

Client: The Christie NHS Foundation Trust Yellow News
Source: The Mail on Sunday (Scotland) (Main)
Date: 01 October 2017
Page: 70
Reach: 70619
Size: 1186cm2
Value: 68598.24

CUT YOUR RISK OF CANCER

By **Dr Ellie Cannon**

Part 2: Bowel cancer

IT'S frighteningly common and the second leading cause of cancer death, primarily because it causes few symptoms until the disease becomes advanced.

Last week, in our special supplement, I brought you the advice of Britain's top experts about how to cut the risk of breast and prostate cancer. Today we bring you the same cutting edge advice on the third most-common – bowel cancer.

The good news is that new figures, published in August by Cancer Research UK, showed the rate of people dying from this has fallen by more than 30 per cent in the last 20 years.

That's an amazing achievement,

which is down to screening and improvements in treatment.

But I want to see it fall further, not least because I lost a good friend to bowel cancer last year.

More than half of cases are preventable – there are positive steps we can all take to improve our daily lifestyle and reduce our chances of developing the disease.

And by knowing other personal risk factors and taking part in the national bowel cancer screening programme available to those over the age of 60, we can further make sure that even if the worst does happen, we have the best chances of being well again.

From what to eat and what foods to avoid to myth busting and other tips, here's all you need to know to protect yourself and your family...



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Meet the EXPERTS

THE SURGEON Mr Omer Aziz



Consultant colorectal surgeon at **The Christie NHS Foundation Trust** in Manchester - one of the largest cancer treatment centres in Europe - which looks after more than 44,000 patients every year.

THE SCIENTIST Dr Anguraj Sadanandam



Leads the Precision Cancer Medicine team at **The Institute of Cancer Research**, London. His research has involved key studies into bowel cancer and developing personalised treatments for the disease.

THE RISK EXPERT Richard Houlston



Professor of Molecular and Population Genetics at **The Institute of Cancer Research**, London. He led a landmark study published last year which uncovered new genes linked to an increased risk of bowel cancer.

SORTING THE MYTHS FROM THE FACTS

By John Newlands, Senior Cancer Information Nurse at Macmillan Cancer Support

MYTH Only old people get cancer

FACT In England in 2015, more than a quarter of people who were diagnosed with bowel cancer were under the age of 65 - like **The X Factor** judge Sharon Osbourne, below, who was diagnosed and successfully treated at the age of 49. The disease can strike at any age.

MYTH You don't need to get screened for bowel cancer if there's no family history of it.

FACT While your risk of bowel cancer is increased if you have a parent, brother, sister, son or daughter with the condition, you can still get bowel cancer even if



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no one in your family has ever had it.

MYTH Screening is only necessary for people who have symptoms

FACT Screening means looking for early signs of a particular disease in otherwise healthy people who do not have any symptoms. Almost nine in ten of those with early-stage bowel cancer can be successfully treated, but the outlook for those with later-stage cancers, which are the ones that cause symptoms, is less positive.

MYTH People having bowel cancer treatment or who are recovering from it should always rest.

FACT For certain cancers, being active doesn't just cut your risk of getting illnesses – it could stop them coming back. Bowel cancer patients who do around six hours of moderate intensity physical activity a week could reduce their risk of dying from the disease by around half compared to those doing less than an hour.



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WHAT IS BOWEL CANCER?

BOWEL cancer is the umbrella term for any cancerous growths found in the long tube of muscle which runs from the appendix, through the colon (or large intestine), right down to the rectum. As a result, it may also be called colorectal cancer or colon cancer. Many bowel cancers stem from polyps in the colon. These tiny growths are usually benign and develop on the lining of the bowel as we get older. While they are initially harmless, or benign, they can over the space of five to ten years become cancerous. This is why most polyps that are found tend to be removed – to prevent this worse-case scenario.