

# Bowel Screening in CF

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# Growing Older with CF

What is changing?

Increasing number of Adults with CF

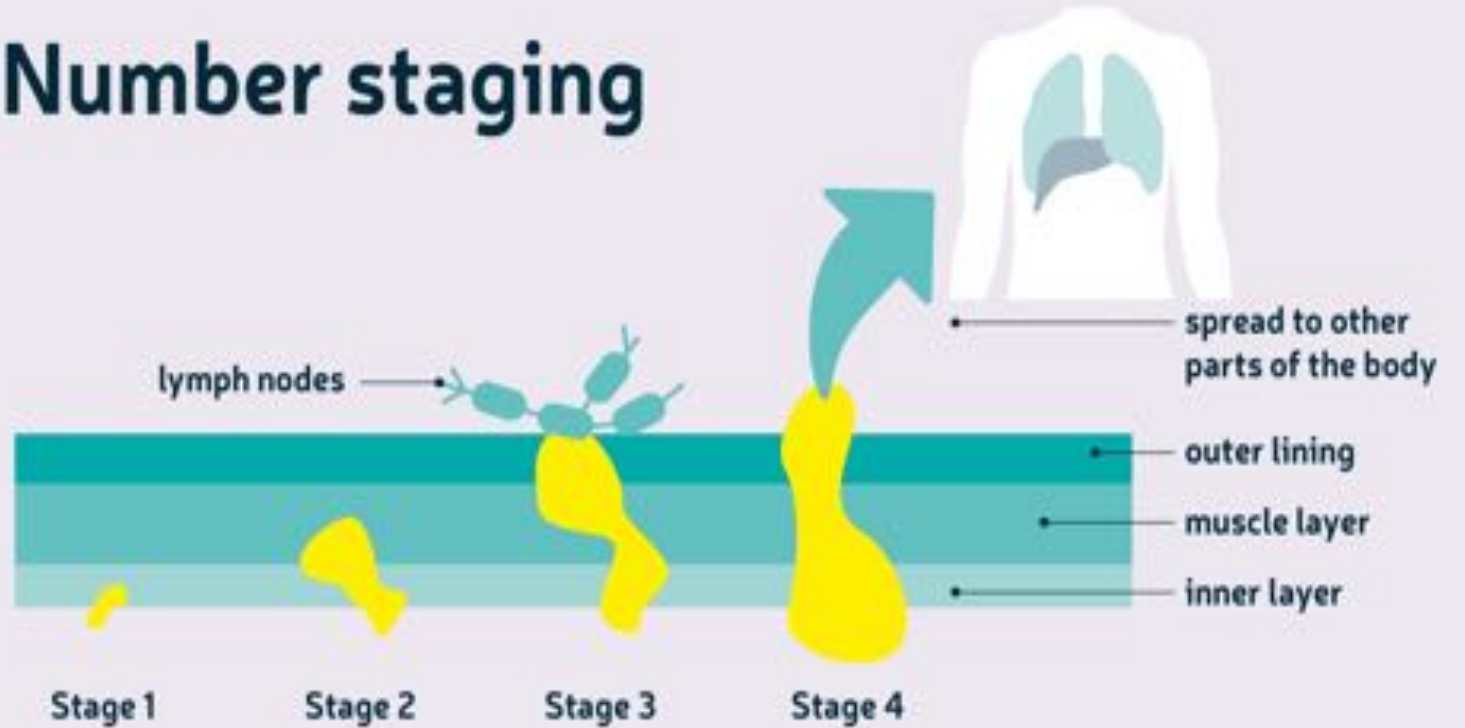
New medications

Improved infection control management

Increased occurrence of diabetes, obesity, renal failure, cancer

# What is Bowel Cancer?

## Number staging



## Why screen for Bowel Cancer Specifically?

- Around 42,900 people are diagnosed with bowel cancer in the UK each year. It is the 4th most common cancer in the UK
- It is estimated that, in the EU bowel cancer accounted for 12.7% of all new cancer diagnoses and 12.4% of all deaths due to cancer
- The average lifetime risk for colorectal cancer is approximately 1 in 15 for men and 1 in 18 for women born after 1960 in the UK

## Bowel cancer and CF

For adults with cystic fibrosis,  
this risk of developing colorectal  
cancer is 5-10 times higher

Solid organ transplant recipients  
this number is significantly  
higher 25%-30%

# Risks and Causes

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Diet – Eating too much red and processed meat, diabetes

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Being overweight or obese – increasing in CF population since modulator therapy

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Exercise – Increase in physical activity can actively reduce bowel cancer risk

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Smoking and Alcohol

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Age – CF population are living longer

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Family History - inherited conditions

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Ulcerative Colitis/Previous Cancer/polyps

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**Additional risk factors for CF population – DIOS, GORD, CFRD, Dietary changes and enzymes, chronic infection and inflammation**

# Routine screening – what is offered to the general public?

- More than 9 out of 10 people who develop bowel cancer in the UK are over the age of 50.
- In the UK and in Europe it is recommended screening for colorectal cancer in men and women should occur between the ages of 50-74.
- Routine screening occurs with faecal occult blood testing kits.
- Those at an increased risk have their screening with a colonoscopy.
- The But what about our CF patients?.....

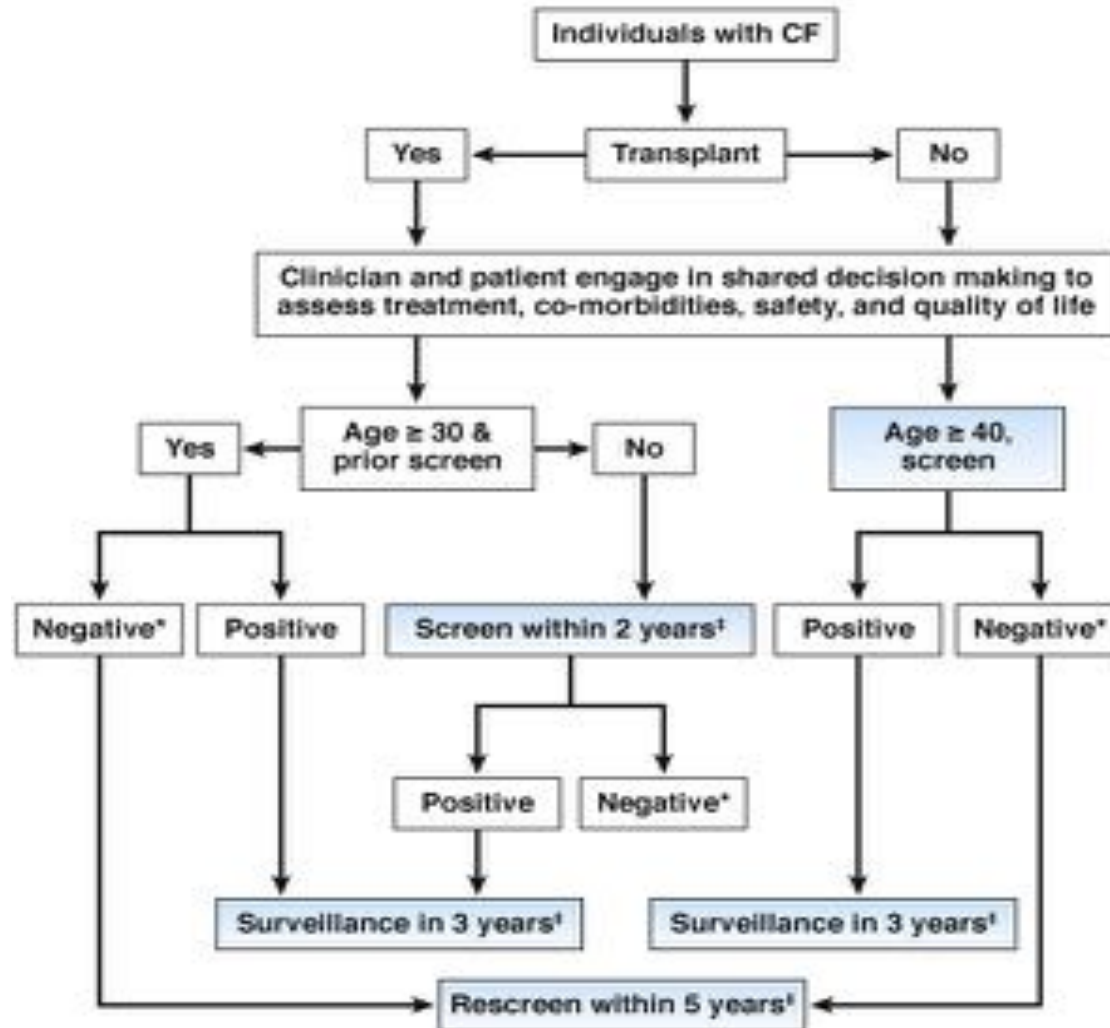


## Routine Bowel Screening in CF – Consensus recommendations

- Shared decision
- Jointly managed by CF team and endoscopist
- Colonoscopy is recommended in CF screening
- Evidence is insufficient to recommend CT colonography, stool based tests, or flexible sigmoidoscopy for the purpose of colorectal cancer screening
- Colorectal screening should begin at age 40 with continued re-screening every 5 years
- Evidence of adenomatous polyps have surveillance colonoscopy in 3 years, unless a shorter interval is indicated by individual findings, with subsequent intervals based on the most recent endoscopic examination
- Post transplant begin colorectal screening after 2 years of transplantation except when they have had a negative colonoscopy within the past 5 years
- Post transplant screening every 5 years
- Evidence of adenomatous polyps have surveillance colonoscopy every three years, unless a shorter interval is indicated
- CF patients should receive intensive regimens for bowel preparation to allow for optimal examination



# Cystic Fibrosis Colorectal Cancer Screening Consensus Recommendations *Clinical Decision Support Tool*



# Reasons why not to screen








Cost effectiveness



Patient choice

## Knowing the symptoms of bowel cancer could save your life

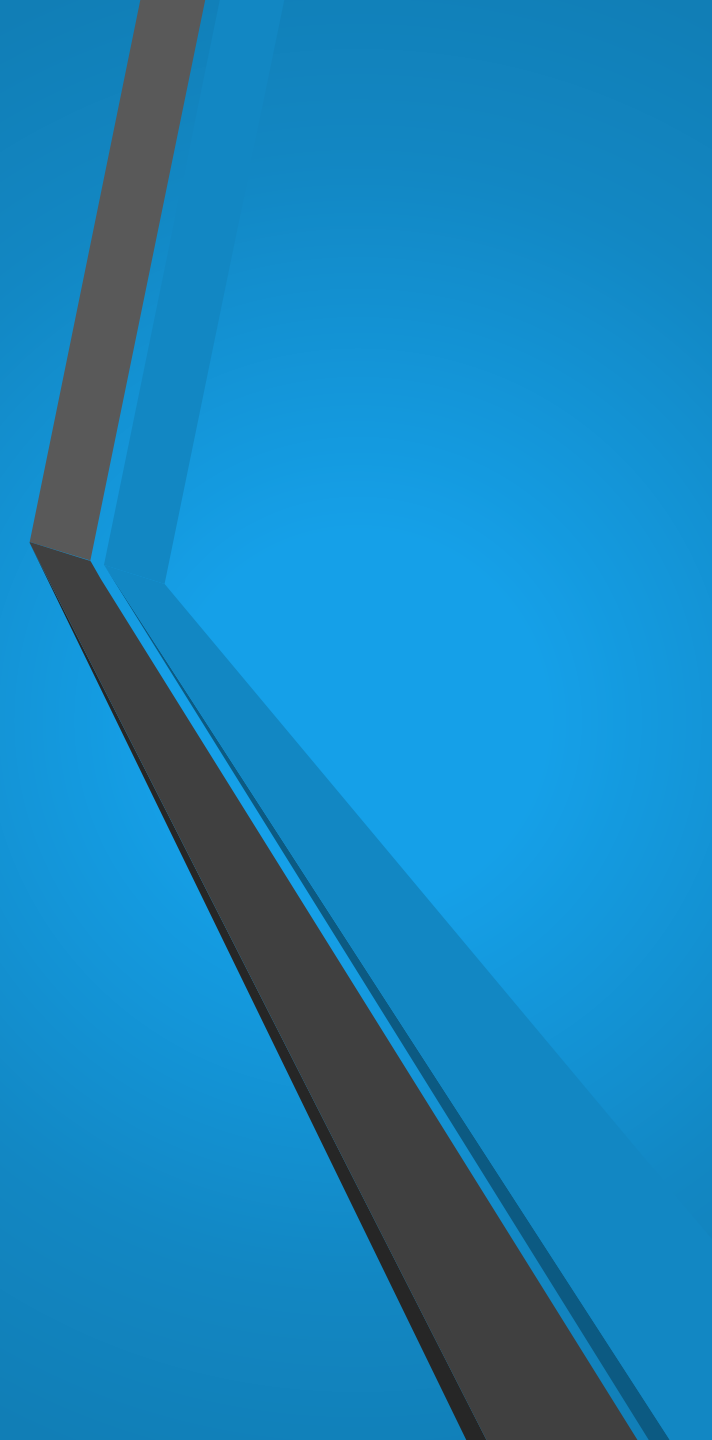
-  Bleeding from your bottom and/or blood in your poo
-  A persistent and unexplained change in bowel habit
-  Unexplained weight loss
-  Extreme tiredness for no obvious reason
-  A pain or lump in your tummy

If you have any concerns or if things just don't feel right, go and see your doctor.

# Symptoms of Bowel Cancer

What Else  
Could it be?

- **Constipation**
- **Diarrhoea**
- **Piles (haemorrhoids)**
- **Anal fissures**
- **Irritable bowel syndrome (IBS)**
- **Diverticular disease**
- **Crohn's disease**
- **Ulcerative colitis**










## Nursing assessment – How to ask about poo?

How are your bowels?

- Normal
- Ok
- No problems

# How to REALLY ask about poo.....

1. When was your last bowel movement?
2. How frequently do you have a bowel movement?
3. What is the consistency of the bowel movement?
4. Do you have any diarrhoea or constipation?
5. Have you had any change in bowel habits?
6. Do you have any problems having a bowel movement?
7. Do you have to use laxatives?
8. Can you describe the stool?
9. What is the colour of the stool?
10. Are the stools dark, maroon-coloured, or black and tarry?

Type	Description	Image
1	Separate hard lumps, like nuts	
2	Lumpy and sausage-like	
3	Sausage shape with cracks	
4	Like a smooth soft sausage or snake	
5	Soft blobs with clear-cut edges	
6	Mushy consistency with ragged edges	
7	Liquid consistency with no solid pieces	

What is  
normal for  
you?







Any Questions?

# References

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## Group Questions

- Q1 How can the Cystic Fibrosis Specialist nurse contribute to surveillance of co-morbidities?
- Q2 Discuss your own centres policy on CFRD and bowel screening.