

The Women's Health Research Program

Health Bulletin
June 2012

Colorectal/Bowel Cancer in women

Bowel or Colorectal cancer (CRC) is the second most common cancer in women^{1,2}. In 2008 there were 1611 new cases of CRC amongst Victorian women. The median age of diagnosis of CRC in women is 71 years³, however the number of cases of CRC and deaths from the disease are increasing more rapidly in younger people than other age groups⁴. CRC can develop in the colon (upper bowel) or the rectum (lower bowel) and these require different treatments which may involve surgery, chemotherapy and radiotherapy. Bowel cancer can be treated successfully if detected in its early stages.

Appropriate dietary changes, together with regular physical activity and maintenance of healthy weight could help to prevent the development of colorectal cancer. The Australian Cancer Network recommends including 30–60 mins/day of moderate to vigorous exercise, reducing total alcohol intake, avoiding tobacco smoking, reducing food intake, moderate intakes of lean red meat eaten as part of a mixed diet including carbohydrates (breads and cereals), vegetables and fruit, and dairy products, limited consumption of processed meats and increasing fibre intake⁵.



Research shows that the risk of developing bowel cancer rises significantly from the age of 50. The National Health and Medical Research Council recommends that organised faecal occult blood test (FOBT) screening of average risk people should commence at 50 years of age and be performed every two years. From July 2011 the Australian Government will continue the National Bowel Cancer Screening Program by inviting around one million Australians each year who turn 50, 55 and 65 years of age between 1 January 2011 and 31 December 2014 to participate in the Program. The Program is being phased in gradually to help ensure that health services, such as colonoscopy and treatment services, are able to meet any increased demand. This is consistent with the introduction of other screening programs, such as the National Cervical Screening Program,

which was also phased in over a number of years.

Early detection of colorectal cancer and improvements in surgical techniques in combination with radiotherapy⁶⁻⁹ have increased the life expectancy of people with rectal cancer. The five-year survival for women with CRC is around 66 per cent, however compared with breast cancer which has a 90 per cent five-year survival rate; the outlook for CRC survivors is not as favorable¹⁰. Once diagnosed and treatment is completed, women have to come to terms with the impact of the cancer on their quality of life. This will frequently include dealing with bowel and bladder incontinence, reduced wellbeing and sexual function problems.

The consequences of colorectal cancer treatment can be stressful and adversely affect mental and physical health, and relationships⁵. At present there are gaps in our knowledge about how these factors affect the quality of life of Australian women after treatment for colorectal cancer and what health care providers can do to assist women to maintain their long term health and wellbeing. Psychosocial care is important. Psychological interventions should be a component of care as they can improve the quality of life for patients with cancer.

The Women's Health Research Program in collaboration with Cabrini Hospital is undertaking a study about women with colorectal cancer. We will prospectively



MONASH University

M8Alliance

investigate the impact of treatment for colorectal cancer on bladder and bowel continence, sexual function and wellbeing. It is hoped that the results of this study will help to improve the psychological wellbeing of women who are colorectal cancer survivors.

1. Jemal A, Siegel R, Xu J, Ward E. Cancer statistics, 2010. *CA Cancer J Clin.* 2010;60(5):277-300. Epub 2010/07/09.
2. Jemal A, Center MM, DeSantis C, Ward EM. Global patterns of cancer incidence and mortality rates and trends. *Cancer Epidemiol Biomarkers Prev.* 2010;19(8):1893-907. Epub 2010/07/22.
3. Giles G, Thursfield V. *Bowel Cancer.* Melbourne: 1997.
4. O'Connell JB, Maggard MA, Liu JH, Etzioni DA, Livingston EH, Ko CY. Rates of colon and rectal cancers are increasing in young adults. *American Surgeon.* 2003;69(10):866-72.
5. *Committee Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer.* Sydney: The Cancer Council Australia and Australian Cancer Network; 2005.
6. Murty M, Enker WE, Martz J. Current status of total mesorectal excision and autonomic nerve preservation in rectal cancer. *Semin Surg Oncol.* 2000;19(4):321-8. Epub 2001/03/10.
7. Heald RJ, Ryall RD. Recurrence and survival after total mesorectal excision for rectal cancer. *Lancet.* 1986;1(8496):1479-82. Epub 1986/06/28.
8. Kapiteijn E, Marijnen CA, Nagtegaal ID, Putter H, Steup WH, Wiggers T, et al. Preoperative radiotherapy combined with total mesorectal excision for resectable rectal cancer. *N Engl J Med.* 2001;345(9):638-46. Epub 2001/09/08.
9. Heald RJ, Karanjia ND. Results of radical surgery for rectal cancer. *World J Surg.* 1992;16(5):848-57. Epub 1992/09/01.
10. Institute NC. *SEER Cancer Statistics Review.* 1975-2009.

Get involved in research

Worried about your waistline?

Would you like to join a study looking at the effects of metformin, a drug used to treat diabetes, on women who have put on weight but still have normal blood sugar levels? This research will help determine whether metformin might be used for prevention of diabetes, weight loss and improving cholesterol levels in women.

We would like to invite you to take part in this study if you are an overweight woman aged between 35–65 years with a body mass index (BMI) between 30–40, a waist circumference greater than 88 cm and a normal fasting blood sugar (not diabetic).

Your participation will involve four visits to the Women's Health Research Program at the Alfred Centre (Melbourne) and one visit to a pathology collection centre. You will be randomly allocated to be treated with either metformin or a placebo and will be monitored for 26 weeks.

If you would like more information, (including further inclusion criteria) regarding this and other studies please contact the Women's Health Research Program on 03 9903 0820 or by email on womens.health@monash.edu or visit our website: womenshealth.med.monash.edu