

The National Bowel Cancer Audit aims to improve patient care. By looking at what is done now, the audit can suggest changes to improve care for people with bowel cancer in the future. The audit compares the care bowel cancer patients receive across England and Wales, including whether hospitals are meeting national standards.

Bowel cancer is the 4th most common cancer in the United Kingdom, with over 41,000 people diagnosed every year

It is the second biggest killer of all cancers

7 out of 10 people with bowel cancer have cancer of the colon, 3 out of 10 have cancer of the rectum

4 out of 5 people diagnosed with bowel cancer do not have spread of the cancer to other parts of the body

What is screening?

Screening looks for early signs that cancer may be present. The aim is to find the cancer as early as possible.

In England and Wales, screening is offered to people aged 60-74 years every 2 years.

Screening involves providing a poo sample. A new screening method called FIT testing (faecal immunochemical testing) is being rolled out in England and Wales.

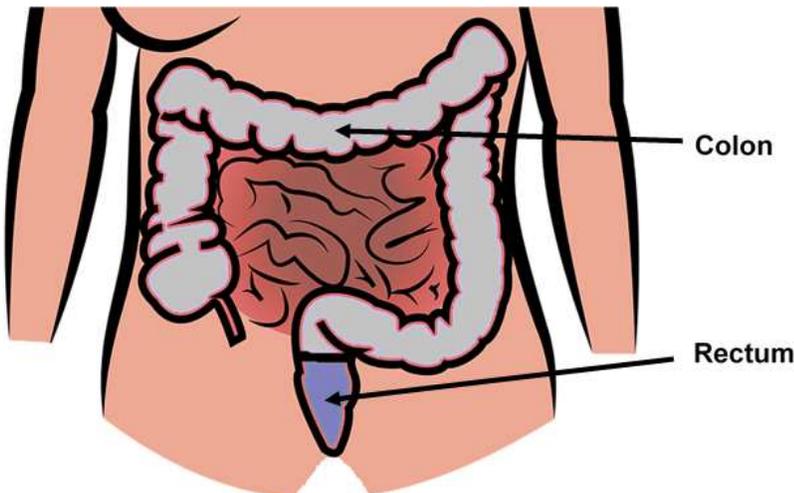
In some parts of England, people aged 55 are also being offered a one-off telescope examination of the bowel.

People diagnosed via screening are more likely to have their cancer found at an early stage and be cured.

Only half of people invited to bowel cancer screening in England and Wales are participating!

What is bowel cancer?

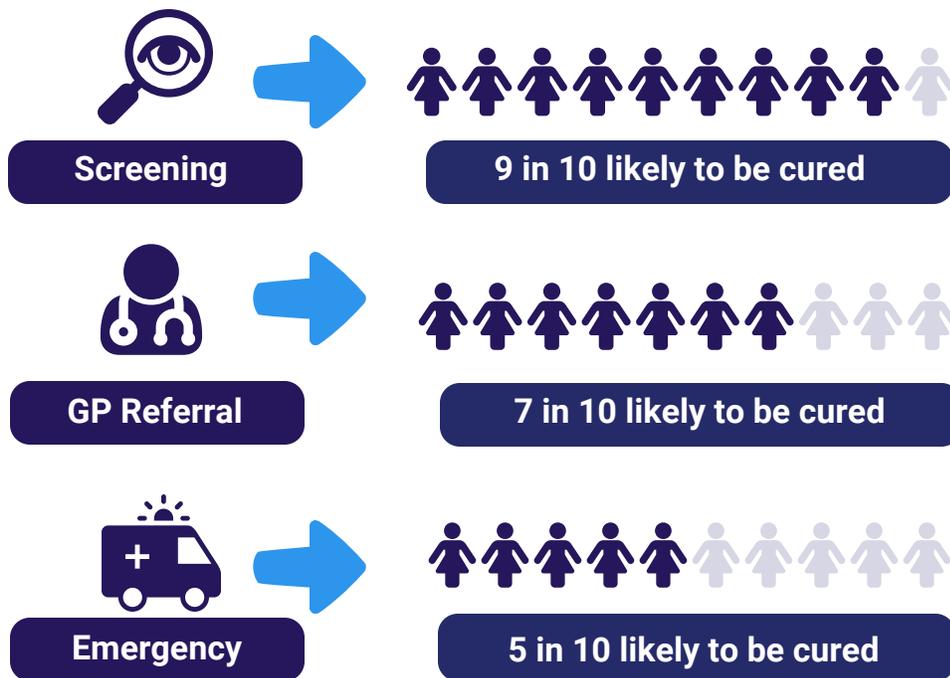
Bowel cancer includes colon cancer and rectal cancer



Non-cancerous growths (polyps) can form in the lining of the bowel. Over time, some of these polyps may develop into cancers. Once a cancer has formed, it can spread through the bowel wall and into blood vessels and lymph glands. The cancer can then sometimes spread to other parts of the body.

How are people diagnosed with bowel cancer?

Bowel cancer can be diagnosed via a number of different ways. The diagrams below show the number of people that are likely to be cured depending on the means by which the diagnosis of bowel cancer was found.



How is bowel cancer treated?

Rectal cancer

The treatment of rectal cancer is complex. People may receive various combinations of surgery, radiotherapy and chemotherapy. Treatment options for rectal cancer are detailed in the boxes below.

Local excision



Early stage tumours can be removed using cameras and instruments put directly inside the bowel. There is no need to remove parts of the bowel, only the tumour.

Major surgery



This can involve two main procedures:
 1) Anterior resection
 2) Abdominoperineal resection
 These may be done open or keyhole with 30 sites now offering robotic surgery.

Non-surgical procedures



A stent may be put inside the bowel or stoma formed in order to prevent blockages within the bowel. These are generally used for tumours which are incurable.

No surgery



Some patients may just have chemotherapy and/or radiotherapy which may or may not be curative.



4 out of every 10 people with rectal cancer have radiotherapy before their surgery.

People with rectal cancer that is at high risk of coming back in the future (recurrence) may be given post-operative chemotherapy in addition to pre-operative treatments.



Colon cancer

Colon cancer treatment is more straightforward. People often undergo just surgery.



The part of the colon containing the tumour is removed along with the associated blood supply and lymph nodes.



Those with colon cancer that is at high risk of coming back in the future (recurrence) may be given post-operative chemotherapy.

NBOCA reports the number of people who are alive at 90 days after their surgery. Some people may require an emergency operation for bowel cancer. Emergency surgery has more risks than planned surgery.



98% of people are alive 90 days after planned surgery



90% of people are alive 90 days after emergency surgery

The numbers of people alive at 90 days after both planned and emergency surgery continue to improve in the 2019 annual report.

Surgery for bowel cancer

Length of Stay



Prolonged stays in hospital after surgery can put people at increased risk of problems such as infections.

Length of Stay
 Planned surgery - 7 days
 Emergency surgery - 11 days

Keyhole Surgery



This can help with a faster recovery after surgery. In the 2019 annual report more people had keyhole surgery than the previous year.

6 in 10 people have keyhole surgery (laparoscopic)



Readmissions

People may need to come back in to hospital after their surgery. This may be due to complications such as problems with their wounds.

1 in 10 people are re-admitted within one month of their operation

Stomas



Half of people undergoing surgery for rectal cancer will still have a stoma at 18 months.



How many people survive to 2 years with bowel cancer?

For most people, survival and cure remain the primary concern after diagnosis.

People may not have surgery for these reasons:

'Too little' cancer - early cancers are sometimes removed without major surgery

'Too much' cancer - their disease has spread too far to be cured

'Too frail' - the person is not fit enough to have surgery due to other medical problems

If a bowel cancer returns after treatment, this is most likely to occur within the first 2 years. This is why NBOCA measures 2-year survival rate.

Surgery



8 out of 10 people survive beyond 2 years if they have had their cancer removed by surgery

No Surgery



3 out of 10 people survive beyond 2 years if they have not had their cancer removed

Overall



6 out of 10 people survive beyond 2 years overall. This survival rate has remained stable over time.

Recommendations for patients and the public

The full NBOCA report detailing care by hospital and region is available at www.nboca.org.uk/reports/ The 2019 Organisational Survey listing the bowel cancer facilities available in every English trust/hospital and Welsh multidisciplinary team is available at www.nboca.org.uk/reports/organisational-survey-results-2019/



If your bowel cancer is found early, your bowel cancer is more likely to be cured. Be aware of the signs and symptoms of bowel cancer and visit your GP promptly if you have concerns. You can find information about signs/symptoms of bowel cancer here: <https://www.nhs.uk/conditions/bowel-cancer/symptoms/>



You are more likely to have your bowel cancer cured if it is found via screening. People aged 60-74 should take part in bowel cancer screening every 2 years. More information can be found for England at www.nhs.uk/conditions/bowel-cancer-screening/ and Wales at <http://www.bowelscreening.wales.nhs.uk/> or provided by your GP. People in England aged 75+ may still be able to request screening every 2 years by contacting the bowel cancer screening helpline. Additionally, people aged 55 years in England are now eligible for a one-off camera test of their bowel.



You may require more than one treatment for your bowel cancer. Speak to your healthcare team to seek advice on treatment options. Find out which treatments your hospital has available on-site or if you would need to travel for treatment at www.nboca.org.uk/reports/organisational-survey-results-2019/



Outcomes for bowel cancer are improving. You can also view individual trust/hospital/MDT results as well as which facilities are available at each site at <https://www.nboca.org.uk/trust-results/>

Further information:



www.nboca.org.uk



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Explanation of terms used in the Patient Report

Abdomino-perineal excision of the rectum (APER) - an operation to remove the entire rectum and anal canal.

Anterior resection - an operation to remove part, or all, of the rectum.

Chemotherapy - drug therapy used to treat cancer. It may be used alone, or in combination with other types of treatment (for example surgery or radiotherapy).

Curative intent - the aim of the treatment is to cure people of their disease.

Laparoscopic - also called minimally invasive surgery or keyhole surgery, it is a type of surgical procedure performed through small cuts in the skin instead of the larger cuts used in open surgery.

Local excision - a procedure done with instruments inserted through the anus (often during a colonoscopy), without cutting into the skin of the abdomen to remove just a small piece of the lining of the colon or rectum wall.

Lymph nodes - small bean shaped organs, also referred to as lymph 'glands', which form part of the immune system. They are distributed throughout the body and can be one of the first places to which cancers spread.

Metastases - cancer that has spread from where it started in the body. These can also be called secondary cancers.

Open surgery - an operation carried out by cutting an opening in the abdomen.

Palliative care - care given to people whose disease cannot be cured. It aims to improve quality of life rather than extending life.

Radiotherapy - the treatment of disease, especially cancer, using X-rays or similar forms of radiation.

Robotic surgery - this is a relatively new advancement in surgery and allows surgeons to control surgical instruments whilst sitting at a special console away from the patient during the operation.

Screening - the aim of screening is to try to detect cancers early. People aged 60-74 are invited to take part in bowel cancer screening every 2 years. They do this by providing a poo sample. They will be invited to have a camera test of the bowel if this is positive. In addition in some areas within England, people aged 55 are also now being offered a one-off telescope examination of their bowel.

Stage - staging is a way of describing the size of a cancer and how far it has grown. Staging is important because it helps decide which treatments are required.

Stent - a flexible, hollow tube designed to keep a section of the bowel open when it has become blocked.

Stoma - a surgical opening in the abdomen through which the bowel is brought out onto the surface of the skin. Colostomy and ileostomy are types of stoma.

Additional reading:

Bowel Cancer UK

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

Cancer Research UK

<https://www.cancerresearchuk.org/about-cancer/bowel-cancer>

NHS Choices

<https://www.nhs.uk/conditions/bowel-cancer/>

Macmillan

<https://www.macmillan.org.uk/information-and-support/bowel-cancer>



We would like to thank the NBOCA Patient Panel which consists of patient and carer representatives as well as bowel cancer charity representatives for their invaluable contribution to the formation of this report. Details of the NBOCA Patient Panel can be found here: <https://www.nboca.org.uk/about/our-team/>