Contents

About this booklet 3
The bowel 4
What is cancer? 6
Bowel cancer 7
Bowel cancer screening 9
The faecal occult blood (FOB) test 13
Colonoscopy 21
CT colonography 27
Barium enema 30
Benefits and disadvantages of bowel cancer screening 32
Common questions about bowel cancer screening 35
Your feelings 37
How we can help you 39
Other useful organisations 43
Further resources 47
About this booklet

This booklet provides information and support for people who have had, or are about to have, a bowel cancer screening test.

Screening is a way of testing people to see if a disease can be picked up early, which is when it has the best chance of being cured. This booklet explains how bowel cancer screening is done, its risks and benefits, and what happens if you have an abnormal test result.

We hope this information answers some of your questions about bowel cancer screening, and about the tests and treatment you may have if you have an abnormal result.

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday–Friday, 9am–8pm. If you’re hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

Turn to pages 43–49 for some useful addresses, further resources and websites. If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.
The bowel

The bowel is part of our digestive system. It is divided into two parts; the small bowel and the large bowel. The large bowel is made up of the colon and rectum.
Once food has been swallowed it passes down the gullet (oesophagus) into the stomach, where digestion begins. From here it enters the small bowel where essential nutrients are taken into the body. Any undigested food passes into the large bowel, and water is removed in the colon. The remaining waste matter, known as stools or faeces, is held in the back passage (rectum) until it’s ready to be passed from the body through the anus as a bowel motion (stool).
What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Cancer isn’t a single disease with a single cause and a single type of treatment. There are more than 200 different kinds of cancer, each with its own name and treatment.

Although cells in different parts of the body may look different and work in different ways, most repair and reproduce themselves in the same way. Normally, cells divide in an orderly and controlled way. But if for some reason the process gets out of control, the cells carry on dividing, and develop into a lump called a tumour. Tumours can be either benign (non-cancerous) or malignant (cancerous). Doctors can tell whether a tumour is benign or malignant by removing a piece of tissue (biopsy) and examining a small sample of cells under a microscope.
Bowel cancer

Most bowel cancers develop in the large bowel (the colon and rectum) and are often called colorectal cancer. Bowel cancer is the third most common cancer in the UK. Over 41,000 people in the UK are diagnosed with it each year. About 1 in 50 people in the UK will develop bowel cancer at some time in their life. However, it can usually be cured if it’s found early.

Risk factors of bowel cancer

Bowel cancer is more common in older people. It’s unusual in people under 50. Eight out of 10 people who are diagnosed with bowel cancer are over 60. A person who has one or more family members with bowel cancer may have a higher risk of developing it.

If you’re worried about bowel cancer because of your family history, you can be referred to a specialist clinic for assessment. Our leaflet Are you worried about bowel cancer? has more information.

Other factors that may increase your risk include:

• taking very little exercise

• obesity – being overweight is associated with a higher risk of cancer

• eating a diet high in animal fats and low in fresh fruit, vegetables and fibre

• having diabetes or an inflammatory bowel disease, such as Crohn’s disease or ulcerative colitis.
Symptoms of bowel cancer

The main symptoms of bowel cancer are:
• blood in, or on, the bowel motions (stools)
• a change in bowel habit (such as diarrhoea or constipation) that lasts for longer than six weeks.

Other symptoms include:
• weight loss
• feeling sick (nausea)
• loss of appetite
• pain in the tummy (abdomen).

These symptoms can be caused by conditions other than bowel cancer, but it’s important to always have them checked by your doctor.
Bowel cancer screening

Bowel cancer screening is important because it can find bowel cancers when they are small, before they cause symptoms. The screening can also detect polyps, which are non-cancerous (benign) growths that may develop into cancer over time. Polyps can easily be removed, which reduces the risk of bowel cancer developing.

Bowel cancer screening was introduced in the UK after studies showed that regular screening can reduce the risk of dying from bowel cancer by 16%.

Screening programmes

Bowel cancer screening programmes vary in England, Scotland, Wales and Northern Ireland.

- In **England**, everyone aged 60–69 is currently offered screening every two years. From April 2010, the age limit was extended to include men and women up to their 75th birthday, although it will take a few years for this to happen across the whole of England. Anyone older than 75 can have bowel screening every two years by requesting a screening kit using the bowel cancer screening helpline number (see page 43).

- In **Scotland**, bowel screening is currently offered every two years to people aged 50–74.
• In **Wales**, bowel screening is currently offered every two years to people aged 60–74. The age range is gradually being extended to include men and women from the age of 50. It’s hoped that this will happen across the whole of Wales by 2015.

• In **Northern Ireland**, all men and women aged 60–69 are currently offered bowel screening every two years. The upper age limit is gradually being extended to 71.

These bowel screening programmes aim to find bowel cancer at a very early stage, when it has the best chance of being cured.

Screening isn’t appropriate for you if you:

• have had bowel investigations (such as a colonoscopy or barium enema) in the last two years

• are being treated for bowel cancer

• have had your large bowel removed

• are on a bowel polyp surveillance programme

• are waiting for bowel investigations that have been arranged by your GP.

The faecal occult blood (FOB) test is the first stage of bowel screening (see pages 13–19).
Bowel cancer screening

The NHS in England is planning to introduce bowel screening using flexible sigmoidoscopy for all men and women when they reach the age of 55.

This will be called bowelscope screening. Research has shown that a one-off flexible sigmoidoscopy can help to detect bowel polyps and cancers at a very early stage and gives a lasting benefit.

This test will be offered alongside the existing FOB test used in the current bowel cancer screening programme. The FOB test will continue from the age of 60, whether a flexible sigmoidoscopy has been done or not.

Flexible sigmoidoscopy is a way of looking inside the bowel using a thin, flexible tube called an endoscope. The endoscope has a tiny light and a camera on the end and allows the nurse or doctor to see the rectum and lower end of the colon (sigmoid colon).

The details of the new screening programme are still being worked out, but it’s hoped that it will be available throughout England by 2016.
The faecal occult blood (FOB) test

Bowel cancers and polyps can sometimes bleed, which is why screening looks for blood in your bowel. Occult blood means blood that is not visible to the eye. The faecal occult blood (FOB) test is a way of detecting tiny amounts of ‘hidden’ blood in your bowel motions.

The test doesn’t tell you if you have bowel cancer, or a polyp, but if you have blood in your bowel motions you may be offered further tests, such as a colonoscopy (see pages 21–26), to find out the cause of the bleeding.

If you are sent an FOB test kit and you aren’t sure whether you should do the test or not, you should call the freephone helpline number, which is on the letter that comes with the test.

You don’t have to take part in the bowel cancer screening programme. If you don’t want to take part, you can simply choose not to complete and return the FOB test kit. Or you can contact the freephone number on the letter to let the programme know that you don’t want to participate.

The FOB test kit

After you’ve received a letter inviting you to take part in the bowel cancer screening programme, you’ll be sent an FOB test kit and instructions, which you use in the privacy of your own home. In Scotland, you’ll be sent the letter at the same time as the kit.
The kit includes:

- full instructions
- six cardboard sticks to collect the samples
- an orange, or red and white, test card
- a prepaid hygienic envelope to return the samples.

There are three sections of the test for three separate bowel motions.
Doing the test

Before collecting each bowel motion, it’s a good idea to get everything ready. You’ll need to have:

• two of the cardboard sticks

• the orange, or red and white, test card.

Write the date on the first flap on the test card, then peel back the flap. Underneath, you’ll see two windows – one for each sample of your bowel motion.
Collecting your samples

It’s important that the bowel motion you collect your sample from has not been in the toilet bowl, as this can affect the result of the test. You can collect the bowel motion in different ways. You can use a clean, disposable, plastic container, such as a cleaned ice cream tub, or folded toilet paper. Alternatively, you can collect it on a sheet of newspaper, which you can place across the toilet pan and secure under the rim of the toilet seat. Make sure the newspaper doesn’t touch the water in the toilet.

Once you’ve collected your bowel motion, use one of the cardboard sticks to take a small piece. Spread it thinly over the first window on the test card. Use the second cardboard stick to collect a sample from a different area of your bowel motion. Spread it thinly over the second window.

Once you’ve completed both windows, seal the flap on the test card. Wipe the cardboard sticks with toilet paper, wrap them up and throw them away in an outside bin. Don’t flush them down the toilet.

The second and third samples are collected in the same way, using the two windows on the test card under flap two and then flap three. All three samples need to be taken from three different bowel motions, but they don’t have to be collected from three in a row. It’s important that all the samples are collected and the kit returned within 14 days of the first sample. Once you have all three samples, you can send the kit to be tested using the prepaid hygienic envelope.
It’s very important that you follow the instructions carefully – particularly paying attention to the diet and drug advice given in the kit.

If you have any questions about the sample collection, or if you need a new test kit to start again, you can call the freephone helpline number, which is printed on the kit instructions.

If you don’t return the test kit, you’ll get a reminder after about four weeks. If you’ve decided not to participate in the screening programme, you can either ignore the reminder or contact the helpline number to tell them you won’t be sending your kit back.

**FOB test results**

You should get the results of your FOB test in writing within two weeks of the test being received for analysis at the laboratory. Your GP will also get a letter with your results. Waiting for your results may be an anxious time for you, and it may help to talk things over with a relative or close friend, or one of the organisations on pages 43–46.

The three possible FOB test results are:

- normal
- abnormal
- unclear.
Normal result
About 98 out of 100 people (98%) will have a normal result. A small number of people will have repeated the test due to an unclear result the first time. If your result is normal, you’ll be invited to do an FOB test again in two years’ time, as long as you’re still within the invitation age range. If you’re older than this, you can continue to be screened every two years by requesting a screening kit.

The letter will include information about the symptoms of bowel cancer, so that you know what to look out for. If you’re worried about any symptoms that develop between your two-yearly screening tests, you should make an appointment with your GP.

Abnormal result
Around 2 in 100 people (2%) will have an abnormal result. Sometimes, someone with an abnormal result will have repeated the test because of a previous unclear result. If your result is abnormal, you’ll be sent a letter and an appointment to see a specialist practitioner at your local hospital or screening centre. Your appointment should be arranged within a week of receiving your letter. Your GP will also be told your results.

Having an abnormal result is not a diagnosis of cancer. The abnormal result may be caused by conditions other than cancer, such as piles (haemorrhoids), a bleeding polyp or inflammatory bowel diseases, such as Crohn’s disease or ulcerative colitis. You’ll usually be advised to have an examination of your bowel (a colonoscopy, see pages 21–26), so that a diagnosis can be made.
Unclear result
Around 4 in 100 people (4%) may initially receive an unclear result. This means that there was a hint of blood in the sample, but not enough to give an abnormal result. An unclear result can be caused by conditions such as piles (haemorrhoids).

Having an unclear result doesn’t mean you have bowel cancer, it just means that the FOB test needs to be repeated. Most people who repeat the FOB test go on to receive a normal result.

Repeating the test
If you have an unclear result, you’ll be sent a new FOB test kit. You should follow the instructions and return the samples as before. If the results of further tests are still unclear, or abnormal, you’ll be given an appointment to see a specialist practitioner to discuss having a colonoscopy (see pages 21–26). If the result of your repeat test is normal, you may be sent another kit just to confirm the result.

Other reasons you may be asked to repeat the FOB test are:

Technical failure
Sometimes there’s a technical problem when your samples are tested in the laboratory. If this happens, you’ll be sent a letter and another test kit to collect more samples.

Spoilt kit
Sometimes the FOB kit can’t be tested in the laboratory because it hasn’t been used properly or has been damaged. If this happens, you’ll be sent a letter and a replacement kit.
Colonoscopy

If you have a second or third unclear FOB test, or an abnormal result, you’ll be given an appointment to see a specialist screening practitioner. The appointment will be at your local hospital or screening centre and should be within a week of the letter telling you the FOB test result.

The practitioner will explain what your result means and answer your questions. They’ll discuss having a colonoscopy and give you a detailed explanation of the procedure, including its benefits and risks. They’ll also assess whether you’re fit to have a colonoscopy.

A colonoscopy isn’t appropriate for everyone. If you’re not able to have one, you may be offered a different investigation, such as a CT colonogram (sometimes called a CTC scan, see pages 27–28) or a barium enema (see pages 30–31).

**Having a colonoscopy**

A colonoscopy is a way of examining the lining of the bowel from the inside. The procedure is usually done in the hospital outpatient department and takes about an hour. It’s the most thorough and effective way of diagnosing bowel cancer. The colonoscopy can also see if there are any polyps in your bowel (see page 9).

The bowel has to be completely empty for a colonoscopy. This means following a careful diet for a few days before your test. You’ll also need to take laxatives, which the screening centre or hospital pharmacy will provide.
The department carrying out your colonoscopy will give you instructions about your diet, and about exactly when to take your laxatives.

Shortly before the colonoscopy, you may be given a sedative to help you feel relaxed. Once you’re lying comfortably on your side, the nurse or doctor will gently pass a thin, flexible tube (a colonoscope) into your back passage. The tube is made up of flexible fibres so it can easily pass around the curves of the bowel. There’s a tiny light and camera on the end of the tube, which are used to show any abnormal areas.

During the colonoscopy, photographs and samples (biopsies) of the cells on the inside of the large bowel can be taken. Most polyps can be painlessly removed using a wire loop that is passed down the colonoscope. A colonoscopy can be uncomfortable, but the sedative will help you feel more relaxed.

Most people are ready to go home a couple of hours after their test. You’ll need to arrange for someone to collect you from the hospital as you shouldn’t drive for several hours after a sedative. You should also have someone with you for about 12 hours afterwards.

Sometimes it’s not possible to see the whole bowel during a colonoscopy. This can happen if the bowel isn’t completely empty or if the colonoscope can’t pass round a bend in the bowel to reach the end. If this happens, you may be asked to have another colonoscopy, or a CT colonogram (see pages 27–28).
Potential complications or risks of a colonoscopy

For most people, a colonoscopy is a straightforward procedure and they’ll have no side effects. Rarely however, complications can happen, including:

Fluid loss
Taking laxatives before having a colonoscopy may sometimes cause you to lose a lot of fluid from your body, as you pass several bowel motions. If you have heart problems, let your GP or the screening centre know before you take any laxatives, as this fluid loss can temporarily worsen your condition.

Breathing or heart problems
Some people react to the sedative that is used during a colonoscopy. This can cause temporary breathing or heart problems. It’s rare to have a serious problem, and you’ll be monitored during the colonoscopy.

Heavy bleeding
About 1 in every 250 people who have a colonoscopy will have heavy bleeding afterwards. If tissue samples (biopsies) are taken or polyps removed, there is a risk that the area may bleed. If you notice a lot of bleeding, contact the screening centre as soon as possible for further advice.

A perforated bowel
Rarely, the colonoscope can make a hole (perforation) in the wall of your bowel. This happens to about 1 in 1,000 people who have a screening colonoscopy. If your bowel is perforated, you may need an operation to mend the hole.
**Risk of death**
In extremely rare cases, a person may die as a result of having a colonoscopy. This is very rare and only happens in around 1 in every 10,000 colonoscopies. The benefits of having a colonoscopy far outweigh this risk.

**Results of your colonoscopy**

The specialist doing your colonoscopy will tell you if they have removed any tissue samples (biopsies) or polyps from your bowel. If they have taken samples, you’ll have to wait up to three weeks for the results.

This can be an anxious time for you and it may help to talk things over with a relative or close friend, or one of the organisations listed on pages 43–46.

The possible results you could get include:

- a normal result
- benign polyps
- other benign causes, such as inflammatory bowel disease
- a cancer.

**Normal result**
This means that no polyps or cancer have been found in your bowel. About half of people who have a colonoscopy will get a normal result.

There is a small chance that the colonoscopy may miss a cancer, so a normal result doesn’t guarantee that you don’t have cancer, or won’t develop it in the future.
If your colonoscopy was normal, you’ll be offered bowel cancer screening again in two years, as long as you’re still within the invitation age range. If you’re older than this, you can continue to be screened every two years by requesting a screening kit.

**Benign polyps**
If one or more polyps are found during your colonoscopy, they can usually be removed at the same time. This is known as a polypectomy and it can help to prevent bowel cancer developing. Around 4 in 10 of people (40%) who have a colonoscopy following an abnormal FOB test are found to have polyps.

The removed polyps will be looked at in the laboratory and, depending on the results, you may be invited to continue with the two-yearly bowel cancer screening or have another colonoscopy, usually in one or three years’ time.

In some cases, polyps may come back again after surgery.

**Other benign causes, such as inflammatory bowel disease**
If your colonoscopy results show that you have inflammatory bowel disease, such as Crohn’s disease or ulcerative colitis, you’ll usually be referred to a gastroenterologist, who is a doctor specialising in these conditions.

**A cancer**
Only very few people (about 1 in 10, or 10%) who have a colonoscopy after an abnormal FOB test will be diagnosed with bowel cancer. If a cancer is found, you’ll be referred to a cancer specialist for treatment.
If a cancer is found at its earliest stage, there is a very good chance of curing it. About 9 out of every 10 (90%) early-stage bowel cancers can be successfully treated. However, not all bowel cancers that are found by colonoscopy can be cured.

If you’re diagnosed with cancer in the colon or rectum, you may find it helpful to read our booklets *Understanding colon cancer* or *Understanding rectal cancer*.

**How reliable are colonoscopy results?**

Although having a colonoscopy is the best way to diagnose bowel cancer, there’s a very small chance that the specialist won’t see a cancer during the procedure. This may happen in around 1 out of every 20 people (5%). This can happen because the bowel wasn’t completely empty, or the colonoscopist wasn’t able to pass the colonoscope through the whole length of the bowel. Rarely, it can happen because the specialist missed the cancer during the investigation.

If you’re concerned about the results of your colonoscopy, particularly if you have ongoing symptoms, you should discuss this with your GP.
CT colonography

CT (computerised tomography) colonography is a newer test that is also called virtual colonoscopy. If you need one, you may have to travel to a specialist centre. Your doctor or nurse can give you more information about this test.

Instead of having a colonoscope put into your bowel, a computer uses CT scanning images to examine your bowel. A CT scan takes a series of x-rays, which builds up a three-dimensional picture of the inside of the body. The CT scan uses a small amount of radiation, which is very unlikely to harm you and won’t harm anyone you come into contact with.

The preparation is similar to having a colonoscopy, so you’ll be asked to drink fluids and take a laxative a day or so before the scan. CT colonography takes place in the hospital CT scanning department and can usually be done as an outpatient.

Just before the CT scan, the doctor passes a tube into your back passage (rectum) and pumps in some air and gas (carbon dioxide). This expands the bowel and helps to give a clearer picture. You may also be given an injection of a dye, which allows areas of the bowel to be seen more clearly. This may make you feel hot all over for a few minutes.
It’s important to let your doctor know if you’re allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

You may be given a drug called hyoscine (Buscopan®) to relax the muscle of the bowel. This can sometimes make you have blurred vision for a short time. It’s very important to tell the doctor if you have glaucoma, as this drug can make it worse.

You’ll have two CT scans – one lying on your back and one on your front. The computer then matches up the two scans to create a virtual image of the inside of your bowel.
Understanding bowel cancer screening

Barium enema

If you had an abnormal FOB test but aren’t able to have a colonoscopy or CT colonoscopy, you may be offered a barium enema instead, although these are rarely needed.

This is a special x-ray of the large bowel. It’s important that the bowel is empty so that a clear picture can be seen. You’ll need to follow a special diet before the test, and your hospital will give you information about this.

During the procedure, a mixture of barium (which shows up on an x-ray) and air is passed into the back passage using a small flexible tube. It’s important to keep the mixture in the bowel until all the x-rays have been taken. The doctor can then watch the passage of the barium through the bowel on an x-ray screen and look for any abnormal areas.

A barium enema takes about 30 minutes and can be uncomfortable and tiring, so it’s a good idea to arrange for someone to travel home with you if possible.

For a couple of days after your enema, you may notice that your stools are white. This is the barium leaving the body and is nothing to worry about. The barium can also cause constipation and you may need to take a mild laxative for a couple of days afterwards.
Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk things over with a relative, close friend or one of the support organisations listed on pages 43–46. You can also talk things over with one of our cancer support specialists on 0808 808 00 00.
Benefits and disadvantages of bowel cancer screening

To help you to decide whether to take part in a bowel cancer screening programme, we’ve listed the main benefits and disadvantages.

Benefits

• Bowel cancer screening can detect bowel cancer at its earliest stage, when there is a 90% (9 in 10) chance of curing it.

• With regular screening, 16% (1 in 6) fewer people die from bowel cancer.

• Removing polyps that are discovered through screening can reduce the chances of developing bowel cancer.
Disadvantages

• Bowel cancer screening may not prevent cancer.

• You may feel embarrassed about collecting samples of your bowel motions (see pages 33).

• You may get anxious waiting for results.

• The FOB screening test, like other screening tests, may not always be reliable.

• A bowel cancer may be missed if it’s not bleeding when the FOB test is done.

• Bowel preparation can be unpleasant in the days before a colonoscopy, CT colonoscopy or barium enema.

• There are risks associated with having a colonoscopy.

• Bowel cancer can start to develop in the two years between screening tests.
Can I have bowel screening if I’m younger than the screening age but have a family history of bowel cancer?

If you’re worried about bowel cancer because of your family history, you can talk it over with your GP. They can refer you for specialist advice and monitoring outside of the screening programme.

Do I have to take part in the bowel cancer screening programme when I’m invited?

You don’t have to take part in the programme and can decline the invitation when you receive it. If you decide not to take part, you can either simply not complete the FOB kit, or contact the helpline number on the kit to explain that you don’t wish to take part. This means you won’t receive any reminder letters.

Will my diet affect the results of my samples?

It’s been suggested that certain foods, such as red meat and some vegetables, can react with the FOB test and give a false result. However, there is no clear evidence that your diet will affect the result of your FOB test and you don’t need to change your diet before collecting your samples.
What quality assurance is there?

All NHS screening programmes have strict quality assurance guidelines. All of the FOB test kits are bar coded with a unique number. Before the test kits are sent out, the bar codes are linked with a person whose records are held on the national call and recall system. This makes all FOB test kits clearly identifiable as belonging to a specific person.

Will my GP know I’m being tested?

Your GP is not directly involved in the bowel cancer screening programme, but they will be sent a copy of your results.

More commonly asked questions, and their answers, about bowel cancer screening are available on the NHS Bowel Cancer Screening Programme website. Visit cancerscreening.nhs.uk/bowel
Your feelings

You may feel frightened if you’re told you have an abnormal bowel screening result. You may immediately think you have cancer. So it’s important to remember that most people who have an abnormal FOB test result will not be found to have bowel cancer. For every 10 people with an abnormal result who are offered a colonoscopy, just one will actually have bowel cancer.

Understandably, you may find screening for bowel cancer embarrassing. Collecting the samples in the privacy of your own home will hopefully make it easier and less embarrassing for you.

If you feel that you need support, you can contact the Macmillan’s Support Line on 0808 808 00 00 or any of the organisations on pages 43–46.
How we can help you

Cancer is the toughest fight most of us will ever face. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

Get in touch

**Macmillan Cancer Support**
89 Albert Embankment,
London SE1 7UQ

**Questions about cancer?**
Call free on **0808 808 00 00**
(Mon–Fri, 9am–8pm)

[www.macmillan.org.uk](http://www.macmillan.org.uk)

**Hard of hearing?**
Use textphone
0808 808 0121 or Text Relay.

**Non-English speaker?**
Interpreters are available.

**Clear, reliable information about cancer**

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

**Macmillan Support Line**
Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. Call us on **0808 808 00 00** or email us via our website, [macmillan.org.uk/talktous](http://macmillan.org.uk/talktous)

**Information centres**
Our information and support centres are based in hospitals, libraries and mobile centres, and offer you the opportunity to speak with someone face-to-face. Find your nearest one at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres)
Publications
We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free information in a variety of formats, including booklets, leaflets, fact sheets, and audio CDs. We can also provide our information in Braille and large print.

You can find all of our information, along with several videos, online at macmillan.org.uk/cancerinformation

Review our information
Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk

Need out-of-hours support?
You can find a lot of information on our website, macmillan.org.uk For medical attention out of hours, please contact your GP for their out-of-hours service.

Someone to talk to
When you or someone you know has cancer, it can be difficult to talk about how you’re feeling. You can call our cancer support specialists to talk about how you feel and what’s worrying you.

We can also help you find support in your local area, so you can speak face-to-face with people who understand what you’re going through.
Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

Support for each other

No one knows more about the impact cancer has on a person’s life than those who have been affected by it themselves. That’s why we help to bring people with cancer and carers together in their communities and online.

Support groups
You can find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online community
You can also share your experiences, ask questions, get and give support to others in our online community at macmillan.org.uk/community
Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you’ve been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee, and help you find further support.

Macmillan Grants
Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much needed break.

Find out more about the financial and work-related support we can offer at macmillan.org.uk/financialsupport

Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – macmillan.org.uk/learnzone – which offers a variety of e-learning courses and workshops. There’s also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.
Other useful organisations

Beating Bowel Cancer
Harlequin House,
7 High Street,
Teddington TW11 8EE
Tel 0845 071 9300
(general enquiries)
Nurse Advisory Line 0845 071 9301 (Mon–Thu, 9am–5.30pm, Fri, 9am–4pm)
Email nurse@beatingbowelcancer.org
www.beatingbowelcancer.org
Provides information about bowel cancer through its helpline and website. Has an online community forum where people can share their experiences.

Bowel Cancer UK
7 Rickett Street,
London SW6 1RU
Helpline 0800 840 35 40 (Mon–Fri, 10am–4pm)
Email admin@bowelcanceruk.org.uk
www.bowelcanceruk.org.uk
Offers support to people with bowel cancer, their partners, family and friends.

Its website provides information on bowel cancer and has a list of support groups throughout the UK. Offers a helpline run by specialist colorectal nurses.

Scottish office
20 Queen Street, Edinburgh EH2 1JX
Tel 0131 225 5333
Email scotadmin@bowelcanceruk.org.uk

NHS Cancer Screening Programmes
Fulwood House,
Old Fulwood Road,
Sheffield S10 3TH
Freephone helpline 0800 707 60 60
www.cancerscreening.org.uk/bowel
Ensures that national cancer screening programmes are delivered effectively and operated efficiently. Provides information on its website about screening methods and eligibility.
Has patient information leaflets including *Bowel cancer screening: the facts*, which you can download from its website www.cancerscreening.nhs.uk/bowel/publications/the-facts.html

**Bowel Screening Scotland**  
Freephone helpline 0800 0121 833  
www.bowelscreening.scot.nhs.uk

**Bowel Screening Wales**  
Freephone helpline 0800 294 3370  
www.screeningservices.org/bsw

**Bowel Screening Northern Ireland**  
Freephone helpline 0800 015 2514  
www.cancerscreening.hscni.net

**The Bobby Moore Fund (Cancer Research UK)**  
407 St John Street,  
London WC1V 4AD  
Tel 020 7009 8881  
Email bmf@cancer.org.uk  
www.cancerresearchuk.org/bobbymoorefund  
The fund has raised over £18.8 million to date. The funds are spent on world class bowel cancer research carried out by leading scientists working across the UK.

**General cancer and support organisations**

**Cancer Black Care**  
79 Acton Lane,  
London NW10 8UT  
Tel 020 8961 4151  
Email info@cancerblackcare.org.uk  
www.cancerblackcare.org.uk  
Offers information and support for people with cancer from ethnic communities, their friends, carers and families.
Cancer Focus
Northern Ireland
40–44 Eglantine Avenue,
Belfast BT9 6DX
Tel 0800 783 3339
(Mon–Fri, 9am–1pm)
Email helpline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

Cancer Support Scotland
Shelley Court,
Gartnavel Complex,
Glasgow G12 0YN
Tel 0141 211 0122
Email info@cancersupportscotland.org
www.cancersupportscotland.org
Offers information and support to people affected by cancer. Also runs support groups, and provides counselling and complementary therapies.

Irish Cancer Society
43–45 Northumberland Road,
Dublin 4, Ireland
Tel 1800 200 700
(Mon–Thu, 9am–7pm,
Fri, 9am–5pm)
Email helpline@irishcancer.ie
www.cancer.ie
Has a freephone cancer helpline staffed by nurses trained in cancer care. You can also chat to a nurse online and use the site’s message board.

Maggie’s Centres
1st Floor, One Waterloo Street,
Glasgow G2 6AY
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org
Maggie’s Centres provide information about cancer, benefits advice, and emotional or psychological support.
Understanding bowel cancer screening

Tenovus
Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
www.tenovus.org.uk
Provides a range of services to people with cancer and their families, including counselling and a freephone helpline.

You can search for more organisations on our website macmillan.org.uk, or call our support line on 0808 808 00 00.
Further resources

Related Macmillan information

You may want to order some of the resources mentioned in this booklet. These include:

• Are you worried about bowel cancer?
• Understanding colon cancer
• Understanding rectal cancer

To order a booklet, visit be.macmillan.org.uk or call 0808 808 00 00.

All of our information is also available online at macmillan.org.uk/cancerinformation

Audio resources

Our high-quality audio materials, based on our variety of booklets, include information about cancer types and different treatments. They also give advice about living with cancer.

To order your free CD, visit be.macmillan.org.uk or call 0808 808 00 00.

Macmillan videos

There are many videos on the Macmillan website featuring real-life stories and information from health and social care professionals.

Useful websites

A lot of information about cancer is available on the internet. Some websites are excellent; others have misleading or out-of-date information. The sites listed here are considered by nurses and doctors to contain accurate information and are regularly updated:
Macmillan Cancer Support
www.macmillan.org.uk
Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate and up-to-date information on cancer and its treatment, including:

• all the information from our 150+ booklets and 360+ fact sheets

• videos featuring real-life stories from people affected by cancer and information from professionals

• how Macmillan can help, the services we offer and where to get support

• how to contact our cancer support specialists, including an email form for sending your questions

• local support groups search, links to other cancer organisations and a directory of information materials

• a huge online community of people affected by cancer sharing their experiences, advice and support.

www.cancer.gov
(National Cancer Institute – National Institute of Health – USA)
Gives information on cancer and treatments.

www.cancer.org
(American Cancer Society)
Nationwide community-based health organisation dedicated to eliminating cancer. It aims to do this through research, education and advocacy.

www.cancerbuddiesnetwork.org
(Cancer Buddies Network)
An online support group for anyone affected by cancer.

www.cancerhelp.org.uk
(Cancer Research UK)
Contains patient information on all types of cancer and has a clinical trials database.
Further resources

www.healthtalkonline.org
www.youthhealthtalk.org
(site for young people)
Contains information about some cancers and has video and audio clips of people talking about their experiences of cancer and its treatments.

www.intelihealth.com
(drug and medicines information)
Easy to use and free from medical jargon. Has patient information leaflets that can be printed off.

www.nhs.uk
(NHS Choices)
NHS Choices is the online ‘front door’ to the NHS. It is the country’s biggest health website and gives all the information you need to make decisions about your health.

www.nhsdirect.nhs.uk
(NHS Direct Online)
NHS health information site for England – covers all aspects of health, illness and treatments.

www.nhs24.com
(NHS 24 in Scotland)

www.nhsdirect.wales.nhs.uk
(NHS Direct Wales)

www.n-i.nhs.uk
(Health and Social Care in Northern Ireland)

www.patient.co.uk
(Patient UK)
Provides people in the UK with good-quality information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health and illness-related websites.

www.riprap.org.uk
(Riprap)
Developed especially for teenagers who have a parent with cancer.
Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

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With thanks to: TJ Day, Access Manager for Cancer Screening Programmes; Lee Findler, Lead Nurse; Ian Fretwell, Nurse Consultant; Mr Mark George, Consultant General and Colorectal Surgeon; Dr Helen Griffiths, Nurse Consultant; Mr Malcolm Wilson, Consultant Colorectal Surgeon; and the people affected by cancer who reviewed this edition.

Sources

Northern Ireland Cancer Screening Programmes. www.cancerscreening.hscni.net/ (accessed June 2012).
Can you do something to help?
We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

**Share your cancer experience**
Support people living with cancer by telling your story, online, in the media or face to face.

**Campaign for change**
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

**Help someone in your community**
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

**Raise money**
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

**Give money**
Big or small, every penny helps. To make a one-off donation see over.

**Call us to find out more**
0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / / 

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

27530
Cancer is the toughest fight most of us will ever face. If you or a loved one has been diagnosed, you need a team of people in your corner, supporting you every step of the way. That’s who we are.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community supporting you online, any time. The fundraisers who make it all possible.

You don’t have to face cancer alone. We can give you the strength to get through it. We are Macmillan Cancer Support.

Questions about living with cancer? Call free on 0808 808 00 00 (Mon–Fri, 9am–8pm) Alternatively, visit macmillan.org.uk
