 55 is gradually being introduced in England.

What about my children?

If you remain health and cancer free, it is unlikely that your children's risk of bowel cancer will be increased. If anyone else in the family develops cancer this may alter our advice for your children. They can contact us to discuss this or ask their GP to refer them to their local Genetics centre.

Further Information

www.cancerresearchuk.org

www.macmillan.org.uk/Home.aspx

If you need more advice please contact:

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