

Bowel Cancer in England and Wales

A summary report about the management and outcomes of people with bowel cancer

Based on findings from the
National Bowel Cancer Audit



Background

Bowel cancer is the third most common cancer diagnosed in the United Kingdom.

The National Bowel Cancer Audit (NBOCA) was established to describe and compare the diagnosis, care and outcomes of patients diagnosed with bowel cancer.

This report summarises some of the key findings of the NBOCA report for 2017.

It is a document for everyone – people with bowel cancer, healthcare professionals and the general public. The full report, which contains more information regarding methods of data collection and analysis, as well as individual trust results, can be accessed at <https://www.nboca.org.uk>

How are patients diagnosed?

55%

diagnosed following GP referral

20%

diagnosed from A&E admission

15%

classified as 'other', this may be patients with a bowel cancer found by chance

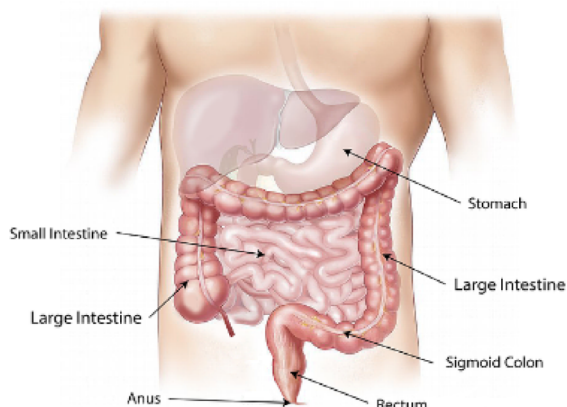
10%

diagnosed from the National Bowel Cancer Screening Programme



Patients diagnosed through the screening programme were more likely to have an early cancer and be treated with a plan to cure them

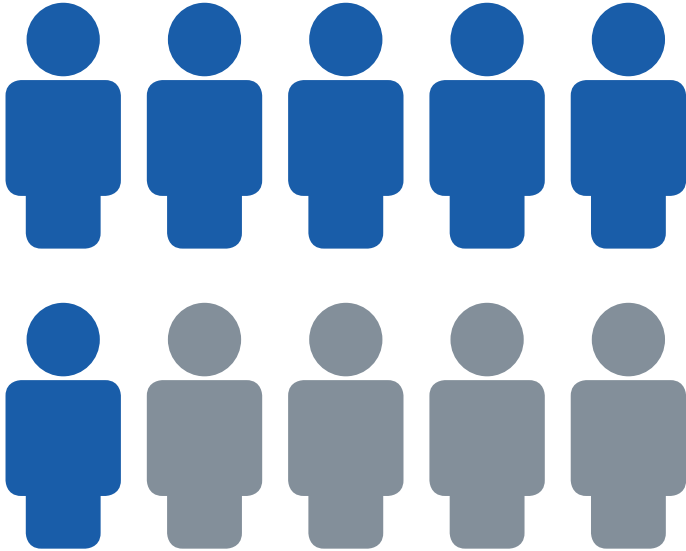
Characteristics of bowel cancer patients



- Over 30,000 patients are diagnosed with bowel cancer every year in England and Wales.
- The average age that a person is diagnosed with bowel cancer is 71 years old.
- In 7 out of every 10 patients diagnosed the cancer is in the colon (large intestine) and in 3 out of every 10 patients diagnosed the cancer is in the rectum
- In 4 out of every 5 people diagnosed the cancer has not spread beyond the bowel.

Treatment for bowel cancer patients

6 out of every 10 people diagnosed with bowel cancer have an operation to remove the section of bowel with the bowel cancer.



The reason for a patient not undergoing an operation to remove the cancer can be due to:

“Too much cancer” – advanced disease which may have spread beyond the bowel and cannot be removed.

“Too frail” – the patient may be too frail to have a major operation due to other medical conditions.

“Too little cancer” – small and early cancers may be removed from the bowel surface without a major operation

Surgery for bowel cancer

The surgical removal of bowel cancer can have excellent outcomes for patients but, like all surgery, can sometimes lead to serious complications and can occasionally put a patient’s life at risk. We assess this by measuring the number of patients alive at 90 days after their operation.

Some patients with bowel cancer may develop a blockage of the bowel. If this occurs it may be necessary for patients to have an emergency operation to remove the cancer. This type of operation has more risks than planned surgery.

98%

patients who have a non-emergency operation are alive 90 days after surgery.

both of these have improved this year

90%

patients who have an emergency operation are alive 90 days after surgery.



Over half of patients have a keyhole (laparoscopic) operation to remove their cancer.



Most patients stay in hospital for around 7 days after the operation.

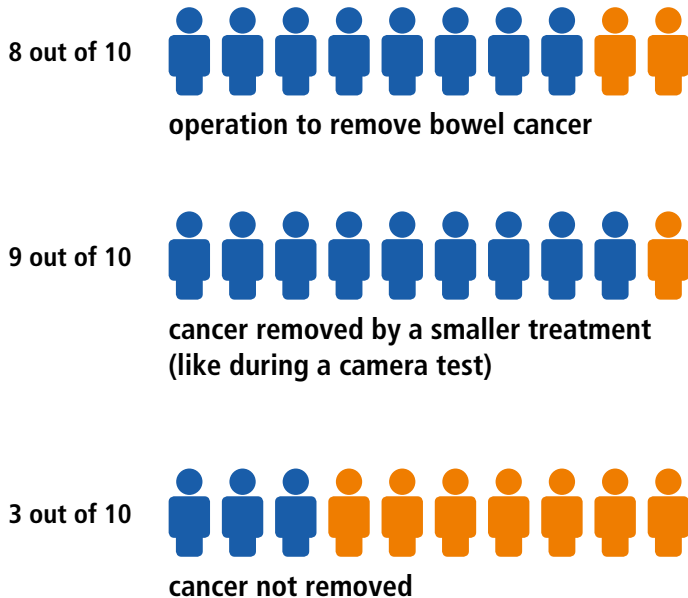


1 in 10 patients are readmitted to hospital after discharge within one month of their operation.

What is the survival two years after diagnosis?

For most patients with bowel cancer, survival and cure remain the primary concern after diagnosis. When bowel cancer comes back, it tends to do so within the first 2 years. This is why we measure 2 year survival.

2 year survival according to treatment received:



Recommendations for the public and patients

- An awareness of the symptoms of bowel cancer is important. Individuals should visit their GP if they have any concerns regarding this.
- All men and women aged 60 to 74 should take part in bowel cancer screening every two years. More information can be found at <https://www.nhs.uk/conditions/bowel-cancer-screening/> or provided from GPs.
- Further information and support for patients and carers is available via GP services and online from bowel cancer charities.
- The full National Bowel Cancer Audit Report which covers care by hospital and region, can be accessed at www.nboca.org.uk

Surgery for patients with rectal cancer

Patients with rectal cancer often have different treatment than patients with cancer of the colon. Radiotherapy, alone or in combination with chemotherapy, is often used before surgery. Patients may have a stoma formed, in some patients this may be permanent.

50%

patients with rectal cancer have an operation to remove it

80%

patients have a stoma formed around the time of the operation

40%

have radiotherapy before the operation

50%

patients still have a stoma 18 months after the operation

Explanation of terms used in the NBOCA annual 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.

Adjusted A way of reporting results that takes into account differences between the patients that each trust or region is treating. This allows comparisons to be made more fairly.

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 This is where the aim of the treatment is to cure the patient of the disease.

Hartmann's procedure An operation to remove an area of the bowel on the left hand side of the abdomen and top end of the rectum. It also involves the formation of a stoma.

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 The care given to patients 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.

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.

Trust An organisation within the English NHS, made up of one or more hospitals, and generally serving one geographical area.