



**The Leeds
Teaching Hospitals**
NHS Trust

Yorkshire Regional Genetics Service

Family history of Bowel Cancer

Information for
patients



Yorkshire Regional
Genetics Service

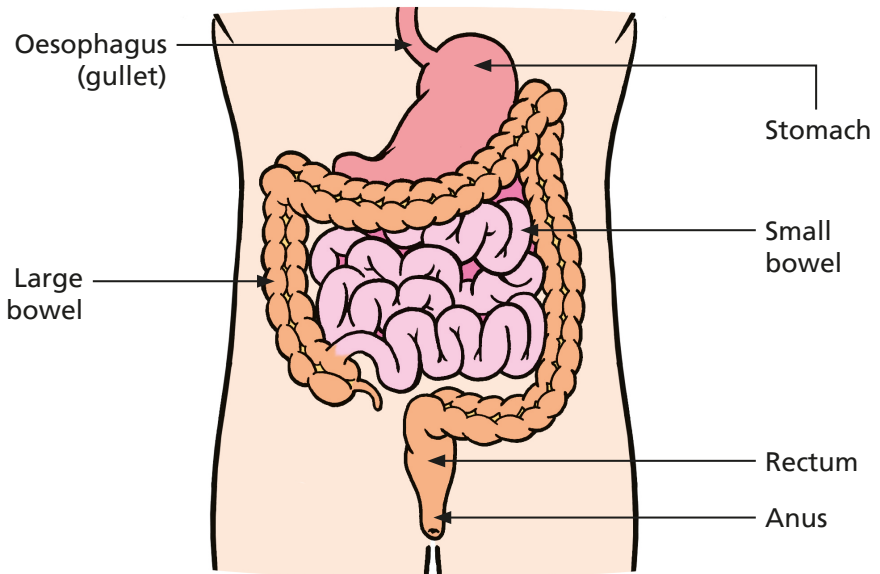
How common is bowel cancer?

In the UK, bowel cancer is the third most common type of cancer and affects about one person in 20 (men and women) during their lifetime; however, most people who get bowel cancer develop it in later life.

Bowel Cancer affects one in 20 people



Of all the people who develop bowel cancer, only a very small number (about one in 20) have an inherited tendency; therefore, although having a family history of bowel cancer is common, an inherited tendency to developing bowel cancer is rare.



Risk assessment

Based on the family history information, we divide increased risk of bowel cancer into three groups. These risk groups are:

- Moderate risk
- High risk
- Very high risk

We use these groups to help us decide what screening is appropriate and whether any further investigations are needed. In addition, all people are advised to join the national bowel screening programme currently offered from the age of 60. This involves testing of stool samples.

If you fall into an increased risk group, this means that your chance of developing bowel cancer is higher than average. We will discuss the appropriate screening recommendation with you.

Bowel cancer screening

You may be offered bowel screening to check for abnormal changes in the bowel. This type of screening is called a colonoscopy.

A colonoscopy is a test in which the doctor or nurse can look at the lining of the bowel. In order to do the test, a narrow tube with a small light and camera attached to the end (a colonoscope) is carefully passed up the back passage into the large bowel. The doctor or nurse can see a clear view of the lining of the bowel using this technique. The bowel needs to be cleared with laxatives before the test.

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 on a sample of cancer tissue or a polyp that was removed at the time of a person's surgery or colonoscopy. This is called mismatch repair (MMR) testing. This test looks for evidence that the tumour was caused by a condition called Lynch syndrome.

If the tumour tests, or the family history, suggest that the bowel cancer is due to an inherited tendency a genetic test (requiring a blood sample from a person with cancer) may be offered. A separate leaflet is available on this topic.

What can you do to keep a check on yourself?

There are a few things to look out for which can help with the early detection of bowel cancer:

- Bleeding from the back passage other than from haemorrhoids (piles).
- Change in bowel habits (e.g. persistent diarrhoea / constipation).
- Feeling of incomplete emptying of the bowel.
- Pain or discomfort in your abdomen.

If you experience any of these symptoms, do not panic. These symptoms are often associated with other problems such as haemorrhoids (piles). If symptoms last for 2 weeks or more, it is important to make an appointment with your GP who may refer you for investigations.

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

Please let your GP know if anyone else in your family develops cancer especially of the large bowel (colon) or rectum, womb (endometrium), ovaries, small bowel, stomach or kidneys. This may alter our risk assessment.

For more information:

If you need more information, please contact your local Genetics Department. If you live in the Yorkshire region, please contact:

Department of Clinical Genetics

Level 3

Chapel Allerton Hospital

Chapeltown Road

Leeds

LS7 4SA

Telephone: **(0113) 3924432**

Other sources of information:

Macmillan Cancer Support

Tel: **0808 808 0000**

<http://www.macmillan.org.uk>

Bowel Cancer UK

7 Rickett Street, London, SW6 1RU

Tel: **020 7940 1760**

<http://www.bowelcanceruk.org.uk>

Factual information presented in this communication is based on accurate contemporaneous peer reviewed literature. Evidence of sources can be provided on request.

Seen in clinic by:



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