

NHS Bowel Cancer Screening

Helping you decide



It's your choice whether to take part in bowel cancer screening. This leaflet aims to help you decide.

Why we offer bowel cancer screening

We offer screening to detect bowel cancer when it is at an early stage in people with no symptoms. This is when treatment is more likely to be effective. Screening can also find polyps. These are abnormal clumps of cells in the bowel. Polyps are not cancers, but may develop into cancers over time. Polyps can be easily removed, which reduces the risk of bowel cancer developing.

Regular bowel cancer screening reduces the risk of dying from bowel cancer.

Who we invite

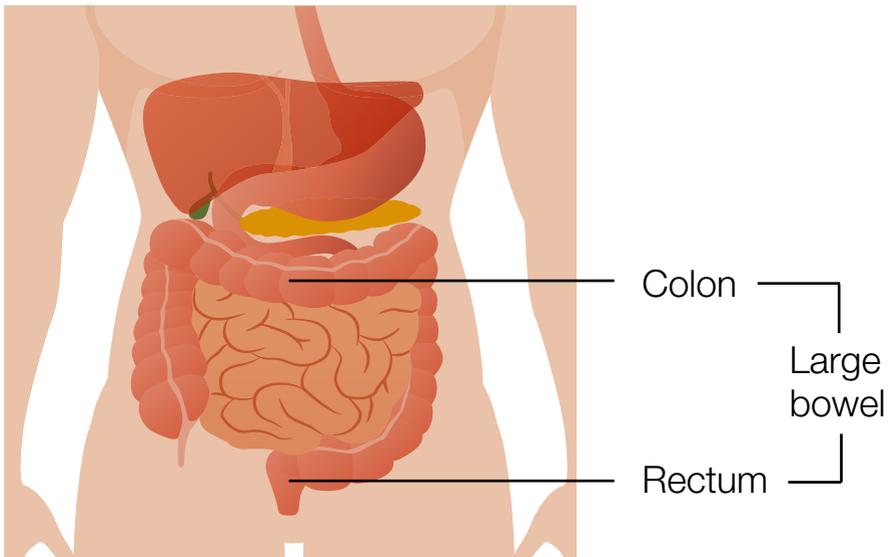
We offer bowel cancer screening using a home testing kit to everyone in England from the age of 60. Your GP practice gives us your contact details so please make sure they always have your correct name, date of birth and address.

We offer screening every 2 years between the ages of 60 and 74. If you are over 74, you can ask for a kit every 2 years by calling our free helpline on 0800 707 60 60.

You may be asked to take part in a research project (a 'clinical trial'). Research helps the NHS improve bowel cancer prevention and treatment for people in the future. You can choose whether to take part or not. Your choice will not affect your bowel cancer screening.

How the bowel works

The bowel is part of your digestive system. It takes nutrients and water from food and turns what is left into poo (also known as stools, faeces or bowel motions).



The colon and rectum make up the large bowel, and are part of the digestive system

Bowel cancer

Bowel cancer is also known as colon, rectal or colorectal cancer. Sometimes the cells that make up the bowel grow too quickly and form a clump of cells known as a bowel polyp (some types of polyp are called an 'adenoma'). Polyps are not bowel cancers but they can sometimes change into a cancer over a number of years.

Risks of developing bowel cancer

Everyone, whatever your gender, is at risk of developing bowel cancer. Things that can increase your risk include:

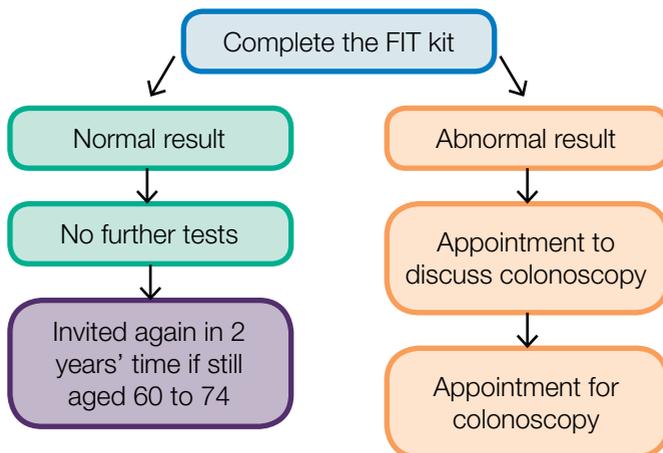
- getting older (8 out of 10 people diagnosed with bowel cancer are over 60)
- not being active enough
- being overweight
- a diet high in red and processed meat and low in fibre, vegetables and fruits
- smoking
- drinking too much alcohol
- having type 2 diabetes
- having inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- a family history of bowel cancer

How bowel cancer screening works

We send you an invitation letter and this leaflet. The information is to help you choose whether to take part in screening. Then we send you a faecal immunochemical test, or 'FIT kit' for short. It detects tiny amounts of blood in your poo (blood you would not notice by eye). We look for blood because polyps and bowel cancers sometimes bleed. Finding blood doesn't diagnose bowel cancer but it tells us that you need a bowel examination.

Most people have a normal FIT kit result. This means you don't need any further tests or examinations at that time.

If you have an abnormal FIT kit result, this means we found blood in your poo sample. We will offer you an appointment to talk about having a colonoscopy. This is an examination of the inside of your bowel (see page 10). We use colonoscopy to find the source of the blood.



Reduce your risk of bowel cancer

Having bowel cancer screening reduces your risk of dying from bowel cancer by at least 25%.*

You can also reduce your risk of bowel cancer by:

- keeping physically active
- keeping a healthy weight
- eating plenty of fibre, for example choose wholegrain and wholemeal foods
- eating plenty of vegetables and fruit
- eating less red meat and especially less processed meat
- drinking less alcohol
- not smoking

*Hewitson P and others (2008) Cochrane systematic review of colorectal cancer screening using the fecal occult blood test (hemoccult): an update. American Journal of Gastroenterology 103(6): 1541-9.

Using the FIT kit

You use the FIT kit in the privacy of your home. It's a simple way to collect a tiny sample of poo. The kit is a small plastic bottle with a stick attached inside the lid. You use the stick to collect the sample, which you seal into the bottle. There are instructions with each kit. Once used, you post the kit in its prepaid packaging to a laboratory for processing. Using the kit takes just a few minutes and it's an easy and effective way to screen for early bowel cancer.

If you're not sure whether you should use the kit, please call our free helpline on 0800 707 60 60 for advice. For example, if you have had surgery and have an artificial opening that allows poo from the bowel to pass (a stoma) then you might want to call us.

Bowel cancer screening results

You should receive a results letter within 2 weeks of sending in your sample. There are 2 possible results.

A normal result

Most people (about 98 out of 100) have a normal result.

A normal result does not guarantee that you do not have bowel cancer, or that it will never develop in the future.

Being aware of the symptoms of bowel cancer is very important (see page 13). We will offer you bowel cancer screening again in 2 years' time if you are under the age of 75.

An abnormal result

About 2 in every 100 people using the FIT kit have an abnormal result. This means we found blood in your poo sample.

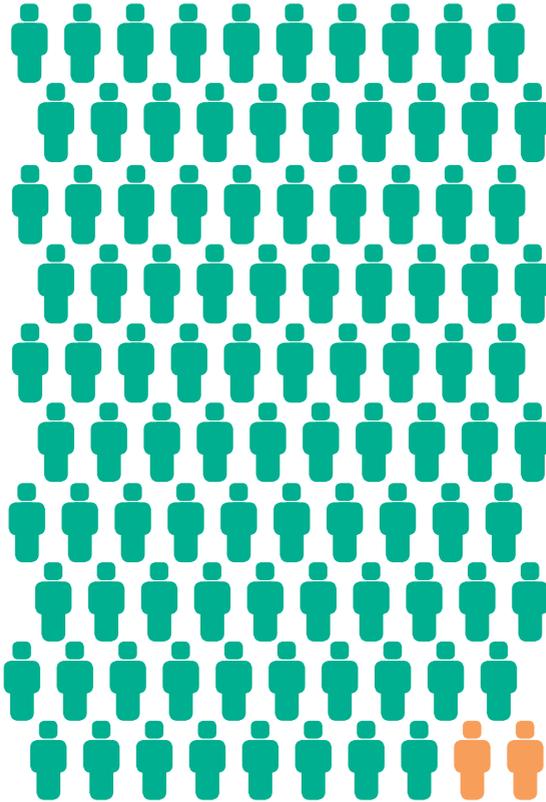
This does not mean that you have cancer, but it does mean we will offer you an appointment to discuss having a colonoscopy. Several things can cause blood in poo, such as:

- haemorrhoids (piles)
- bowel polyps
- bowel cancer

Having another investigation (usually a colonoscopy) means we can look for the cause of the blood.

For 100 people getting their FIT kit results:

98 will have a normal result



2 will have an abnormal result

What happens to samples after testing

Once we have analysed the FIT sample, we record the result onto a database and then destroy the test kit and contents.

If you have an abnormal result

1. We will offer you an appointment at a local screening centre (usually in a hospital). This is to discuss having a more detailed examination of your bowel (colonoscopy). The colonoscopy is to see if there is a problem that needs treatment.

A specialist screening practitioner (SSP) will talk with you about your screening result, and answer any questions you have. He or she will discuss colonoscopy with you, and check if you are fit enough for the procedure.

2. If you are fit for colonoscopy and want to go ahead with the examination, we will arrange an appointment for you. If we do not think you are fit enough for colonoscopy, we may offer you a different investigation such as a computerised tomography (CT) scan (sometimes called a 'virtual colonoscopy').

Colonoscopy

Only around 2 in 100 people who complete the FIT kit need a colonoscopy.

Colonoscopy looks at the lining of your large bowel. A colonoscopy specialist (usually a doctor or nurse) passes a thin flexible tube with a tiny camera attached (a colonoscope) into your back passage (rectum). They guide the colonoscope around your large bowel. If they find any polyps, they can usually remove them painlessly using a wire loop passed down the colonoscopy tube. They will check any removed polyps for cancer cells.

Colonoscopy is the best way to diagnose bowel cancer. For most people, colonoscopy is straightforward. But as with most medical procedures, complications can happen. These include:

- a hole (perforation) in the bowel caused by the colonoscope (around 1 person in 1,700); around half of people with a perforation will need surgery to repair it
- heavy bleeding needing a transfusion (around 1 person in 2,400)

In rare cases, colonoscopy complications may result in death. However in a national audit of 20,086 colonoscopies carried out in 2011, no deaths were recorded.*

For more information, you can read our leaflet about colonoscopy (see page 15). We send this leaflet to anyone offered an SSP appointment.

Remember, most people who complete the FIT kit will **not** need a colonoscopy.

* Gavin, DR and others (2013) The National colonoscopy audit: a nationwide assessment of the quality and safety of colonoscopy in the UK. Gut 62(2): 242-249.

Possible benefits and risks of bowel cancer screening

Being aware of the possible risks and benefits will help you decide whether or not to take part in bowel cancer screening.

Benefits

Bowel cancer screening:

- reduces your risk of dying from bowel cancer by at least 25%
- allows us to remove any polyps found during colonoscopy, which reduces your risk of developing bowel cancer
- can be completed at home in private

Risks

Bowel cancer screening might:

- cause complications, for example, during or after colonoscopy (see page 11)
- miss a cancer if it was not bleeding when you used the FIT kit

It is important to be aware of the symptoms of bowel cancer even if you have screening. No screening test is 100% effective. A normal screening result does not guarantee that you do not have bowel cancer, or that it will never develop in the future.

Bowel cancer symptoms

Symptoms of bowel cancer include:

- blood in your poo
- looser poo, pooing more often and/or constipation
- a pain or lump in your tummy
- feeling more tired than usual for some time
- losing weight for no obvious reason

Please remember that these symptoms don't necessarily mean that you have bowel cancer. But if you have any of these symptoms for 3 weeks or more, please speak with your GP. It is important to do this even if you have recently had a normal result from screening or a colonoscopy.

Bowel cancer screening is not a test for symptoms.

Treatment for bowel cancer

A diagnosis of bowel cancer is unlikely. But if it does happen, we will refer you to a team of specialists who will look after you.

If the cancer is in a polyp removed during colonoscopy, regular check-ups may be all you need.

The main treatment for bowel cancer is surgery. In some cases, the specialists may offer you chemotherapy or radiotherapy.

Not all bowel cancers found at screening are curable. But finding bowel cancer at its earliest stage means the chance of survival is over 90% (Cancer Research UK, 2012. Cancerstats).

More information and support

For more information about bowel cancer screening call our free helpline on 0800 707 60 60

You can also:

- talk to your GP
- visit www.nhs.uk/bowel
- visit www.gov.uk and search for 'bowel cancer screening'

If you are 75 or over and would like a FIT kit, please call our free helpline on 0800 707 60 60. You can ask for a kit every 2 years.

To read our leaflet about colonoscopy, visit:

www.gov.uk/government/publications/bowel-cancer-screening-colonoscopy

Information for transgender and non-binary people about NHS population screening programmes is available at:

www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people

Find out how Public Health England and the NHS use and protect your screening information at www.gov.uk/phe/screening-data

To opt out of screening, see www.gov.uk/phe/screening-opt-out

Except where indicated, all statistics are from Public Health England.

An HTML version of this leaflet is available. You can view and download it in large print, and use a screen reader for an audio version. Visit:

www.gov.uk/phe/bowel-screening-leaflet

We can provide a braille version. Email: phe.screeninghelpdesk@nhs.net

More information about bowel cancer screening: www.nhs.uk/bowel

Order this leaflet: www.gov.uk/phe/screening-leaflets

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