

Protection against bowel cancer

Early recognition saves lives

By Martina Folscheid, National nominee for Luxembourg

Bowel cancer is one of the most common cancers. Many cases could be prevented by taking preventive measures. While some EU countries already have prevention programmes, Luxembourg is still a latecomer in this respect. Bowel cancer prevention from the point of view of someone affected, the Ministry of Health and the Association of Gastroenterologists.

“We spend millions on holidays, but the subject of prevention does not interest us. And society has to pay for this later.” The CSV (Christian Social People’s Party) MP Marcel Oberweis is incensed. By “for this” he means the costs incurred for health insurance funds when a member is diagnosed with cancer. Oberweis fell ill with bowel cancer when he was 60, even though he has always lived a healthy life: He jogs, rides a bicycle, walks and is even quite happy to walk the nine kilometres from his office to his home. When he was 50 and 55 he had various preventive examinations, for example those for his prostate. He eats healthy foods and does not drink alcohol except for one or two glasses of wine every now and again. And despite that it hit him with full force.

In July 2009 he started bleeding when he was doing sport. First of all he did not think it was anything serious. But the next day he was bleeding again, much more than on the previous day. He went to the doctor, who discovered what is called a “polyp”, an ulcer, in the large intestine. Another doctor could not give him any positive news either. “The tissue had become malignant in parts, but thank God the tumour had not spread”, Oberweis recalls this at least partial relief. Nevertheless, “For someone who would do sport until he drops, the diagnosis was disastrous.”

With 163 newly diagnosed cases in men and 113 in women in 2008, according to the “Registre morphologique des tumeurs”, bowel cancer is the third most common and second most common form of cancer respectively in this country. According to the Health Directorate, 70 men and 51 women died of it in 2008. Comparing the figures over a five-year period, you see a rising trend. According to the “Registre morphologique des tumeurs”, between 2004 and 2008 the number of new cases rose by almost nine per cent in women and by 16 per cent in men compared with the period from 1999 to 2003. With these figures Luxembourg is around the EU average. Of newly-diagnosed illnesses in the 27 EU countries, bowel cancer, with almost 330,000 cases, is the second most common type of cancer and, with 149,000 cases, is the second most common cause of death from cancer.

Usually the cancer arises from benign ulcers, known as “adenomatous polyps” or “adenomas”. Usually these grow unnoticed over the years until a carcinoma develops from some. Generally, symptoms of bowel cancer, such as visible blood in the stools, diarrhoea or constipation, weight loss, abdominal pain or anaemia, only occur at a very late stage. Larger polyps in particular are at greater risk of becoming malignant. This was the case with Marcel Oberweis, who had a polyp three centimetres in diameter which showed cellular changes. The occurrence of bowel cancer can be prevented by removing polyps at an early stage during a colonoscopy with forceps or a snare. But who goes voluntarily to have a colonoscopy? “It is not bad at all”, says Marcel Oberweis. “You drink a few litres of a mild laxative the day before, to flush out the bowel, then you go to the gastroenterologist, and, if you like, you can even follow the examination on the screen.” Patients who are anxious can be given a sedative if needed.

New EU guidelines

As well as colonoscopy there is another way of detecting cancer at an early stage, but which is not as accurate: examining the stools for hidden, or “occult”, blood, in a process which finds even very slight traces of blood that cannot be seen with the naked eye. If the result is positive, this does not necessarily mean that the patient has cancer. The bleeding may also come from haemorrhoids or inflammation of the bowels. On the other hand, not every carcinoma bleeds, so a colonoscopy is the most reliable option. However, in many EU countries the so-called “faecal occult blood test” (FOBT) is the tried and tested method of choice, if it is a matter of examining the population at large for bowel cancer. It is essential that this test is repeated annually, whereas a negative colonoscopy, i.e. nothing remarkable found, only has to be repeated every ten years.

Early in February the European Commission published new guidelines for bowel cancer prevention and recognition. Thanks to the FOBT test recommended in these guidelines, mortality from bowel cancer can demonstrably be reduced by about 15 per cent in the main age group affected by the disease (50 to 74 years). Currently there are over 135 million people of this age in the EU. Even though endoscopic examination methods are used in many screening programmes, countries with corresponding programmes mostly use the test recommended by the EU health ministers.

Apart from a campaign of prevention and the call to have a bowel examination, which a citizen receives together with the written request to present a medical certificate in order to renew a driving licence, there is still no screening programme in this country. A working group consisting of representatives of the gastroenterologists’ association and the Ministry of Health has been working for four years to develop one. There have also already been two parliamentary requests to the health minister from the CSV MP Marcel Oberweis.

But the project was put on ice first in 2009 “due to staff shortages”, even though it was expressly mentioned in the government’s programme as being one of the next initiatives to be tackled. A follow-up with Astrid Scharpantgen,

the Ministry of Health official responsible for cancer prevention, showed that the group's work was to be taken up shortly. While it remains to be seen whether this is due to the fact that March is bowel cancer month, it seems certain that discussions will once again be taken up at the "negotiating table". Some standards still remain to be agreed and also the details still have to be discussed with the health insurance funds, according to Scharpantgen. "However, we are acting on the basis that the prevention programme will soon be in place."

The programme will be based mainly on the German model and that means that, from the age of 50 until the end of the 55th year, once a year there will be a test for occult blood in the stools and from the age of 55 there will be the offer of a colonoscopy and of this preventive examination being repeated ten years after the first examination, if the results were negative the first time. "However, we want to bring the age for the first colonoscopy down to 50" Scharpantgen explains.

"It is different with risk groups, of course", reports specialist Dr Christiane Steichen, a member of the gastroenterologists' association. About a third of the population are in the risk group, in which there is a hereditary risk of bowel cancer. There is a difference between hereditary bowel cancer and a familial aggregation of bowel cancer. With a hereditary disorder, genetic factors are responsible for its occurrence, which can be proven by molecular-genetic tests. Hereditary bowel cancer accounts for five to eight per cent of all cases. But the familial aggregation of bowel cancer is considerably more common, at between 20 and 25 per cent. The scientific community has not fully explained how it comes about genetically.

"If bowel cancer has already occurred within the immediate family, one is in the risk group and must have the bowel investigated with a colonoscopy earlier and possibly more regularly." The younger the family member when the diagnosis was made, the earlier the first-grade relatives should have themselves examined. In any event, whether a hereditary condition or a familial one, Steichen advises that the person concerned should have a consultation and not wait to seek medical advice until the first symptoms such as blood in the stools or persistent non-specific abdominal pain appears. The mortality rate for a cancer at an advanced stage is 50 per cent or more. Also, people with inflammatory bowel disorders such as ulcerative colitis or Crohn's disease are at higher risk. Type 2 diabetes also increases the risk of bowel cancer, as was confirmed by a study on 150,000 patients carried out by the American Cancer Society. Moreover, the researchers found that men with type 2 diabetes appear to be most at risk.

Sport every day

If someone has fallen ill with bowel cancer it is usually necessary to remove the affected section of the bowel and any lymph nodes, sometimes combined with chemotherapy or radiation. Depending on the position of the tumour, an artificial anus, an ileostomy, called a "stoma", has to be applied either temporarily or permanently. This depends on how close the carcinoma is to the anus and whether the sphincter muscle can be kept. For most patients,

having an artificial ileostomy means a big change at first, but after getting used to it many patients find it easy to cope with. “Ilco-Lux”, a self-help group for patients with a stoma, supports those affected with advice and practical assistance (see box on page 136).

As well as medical preventive examinations, people can also reduce their risk of falling ill from the disease. The formula is as follows: eat as little red meat and sausage products as possible, and eat fish and poultry instead. It is also advisable to add a lot of fibre to the diet, to drink no or little alcohol (no more than 35 grams of alcohol per day) and not to smoke. “According to the latest studies it is not enough just to do sport a few times a week; every day you should make sure that you have enough exercise”, says Christiane Steichen. “And that does not mean taking the stairs rather than the lift or having a walk after a meal, but a sporting activity”, she stresses. The body mass index should be between 21 and 23.

Marcel Oberweis is well again now. He had the operation a year and a half ago and it went well for him – but his chances of recovering were also good because he saw a doctor as soon as the first symptoms appeared and because of his healthy lifestyle, he was fit enough to survive such an operation with the strength needed. A prime example of prevention in action.

TV tip

Prevention means living longer!

The liver function reading is higher than usual, and the bowel has a noticeable ulcer. A colonoscopy brings it to light: the initial stages of bowel cancer. Luckily, because of her high liver function reading, Anke C. had a full health check done. Because bowel cancer is something one does not feel. It grows secretly and is hardly noticed. It is only at a very late stage that the disease causes problems, but then for many patients it is already too late. Anke C. is worried. After all, she is only 40 and feels very fit. “service: health” reports how Anke C. was helped and explains how important preventive care in bowel cancer is. The expert answers all questions on the subject in the studio.