

The National Bowel Cancer Audit aims to improve patient care. By looking at what is done now, the audit can suggest changes to improve care for people with bowel cancer in the future. The audit compares the care bowel cancer patients receive across England and Wales, including whether hospitals are meeting national standards.

What is bowel cancer?

Bowel cancer is the 4th most common cancer in the United Kingdom, with over 41,000 people diagnosed every year

The average age of a patient diagnosed with bowel cancer was 72 years old

7 out of 10 patients with bowel cancer have cancer of the colon, 3 out of 10 have cancer of the rectum

4 out of 5 patients diagnosed with bowel cancer do not have spread of the cancer to other parts of the body

What are the routes to diagnosis?

Screening

A tenth of patients are diagnosed through screening. It involves providing a stool sample.

GP Referral

Just over half of patients are diagnosed by their GP referring them to a bowel specialist.

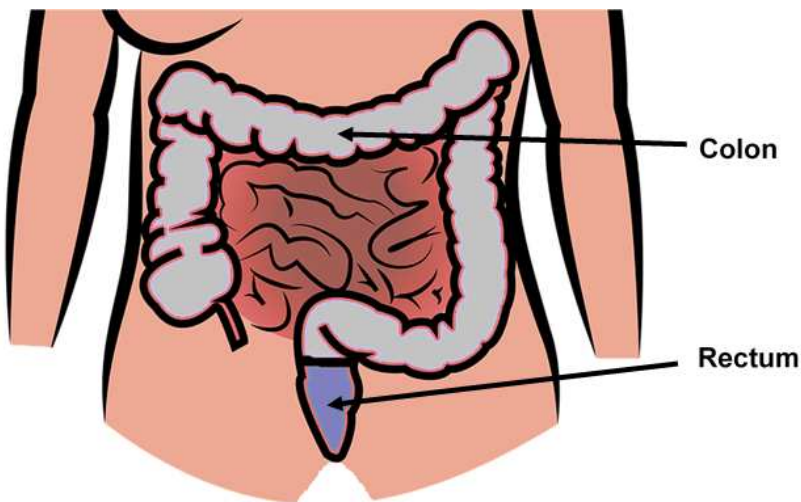
Emergency

A fifth of patients are diagnosed through an emergency hospital admission.

Other

Patients diagnosed, for example, from referrals from different specialists.

Bowel cancer includes colon cancer and rectal cancer



Non-cancerous growths (polyps) can form in the lining of the bowel. Over time, some of these polyps may develop into cancers. Once a cancer has formed, it can spread through the bowel wall and into blood vessels and lymph glands. The cancer can then sometimes spread to other parts of the body.

What difference does the route to diagnosis make?



Screening



9 in 10



GP Referral



7 in 10



Emergency



6 in 10

Patients diagnosed via screening are more likely to have their cancer found at an early stage and be cured. The numbers above show how likely patients are to be cured depending on their route to diagnosis.

How is bowel cancer treated?

Bowel cancer treatment can involve surgery to remove the section of bowel containing the cancer.

As well as surgery, many patients may also require treatment with chemotherapy and/or radiotherapy.

Treatments for colon and rectal cancer are different. Colon cancer tends to be treated with surgery with or without chemotherapy. Rectal cancer patients may have radiotherapy in addition to this.

Surgery for bowel cancer

The surgical removal of bowel cancer can have excellent outcomes but, like all surgery, is not without its risks.

Surgery can lead to serious complications and, occasionally, can put a patient's life at risk.

Length of Stay



Prolonged stays in hospital after surgery can put patients at increased risk of problems such as infections.

Keyhole Surgery



This can help with a faster recovery after surgery. The audit has shown more patients are having keyhole surgery year on year.

Readmissions



Patients may need to come back in to hospital after their surgery. This may be due to complications such as problems with their wounds.

Surgery



6 out of every 10 people diagnosed with bowel cancer have surgery to remove the tumour

Chemotherapy



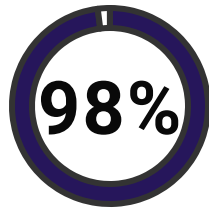
6 out of every 10 people diagnosed with bowel cancer have chemotherapy after surgery if there is cancer in their glands

Radiotherapy



4 out of every 10 people diagnosed with rectal cancer have radiotherapy with or without chemotherapy before surgery

To measure outcomes after bowel cancer surgery, NBOCA reports the number of patients who are alive at 90 days after their surgery. Some patients may require an emergency operation for bowel cancer. Emergency surgery has more risks than planned surgery.



98% of patients are alive 90 days after planned surgery



90% of patients are alive 90 days after emergency surgery

The numbers of patients alive at 90 days after both planned and emergency surgery have improved significantly over the past 5 years.



Length of Stay
Planned surgery - 7 days
Emergency surgery - 10 days



6 in 10 patients have keyhole surgery (laparoscopic)



1 in 10 patients are re-admitted within one month of their operation



What is the survival 2 years after diagnosis with bowel cancer?

For most patients, survival and cure remain the primary concern after diagnosis.

If a bowel cancer returns after treatment, this is most likely to occur within the first 2 years. This is why NBOCA measures 2-year survival.

Patients may not have surgery for these reasons:

'Too little' cancer - early cancers are sometimes removed without major surgery

'Too much' cancer - their disease has spread too far to be cured

'Too frail' - the patient is not fit enough to have surgery due to other medical problems

Surgery



8 out of 10 patients survive beyond 2 years if they have had their cancer removed by surgery

No Surgery



3 out of 10 patients survive beyond 2 years if they have not had their cancer removed

Overall



For all patients diagnosed with bowel cancer, 6 out of 10 will survive beyond 2 years.

Recommendations for patients and the public

The full NBOCA report detailing care by hospital and region is available at www.nboca.org.uk/reports/
The 2018 Organisational Survey listing the bowel cancer facilities available in every English Trust/hospital and Welsh multidisciplinary team is available at www.nboca.org.uk/reports/organisational-survey-results-2018/



If your bowel cancer is found early, your bowel cancer is more likely to be cured. Be aware of the signs and symptoms of bowel cancer and visit your GP promptly if you have concerns. You can find information about signs/symptoms of bowel cancer here: <https://www.nhs.uk/conditions/bowel-cancer/symptoms/>



You are less likely to have your bowel cancer cured if it is found as an emergency. People aged 60-74 should take part in bowel cancer screening every 2 years to help prevent this. More information can be found at www.nhs.uk/conditions/bowel-cancer-screening/ or provided by your GP. Patients aged 75+ may still be able to request screening every 2 years by contacting the bowel cancer screening helpline.



You may require more than one treatment for your bowel cancer. Speak to your healthcare team to seek advice on treatment options. Find out if your hospital has each treatment available on-site or if you would need to travel for treatment at www.nboca.org.uk/reports/organisational-survey-results-2018/.



Outcomes from bowel cancer surgery are improving. Use of keyhole surgery is increasing and you should ask your surgical team whether this is appropriate for you.

Further information:



www.nboca.org.uk



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Explanation of terms used in the Annual Report

Abdomino-perineal excision of the rectum

(APER) - an operation to remove the entire rectum and anal canal.

Adenoma - a growth from the inside of the bowel which is usually non-cancerous, but over time has the potential to develop into a cancer. For this reason, they are generally removed.

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.

Anterior resection - an operation to remove part, or all, of the rectum.

Cancer alliance - at a regional level, results in England are reported according to cancer alliance. This is a particular geographical area containing many hospitals. There are 19 cancer alliances.

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 - the aim of the treatment is to cure the patient of the disease.

ERAS (Enhanced Recovery after Surgery) – an evidence-based approach to help people recover more quickly following major surgery. Research has shown that the sooner patients get back to normal activities such as eating, drinking and walking, the quicker their recovery is.

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 involves the formation of a stoma.

Health Board - in Wales, bowel cancer services are provided by Health Boards which serve distinct geographical areas. There are 7 Health Boards. The multidisciplinary teams operate within these.

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.

Multidisciplinary Team (MDT) - at a local level, results from Wales are reported according to Multidisciplinary teams. There are 13 Welsh MDTs. An MDT is a group of bowel cancer experts based within a hospital who discuss and plan the treatment of every patient with bowel cancer. The team contains surgeons, medical doctors, nurses, radiologists and pathologists. Patients from smaller hospitals will be discussed in their closest specialist bowel MDT.

Open surgery - an operation carried out by cutting an opening in the abdomen.

Palliative care - 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.

Screening – patients aged 60-74 are invited to take part in this every 2 years. They do this by providing a stool sample. They will be invited to have a camera test of the bowel if this is positive.

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 - at a local level, results in England are reported according to Trusts. A Trust is an organisation within the English NHS, made up of one or more hospitals. There are 145 English NHS Trusts.

Type 2 objection – a request from a patient which is registered with their GP and means that personal identifiable information relating to them cannot be disseminated or published by NHS Digital. From May 2018, Type 2 objections will be replaced by the national data opt-out.

Additional reading:

Bowel Cancer UK & Beating Bowel Cancer

<https://www.bowelcanceruk.org.uk/>

Cancer Research UK

<https://www.cancerresearchuk.org/about-cancer/bowel-cancer>

NHS Choices

<https://www.nhs.uk/conditions/bowel-cancer/>

Macmillan

<https://www.macmillan.org.uk/information-and-support/bowel-cancer>