

Polyp Bowel Cancer

What does this leaflet cover?

It is understandable to be worried when you are told you have a polyp bowel cancer and it is normal to want to know the likelihood of it progressing. Each situation is individual and the outcome relies on a lot of different things. It can be very difficult to give definite answers to some questions, but every person's results are reviewed by a specialist multi-disciplinary team (MDT) so recommendations are made by a number of specialist doctors.

The majority of treated bowel cancer polyps are associated with an excellent outcome.

This leaflet provides you with some information to support you. It covers what a polyp bowel cancer is, how it is investigated, and the treatments available.

What is a polyp?

A bowel polyp is an abnormal tissue growth on the inner lining of the colon (large bowel) or rectum, sometimes called an adenoma. Polyps can be pedunculated (a small 'mushroom like' swelling on a stalk), or sessile (a flat or slightly raised area of abnormal tissue, also called a lesion).

Many people over the age of 50 have polyps in their colon and/or rectum without having any symptoms. The great majority of polyps are non-cancerous, also called benign, but over time some polyps can grow and some of these polyps may gradually change into a cancer.

Only a small proportion of polyps, 1 to 10%, develop into invasive bowel cancer.

What is polyp bowel cancer and how is it detected?

Bowel cancer, also known as colorectal cancer, is any cancer that affects the colon (large bowel) and rectum (back passage). It usually grows very slowly, often over many years, before it starts to spread and affect other parts of the body. Almost all bowel cancers start off as a polyp.

During an endoscopy procedure, the endoscopist may detect a polyp or a larger lesion which has one or more suspicious features that suggest it may be cancerous. In this case the endoscopist may leave the polyp in place but take a tiny sample of this tissue (called a biopsy) and send it to the Histopathologist, who will carefully check the cells under the microscope.

Alternatively a polyp may have been removed and when examined by the Histopathologist it is found to have some cancer cells within it. The amount of normal tissue seen at the base of the polyp will influence your treatment recommendations.

You may also be asked to have some staging investigations over the next few weeks.

What are staging investigations and why do I need them?

The usual staging investigations include a CT (computerised tomography) scan. If the polyp is in your rectum (your lower bowel) you may also have an MRI (magnetic resonance imaging) to get more information about the polyp. You may also have blood tests.

Staging investigations help to build up a detailed understanding of your condition, making it easier to see what treatment options are available to you.

What are the treatment options for early polyp bowel cancer?

The treatment consists essentially in removing the polyp completely (this is called polypectomy).

This can be done either surgically or endoscopically, depending on several factors, including the nature of the polyp, its size, and its location. These are being used more often to treat early cancers.

- 1 Surgery** includes a number of techniques e.g. Transanal Endoscopic Microsurgery (TEMs) or Transanal Minimally Invasive Surgery (TAMIS), and is done under general anaesthetic by a specialised surgeon. This technique only applies to rectal polyps.
- 2 Endoscopic** removal may also include a number of techniques e.g. Standard Snare Polypectomy, Endoscopic Mucosal Resection (EMR) or Endoscopic Submucosal Dissection (ESD). EMR and ESD are usually performed by a specialist endoscopist and may be used for polyps in both the colon and rectum. There is no need for a general anaesthetic. You will be conscious but have sedation and pain killers.

However, many early cancers are difficult to remove by these techniques, perhaps because they are large or in an awkward position. If this happens, the endoscopist may decide not to try and remove it at that time but to re-assess, arrange specific tests and plan what needs to be done later.

When a polyp cancer has been removed by any of the above techniques, the specialist multidisciplinary team will review the biopsy, along with any other investigations. They will make their recommendation regarding follow up or further treatment and a follow-up plan will be discussed with you.

What are the other treatment options?

- **Bowel resection.** A bowel resection is when part of the bowel is removed. This is major surgery and will need a general anaesthetic. If this is recommended you will be given more information about it by your surgeon and Nurse Specialist.
- **Watch and wait (surveillance).** You may be advised or choose not to have any local removal of the polyp cancer or have major surgery but instead be kept under surveillance. This may involve having regular colonoscopies or flexi-sigmoidoscopies; it may also include having CT or MRI scans to check on the growth of the polyp and monitor any changes over time. Your Specialist team will advise you.
If the cancer should become bigger or start to cause problems you can always re-discuss the option of surgery or other treatments. These will depend on where the cancer is in the bowel, and on your general fitness.
- **Radiotherapy and chemotherapy.** These treatment techniques are not often used for polyp cancers.

However, they are sometimes considered and you will be able to talk to a specialist team about it, if this is an option for you.

What will the follow up be after treatment?

After the treatment for polyp bowel cancer, the study of the biopsy will indicate whether any follow up monitoring is necessary.

After polypectomy, TEMS, TAMIS, EMR, ESD or a bowel resection at Brighton and Sussex University Hospitals, we normally offer our patients with polyp cancers a five year follow-up programme. This is offered to patients who would go on to have more radical treatment

should their polyp cancer come back. The type of follow-up will also vary depending on the staging and features of your polyp cancer.

Your follow-up may consist of:

- Regular colonoscopies/flexible sigmoidoscopies to look inside the bowel.
- CT scans to make sure that the cancer has not spread.
- MRI scans (this may only be recommended if your polyp cancer was found in your rectum.)
- Blood tests.

Where can I get further help and support?

Contact your healthcare professionals in the first instance if you have any concerns.

You can also contact:

The Macmillan Bowel Cancer Team on: 01273 696955 or 67658

For further information you may also find it useful to contact one of the charities listed below. You may be able to talk to a nurse advisor, or request information about any aspect of your disease.

- Cancer Research UK: www.cancerresearchuk.org
- Bowel Cancer UK: www.bowelcanceruk.org.uk
- Macmillan Cancer Support: www.macmillan.org.uk
- Bowel Cancer Screening: [www.nhs/conditions/bowelcancer screening](http://www.nhs/conditions/bowelcancer/screening)

If you are not in a follow up programme and within the Bowel Cancer Screening age range (60-74) we would recommend completing the test kit when it is sent to you.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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