

Patient information from the BMJ Group

Bowel cancer screening

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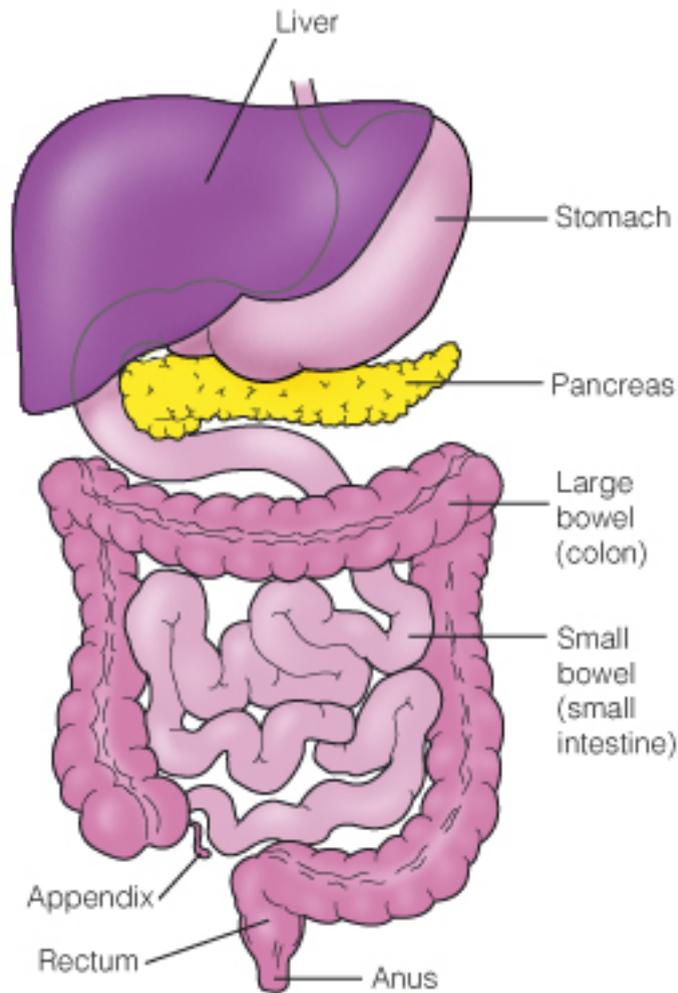
Cancer screening means looking for signs of cancer in healthy people. The idea is to find cancers before they have started to cause any symptoms. This means treatment can be started early. Bowel cancer is a serious condition, but there are good treatments. Treatment is most likely to work if the disease is found at an early stage. If you are worried about bowel cancer, you might want to have a screening test. Regular screening is now recommended in most of the UK for men and women over 60.

We've brought together the best research about bowel cancer screening and weighed up the evidence about the different methods. You can use our information to talk to your doctor and decide which screening test is best for you.

What is bowel cancer screening?

Cancer screening means looking for signs of cancer in healthy people. Bowel cancer screening can find bowel cancer early, before it starts causing any symptoms. It can also prevent bowel cancer, by finding small growths called polyps that might turn into cancer if they are not removed.

Bowel cancer screening



Your bowel is part of your digestive system.

Bowel cancer is one of the main causes of death from cancer in the UK. ^[1]

The term 'bowel cancer' includes cancers of the **colon** and **rectum**, which make up the upper and lower part of your bowel.

Bowel cancer is sometimes called colorectal cancer. The bowel turns food your body doesn't need into solid waste. The waste then leaves your body when you go to the toilet.

To find out more, see [Bowel cancer](#).

Types of screening tests

Doctors use several different tests to screen for bowel cancer. We've described the four most common tests. To learn more about these tests, see [What will happen to me during my test?](#)

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Faecal occult blood test

This is where a sample of your stool is tested for blood. It is called an **occult blood test** because blood may be hidden in your stools (the word 'occult' can mean 'hidden'). If you have blood in your stools, it might be because you have a tumour in your bowel (although there are other reasons).

Flexible sigmoidoscopy

In this test, a doctor puts a thin, bendy tube into your back passage. This allows the doctor to look at your rectum and the lower part of your bowel.

Colonoscopy

In this test, a doctor puts a thin, bendy tube into your back passage. This is pushed up your bowel so the doctor can see all the way along it.

Barium enema

In this test, a thick white liquid is put into your rectum through a tube in your back passage. Then **X-rays** are taken of your bowel.

How can screening help?

Screening is used to look for cancer at a very early stage, before it starts to cause symptoms. If your doctor suggests you have screening for cancer, it doesn't mean he or she thinks you have cancer. It means you might benefit from having the screening test, just in case you do have cancer.

The earlier that bowel cancer is found, the more likely it is to be cured. Studies show that: ^[2]

- If your bowel cancer is found after it has started causing symptoms, you have a 50 percent chance of surviving for at least five years
- If your bowel cancer is found before it has started causing symptoms, you have an 80 percent chance of surviving for at least five years.

Screening doesn't just help to spot bowel cancer early. It can prevent it. Some types of screening can show up lumps called **polyps** in your bowel. These might turn into cancer if you don't have them removed. ^[3]

Polyps are harmless (doctors call them benign) lumps of cells that can grow on the wall of your bowel. You're more likely to get them as you get older.

Most polyps never become cancerous. But some do, and bowel cancer almost always starts from a polyp. Doctors usually remove all polyps when they find them, to be safe. Most can be easily removed during a sigmoidoscopy or colonoscopy screening test.

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Screening tests don't exist for all types of cancer. When tests do exist, doctors need to be sure that their benefits are bigger than their risks before offering them to patients.

Who should have screening?

Regular screening for bowel cancer is now recommended in most of the UK for men and women over 60. People who are at high risk of bowel cancer can get tested earlier and more often.

To read more, see [Who should have screening?](#)

What are the risks?

There are some risks with the screening tests used to detect bowel cancer. These include: ^[4]

- Damage to your bowel. In rare cases, the lining of the bowel can get injured during sigmoidoscopy and colonoscopy tests
- False-negative results. This means you do have cancer, but the test doesn't find it. So you might dismiss symptoms of cancer and miss out on vital treatment
- False-positive results. This means you don't have cancer, but the test result says you do. So you get needlessly worried and have more tests or treatment that you don't really need.

Despite these risks, doctors recommend screening for bowel cancer because there is good evidence that it reduces the number of people who die from bowel cancer. ^[5]

Are you at higher risk of getting bowel cancer?

Things that increase your chance of getting a disease are called **risk factors**.

You should have a special screening plan if you have any one of these risk factors for bowel cancer: ^[12]

- Familial adenomatous polyposis. This is a rare disease that runs in families. It causes lots of polyps to grow in the bowel and makes bowel cancer more likely. If you have familial adenomatous polyposis, you should have a colonoscopy or sigmoidoscopy test every year.
- The gene for hereditary non-polyposis colorectal cancer (HNPCC). This is an inherited gene that makes bowel cancer much more likely. If you have HNPCC, you should start bowel cancer screening when you are 25, or five years before the age when your youngest affected relative got cancer, whichever is earlier. You will probably have a colonoscopy every two years.

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- A family history of bowel cancer. This means that a close relative (parent, child, brother, or sister) was diagnosed with bowel cancer before they were 45, or two close relatives were diagnosed with bowel cancer at any age. Your specialist will want you to have a colonoscopy when you are aged 35 to 45. If the colonoscopy is normal, you won't need another one until you're 55, because bowel cancer takes a long time to develop.
- Ulcerative colitis or Crohn's disease. These are long-term (chronic) diseases that cause inflammation (swelling and irritation) inside the bowel. You should have a colonoscopy every one, two, or three years, depending on how long you have had the condition.
- Polyps. If you've had polyps removed from your bowel in the past, your doctor may suggest you have a sigmoidoscopy or a colonoscopy every one to five years, depending on how many polyps you had and how big they were.
- Bowel cancer. If you have had bowel cancer in the past, your doctor may suggest you have a sigmoidoscopy or a colonoscopy every few years.

What screening tests work for bowel cancer?

Cancer screening means looking for signs of cancer in healthy people. The idea is to find cancers before they have started to cause any symptoms. This means treatment can be started early.

There are several tests that can be used to screen for bowel cancer. These can be used alone or in combination.

Most people being screened won't have cancer. So it's important that the benefits of having a screening test outweigh the risk of any harm. That's why it's important to know which tests are safest for screening.

Key points about screening tests for bowel cancer

- Screening using faecal occult blood testing helps to reduce deaths from bowel cancer.
- Screening using flexible sigmoidoscopy may stop people getting bowel cancer.
- Colonoscopy is a very good test for diagnosing cancer. But there's not enough research to say whether it's a good screening test.
- There hasn't been enough research on the other tests to show how well they work for screening.

Bowel cancer screening

We've carefully weighed up the research and divided the screening tests into three categories. You can use this information to talk to your doctor about which test is best for you.

Treatment Group 1

Screening tests for bowel cancer

Screening tests that work

- [Faecal occult blood test](#)

Screening tests that are likely to work

- [Flexible sigmoidoscopy](#)

Screening tests that need further study

- [Colonoscopy](#)
- [Combination of faecal occult blood test and flexible sigmoidoscopy](#)
- [Computed tomography colography](#)
- [Double-contrast barium enema](#)

What happens after my test?

If you get a positive result from any of these screening tests, this might make you very anxious. But a positive test doesn't mean you definitely have cancer. You will need more tests to check for cancer cells.

You'll be sent for a colonoscopy test if you get a positive result from the faecal occult blood test. ^[8]

Colonoscopy is a very thorough test for bowel cancer, because it can see the full length of the bowel. That's why doctors use it if you have had a positive result on another test.

If the colonoscopy test finds any **polyps**, these can be removed during the test. Having polyps doesn't mean you have cancer now, or that you will get it later. But bowel cancer usually starts with polyps. So you should be screened more regularly from now on.

If the colonoscopy test finds any abnormal-looking areas in the bowel, the doctor will remove a small piece of tissue during the test. Doctors call this taking a **biopsy**.

This tissue is then sent to a laboratory, where it is examined under a microscope that can show up cancer cells. ^[8]

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If the examination finds cancer cells, you will be referred to a doctor who specialises in bowel cancer.

The doctor will need to do some further tests to find out how big the cancer is and whether it has spread. This will help him or her plan the best treatment for you.^[13]

The main treatments for bowel cancer are surgery, radiotherapy, and treatment with anti-cancer drugs, which is known as chemotherapy.^[13] To find out more about how bowel cancer is diagnosed and treated, see [Bowel cancer](#) .

If you have a negative result from your test, it means the test did not find any signs of cancer. This is reassuring. But remember that no test is 100 percent accurate.

You should still see your doctor if you have any symptoms that could mean bowel cancer. These include:^[8]

- Repeated bleeding from your back passage
- Seeing blood in your stools
- A change in your bowel habits that lasts for more than six weeks. This could be loose stools and needing to go to the toilet more often, or bad constipation
- Bad pain in your tummy
- Unexplained weight loss or severe tiredness.

To learn more, see [Bowel cancer](#) .

Treatments:

Faecal occult blood test

In this section

This test looks for blood in your stools. It is called an **occult blood test** because the blood may be hidden ('occult' means 'hidden'). Bleeding is often an early sign of bowel cancer. This test can pick up tiny traces of blood that may be too small for you to notice.

^[7] To read about the test, see [What will happen to me during my test?](#)

There is good research to show that the faecal occult blood test (FOBT) works for bowel cancer screening. People who have it once a year or once every two years, with a follow-up [colonoscopy](#) if the results are positive, are less likely to die of bowel cancer.

- One summary of the research (called a **systematic review**) found that people who had FOBT screening once every two years were 14 percent less likely to die from

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bowel cancer over a 10-year period, compared with people who didn't have any type of bowel cancer screening. ^[14]

- A study of 46,000 people found that people who had FOBT screening once a year were 32 percent less likely to die from bowel cancer over a 30-year period, compared with people who didn't have any type of bowel cancer screening. ^[15] And, in the same study, people who had FOBT screening once every two years were 22 percent less likely to die from bowel cancer over a 30-year period.
- In a study of 62,000 people, there were 18 percent fewer deaths from bowel cancer in people who had FOBT screening every two years for 10 years, compared with people who had no screening. ^[16]
- In a study of more than 150,000 people, there were about 13 percent fewer deaths from bowel cancer in people who had FOBT screening every two years for 20 years, compared with people who had no screening. ^[17]

None of these studies showed that screening helped to stop people getting bowel cancer. They just showed that people who'd had screening were less likely to die from bowel cancer.

FOBT screening can give false-positive results (when the test shows you have bleeding in your bowel, but you don't). The studies we found did not look at how often this happened. But we do know that most people who have a positive FOBT will not have cancer. This is because there are lots of other medical problems that cause bleeding from the back passage. ^[8]

Research has shown that people don't always find it easy or pleasant to do this kind of home testing, which involves placing a small amount of your stool onto cards for testing. ^[18] Between 4 and 6 in 10 people taking part in these studies dropped out before the end. This may be because they found it difficult to do the testing or found it unpleasant.

Flexible sigmoidoscopy

In this section

In a sigmoidoscopy, a doctor puts a thin, bendy tube into your back passage. This allows the doctor to look at your rectum and the lower part of your bowel. The doctor can also remove any polyps, which can turn into cancer. To read more, see [What will happen to me during my test?](#)

There is quite a lot of evidence to show that this test works for bowel cancer screening. People who have a flexible sigmoidoscopy test are probably less likely to get bowel cancer or die of it.

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One large good-quality study (a randomised controlled trial) compared sigmoidoscopy with no screening in 55,736 men and women. After seven years, it found that those who'd had sigmoidoscopy were 59 percent less likely to have died of bowel cancer and 76 percent less likely to have died of the kind found in the lower bowel (the kind sigmoidoscopy would be expected to detect).^[19]

Another good-quality study with more than 170,000 people reported similar findings. After 10 to 12 years, people who'd had a sigmoidoscopy were 43 percent less likely to have died of bowel cancer than those who'd had no screening.^[20] They were also 33 percent less likely to have been diagnosed with bowel cancer in the first place, and 50 percent less likely to have been diagnosed with the kind of cancer found in the lower bowel.

We also found a smaller good-quality study comparing sigmoidoscopy with no screening in 799 people.^[21] Half the people in the study had one sigmoidoscopy test. If the test showed they had polyps, they were then given an immediate [colonoscopy](#) test. These people then had repeat colonoscopies two and six years later.

Thirteen years after the study started, the study found that:

- 2 in 400 people screened by sigmoidoscopy developed bowel cancer
- 10 in 399 people who were not screened at all developed bowel cancer.

A review of this study found that screening with sigmoidoscopy did not reduce how many people died of bowel cancer.^[22] But the study may have been too small to tell.

A bigger study followed everyone who had a sigmoidoscopy in Ontario, Canada, for seven years. The study found that people who'd had a negative result (that is, the test showed no problems) were less likely to get bowel cancer in that part of their colon during the next seven years, compared with the general population. However, they were no less likely to have cancer in the higher part of their bowel. Sigmoidoscopy can only find cancer in the lower part of the bowel.^[23]

Rarely, people having sigmoidoscopy have problems with the test.^[24] In a study, of 40,674 people screened with flexible sigmoidoscopy:

- Five got a torn (perforated) bowel: one from sigmoidoscopy and four from follow-up colonoscopy
- Twelve were admitted to hospital with bleeding: three from sigmoidoscopy and nine from colonoscopy.

In another study of 9,911 people having a single sigmoidoscopy test, just one person got a torn bowel. After sigmoidoscopy, 775 people went on to have colonoscopy. This caused one torn bowel and one case of serious bleeding.^[25]

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These studies also looked at how people felt about the test:

- The test was uncomfortable to at least half the people
- The test was moderately or very painful to 1 in 5 people
- The test was embarrassing to 1 in 20 people.

Some people believe that screening makes people more anxious about cancer. But one study found that people who were offered sigmoidoscopy screening and sent written information about bowel cancer were less likely to feel worried about bowel cancer than those offered no screening or information. ^[26]

Colonoscopy

In this section

For this test, the doctor puts a thin bendy tube called a colonoscope into your anus. Your doctor can look at the whole of your bowel and rectum, and remove any polyps. To read more, see [What will happen to me during my test?](#)

Colonoscopy is a very good test for diagnosing cancer. But there's not enough research to say whether it is a good screening test. We don't know whether the risk of harm from having a colonoscopy outweighs the benefits for people having screening.

There haven't been any good-quality studies that look at whether using colonoscopy for screening helps to prevent bowel cancer or reduces deaths from bowel cancer.

One summary of the research (a [systematic review](#)) found two studies that looked at whether people were likely to be harmed by having a colonoscopy for bowel cancer screening.

In one study of 3,121 people having colonoscopy, six people had serious bleeding and four others had serious complications. ^[26]

In another study of 1,994 people having colonoscopy, three people had bleeding that was so bad they had to go to the hospital's accident and emergency department. ^[22]

Colonoscopy is a very thorough test for bowel cancer, because it can see the full length of the bowel. That's why doctors use it if you have had a positive result on another test. ^[3] But the most thorough test is not always the best test to use for screening large numbers of healthy people.

More studies need to be done before we know whether the benefits of using colonoscopy for screening are worth the risks of harm.

Combination of faecal occult blood test and flexible sigmoidoscopy

In this section

We know that a [faecal occult blood test](#) and [flexible sigmoidoscopy](#) work well when they are done separately.^{[14] [21]} But we don't know whether they help to prevent bowel cancer or cut deaths from bowel cancer when used together.

There hasn't been any good-quality research comparing having a combination of these two tests with having no screening at all. And we don't know whether using them together is better or worse than using them separately.

The problems with the tests used separately are also likely to apply to using them together. These include:

- A false-positive result (when the test says you have cancer but you don't)
- A small chance of damage to your bowel.

Computed tomography colography

In this section

This test uses a computer to build a picture of the inside of your bowel from scans. To read more, see [What will happen to me during my test?](#)

We don't know whether computed tomography colography works for bowel cancer screening. There haven't been any good-quality studies to show whether it helps prevent bowel cancer or reduces deaths from bowel cancer.

One summary of the research found that this test's effectiveness in detecting polyps (which may become cancerous in the future) depended on how big the polyp was. It detected just under half of polyps less than 6 millimetres (mm for short) across and more than 8 in 10 of those bigger than 9 mm across.^[27] But this research looked at how well this test worked in people who were at a high risk of getting bowel cancer. If you are not at high risk, the results may not apply to you.

Another summary looked at studies for screening people at average risk of bowel cancer.^[28] It said that computed tomography colography may be as good as [colonoscopy](#) for finding cancers 10 mm (1 centimetre) or bigger. But it might not pick up smaller cancers. The review said we need more research to be sure that the benefits of this test outweigh the potential risks.

Double-contrast barium enema

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In this section

This is when doctors take X-rays of the whole bowel, after putting a liquid called barium in the bowel to make things easier to see. To read more, see [What will happen to me during my test?](#)

We don't know whether double-contrast barium enema works for bowel cancer screening. There haven't been any good-quality studies to show whether it helps to prevent bowel cancer or reduces deaths from bowel cancer.

One summary of the research found that the test detected between 62 percent and 100 percent of bowel cancers.^[29] But this research looked at how good the test was in people who were at a high risk of getting bowel cancer. If you are not at high risk, the results may not apply to you.

Further informations:

What will happen to me during my test?

Doctors use several tests to screen for bowel cancer. These can be used alone or in combination. We've summed up what happens in these tests. You can use this information to talk to your doctor about which test is best for you.

Digital rectal examination

This is the simplest test. It is often part of a routine physical examination. The doctor puts on latex gloves and then places a finger into your rectum, the part of your bowel nearest to your back passage, to feel if any of it is unusual.

The test is usually quick and painless, although it can be uncomfortable and some people find it embarrassing. It can only find problems in the lower part of your rectum.^[6] This is not recommended as a screening test.

Faecal occult blood test (FOBT)

This test looks for blood in your stools. It is called an **occult blood test** because blood may be hidden in your stools (the word 'occult' can mean 'hidden'). Bleeding is often an early sign of bowel cancer. This test can pick up tiny traces of blood that may be too small for you to notice.^[7]

You do the test at home, using a special kit. You place a small amount of your stool onto test cards. Then you return the cards to the screening centre so they can be checked for traces of blood.^[8]

There are no health risks with this test. But most polyps and some cancers don't bleed. So, an FOBT will not find all cases of cancer.^[6]

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Sometimes the test comes up with a false positive result. This means that the test finds blood, but you don't have cancer. This is because bleeding can be a sign of many other health problems, such as piles (haemorrhoids).^[7] Most people who get a positive result for an FOBT don't have bowel cancer.^[8]

Flexible sigmoidoscopy

For this test, the doctor puts a thin bendy tube (a **sigmoidoscope**) into your back passage and part way up your bowel. A light inside the tube lets the doctor see inside your rectum and the lower part of your bowel.^[7]

The test is usually carried out in a hospital outpatient department. Before the test you will need to empty your lower bowel completely. You may be given a **laxative** to help. Or you may have an **enema**. If you have an enema, a nurse will run some fluid into your rectum through a tube in your back passage. This will clear out your bowel.^[7]

You then lie on a couch on your side while the doctor slides the sigmoidoscope into your back passage. Once the tube is in, air is pumped into your bowel, which helps the doctor see the wall of your bowel more clearly.^[7]

During the test, the doctor can remove any polyps and collect samples of any cells that look unusual to examine later.^[3]

This test is usually painless, but it can be a bit uncomfortable. It only lets the doctor see your rectum and the lower part of your bowel. The doctor won't be able to see any problems in the upper part of your bowel.

There is a very small chance that the sigmoidoscope might damage the lining of your bowel. This might make it bleed.^[6]

Combination of FOBT and flexible sigmoidoscopy

Some doctors like to use an FOBT and flexible sigmoidoscopy in combination, to increase the chance of finding polyps and cancers. But this combined screening test isn't done routinely in the UK.

Colonoscopy

For this test, the doctor puts a thin bendy tube called a colonoscope into your back passage. It's longer than a sigmoidoscope, so it can go further into your bowel. Your doctor can look at the whole of your bowel and rectum.^[3]

Colonoscopy is also used as a follow-up test if your doctor finds any problems during one of the other screening tests.^[3]

The test is usually carried out in a hospital outpatient department. It takes about one hour.^[7]

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Your whole bowel needs to be empty before this test. You will be given a list of things to do to empty your bowel.

You may need to: ^[7]

- Stop taking iron tablets, if you take them
- Not eat solid food for two days before the test
- Drink plenty of clear fluids, such as water
- Take laxatives (drugs that make you empty your bowels).

Just before the test, you will probably be given painkillers and a medicine to make you sleepy (a **sedative**). This is to make the test less uncomfortable. If you don't want to take a sedative, you need to talk to the doctor beforehand. ^[7]

You lie on your side while the doctor slides the tube through your back passage and up into your bowel. The light inside the tube helps the doctor to see any problem areas or swelling. ^[7]

During the examination, the doctor can remove any polyps and collect samples of any cells that look unusual to examine later. ^[3]

You should be able to go home a couple of hours after the test. You shouldn't drive for a few hours after taking a sedative, so you may need someone to drive you home. ^[7]

Colonoscopy is a very thorough test for bowel cancer, because it can see the full length of the bowel. That's why doctors use it if you have had a positive result on another test. But it may not find all small polyps and cancers.

There is a very small risk that the colonoscope will tear the bowel wall. ^[6] This happens in only 1 in every 800 tests. But it can be serious. If it happens, you need an emergency operation to repair your bowel wall and strong antibiotics to fight any infection caused by the injury. ^[7]

Double-contrast barium enema

This is when doctors take X-rays of the whole bowel, using a liquid that makes things easier to see on X-ray.

A nurse will pass a thick white liquid into your rectum through a tube. The liquid contains a chemical called barium. The barium sticks to the lining of your bowel and helps it show up more clearly on the X-ray. You have to hold the liquid inside your rectum until the X-rays have been taken. ^[7] The test is normally done in a hospital outpatient department.

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You will need to empty your bowels beforehand. You'll need to: ^[7]

- Take laxatives the day before the test
- Drink lots of fluids the day before the test
- Not eat solid food the day before the test
- Not eat or drink anything on the morning of the test, until you have had the test.

After the test you may be **constipated**, which means you find it difficult to pass stools. Your first couple of stools after the test will be white. This is nothing to worry about, and things will return to normal after the white liquid is out of your body. ^[7]

This test lets the doctor see your whole bowel. It can be uncomfortable and tiring, but it doesn't harm your bowel. But it may not find some small polyps and cancers. Sometimes it gives **false-positive** results (this means you don't have cancer, but the test results say you do). With this test, the doctor can't remove polyps or take away abnormal-looking cells to examine later. ^[6]

Computed tomography colography

This is a newer test that is sometimes used instead of the double-contrast barium enema test. But it is not yet available everywhere. Other names for it include virtual colonoscopy and computed tomographic colography.

It uses a computer to put together scans to build up a picture of the inside of your bowel.

You have to empty your bowel beforehand, just as you do for the barium enema. A little air is pumped into your bowel to show up the bowel wall more clearly, and then pictures of the bowel are taken with a computed tomography scanner. ^[7]

This test may be less uncomfortable than a colonoscopy or a barium enema, and it doesn't harm your bowel. But the doctor can't remove polyps or abnormal-looking cells during the test. ^[6]

Faecal immunochemical test

This is a newer kind of home testing kit for blood in stools. The faecal occult blood test (FOBT) looks for any blood in your stool. This test looks for a particular type of blood that is more likely to mean cancer. However, like the FOBT, it can only find cancers that are bleeding. ^[9]

This test is not recommended in the UK.

Who should have screening?

Regular screening for bowel cancer is now recommended in most of the UK for men and women over 60. People who are at high risk of bowel cancer can get tested earlier and more often.

In England, people aged 60 to 74 years are offered screening every two years, using a home test that looks for traces of blood in the stools.^[10] This is called a **faecal occult blood test** (FOBT for short). To learn more about it, see [What will happen to me during my test?](#)

In Scotland, men and women aged 50 to 74 are offered FOBT screening every two years.^[8] In Wales, those aged 60 to 74 are offered this screening, although the programme hopes to start screening from age 50 in the next few years. In Northern Ireland, the current age range is between 60 and 69.^[10]

If you are not covered by these screening programmes, you could choose to pay for screening at a private health clinic. But it is a good idea to check out the clinic with your GP first.^[11]

These screening programmes are for men and women who have an average risk of getting bowel cancer. This means they have no health problems or family history that puts them at higher risk of bowel cancer. Men and women at higher risk are screened earlier, and usually more often.

In England, a test to examine the rectum and lower bowel is gradually being added to the screening programme. This one-off test, called a flexible sigmoidoscopy or bowel scope, will eventually be offered to all men and women aged 55. FOBT screening will continue to be offered as before.^[12]

Glossary:

colon

Your colon is the first 2 metres (6 feet) of your large intestine. During digestion, food travels from your stomach to your small intestine and then to your large intestine. What's not digested then leaves your body as a stool.

rectum

The rectum is the last 15 to 20 centimetres (six to eight inches) of the large intestine, ending with the anus (where you empty your bowels from).

X-ray

X-rays are pictures taken of the inside of your body. They are made by passing small amounts of radiation through your body and then onto film.

polyp

A polyp is a growth that is found inside your body.

laxative

Laxatives are medicines that empty your bowels by making you go to the toilet more often than usual.

enema

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An enema is liquid that is poured into the rectum to clean it out. Many people find it uncomfortable and embarrassing, but it helps a doctor to see the inside of the bowels.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

biopsy

Biopsy is when doctors remove some tissue from a part of your body, so that it can be examined under a microscope.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

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