

# Gastro-Intestinal Cancer

## What you and your family need to know



FACTS YOU SHOULD KNOW

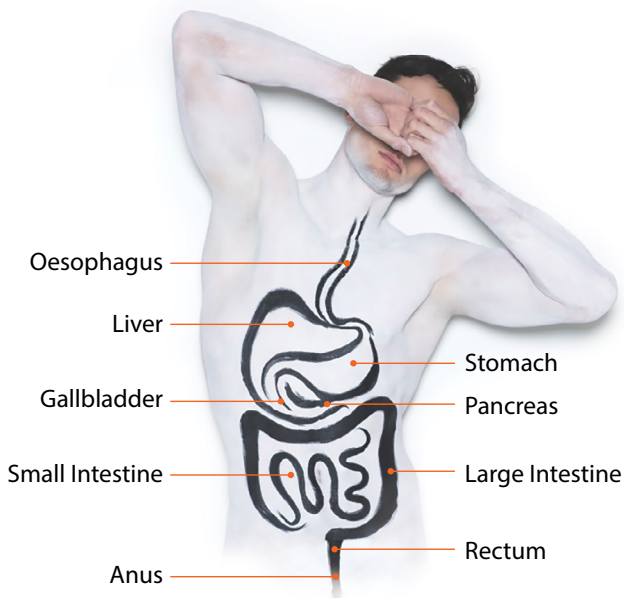


# GUT CANCER FOUNDATION

SUPPORTING  
GASTRO-INTESTINAL CANCER  
RESEARCH & AWARENESS

**WHĀNAU ORA, PAE ORA**  
FAMILY WELLNESS, HEALTHY FUTURES

## What are Gastro-Intestinal Cancers?



**NOT TO BE  
IGNORED.**

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## Our role

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The Gut Cancer Foundation is New Zealand's only independent, non-government, not-for-profit organisation with the specific aim of raising funds to carry out clinical research, primarily clinical trials, to test and improve treatments for gastro-intestinal (GI) cancers: oesophagus, stomach, liver, pancreas, gallbladder and bile duct as well as the bowel (including rectum and anus).

This group has been working to improve treatments for people with GI Cancers and to also raise public awareness of the high incidence of this group of cancers since 2008.

Our Scientific Advisory Committee (SAC) undertakes the critical review of clinical research, trials and fellowships making recommendations to the Gut Cancer Foundation for funding. The SAC also monitors the progress and evaluation of approved grants.



## Benefits of clinical research

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Our clinical research, trials and fellowships make a difference in the following ways:

- Helping people with a GI Cancer access the latest treatments
- Delivering significant findings that will improve future treatments
- Providing information that influences the direction of best practice
- Keeping valued health researchers in New Zealand building GI Cancer workforce capacity

Recent and current GI Cancer research, trials and fellowships examined include:

- Effectiveness of latest chemotherapy and radiotherapy treatments in different combinations
- Individual targeting and refinement of treatments for particular patients for best results
- Testing of treatment options both before and after surgery
- DNA marker testing for pancreatic cancer patients' journey
- Best ways of prolonging survival and minimising side-effects to improve quality of life

## What is Gastro-Intestinal Cancer?

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Gastro-intestinal (GI) cancer is a term for the group of cancers that affect the digestive system. These include cancer of the oesophagus, stomach, gallbladder and bile duct, liver, pancreas, bowel, rectum and anus.

Gastro-intestinal cancer is New Zealand's most common group of cancers with approximately 5,250 new diagnoses each year, or 14 people every day. GI Cancers in New Zealand cause more than 2,900 deaths a year - 8 each day. This is more than the combined total of breast and prostate cancer.

## New Zealand statistics

### Low survival rates

Survival rates for GI Cancers remain unacceptably low. The average five year survival rate for GI Cancer is just under 50%. The outlook for some GI Cancers is much worse as low as 6% for pancreatic cancer.

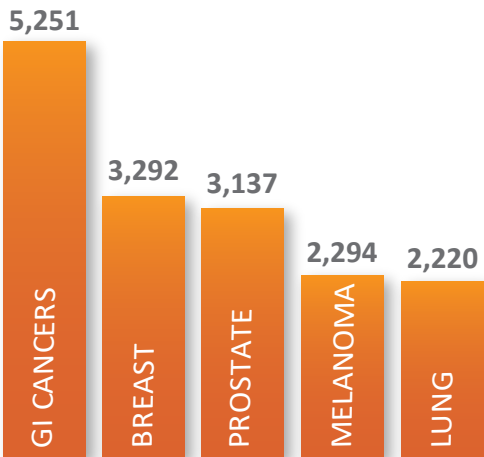
### 5,251 New Zealanders were diagnosed with GI Cancer in 2014

*(Ministry of Health, 2014)*



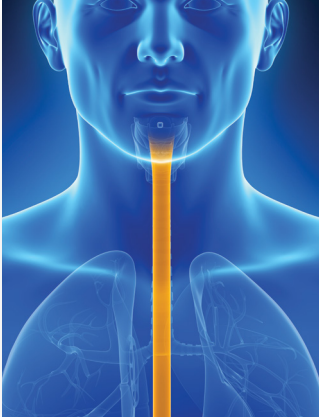
### GI Cancer incidence (people diagnosed)

*(Ministry of Health, 2014)*



# Types of Gastro-Intestinal Cancers

## Oesophageal Cancer



The oesophagus is the food pipe that carries food from your mouth to your stomach. The oesophagus has three main sections –the upper, middle and lower. Cancer can develop anywhere along the length of the oesophagus.

Glands in the wall of the oesophagus produce mucus to help food

slide down more easily when swallowing. These glands can become cancerous to produce adenocarcinoma of the oesophagus, which is the most common type of oesophagus cancer seen in Western countries (the other most common type is squamous cell carcinoma).

There are around 270 new diagnoses of oesophageal cancer each year in New Zealand.

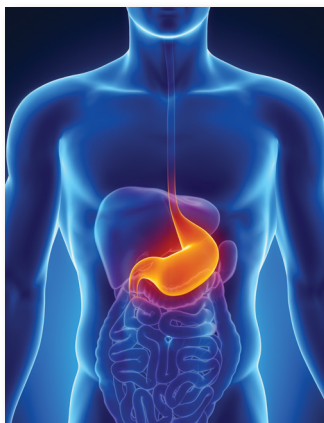
### *Symptoms:*

- Difficulty swallowing
- Heartburn
- A persistent cough
- Hoarseness
- Weight loss
- Tiredness

### *Useful websites:*

[www.cancervic.org.au](http://www.cancervic.org.au) go to 'cancer information' then 'oesophagus cancer'

## Stomach Cancer, GIST and NETS



The stomach is a muscular sack-like organ that receives and stores food from the oesophagus. Once the food is broken down, it is passed from the stomach to the small bowel, where nutrients begin to be absorbed into the blood stream.

Most stomach cancers develop in cells that line the mucosa and are called adenocarcinoma of the stomach. Stomach cancer (also known as gastric cancer) develops slowly. It may take many years before any symptoms are felt.

Around 400 people are diagnosed with stomach cancer each year. This includes a small number of people with gastro-intestinal stromal tumours (GIST) and neuroendocrine tumours (NETs). NETs are found in the stomach but can appear elsewhere in the digestive system. Their symptoms and progress vary widely.

### *Symptoms:*

- Indigestion
- Early fullness after eating
- Anaemia and tiredness
- Loss of appetite

### *Useful websites:*

[www.unicornfoundation.org.nz](http://www.unicornfoundation.org.nz) (neuroendocrine tumours)  
[www.cancervic.org.au](http://www.cancervic.org.au) go to 'cancer information' then 'stomach cancer'



## Liver Cancer

The liver is a key organ in the body. It produces bile, which breaks down the fats in food so that they can be absorbed from the bowel. The liver helps process fats and proteins. It also stores glycogen which is made from sugars to fuel the body and has a role in blood clotting. It also helps to process alcohol, some medicines, toxins and poisons to remove them from the body.



Around 350 people are diagnosed with primary liver cancer in New Zealand each year. These cancers arise from liver cells that have become malignant.

Secondary liver cancer originates from cancers in other organs such as the colon or rectum spreading (metastasising) to the liver. This will occur in about 40% of people with advanced bowel cancer.

### *Symptoms:*

- Abdominal swelling
- Tiredness
- Weight loss
- Loss of appetite
- Pain
- Jaundice (yellowing of the skin and eyes)

### *Useful websites:*

[www.cancervic.org.au](http://www.cancervic.org.au) go to 'cancer information' then 'liver cancer'

## Pancreatic Cancer



The pancreas is a thin, lumpy gland that lies between the stomach and spine. It is about 13 cm long and is joined by a special duct (the pancreatic duct) to the first part of the small bowel. The pancreas plays two major roles in the body: to produce insulin, which controls the amount of sugar in

the blood; and to produce enzymes, which help food digestion.

Pancreatic cancer begins in the lining of the pancreatic duct. When it spreads further into the pancreas it sometimes blocks the bile duct. Cancer that develops in the pancreas may also spread via the blood or the lymphatic system to other parts of the body.

If diagnosed early, cancerous tumours in the pancreas are usually removed by surgery. However, this is not always possible as the cancer is often detected after it has spread from the pancreas to outlying tissues and organs. One reason treatment is challenging is that the pancreas is very fibrous creating a natural barrier to chemotherapy.

More than 570 people in New Zealand are diagnosed with pancreatic cancer each year and rates are rising 10 to 15% each year. This is the deadliest form of cancer and urgent research is required to avoid it becoming a leading cause of death from a cancer.

### *Symptoms:*

- Jaundice, itchiness and pale coloured bowel motions due to bile duct blockage
- Loss of appetite, indigestion, nausea and vomiting

- Unexplained weight loss
- Upper abdominal pain or in side or back, often half an hour after eating
- Tiredness
- Change in bowel habits including diarrhoea, severe constipation, foul smelling pale stools that are difficult to flush away

### *Useful websites:*

[www.pancare.org.au](http://www.pancare.org.au)

[www.cancervic.org.au](http://www.cancervic.org.au) go to 'cancer information' then 'pancreatic cancer' for a webinar / video and booklet.

[www.pancreaticcanceraction.org](http://www.pancreaticcanceraction.org)

### *Pancreatic Cancer Awareness Month*

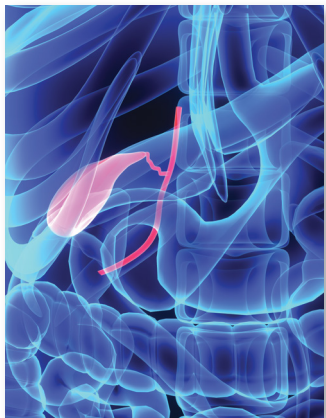
Every year the month of November profiles pancreatic cancer. Purple is the official colour. If you wish to support us you may wish to run a 'Dine In for Pancreatic Cancer' in November

[www.everydayhero.co.nz/event/DineInForPancreaticCancer](http://www.everydayhero.co.nz/event/DineInForPancreaticCancer)

## **Gallbladder and Bile Duct Cancer**

Gallbladder and bile duct cancer is cancer of the biliary tract. It affects the digestive organ that stores bile (produced in the liver). The gallbladder digests and absorbs fats in the intestines. One risk factor for cancer is gallstones.

The cancer is quite rare in Western societies but more common in Asia-Pacific countries.



In 2014, 138 New Zealanders were diagnosed with biliary

tract cancer, with half the cancers found in the gallbladder and half in the biliary tract.

Unfortunately, most people are diagnosed with biliary tract cancer once the tumour is too large to remove surgically or has spread to other areas of the body. This means that less than a third of people with the disease are eligible for surgery, with the aim of a cure. Even so, the survival rate for these people is still very low. The average five-year survival rate for all patients is only 18.5%. For those who are ineligible for surgery, chemotherapy remains the main treatment option.

#### *Symptoms:*

- Abdominal pain, most often this is in the upper right part of the abdomen
- Nausea and sometimes vomiting
- Jaundice and itchy skin
- Nausea and weight loss

#### *Useful websites:*

[www.cancervic.org.au](http://www.cancervic.org.au) go to 'cancer information' then 'gallbladder cancer'

[www.cancerresearchuk.org/about-cancer/gallbladder-cancer](http://www.cancerresearchuk.org/about-cancer/gallbladder-cancer)

## Bowel and Anal Cancer



Bowel cancer is sometimes known as colorectal cancer. The bowel is part of the body's digestive system, which connects the stomach to the anus. Together the colon (large and small intestine) and rectum are known as the bowel. Bowel cancer is a diseased growth that usually develops inside

the large bowel. Most bowel cancers develop from small growths inside the colon or rectum called polyps, which look like small spots on the bowel lining or like ‘cherries on stalks’.

Not all polyps become cancerous. A test called a colonoscopy, involving a tube inserted into the bowel, is used to test for polyps. If polyps are detected and removed, the risk of bowel cancer is reduced.

Bowel (or colorectal) cancer is the most common internal cancer in New Zealand, with over 3,390 new cases diagnosed each year. Of these, small intestinal cancer is not as common, with just over 113 cases diagnosed each year.

Anal cancer is also rare, with just under 86 new diagnoses a year.

### *Symptoms:*

- Bleeding from the bottom (rectal bleeding) without any obvious reason. Or if you have other symptoms such as straining, soreness, lumps and itchiness
- A persistent change in bowel habit going to the toilet more often or experiencing looser stools for several weeks
- Abdominal pain especially if severe
- Any lumps or mass in your tummy
- Weight loss and tiredness (a symptom of anaemia)

### *Useful websites:*

[www.beatbowelcancer.org.nz](http://www.beatbowelcancer.org.nz)

[www.bowelscreenaotearoa.org](http://www.bowelscreenaotearoa.org)

## Can GI Cancer be prevented?

The earlier it’s diagnosed, the better the chance of successful treatment, however prevention is better than cure.

The risk of developing most GI Cancers is reduced by:

- Eating a healthy varied diet with plenty of fruit and vegetables

- Eating wholegrain foods
- Eating more fish and limiting red meat
- Reducing the consumption of highly processed foods (high in fat, sugar and salt) and processed meats
- Reducing salt and salty foods
- Reducing the consumption of alcohol and not smoking
- Regular exercise and maintaining a healthy weight
- Being aware of medical conditions that may increase your risk of developing GI Cancers
- Having a better understanding of your gastro-intestinal health and learning about the way your body naturally functions so that you can recognise any changes in bowel habits
- Participate in the free Bowel Screening Aotearoa after the age of 60 years (to be rolled out throughout New Zealand by 2020).

*Useful websites:*

[www.smokefree.org.nz](http://www.smokefree.org.nz)

[www.nutritionfoundation.org.nz](http://www.nutritionfoundation.org.nz)

[www.bowelscreenaotearoa.org](http://www.bowelscreenaotearoa.org)

## What about family history?

Genetic inheritance (family history of cancer) can be a factor in some GI Cancers. In some of these cases, screening is available that may help to identify a cancer and allow surgery or treatment at an earlier stage. If you're



aware of a strong family history of GI Cancer, discuss this with your GP.

## New Zealand Familial GI Cancer Service

The New Zealand Familial GI Cancer Service is a national service funded by the Ministry of Health and has offices in Auckland, Wellington and Christchurch. There is a multidisciplinary team that specialises in the assessment and management of familial GI Cancer. The team consists of family history assessors, genetic counsellors, gastroenterologists, colorectal surgeons, oncologists and geneticists.

### What do they do?

- Offer assessment of bowel cancer risk for people with a family history of GI Cancer
- Facilitate the diagnosis of hereditary cancer by confirming the family history
- Offer surveillance recommendations
- Co-ordinate surveillance for high-risk families
- Offer specialist management advice
- Provide information for families on familial GI Cancer

### Contact

Freephone: 0800 554 555 or [NZFGCS@ADHB.govt.nz](mailto:NZFGCS@ADHB.govt.nz)  
[www.nzfgcs.co.nz](http://www.nzfgcs.co.nz)





## Being told you have a GI Cancer

Being told you have a GI Cancer leads to a wide range of reactions in different people. Many people have strong emotional and psychological responses to cancer and its treatment. There can be fear, anger, fatigue and anxiety, sometimes lasting longer than the disease or treatment.

After being diagnosed, a period of sadness is normal, combined with concern about your family and well-being. You may worry about financial or legal matters, or about your body image, work, hobbies and social life. In many cases, good listening and support may be all that is needed.

If this sadness continues and seems to overwhelm you, it may be sign of depression. It may be hard to tell whether symptoms like loss of sleep or appetite, fatigue, pain or low moods are because of the cancer or because of depression, or both. Longer-lasting symptoms of this kind, and particularly thoughts of suicide, are indicators of depression.

You should seek medical help to deal with this. Ask for advice from your medical team or Oncology centre who can refer you to specialist psychologists, or point you to sources of information. This is a good time to ensure your financial matters and Will are up to date.





*My mother has a saying,  
life will give you rain drops,  
then it will give you hail, then it  
will give you bricks.*

*Cancer was bricks for me.  
And when you get given bricks,  
you have to throw them back'.*

*Jan Robinson, GI Cancer Survivor.*

## Dealing with depression and anxiety

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As mentioned, for the main carer and family, sometimes being a sympathetic listener may be enough to help a loved one through the first stages of sadness and adjustment. Your medical team or Oncology centre may be able to come up with strategies to improve a sense of control and reduce the sense of helplessness. Otherwise resources and organisations are listed in this section.

Going through cancer can have lasting impacts on the mind and emotions of both yourself and the family. Whatever the outcome, anxiety, depression, fatigue and fear of recurrence can last for a long time afterwards. It is important to acknowledge this and for carers to be patient and supportive. However for others it is a time to re-evaluate life and put in positive changes to ensure life is enhanced.

*Useful resources and websites:*

[www.gutcancer.org.nz](http://www.gutcancer.org.nz) go to resources for personal stories

<https://cancernz.org.nz>

[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

<http://lifepaths.co.nz/book.html> for the book; 'Life, Happiness...& Cancer', by Phil Kerslake

## How to support someone with GI Cancer

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A diagnosis of cancer can be a shock for the person concerned as well as family and friends. It may take time for the person to accept the news and be ready to talk.

Support may come from family, friends, health professionals, and / or special support services. For the main carer, family and supporters, it's important to be positive and sensitive to the feelings of the person with the cancer. There can't be too much understanding and love; though sometimes a person with cancer may not want to be over-whelmed or pitied.

As new screening programs and better treatments develop, many of them thanks to clinical trials, more people are surviving GI Cancers.



## Staying informed

Whether you're someone with a GI Cancer, or supporting someone with it, try to inform yourself and your family about its symptoms, treatments, new research and ways of coping.

People are always helpful with advice and not everything you hear or read will apply. New trials may apply to some cancer types but not others. Keep discussing what you hear or read with your medical team.

**HELPFUL TIP:** Send out a weekly email update to all concerned outlining how the person and carer are coping. Outline dates and times you require help, what support is required and thank everyone for their concern while requesting calls be kept to a certain time of the day.

## Supporting the main carer

The spouse, partner or other main carer for a person with GI Cancer can sometimes try to take the whole weight of the illness on their shoulders. The main carer can also suffer fear, fatigue, confusion and other effects while trying to keep up responsibilities to a family, work or other commitments.

Having a family member with GI Cancer may mean changes to the family routines, especially to make sure no single person is left carrying the whole burden. Kids can take on extra chores and help prepare simple healthy meals. Friends and neighbours can help relieve the load with shopping and transport. People want to help and feel useful. Keep in touch with your GP and practice nurse and ask for support if required.

People often feel very abandoned once they complete their last treatment for their GI Cancer. At this time it is important to put in place strategies to cope and engage with other support services.

## Family counselling

This can offer a good chance for all members of the family to work through their emotions and problems. Ask your medical team to refer you to family counselling services or contact your local cancer society.

## Supporting the family

### Talking with the family

A cancer diagnosis in the family can cause many emotional responses in children, some of them unexpected.

Both adults and children can and do learn to cope with cancer and its treatments.

Some general suggestions:

- Don't hide the truth from children. It is best they find out from you in a sensitive way rather than in some other way might lead to far worse imaginings
- Give them straight forward, truthful information, without too much detail all at once, in words they can understand appropriate to their age
- Use some basic cancer terms and explain what they mean
- Be balanced, encourage facing the negative but working on the positive
- Be prepared to cope with a range of reactions from children. Seek professional help if needed
- Give children plenty of chances to ask questions, have them answered, and to express their feelings
- Don't be afraid to say "I don't know"
- Weekly family meetings are a good way to manage anxiety that can build up and provide an opportunity for all family members to air their concerns and have them addressed
- Keep your children informed, involved and able to feel they're being useful

Children are exposed to a lot of information about illness and health: from peers, social media and the Internet,

TV or elsewhere. Not all of this information is accurate! Ask your children what they have heard and talk to them about cancer, pointing out reliable sources of information.

They may want to know about effects of the cancer, side-effects of treatment, likely changes to family plans or routines, and the long term outlook. They need to know enough to deal with their own fears and still be able to get on with things at home, at school and with their friends. Inform the school of the situation so they can offer support when required.

## Changes at home

Having a family member with cancer can change some roles and responsibilities in the home. By taking some of the responsibilities, children can feel they are doing something to help; preparing healthy meals or doing extra chores. This can help them counter feeling powerless. Preparing healthy meals can be a good way of educating children about the importance of health eating for their future!

## Keeping well during treatment

There are many strategies that assist with keeping well at home. While undergoing treatment your immune system



will be compromised. It is important that you avoid sources of infection.

- Avoid people and children with infections
- Wash your hands well and use tissues rather than handkerchiefs. Encourage family members to do the same
- Keep away from public places that have large gatherings especially around children in the winter
- If around these places or flying in a plane wear a mask
- Avoid gardening, bags of potting mixture and plants with thorns

Rest and relaxation are essential for coping and supporting the immune system. Mind body activities such as yoga, meditation and exercise are important. Acupuncture can support energy levels. They provide a range of health benefits, both mental and physical. Research shows these activities are a recommended part of cancer treatment and recovery. Your local cancer society will likely have access to information about courses in your community.

### Keeping positive, helpful coping tips

- Balance of perspective—you see the big picture, but break it up day-by-day. What do you need to get through the day?
- Decide for yourself what will make you feel good. If you like music, listen to music. Read, walk, watch movies or TV
- When you're going through something difficult, surround yourself with positive people who will make you feel strong. You will need to lean on them, and use their strength and energy

### Managing your diet with GI Cancer

Eating well during your cancer treatment is important as it will maintain your energy level and help you stay strong. Cancer treatment affects each person differently. It can alter the way food tastes and how your body processes it. It's very important for you to speak with your doctor about your diet, as you may have special requirements.

Your doctor may also refer you to a nutritionist or dietitian who can help tailor a diet to your particular treatment and dietary needs. Here are some general guidelines for eating a balanced diet and some tips for combating common side effects of treatment:

- Avoid extreme diets and focus on eating balanced meals that give you a better chance of getting key nutrients
- Choose whole grain breads and cereal
- Fill half of your plate with colourful vegetables such as broccoli and carrots
- Try eating a few meatless meals each week, eating fish is encouraged
- Try to avoid highly processed foods, such as salami, bacon and high-fat foods
- Avoid BBQ food

### Lack of Appetite:

- Don't wait until you're hungry to eat. Try to eat every few hours
- Eat several small snacks over the course of the day rather than 3 large meals
- Choose high-calorie, nutrient-rich foods like nuts, beans, avocados, and seeds
- Keep your favourite foods nearby in case you have a sudden urge to eat
- Try to drink between meals rather than during meals, as drinking fluid can make you feel fuller faster
- Drink high-calorie, high-protein smoothies or milkshakes
- Juice carrots, celery and other vegetables that you enjoy
- Try to make your meals look appealing by adding colourful garnishes like cherry tomatoes and parsley

### Difficulty Swallowing:

- Talk to your doctor about methods to make it easier to swallow, by thickening or thinning fluids
- Puree foods to make them easier to swallow. Drink smoothies with fruit and yogurt. Eat nutrient rich soups
- Avoid rough-texture foods like crackers or popcorn

## Weakened Immune System:

Some cancer treatments, like chemotherapy, can weaken your immune system temporarily. In this case it's important to ensure that your food is properly preserved and not contaminated.

- Check expiration dates
- Cook all meats until they are well done
- Ensure that all food prep surfaces are cleaned with hot, soapy water
- Use a separate cutting board for raw meat and fish. Make sure it is thoroughly cleaned after use
- Rinse and scrub fruits and vegetables thoroughly, even if they have a rind (such as melons). Avoid food that cannot be cleaned easily like raspberries
- Throw away eggs with cracked shells
- Contact your doctor, or the Oncology Centre, immediately if you are unwell or have a fever

### *Useful websites*

[www.gutcancer.org.nz](http://www.gutcancer.org.nz) and go to 'support and resources'





## Managing exercise with GI Cancer

Physical activity is a useful adjunct to improve the side effects experienced during cancer treatment which can include fatigue, muscle weakness and deteriorated functional capacity, otherwise known as 'chemo brain'. There is some research that supports an increased life expectancy for people who exercise after surgery and while on treatment. What and how you exercise will differ for each person and each type of cancer. It is important that you talk this over with your medical team.

Simple strategies to support exercise:

- Set goals that are achievable and keep a diary of your achievements
- Start with small amounts such as 5 minutes walking and build up as you can
- Keep it fun and have a friend support you
- See if your local cancer society has exercise sessions
- Yoga or tai chi are both forms of exercise

For some people exercise becomes a new passion following treatment.



## Complementary (alternative) therapies

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Complementary therapies can be divided into three categories:

- Natural therapies: herbal, naturopathic, Chinese medicines, homeopathy
- Mind-body (mindfulness) techniques: meditation, relaxations, support groups, counselling, music therapy, hypnotherapy, aromatherapy
- Physical therapies: massage, yoga, tai chi, acupuncture, reflexology, pilates

On average most people will adopt some of the above techniques and these can improve quality of life by addressing emotional, physical and spiritual needs. It is important that you understand how the therapy works: can it cause harm and will it interact with medications you are taking.

Discuss what you want to do with your medical team to ensure it does not have a negative impact on your treatment.

## Our research

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Gut Cancer Foundation trials are not often about laboratories and test tubes, they're about real people living with GI Cancers and getting access to the most effective medical treatments.

Not all people or cancers are the same, so we need clinical trials to test the effectiveness of different types and combinations of treatments for particular groups of tumours and people.

Our trials test the effectiveness of leading medicines, technologies and practices; often comparing one treatment against another.

Gut Cancer Foundation also funds clinical research projects and clinical research fellowships encouraging our brightest researchers to stay in New Zealand.

## Benefits of clinical trials and research to patients

Our work:

- Gives patients immediate access to the latest treatments
- Allows the New Zealand medical system to keep up with the latest research and change treatments accordingly
- Improves cure rates
- Improves patients' quality of life during treatment; participating patients get the best available care during a trial

For more information about our clinical trials and research, visit our website [www.gutcancer.org.nz](http://www.gutcancer.org.nz) and go to 'our work'.

## Are clinical research and clinical trials safe?

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No cancer treatment offers guaranteed success. Most treatments have side effects and those given in clinical trials are no exception. But our research and trials must conform to several safety guidelines before being approved by an independent ethics committee. They must be scientifically sound, not produce more harm than good, keep patients informed of developments and results, and meet internationally agreed standards about the right way to carry out research involving people.

Before joining a trial or research project, participants must be given accurate information about the study – its purpose, foreseeable benefits and risks (including side effects), full patients' rights and expectations of them.

Once all information about the research or trial is understood, the participant signs an information and consent form. Most importantly, they are free to withdraw at any time from the research or trial for whatever reason, without any compromise to their medical care.

## Treating GI Cancer

Treatment and care of people with GI Cancers is usually provided by a team of health professionals, sometimes called a 'multi-disciplinary' team. Treatment will depend on what stage the disease has reached, how the symptoms present and the general health of the person with the cancer. Treatment sometimes involves surgery, and may also include radiotherapy and chemotherapy to destroy any remaining cancer cells.

There is research going on all the time to improve how quickly and accurately we can diagnose and treat GI Cancer. Some people may be offered a chance to participate in a clinical research project or trial to test new treatments.

### How we're improving treatments

Scientific techniques to better understand GI Cancer are moving forward, thanks to worldwide research into treatments better targeted to the individual and into better understanding of the genetics of the disease.

The Gut Cancer Foundation works closely with Australasian Gastro-Intestinal Trials Group (AGITG), who play a leading role in new research. Some of the more promising research is concentrating on genetic and molecular studies, immunotherapy, targeted and genetic therapy, chemotherapy, stem cells and supportive care.



**Professor Michael Findlay,**  
Oncologist, Co-founder and Board  
member of Gut Cancer Foundation

*The best way to fight gastro-intestinal cancers is to develop better treatments, and test them in clinical trials. That is what we have been doing since 2008. The Gut Cancer Foundation raises funds for this much needed research, as well as increasing awareness of the role*

*of healthy living in reducing cancer risk. Evidence shows we are getting results, extending and improving the quality of patient's lives.*

## The funding gap

GI Cancers are amongst the least funded in New Zealand, compared to their impact in lives lost. Over 5,250 people are told they have a GI Cancer each year, more than 50% will die in five years. We have a lot of work to do!



**Grant Baker,**  
GCF Chairman, bowel cancer survivor,  
leading NZ businessman

*"Had it not been for specialised research, I would not have been able to access the most advanced chemotherapy that has helped save my life. I urge you to support this cause!"*

## How you can help?

### Ways to help

- Make a donation
- Get 'Gutsy for Gut Cancer' and run your own fundraising event
- Run a 'Dine In for Gut Cancer'  
Host a breakfast, lunch, dinner, bbq or cocktail party. Ask for a donation for attending
- Get 'Gut Crunching' (doing sit ups) in May for GI or gut cancer. Go to [www.loveyerguts.co.nz](http://www.loveyerguts.co.nz) for more information. Ask people to sponsor you for 50 gut crunches in 5 minutes!
- Join Community Power and list your power account at no cost to you [www.communitypower.co.nz/gutcancer](http://www.communitypower.co.nz/gutcancer)
- Consider a donation to honour the memory of a loved one



**Let's Kick Cancer  
in the Guts**

- Make a gift in your Will. To seek further information call us (see below) and ask for a confidential discussion
- Volunteer at events

Donations of \$5 or more are tax deductible

## Facts you should know about GI Cancer

14 New Zealanders are told each day they have a GI Cancer



8 New Zealanders die each day from a GI Cancer



5,251 families are affected by a GI Cancer each year



*Ministry of Health, 2014*



Donate online at [www.gutcancer.org.nz](http://www.gutcancer.org.nz)  
and go to our fundraise page

or Phone 0800 112 775

**Gut Cancer Foundation**

PO Box 28723,

Remuera, Auckland 1541

Email: [info@gutcancer.org.nz](mailto:info@gutcancer.org.nz)

Supported by





# GUT CANCER FOUNDATION

SUPPORTING  
GASTRO-INTESTINAL CANCER  
RESEARCH & AWARENESS

WHĀNAU ORA, PAE ORA  
FAMILY WELLNESS, HEALTHY FUTURES



# GUT CANCER FOUNDATION

Donation amount: (circle)

\$100 \$250 \$500 \$1,000 Other \$ \_\_\_\_\_

Pay by:  Cash  Cheque to Gut Cancer Foundation

Credit Card:  Visa  Mastercard

Number: \_\_\_\_\_

Exp \_ \_ / \_ \_ CSV number \_ \_ \_

Name on card: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Post to Gut Cancer Foundation.

PO Box 28723, Remuera, Auckland 1641

or scan to [info@gutcancer.org.nz](mailto:info@gutcancer.org.nz)

or donate online at [www.gutcancer.org.nz/donate](http://www.gutcancer.org.nz/donate)

or deposit into the Gut Cancer Foundation

Bank Account 02-0290-0293314-00

*Thank you for your generosity!*