

beating
bowel
cancer now! 

awareness education support

bowel cancer: the bottom line

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The charity

Beating Bowel Cancer, a national charity, was founded in 1999 and is based in Twickenham, Middlesex. Our mission is to raise awareness of the symptoms of bowel cancer, promote early diagnosis and encourage open access to treatment choice.

We have a committed team of both staff and volunteers who are dedicated to helping in the fight against bowel cancer. We are also grateful to the many fundraisers across the country who do a fantastic job to raise money for the charity, and also to our corporate sponsors who provide invaluable support for our work.

We are working hard to improve awareness amongst both the medical profession and the general public. The charity provides authoritative information about the disease, how to spot the symptoms, what to do if you are diagnosed, and what treatment choices are available to you. We are encouraging people to communicate frankly about all aspects of this disease, and not to be embarrassed to talk about bottoms and bowels!

www.beatingbowelcancer.org



Too shy to talk about it

The British are well known for their 'stiff upper lip' and reluctance to talk about anything too personal or embarrassing. Because of this, we tend not to openly discuss our bowels and bottoms! Yet we need to encourage people not to be embarrassed about discussing bowel cancer and all that goes with it.

Raising awareness of this cancer could save so many lives in the future. The first steps are to be aware of the symptoms, when to act on them, and know what preventative measures you can take.

We hope you find the information in this booklet useful. Please share it with family and friends too. By spreading the word, you can help to save lives.

About bowel cancer

Most of us, at some time in our lives, suffer from problems with our bowels and bottoms.

At any time, one in five of us has a tummy upset or a bit of bleeding from the bottom but overwhelmingly most people with symptoms like these do not have cancer.

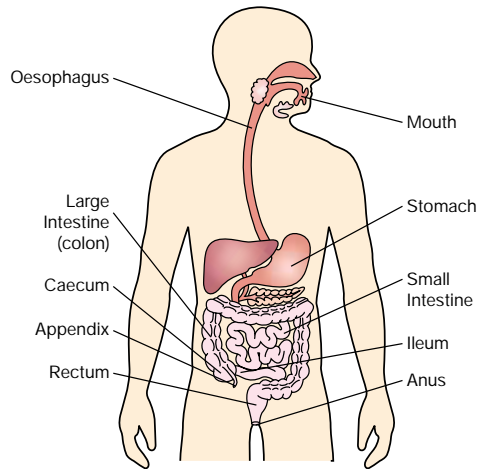
The facts

Bowel cancer is the second biggest cancer killer in the UK. 35,600 people will be diagnosed with the disease this year, and around 17,000 of these will die.

But the good news is - it is one of the most curable cancers if caught early enough.

What is the bowel and what does it do?

When we talk about the bowel, we mean the question mark shaped tube of muscle, about four feet long, which runs from the appendix through the colon and down to the rectum. When we eat, the nutrients are taken out of our food before it gets to the bowel. It is a sort of fermenting storage area, which holds onto our food waste until we are ready to go to the toilet. The colon gradually reduces the water content and turns our food waste into more solid stools.



What is bowel cancer?

Bowel cancer is cancer in any part of the colon or rectum that forms most of the large intestine or bowel. Untreated it will increase in size protruding into the lumen of the bowel and may cause blockage or can ulcerate leading to blood loss and anaemia.

Most cancers start with warty-like growths, known as polyps, on the wall of the gut. Polyps are very common as we get older - 1 in 10 people over 60 have them, but most polyps do not turn to cancer. If potentially cancerous polyps can be found at an early stage, they can be removed painlessly without the need for an operation.

Higher Risk Symptoms

If the following symptoms persist for six weeks or more, go to your GP. These are the higher risk symptoms doctors are looking out for.

Change of Bowel Habit

- Recent, persistent change of bowel habit to looser, more diarrhoea-like motions, going to the toilet more often or trying to go
- Change of bowel habit is especially important if you also have bleeding.

Rectal Bleeding

- Rectal bleeding that persists with no anal symptoms. Bleeding can be due to piles; but if so you will usually have other anal symptoms eg: straining with hard stools, have a sore bottom, lumps and itching.
- If you are over 60 and suffering from rectal bleeding, it is important to go for further investigation. Piles in older people can hide more serious symptoms.

Other higher risk symptoms and signs include

- Unexplained anaemia.
- A lump in your stomach
- Persistent, severe, colicky stomach pain, which has come on recently for the first time (especially in an older age group).

Remember most people with higher risk symptoms do not have cancer. But the only way to tell may be from special tests recommended by your GP.

Screening

At the time of writing, there is no national screening programme for bowel cancer in place. However the Government has committed to a new NHS Bowel Cancer Screening Programme, announced in February 2003. The details of who will be screened, and how this is carried out, are still being developed. The tests are likely to be Faecal Occult Blood testing (looking for blood in the stools) and flexible sigmoidoscopy (looking inside the bowel), and will be offered to all people over a certain age (yet to be decided). Following these initial tests, if bowel cancer is suspected, patients will be referred for further tests, for example, a colonoscopy.

If you would like the most up to date information on screening, please contact Beating Bowel Cancer for a factsheet, or visit our website.

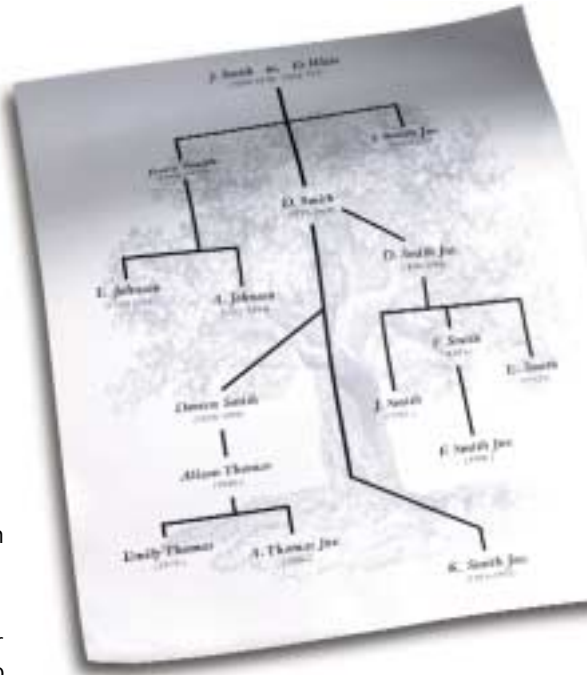
However, certain people can be screened for bowel cancer already. For example, if bowel cancer runs in your family you should talk to your GP about being screened.



Bowel cancer in the family

Ask around in your family and you may well find someone who has had bowel cancer. But that does not mean you are going to get it. In general: the closer the relatives are to you (brother, sister, parent, mother, father, child) and the younger they were when diagnosed, the more you need to do something about it.

- One close relative under 45 affected (brother, sister, parent or child) - talk to your GP about screening possibilities in your area. It's usually recommended around 10 years before the age at which your relative developed the disease.
- Two or more older close relatives from the same side of the family -the younger those relatives, the more need for you to discuss screening with your GP.
- If you have a less strong family history, say one grandparent who died in their 70s or 80s, you are probably at no increased risk. Talk to your GP if you are worried.



Causes and prevention

So what causes bowel cancer? Some people may have the disease in the family and it can be put down to genetics. It has also been suggested that a diet that is high in fat and red meat, and low in fibre, fruit and vegetables, can increase the risk of bowel cancer. Obesity, high alcohol consumption and lack of physical exercise may also put you at risk.

In many cases, however, bowel cancer occurs without any obvious cause.

There are some recommended preventative measures that you can take that can reduce your chances of getting bowel cancer. Read more overleaf about how you can change your diet and your lifestyle and help to combat this disease.

Protecting against bowel cancer



Eat healthily

There is growing evidence emerging that increasing fruit, vegetables and fibre in your diet can reduce the risk of some cancers. A high-fibre diet is particularly recognised for reducing the risk of constipation, irritable bowel syndrome and for combating bowel cancer. So what is fibre, how much do we need, and how can we build this into our daily diet?

What is fibre?

Let's start with the science part! Fibre is indigestible plant material such as cellulose, lignin and pectin, which is found in fruits, vegetables, grains and beans. There are two types of fibre – soluble and insoluble. Fibre provides bulk to our food, helps it pass easily through the gut, and also retains water (so making us feel full and therefore we eat less).

Fact: Remember, as you increase your fibre intake, drink more water, since eating more fibre and not drinking enough fluid can cause constipation.

How much fibre do we need?

Reports suggest we should be eating 18g of fibre each day, yet most of us probably eat around 10-12g. A banana contains 1.8g of fibre, as does 1 slice of wholemeal bread. We've put together some suggestions on how you can include more fibre in your diet. Start slowly, add a little each day and build up to the recommended level.

Fact: Some high fibre foods, such as nuts, seeds and granola, are also high in fat, sugar and salt and should be eaten in moderation.

How do we build fibre into our diet?

- ✔ Start replacing lower fibre foods with high-fibre foods – check out our chart for some ideas.
- ✔ Eat vegetables and fruit raw whenever possible. Boiling them too long, for example, can cause up to one half of the fibre to be lost in the water. Steam or stir-fry them if you have to cook.
- ✔ Replace fruit or vegetable juice with the whole fruit – fruit skins and membranes are a particularly good source of fibre.
- ✔ Always start your day with a bowl of high-fibre cereal – one that has five or more grams per serving.
- ✔ Add fresh fruit to your cereal for an extra fibre dose. Or sprinkle wheat germ or bran on top of cold cereals. Mix wheat germ or bran with hot cereals while they are cooking.
- ✔ Add bran cereal to muffins, breads and casseroles.
- ✔ Buy and eat only whole grains.

HIGHER FIBRE FOODS	LOWER FIBRE FOODS
Whole grain breads – e.g., 100% whole wheat, cracked wheat, multigrain, pumpernickel or dark rye	White bread
Whole grain cereals containing bran, oatmeal, barley, bulgar, cracked wheat; also shredded wheat, multigrain or granola cereals	Refined cereals
Foods made with whole grain flours – e.g., whole wheat, rye, graham (e.g. biscuits, muffins, cookies)	Foods made with white flour
Whole grain pastas, brown rice or wild rice	Refined pastas, instant or polished rice
Fresh fruits and vegetables (especially if eaten with the skin and membranes when appropriate)	Fruit juice
Salads made from a variety of raw vegetables	Plain lettuce salads
Baked beans, cooked lentils and split peas	Meat, fish, poultry
Nuts, popcorn, seeds, dried fruit	Crisps and similar snacks

Exercise for good health

Exercise could help ward off cancer

Recent research found compelling evidence that regular exercise could cut the risk of developing bowel cancer by almost 50%. Recommendations are that, to help reduce the risk of cancer, people should aim to engage in physical activity of at least moderate intensity, for approximately 30 minutes three times a week.



Getting motivated and keeping momentum

- Schedule at least three 30-minute exercise sessions as part of your weekly activities - don't let anything else take priority.
- Use exercise as a stress management technique - walk to clear your head and help you make decisions, whether about work or domestic issues.
- Exercise with a friend or family member – it's sometimes easier when you have someone else encouraging you, and is easier to keep the "exercise habit" going because you've made a commitment.
- Be a role model for the kids - involving children in your physical activity regime is a great way to instill healthy habits and prevent childhood obesity.
- Track your progress by keeping an exercise log and recording your weekly activity.
- Motivate yourself by remembering how good you feel after you've completed a workout and how good you feel knowing that you are taking care of yourself.



Put physical activity back into your life with 30 minutes of any of the following:

- Washing and waxing your car
- Washing windows or floors
- Hoovering
- Vigorous gardening or raking leaves
- Walking or jogging to work
- Bicycling with the kids
- Swimming or water aerobics
- Aerobics or keep fit class
- Walking the dog



Being referred for hospital investigation

Most people referred for further investigation will not turn out to have cancer. How you are investigated depends on what is available at your local hospital.

Is it an urgent or a routine referral?

"Urgent" does not mean you have cancer! People with higher risk symptoms should be referred within two weeks for investigation. Most people with these symptoms do not have cancer but it should be ruled out by special tests.

How long is the waiting list for routine referral?

This varies around the country but it could mean several months. If lists are long and you are worried, say so.

What kind of investigation are you being recommended?

Resources vary around the country and depending on your symptoms, some tests may be better than others.

Are you seeing a specialist?

Ask if your GP knows the doctor to whom you are being sent. Is he/she experienced in dealing with bowel cancer and what does your GP think of him/her? Most people are sent to diagnostic clinics run by specialist nurses and doctors.

Is the specialist part of a team?

If you do have cancer, research shows that patients treated by the team approach do better. That is, treated by a doctor or surgeon who is part of a multi-disciplinary team, where all the professionals involved

in your care work together and hold team meetings. See page 14 for information on who's who in the multi-disciplinary team.

What are the different investigations available to you?

Flexible sigmoidoscopy: a thin flexible tube, with a camera or light on the end. It can look inside the first 60cms of the bowel. You may be asked to arrive an hour earlier at the hospital for "prepping" - a treatment to clear the end of the bowel.

Colonoscopy: longer version of the sigmoidoscope, a long flexible tube that can look inside the whole bowel. You take laxatives beforehand and stop eating some time the day before, to clear out your bowel. Liquids are allowed. You are usually sedated and should have someone to collect you and take you home.

Barium enema: a special X-ray examination where you have to take laxatives the day before to clear out the bowel. The enema, a mixture of barium (a thick white liquid which shows up on x-ray) and air is passed into the back passage through a tube. Any abnormal areas show up black against the white liquid.

What next?

You will be called back to the hospital after the tests, to receive the results. This can be a nerve-wracking time, but talk to friends, family, or your GP if you feel worried. If the diagnostic tests for bowel cancer are negative, you may be diagnosed with another common gut condition and given appropriate treatment.

Details of the most common conditions are opposite.

If you test positively for bowel cancer, you will meet with a specialist who will put together your treatment plan.

Read more on page 10.



Other common conditions

Common condition	What to do about it?
<p>Piles or haemorrhoids - soft swellings, a bit like spongy varicose veins. Usually have other symptoms like pain, itching and straining to go to the toilet. Bright red bleeding on the toilet paper or sudden large amounts of blood is almost always caused by piles.</p>	<p>Piles do not generally cause serious problems and are safe to leave alone if they're not bothering you. Products sold in pharmacies for self-treatment include creams and suppositories - there are many types. If you do not know what to choose, ask your pharmacist who will be able to recommend the right treatment for you. Piles which are causing more severe symptoms, including pain, may need hospital treatment like banding (an elastic band placed over the pile and tightened so that the piles eventually drop off) and injections.</p>
<p>Fissures - split or tear in the lining of the gut, sometimes caused by constipation.</p>	<p>Fissures can be treated by special creams, which relax the muscles - speak to your GP or pharmacist for advice. Most people are now able to avoid surgery.</p>
<p>Irritable bowel syndrome (IBS) - a collection of symptoms, including pain in the tummy or a change in the way the bowels work caused by the gut becoming over sensitised. Causes unknown but, if no physical reason can be found for symptoms, it may be the only diagnosis which can be given.</p>	<p>Unfortunately, sufferers often have to learn to live with IBS. However, talk to your GP or pharmacist about possible treatments you might try, or possible dietary changes that you could make.</p>
<p>Polyps - warty like growths on the bowel lining, which don't usually turn to cancer but may cause internal bleeding. These are often hereditary.</p>	<p>Polyps can be removed without a major operation. They are usually removed during a colonoscopy with a tiny electronic snare, and tested (biopsy) to make sure they are benign (safe). Some bleed but most will never turn to cancer.</p>
<p>Diverticular disease - becomes increasingly common as we get older, and many people are not even aware they have it. Most over 70's get some IBS-like symptoms, such as gripping pains in the stomach.</p>	<p>Major symptoms can be controlled by changes in the diet (maybe by eating more or less roughage, depending on the individual). Only very rarely is surgery needed.</p>
<p>Crohn's disease - painful inflammation of the gut. No one knows the cause and it may be life long.</p>	<p>Long time sufferers have an increased risk of bowel cancer and should be monitored.</p>
<p>Colitis - where the bowel becomes red and inflamed. It may be life long. Tends to come and go with symptoms like bleeding and mucus and sometimes pain (perhaps after going to the toilet).</p>	<p>Long time sufferers have an increased risk of bowel cancer and should be monitored.</p>

Our 'Useful Contacts' section on page 15 provides further information on organisations that deal specifically with some of the conditions listed here.

Being diagnosed with bowel cancer

After initial diagnosis, you will discuss with your specialist the options open to you, including when and where treatment will take place, the process you will go through, what drugs will be available for your treatment if required, and who will be treating you at each stage.

The specialist will put together a treatment plan with you. This is developed depending on a number of factors such as:

- the type and size of the cancer
- what stage the cancer is at
- your personal health condition and age

It is very important to discuss with your doctors the advantages and disadvantages of what is being suggested so that your individual needs may be fully considered. You may want to know the possible effects of treatments on your fertility or sexual function. If you are told you will need a colostomy or ileostomy you should be able to discuss this fully before surgery and have an indication of whether it may be reversible. If, for any reason, you are dissatisfied with the treatment that is being suggested it may be helpful to seek a second opinion.

What are the main forms of treatment for bowel cancer?

Surgery is the main treatment for bowel cancer. It may be used either alone or in combination with radiotherapy and chemotherapy. During the operation the piece of bowel that contains the cancer is removed and the two open ends are joined together. The lymph nodes near the bowel may also be removed because this is the first place to which the cancer may spread.

Chemotherapy is often given after surgery to reduce the chances of the cancer coming back. It is also given when the cancer is advanced and has spread to other parts of the body. Chemotherapy is sometimes given with radiotherapy before surgery. Information about the most common chemotherapy drugs is on the opposite page.

Radiotherapy is usually used only to treat cancer of the rectum and can be given before or after surgery. Sometimes radiotherapy and chemotherapy are given at the same time. Radiotherapy may also be given as palliative treatment to relieve symptoms of the disease, for example to reduce pain.

Will I have a bag? – most people diagnosed with bowel cancer do not need a colostomy bag, also called a stoma. Some have a temporary stoma but this can often be reversed after a few months. Life can carry on as normal with a stoma, including sporting activities. For more information contact the British Colostomy Association (details on page 15).



What are the different drugs available for bowel cancer?

Chemotherapy uses anti-cancer drugs (known as 'cytotoxic' drugs) to destroy cancer cells. You may have just one drug or a combination of drugs. In the UK, the commonest chemotherapy for colorectal cancer is 5-fluorouracil (5-FU) combined with leucovorin (LV) given through drips over a period of 48 hours (called the de Gramont regimen). This has been the main treatment for 40+ years. Sometimes, this is combined with other chemotherapy drugs.

Fluorouracil (or 5-FU) is one of the most commonly used drugs used to treat bowel cancer, and may be used in combination with other anti-cancer drugs. The dosage will depend on the condition being treated and whether or not other drugs are being administered. It will also depend on the results of your blood tests and the state of your health. The usual fluorouracil dose is around 1gram (1000mg) per day. Your treatment may be given daily or at weekly intervals initially. Fluorouracil is given by intravenous injection or infusion (drip or pump). If you are in hospital it may be given by intra-arterial infusion. 5FU is also given with leucovorin.

Oxaliplatin (or Eloxatin) is a relatively new treatment that is normally given with 5FU/LV. Oxaliplatin is a platinum based chemotherapy drug given to treat metastatic colorectal cancer. It has also been recommended by the National Institute for Clinical Excellence (NICE) to shrink liver metastases leading to potentially curative surgery for some patients. Oxaliplatin is a clear liquid that is given through a drip into a vein (intravenous infusion). The infusion usually takes about 2 hours. Oxaliplatin can be given every 2 weeks or every 3 weeks as a course of treatment.

Irinotecan (or Campto) is like other anti-cancer drugs, in that it kills the rapidly multiplying cells that make up a cancer tumour. It has also been recommended by the National Institute for Clinical Excellence (NICE) as a single-agent. Irinotecan is given via a drip into a vein in your arm, taking about 30 minutes to administer. For patients receiving their first course of chemotherapy for bowel cancer, it is usually given every two weeks and is used with other anti-cancer drugs.

Capecitabine (Xeloda) Capecitabine (Xeloda) is an oral chemotherapy pill used to treat patients with metastatic colorectal cancer. Xeloda offers targeted chemotherapy because it accumulates and gets converted to the active cancer killing drug 5FU, in areas where the enzyme thymidine phosphorylase (TP) is active. TP is significantly more active in malignant cells than in normal tissue, which helps Xeloda target the tissues of greatest need. It comes as peach-coloured tablets, that are usually taken twice a day and many patients like the fact that this form of chemotherapy can be safely and easily taken at home.

Uftoral is a combination of two chemotherapy drugs called tegafur and uracil. Uftoral comes as white capsules, which you take 3 times a day for 28 days. You then have a 7 day break. This cycle is repeated about 6 times.

Will you suffer from side effects?

Chemotherapy drugs cause different side effects in different people. Some people may experience very few side effects, and even those who do suffer from side effects will only have these temporarily during treatment. Some of the more common side effects include tiredness, hair loss, mouth ulcers and nausea. You should talk to your specialist about the side effects to specific chemotherapy drugs that they are recommending as part of your treatment plan. Try to weigh up the side effects against the overall benefits of the treatment.

Living with bowel cancer

Will the bowel cancer come back?

After you have had successful treatment, you will need to have regular check-ups. At first these will be every few months, to check that the cancer has not returned. These check-ups will usually include tests that you had to diagnose the original cancer – such as blood tests and a colonoscopy. The tests will also check that the cancer did not spread.

If your bowel cancer was diagnosed and treated early then there is a very good chance that it will not recur after treatment. If it has taken a long time to diagnose and treat there is a greater chance that it might recur. However, even if your cancer does recur, it can still be treated with a combination of further surgery, chemotherapy and radiotherapy, depending on your personal treatment plan.

Emotional support

Many patients describe a rollercoaster of emotions during and after treatment for bowel cancer. Keeping strong for children and other family members can often be hard when you are going through ups and



downs yourself. Talking to friends and partners can help, but you may also want to ask your doctor about specialist support available to you, such as counsellors or specialist nurses. There are also many national charities and support lines that you can call if you just need to hear a friendly voice, or want to ask specific medical questions or have a second opinion on things your doctor has told you. [See our 'Useful contacts' on page 15 for more information.](#)

Patient support groups

It can also be helpful to meet up with other people who have been through similar experiences to yourself. Ask at your hospital about local patient support groups. You may even like to consider setting up your own patient support group in your area. Meeting up, say, once a month for a coffee and a chat can be a huge help when you are going through treatment for the disease, or in the aftermath of treatment.

[Please contact us if you would like to set up a patient support group.](#)



Living after bowel cancer

Many people diagnosed with bowel cancer will undergo successful treatment, and life can soon get back to normal. Remember, bowel cancer is one of the most curable cancers if caught early enough. Keeping positive during treatment, and asking for support when you need it, can help you get through the traumatic experience of having had cancer.

You will be regularly tested to check that the cancer has not returned. If after five years, it has not returned, you are considered clear and it's time to celebrate! Throw a big party with all your family and friends, or treat yourself and your loved ones to a holiday or a special night out. You deserve it!

A personal story

We receive hundreds of letters from patients, describing their experiences of bowel cancer, and there are many happy endings. Alison's story is just one example of how you can overcome this disease and continue to lead a healthy, happy life.



"Being diagnosed with bowel cancer at just 42 years old came as quite a shock. I'd just had my first baby and was enjoying a career in the TV and film industry. I couldn't believe that I had cancer – it was something that happened to other people. After diagnosis, I went through a fairly tough course of

treatment. There were many physical and emotional ups and downs during this time, but I also had many wonderful people helping me on my way, in particular one of the research nurses, and of course my husband. It was over 4 years ago now, and every year that goes by, I feel stronger and healthier, and luckily the cancer has not returned. I've given up my job as being ill made me look at the priorities in life – and my family comes first. I'm able to give something back too, through my voluntary work for Beating Bowel Cancer. My message to other patients would be to keep positive – although there is no denying that bowel cancer is a very serious disease, but there are also many, many success stories.'

Spread the word

If you have come through bowel cancer, you might want to do something to help raise awareness about the disease, or to raise funds to help in the fight against bowel cancer.

There is so much you can do – visit our website www.beatingbowelcancer.org for ideas or call the charity on 020 8892 5256.



Help to raise awareness! Celebrities Richard Whiteley and Carol Vorderman support Beating Bowel Cancer's 'Loud Tie Campaign'

Medical Who's Who

The Cancer Multi-Disciplinary Team

Diagnosis

Staging and assessment

(assessing the extent of a cancer can take place before, during and after treatment)

Radiologist

A doctor who uses scans from machines such as X-ray, CAT and MRI scanners to determine the precise location and extent of a cancer in the body.

Pathologist

A doctor who has trained to look in detail at tissue samples to determine a diagnosis.

Radiographer

A person trained to operate equipment such as X-ray machines, ultrasound, and so on.

Treatment

(treatment is tailored to each cancer type and to its extent)

Consultant clinical oncologist

A doctor who specialises in treating patients with radiotherapy, chemotherapy and hormonal therapy.

Consultant medical oncologist

A doctor who specialises in treating patients with chemotherapy and hormonal therapy.

Palliative care specialist

A doctor who specialises in controlling symptoms, including pain.

Stoma Nurse

A qualified, specialist, resource person trained in the practical management and care of all types of ostomists. The stoma care nurse is an accessible

source of information and provides practical guidance to the applications available, as well as valuable emotional support.

Surgeon

A doctor who removes cancer by surgery.

Therapy radiographer

A person trained to deliver radiotherapy treatment to patients.

Colorectal specialist nurse /clinical nurse specialist

A registered nurse who has received additional training on one particular aspect of care, or one particular type of cancer (ie: colorectal) and whose work focuses on that.

Support

(support is usually offered during, or following, treatment)

Psychiatrist

A doctor who specialises in looking after the mental health of patients.

Psychologist

A person who has studied how the mind works and who helps patients to cope with emotional problems.

Counsellor

A person who uses talking therapies to help people to deal with emotional issues and problems.

Physiotherapist

A person who has been trained to help people recover movement by techniques such as exercise, manipulation, and so on.

Occupational therapist

A person who helps people find ways of coping with physical problems which may affect their work or home life.

Dietician

A person who gives advice on healthy eating.

Research nurse

A nurse who supports patients who are entering – or thinking about entering – a clinical trial, and who has a special interest in clinical research.

Macmillan nurse

A nurse who advises and supports patients, and their families, during their experience of cancer.

Marie Curie nurse

A nurse who comes to the patient's home to nurse the patient (and so provides respite for the carer).

Thanks to iCan for providing this information. iCan is a free quarterly publication for people affected by cancer. www.ican4u.com.

Useful contacts

Bristol Cancer Help Centre (holistic)

Pioneer of the holistic approach to cancer care

Helpline: 0117 980 9505

Tel: 0117 980 9500

Fax: 0117 923 9184

E-mail: info@bristolcancerhelp.org

Website: www.bristolcancerhelp.org

British Colostomy Association

Support, reassurance and practical information for people with a colostomy.

Helpline: 0800 328 4257

Tel: 0118 939 1537

Fax: 0118 956 9095

E-mail: sue@bcass.org.uk

Website: www.bcass.org.uk

Cancer BACUP

Free cancer support service

Tel: 020 7739 2280

Freephone: 0800 800 1234

Fax: 020 7696 9002

Scotland: 0141 553 1553

Website: www.cancerbacup.org.uk

Ileostomy and Internal Pouch Support Group

Help for people with an ileostomy or an ileo-anal pouch.

Tel: 0800 018 4724

E-mail: ia@ileostomypouch.demon.co.uk

Website: www.ileostomypouch.demon.co.uk

National Association for Colitis and Crohn's Disease (NACC)

For people with Crohn's disease and Colitis.

Tel: 0845 130 223 or 01727 844296

NACC-in-Contact Support Line: 0845 130 3344

Email: nacc@nacc.org.uk

Website: www.nacc.org.uk

The Digestive Disorders Foundation

Information on a wide range of digestive disorders

Tel: 020 7486 0341

Email: ddf@digestivedisorders.org.uk

Website: www.digestivedisorders.org.uk

Glossary of terms

Anaemia - blood deficiency of red blood cells or haemoglobin.

Chemotherapy - the treatment of disease by chemical agents.

Clinician - hospital doctor, comes from the Greek word for a bed

Colectomy - surgery to remove part of or all of the colon

Colic - a severe spasmodic abdominal pain

Colonoscopy - visual examination of the inner surface of the colon by means of a flexible tube called a colonoscope.

Colorectal - of the colon and rectum

Faeces / Stools - poo

Hemicolectomy - removal of half of the colon

Infusion - introduction of fluid or medicines into an artery or vein.

Medical oncologist - medical doctor who specialises in the treatment of cancer.

Metastasis - spread of a disease from the part of the body where it started to another part of the body.

Polyp - mass of tissue that bulges upward from the surface of the bowel lining.

Proctitis - inflammation of the rectum

Rectum - the last bit of the bowel or back passage

Sigmoid - last bit of the colon, above the rectum

Stoma - artificial opening between a body cavity or canal (such as the colon) and the skin.

We hope you have found this booklet helpful and informative.

If you would like any further information, or wish to support our work at the charity through fundraising or other initiatives, please visit our website

www.beatingbowelcancer.org

If you would like to make a donation, please complete the form overleaf and return it to us at

**Beating Bowel Cancer,
39 Crown Road, St Margarets,
Twickenham TW1 3EJ**



awareness education support

Sending a donation

I wish to donate £

I enclose cheque(s) / postal order payable to Beating Bowel Cancer

Please debit my Switch/Visa/MasterCard/Delta **minimum £10**

Card Number

Expiry Date..... Switch issue number

Signature

Date.....

Please return this form to:

Beating Bowel Cancer, 39 Crown Road, Twickenham TW1 3EJ

Gift Aid Declaration – Money goes further with no effort!

If you pay tax, even on savings, Beating Bowel Cancer can reclaim the tax you have paid on your donation. Please use this form to make a gift aid declaration. Your donation will mean we increase the value of every £1 you give to £1.28 **at NO cost to you.**

Name.....

Address

.....

Postcode

Please tick box I am a tax payer and I want Beating Bowel Cancer to treat all donations I have made since 6 April 2000 and all donations I make from the date of this declaration as Gift Aid donations, until I notify you otherwise.

Signature.....

Date.....

Please tick this box if you require an acknowledgement

We would like to keep you informed of our important work.

Please tick this box if you would like to be added to our mailing list.

THANK YOU FOR YOUR SUPPORT

Beating Bowel Cancer is a national charity working to raise awareness of symptoms, promote early diagnosis and encourage open access to treatment choice for those affected by bowel cancer. Through our work we aim to save lives from this common cancer.

GlaxoSmithKline - one of the world's leading pharmaceutical and healthcare companies - is committed to improving the quality of human life by enabling people to do more, feel better and live longer. Through our programme of charitable support in the UK, GlaxoSmithKline is delighted to support the work of Beating Bowel Cancer.



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Beating Bowel Cancer, 39 Crown Road, Twickenham TW1 3EJ

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