Behind the emergency:

patient stories of bowel cancer diagnosed in A&E

Bowel Cancer UK

Beating bowel cancer together

Contents

Emergency diagnosis of bowel cancer

A diagnosis of bowel cancer is life-changing under any circumstances. For around one in four people in the UK, it happens suddenly, in an emergency or crisis, often in Accident and Emergency (A&E). This can be shocking and devastating for them and their loved ones, and usually means the cancer is more advanced, making treatment more difficult and survival chances lower. Patients and their loved ones tell us that the impact goes beyond clinical consequences and that this is a frightening, chaotic and traumatic experience.

The 'emergency presentation' of bowel cancer happens when a diagnosis is made suddenly during an emergency or unplanned hospital visit. Many describe months of worsening symptoms, unanswered questions and missed opportunities, culminating in a crisis that ultimately pushed them into seeking urgent care.

A high rate of emergency diagnosis is not inevitable. National cancer strategies, patient groups, and healthcare leaders have long highlighted the need to spot bowel cancer earlier and reduce diagnoses in an emergency, but the situation remains complex. There are gaps in evidence to support where change is needed, and progress to reduce the one in four figure remains slow, meaning too many patients still face a serious and avoidable emergency diagnosis.

The patient stories and insight in this report show why this problem must be taken seriously, and why change cannot wait. Too many people face a sudden, traumatic crisis that could have been caught earlier. It's time to act, and we can start making change, together.

1 in 4* **people with bowel cancer are diagnosed in an emergency, often in A&E.**

Figures reflect variation across UK data sources and years. While the proportion of emergency presentations of bowel cancer varies between nations, and comprehensive data is not available for all four, evidence indicates that around 1 in 4 cases are diagnosed following an emergency presentation (such as A&E).

Listening to patient voices

To start tackling this issue, we need to put patient experiences at the heart of our understanding and listen to those who have been through it - their symptoms, their interactions with health professionals, and the critical moments which allow us to consider where things could have been different. Their stories and insight show us what it feels like to move from concern to crisis: from repeated attempts to seek help, to the shock of an A&E diagnosis, and to the emotional and physical impact of urgent surgery and treatment decisions made in real time. Only by listening to patients and their loved ones can we understand how emergency diagnoses happen and what must change.

Through surveys and interviews*, we heard from Bowel Cancer UK patient forum users and volunteer groups who'd had an emergency diagnosis. We recognise that these people are more likely to engage with health services, and this insight report reflects their experiences. Others may face barriers to accessing healthcare or even greater challenges, which are not captured here. We will continue to engage with a wide range of patient communities as this work develops, to ensure that previously unheard voices are included.

What follows is a picture of what it was like for patients and loved ones, from noticing changes in health to reaching A&E, including the uncertainty, repeated visits, and obstacles they faced along the way. These stories are hard to read, and even harder to live through. We would like to thank everyone who gave their time and trusted us with their story and insight.

Some of the experiences relate to interactions with health professionals, including GPs, but this is not a critique of them. We recognise the pressures and complex decisions they face every day, and these insights are intended to help improve support and care.

We invited our bowel cancer community to share their experiences of receiving a diagnosis in an emergency setting, either personally or while supporting a loved one. We received over 100 qualitative survey responses, conducted six in-depth interviews, and reviewed lived-experience stories shared with our charity. Together, these accounts form the foundation of this report.

Noticing something was wrong

Patients and their loved ones told us about certain changes in their health that made them stop and wonder if something more serious might be going on. Many described symptoms that didn't get better or didn't match what they had been told by their GP.

Several spoke about months of anaemia despite taking iron tablets, ongoing tiredness, or persistent changes in their bowel habits. Some initially thought their symptoms were something familiar, like a stomach bug, but grew uneasy when those explanations didn't fit, or symptoms kept coming back.

People described how symptoms suddenly got worse or could no longer be ignored. Many described severe pain, bleeding, vomiting faeces (often as a side-effect of an obstruction in the bowel), changes in bowel habits and bloating or unexpected weight loss. Often it wasn't just the symptoms themselves, but the impact they had on everyday life. For example, pain that made it hard to sleep, tiredness that made simple tasks exhausting, or changes that partners and family noticed. For many, this made the possibility of serious illness feel real. These early signs, often small at first, built up over time.

> **"I knew that blood in stool could be bowel cancer but ignored it. It was only when I was in excruciating pain that I went to hospital."**
>
> (Female, 49, England)

> **"[I] had symptoms for two years. It was a holiday with my partner, who noticed just how bad they had become, which made me start thinking something was 'wrong'."**
>
> (Female, 49, England)

> I was having difficulty going to the toilet. My poo had changed colour from normal to a reddish brown colour, and I couldn't sit upright because of the lump. I had lost about a stone in weight without dieting, and was scared. I knew it was cancer. I used to look at my tummy in the bedroom mirror, and feel that there was a monster lurking inside me, and that my body had betrayed me.

(Female, 71, Scotland)

"After 4 months on iron tablets my iron levels were still low."

"I was in a lot of pain!"

"Vomiting faeces"

"Initially thought it was a stomach bug."

"Urgently needed the toilet and stomach pains/cramps."

"Too weak to walk."

"The lump that came & went."

"I stopped being able to eat and was in a lot of pain"

Victoria's story

Victoria, 33 from England, died a year after she was diagnosed with bowel cancer in A&E.

Victoria first attended A&E in August 2021 with severe abdominal cramps that she had initially dismissed as period pains or a stomach ulcer. She was sent home several times before her symptoms escalated, leaving her unable to eat or even swallow her own saliva. When she returned to A&E, a CT scan revealed a bowel blockage. Overnight, a surgeon told her, "I'm treating this as a cancer operation" - the first-time cancer had ever been mentioned to her family. Victoria underwent keyhole surgery, chemotherapy, treatment to safeguard future fertility and later targeted therapy. She died in September 2022, aged 33. Her experience shows the human cost of late, emergency-route diagnosis.

Seeking help for unrecognised symptoms

Patients and their loved ones told us about the different ways they tried to get treatment or diagnosis when something felt wrong. Many described visiting their GP several times with symptoms such as ongoing tiredness, bowel changes, or pain. These were often attributed to IBS, constipation, anaemia, or other conditions. Some were advised to take laxatives, iron tablets, or antibiotics, while others were reassured over the phone that there was nothing to worry about. Even with repeated visits, referrals for cancer were rarely made. Several people said they felt dismissed or that their concerns were not fully heard, sometimes over months or even years. For many, this left them unsure where to turn and uncertain how to get the care they felt they needed.

Even when referrals or tests were arranged, patients told us they sometimes faced delays, misdirection, or hesitation from healthcare staff to carry out investigations or make referrals. Some waited weeks for scans or were discharged despite severe symptoms. In several cases, investigations only happened after repeated visits or when symptoms became impossible to ignore. Patients and their families often found themselves having to follow up, raise concerns, or highlight family history to ensure symptoms were properly investigated.

A smaller number of patients told us they contacted NHS 111, out-of-hours services, or pharmacists to try to get help with symptoms when GP appointments were hard to access, or concerns persisted. In these cases, these additional routes were often crucial in prompting investigations that might not have happened otherwise. A few also sought private consultations when urgent tests were needed, which in some cases led to faster diagnosis.

Overall, patients and their loved ones described a complicated picture of trying to get their symptoms recognised and then trying to access help. Many said the process was often slow, required persistence, and sometimes involved going to different services or making repeated visits before serious symptoms were recognised.

> **“I was in and out of A&E and GP for months and was not properly listened to or investigated so I stopped going.”**
>
> **(Female, 32, England)**

> **“I spoke to the GP many times before my emergency admission and also saw an out of hours doctor through NHS 24 on several occasions. I also spoke to a colorectal consultant who was very dismissive.”**
>
> **(Female, 32, Scotland)**

> **“I went to see the GP, who listened to my symptoms, took my bloods which all came back negative. So I was told from the GP that I must have IBS. Never was bowel cancer ever mentioned.”**
>
> **(Female, 50, England)**

> **“Multiple visits to GP and pharmacist and A&E three times before being admitted.”**
>
> **(Female, 46, England)**

> **“Saw GP on four separate occasions for stomach cramps, got told it was trapped wind and sent away with peppermint tablets.”**
>
> **(Male, 55, England)**

Andrea's story

Andrea Morton, 35, from England, went to A&E twice before she was diagnosed with stage 4 bowel cancer.

At 31, she first saw her GP in December 2020 with abdominal pain. An ultrasound showed nothing, and she was diagnosed with irritable bowel syndrome (IBS). After her pain persisted, she was given antibiotics for a presumed urinary tract infection (UTI), despite high inflammatory markers and significant weight loss - she lost six stone in three months.

In May 2021, Andrea went to A&E with severe abdominal pain and vomiting. A CT scan revealed a small bowel obstruction, and she underwent emergency surgery to remove part of her bowel. Although the surgical team was initially reassuring, a biopsy revealed stage 4 bowel cancer. She received chemotherapy, turning down fertility preservation in the interest of starting treatment quickly.

Andrea's experience underscores how persistent symptoms can be dismissed until an emergency brings diagnosis into sharp focus.

A clinician's perspective

Dr Heather Wilkes, GP, Neath; with input from
Dr Dania Thomas. Oncology Registrar. Part of a
team in Wales researching emergency presentation

I've been a GP for over 30 years and, although much has improved, I've seen almost no change for cancers first suspected or diagnosed in an emergency setting, especially bowel cancer. Outcomes and experiences remain worse in these situations, and we still don't fully understand why people reach this point. Access to diagnostics in primary care is patchy and not always timely, making early investigation harder than it should be. More consistent, quicker access to testing could be one step towards preventing so many people reaching crisis before their cancer is recognised.

Sadly, emergency presentation reduces the chance of successful treatment, often leads to longer hospital stays, and increases the likelihood of needing a stoma. Patients, families and carers, and even GPs are left trying to piece together what happened. When diagnosis happens in an emergency, the chance for explanation, questions, and shared decisions disappears - and too often it's never recovered.

As a GP, I'm often left in the dark about what happened during and after an emergency diagnosis in A&E, and can't fully support patients or their families and carers until much later. Too often, the care that was missed at the time isn't followed up, and that opportunity can be lost for good. It feels like a crucial piece of the puzzle is still missing in understanding why emergency diagnoses happen and how care can be improved. We need to work together to find out what's going wrong, including through better evidence and data, and how to best fix it.

Diagnosed in crisis

For many, they reached A&E following repeated GP visits, misdiagnoses, or delays, during which symptoms worsened. Often the patient went to A&E on their own initiative because they felt something was wrong. Others went after being told by a GP or other health professional to go straight there. One patient described calling NHS 111 due to severe pain and being rapidly admitted to hospital after an out-of-hours doctor saw how unwell they were.

When they arrived, many were in extreme pain, vomiting, constipated, or experiencing bowel obstruction. These journeys highlight the repeated visits, delays, and escalating symptoms that patients endured before they finally received the care they needed. For some, diagnosis came unexpectedly during hospital treatment for another condition. Some only learned how serious the situation was after scans or complications arose.

Receiving a cancer diagnosis in this way was deeply traumatic and upsetting for everyone. Patients described feelings of shock, numbness, and devastation. Some also described a sense of relief that finally something was being done to address their severe symptoms, even as the news itself was devastating. Patients told us it is not uncommon to be told the news alone, or without immediate support.

> “Went to GP as an emergency, should have gone to A&E. This massively delayed my diagnosis as although I was referred urgently, the colorectal team deemed me non urgent and bumped me down the wait list. I saw a specialist privately who got me an urgent colonoscopy. Tumour in my sigmoid colon.”
>
> (Female, 50, England)

> “I was initially relieved that they had found the source of the problem as I was in such severe pain by that point. I think I was in a state of shock, I felt quite numb. When I found out it had spread and was thus stage 4, I was absolutely devastated.”
>
> (Female, 32, Scotland)

> “My wife was in hospital for a ‘routine’ operation to have her ovaries removed as she had been diagnosed with polycystic ovaries. While on the operating table ...they additionally removed half of her bowel. Believed to be stage 2 immediately after the operation a scan was performed a few weeks later and cancer was found in her lungs making it stage 4. She died just under two years later.”
>
> (Female, 35, England)

Marie’s story

Marie, 48, from England, received a bowel cancer diagnosis in A&E following a sudden worsening of symptoms.

Marie had experienced ongoing stomach discomfort after gallbladder surgery, which she tried to ignore. But on 11 October 2023, the pain escalated violently, and she began vomiting. Her husband, alarmed by her worsening condition, called an ambulance. In A&E, a CT scan revealed a bowel-blocking tumour. The news left Marie shocked, terrified, and numb - a routine evening transformed into a life-changing crisis. She underwent emergency surgery the following morning; biopsy results revealed stage 3 cancer with 15 lymph nodes involved. By late November, she had started chemotherapy.

Marie’s story highlights how repeated misattribution and delayed investigation can leave patients vulnerable, both physically and emotionally. It illustrates the fear and uncertainty that come with an emergency diagnosis, reinforcing the need for rapid recognition of serious symptoms, faster referrals, and clear pathways to ensure patients do not face life-threatening delays.

A clinician's perspective

Dr Ajay M Verma, Consultant Gastroenterologist and Physician Kettering General Hospital NHS Foundation Trust, and Director of Research & Innovation University Hospitals of Northamptonshire NHS group

As a consultant that specialises in Gastroenterology and bowel cancer, seeing patients present with bowel cancer as an emergency to hospital causes great sadness. These late diagnoses are associated with high rates of death and cause patients and their families great distress.

We have made great strides with the earlier detection of bowel cancer over the last 20 years. The introduction of bowel cancer screening in 2006 has broadly been a success, and the eligible age group has widened from 60-69 in 2006, to ages 50-74, with the option for older patients to opt in. The rollout of FIT (faecal immunochemical test – a simple “poo test” that detects blood in the bowel, which is not always visible to the naked eye) to assess patients with symptoms suggestive of bowel cancer is an important service that has become best practice for adults of all ages. These services have helped detect bowel cancer earlier, which is linked to higher cure rates and better long-term survival.

However, because we still see new diagnoses of bowel cancer presenting as emergencies, this remains a significant concern. It highlights the ongoing importance of supporting greater awareness among patients and healthcare professionals. We remain optimistic that progress can continue in reducing emergency presentations of bowel cancer.

Facing urgent surgery

Once a diagnosis was confirmed, many immediately faced the next stage of their treatment, which often involved urgent surgery.

For some patients, the cancer was first discovered during surgery, with the operation itself confirming the diagnosis. They sometimes woke up to find a tumour had been removed or that they now had a stoma. One person described being “very close to death” before surgery to remove a tumour and create a stoma. Surgery in these cases, both revealed the cancer, and was the start of treatment, and the suddenness of this discovery could be deeply distressing.

For other patients, surgery happened immediately after a confirmed diagnosis. Although the cancer was already identified, they still faced urgent procedures, often with little time to process the news or plan next steps. For example, one patient recalled receiving treatment overnight following an evening CT scan. Patients described being told they needed emergency surgery to address blocked bowels or other severe symptoms, and then moving quickly into the operating theatre.

The procedures varied in length and complexity, with some patients undergoing multiple operations in quick succession, sometimes followed by lengthy and intensive chemotherapy. In many cases, surgery came within days of admission, leaving little time to process what was happening.

Across these experiences, patients described a mixture of emotions including relief and fear. For some, there was relief that the immediate health threat was being taken care of, and that the confusing or worrying symptoms they had been experiencing were finally explained but also fear of the unknown and the challenges that lay ahead. Even when surgery helped manage the urgent issue, the intensity and suddenness of the procedures added to the emotional and physical strain for patients and their families.

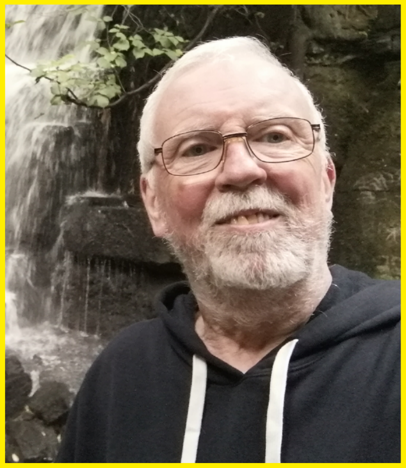
> **“Cancer tumour removed at surgery, cancer had spread so was being treated as stage 4. Woke up from surgery to find I had a stoma.”**
>
> **(Male, 38, Scotland)**

> **“I had three emergency surgeries. First to remove an ovarian met, second was an emergency colon resection, third was to get an ileostomy following an anastomotic leak. I then went onto chemo.”**
>
> **(Female, 32, Scotland)**

> **“Admitted for an appendectomy and then the surgeon discovered multiple tumours in the colon. Did a resection of the bowel.”**
>
> **(Female, 68, England)**

> **“Admitted with a bowel obstruction. Had emergency surgery as a laparotomy two days later to remove tumour which was blocking large bowel.”**
>
> **(Female, 35, England)**

> **“Went to theatre for an appendicectomy but woke up to be told a mass was removed from my caecum during a right hemi-colectomy.”**
>
> **(Female, 63, Scotland)**



Phil’s story

Phil, 73 from England, received a bowel cancer diagnosis after emergency surgery.

At 69, Phil first became concerned about a persistent ache in his side alongside ongoing acid reflux. He spoke to his GP, completed a poo test, and initially expected nothing serious. But his symptoms escalated quickly. Worried it might relate to previous heart issues, he dialled 999. When the paramedic learned he had recently done a poo test, they contacted his GP, who urged him to go straight to A&E.

At the hospital, Phil began passing blood from both his mouth and bottom, and the next thing he remembers is waking up three days later in ICU with a stoma. He was diagnosed with stage 3 bowel cancer; while he later received the all-clear from this, the cancer had already spread and he now lives with peritoneal disease, which continues to be treated.

Phil’s story reflects the speed at which concerns can turn into an emergency, and how crucial early recognition and decisive action are. His experience shows the impact a responsive GP can have in complex situations, reinforcing the need for clear routes to urgent assessment so people receive lifesaving care without delay.

> **“I went to hospital thinking that they would be able to sort me out and I would be able to go home but ended up having to have emergency bowel resection the next day after being given the news of a stage 4 cancer diagnosis.”**
>
> **(Female, 58, England)**

Families under strain

The suddenness of an emergency diagnosis can have a profound effect not just on patients, but on families and loved ones who must manage both the practical and emotional impact. Loved ones are often there throughout the whole experience of noticing symptoms, seeking help, and facing delays or missed chances for earlier recognition. They carry worry and stress alongside the patient.

Families describe intense shock, fear, and distress as they try to take in the news, support the patient, and deal with the immediate demands of urgent treatment. Their anxiety and sense of helplessness is made worse at times when they cannot be present, such as surgery or hospital stays.

For many, the experience leaves a lasting emotional impact. Families reported struggling with uncertainty, trying to stay strong for the patient while coping with their own distress. Many also spoke about how unprepared they felt for long, unexpected periods in A&E or hospital, sometimes lasting days or weeks. The speed at which diagnosis and treatment unfold in emergency situations often means loved ones are suddenly thrust into highly stressful circumstances, with little warning or guidance. Support can sometimes be limited, often leaving families to handle practical and emotional challenges on their own. These experiences underline that an emergency diagnosis affects not only the patient but everyone around them, shaping the way families live through and respond to what happens.

> **“He was taken off for surgery and I was left with no support, burst into tears, nearby nurse told me I had to pull it together to be strong for my husband, then I left to find my way out of the hospital and to drive myself home.”**
>
> **(Anonymous)**

> **“I was devastated and so were my family. In some ways, it’s harder on loved ones as they have to be strong and feel helpless.”**
>
> **(Female, 49, England)**

> **“My wife and I were devastated. My wife was deeply affected by my diagnosis and we both feared for the future. Our dreams were shattered.”**
>
> **(Male, 57, England)**

> **“Like our world had dropped from below us.”**
>
> **(Female, 35, England)**

> **“I can't imagine how frightened my family must have felt, it pains me to think about.”**
>
> **(Female, 32, Scotland)**

Sharan

Manisha and Sharan’s story

Manisha, 35 from England, lost her sister, Sharan, to bowel cancer just four weeks after she was diagnosed.

Sharan was 34 when she was diagnosed, experiencing fatigue, weight loss, and changes in her bowel movements. All of Sharan’s GP appointments were conducted virtually due to COVID-19, and her symptoms were repeatedly dismissed, causing immense worry for the family.

Sharan’s family were not with her when she received her diagnosis, nor while she was in A&E or the hospital, as COVID restrictions meant she had to face this alone. However, it was very clear to the family that she was unwell, which added to their fears and anxiety.

The crisis escalated rapidly when Sharan was admitted to A&E and received her diagnosis alone - she did not receive any treatment or surgery. Tragically, Sharan died just four weeks after her diagnosis, never even meeting with her oncologist. She passed away two days before her scheduled appointment, leaving her two young children - aged just three years and 18 months - without their mother.

Sharan’s story illustrates that emergency diagnosis affects more than the patient. Families are thrust into emotionally and practically overwhelming circumstances, facing fear, uncertainty, and sudden responsibility with little guidance. It underscores the urgent need for better support for loved ones, alongside rapid diagnosis and treatment, particularly when young children are left in the care of grieving families.

A clinician's perspective

Professor Linda Sharp, **Dr Adam Biran** and **Dr Christina Dobson** on behalf of the REACH (Researching Equity, Access and Cancer Health outcomes) group at Newcastle University.

This patient insight report is an important first step in understanding the experiences of people and families affected by emergency bowel cancer diagnoses. Hearing these perspectives helps us appreciate the emotional and practical impact on patients and their loved ones, while also beginning to identify areas where improvements could make a real difference.

At the same time, our research group is exploring emergency presentations from the healthcare professional perspective. As we speak to healthcare professionals, many reflect on how the timing of symptom recognition, and the support available during an emergency diagnosis of bowel cancer, appear to shape people’s experiences and, in some cases, their outcomes. Their reflections are contributing to a growing picture of the realities they see in practice, and are beginning to inform a broader understanding of the challenges involved.

Connecting experiences from both patients and professional viewpoints helps us develop a complete picture of what happens, what is working and what may need to change. This comprehensive understanding is the first step in making sure that future interventions are grounded in real experiences and, ultimately, that patients and families are better supported.

Reflections from patients and loved ones

We asked patients and loved ones to reflect on their experiences, recognising that many continue to manage the impact of diagnosis and treatment.

Many felt that there were missed opportunities for earlier diagnosis. They described repeated attempts to seek help, or symptoms being put down to less serious conditions or being 'too young'. Some said they hadn't realised their symptoms could be cancer, while others felt their concerns weren't fully heard or investigated. Looking back, people spoke about the shock of later-stage diagnoses and how different things might have been if bowel cancer tests, or referrals had happened sooner.

Many people also talked about the emotional impact that stays with them long after the emergency diagnosis. Many still feel distressed or let down by how events unfolded, while recognising that once they reached hospital, the care they received was often excellent despite the challenges of rapid diagnosis and treatment in A&E. Several wished they had clearer information, better communication, or someone to help them navigate decisions at a time when they were overwhelmed. Others wanted more support for loved ones who were left to cope with fear and uncertainty.

> **Sad. Wish I had been referred to hospital straight away. I had to keep attending my GP over a five-week period. I eventually presented to A&E myself, after a scan, I had emergency surgery...then diagnosed with stage 4 bowel cancer.**
>
> **(Female, 64, Scotland)**

> **I feel they missed a chance to save his life.**
>
> **(Male, 39, England)**

> **It still plays on my mind now. I feel totally let down.**
>
> **(Female, 53, England)**

> **It was a very scary experience, but the staff at my local hospital were just brilliant.**
>
> **(Male, 73, England)**

> **I feel after surgery the care and support I had was better than I'd have thought... I felt very safe.**
>
> **(Female, 54, Wales)**

> **I wish I had pushed for more investigation had I known that my symptoms could have been cancer. I just accepted it was IBS.**
>
> **(Female, 32, Scotland)**

> **“My brother went to see his GP more than 3 times over 11 months and kept being told it was gallstones, never once did he have bloods taken, scans or further tests. He ended up going to A&E as his abdominal pain was so severe. He was admitted and stayed in hospital for over 6 weeks. He had a blockage in his colon and they found two large tumours. He had open surgery and was diagnosed with stage 3 colon cancer.”**
>
> **(Male, 48, England)**

Thank you to everyone in our bowel cancer community who shared their experience and contributed to this report.

Shaping change together

Across the UK, around one in four people are still diagnosed with bowel cancer in an emergency, often in an A&E setting. This figure has been too high for too long. This report highlights the human side of that statistic, sharing the first-hand experiences of patients and their loved ones.

We want a future where nobody has to discover they have bowel cancer in A&E. A future where symptoms are recognised early, referrals happen quickly and screening reaches everyone it should. A future where emergency diagnoses become the rare exception, not the rule.

The picture is complex and challenging. Getting there will take all of us. It means listening closely to people with lived experience, to clinicians, to communities and working together to understand what’s working, what isn’t and where we can build solutions that make early diagnosis possible for everyone.

We’re committed to doing this in partnership, and this report is just the start. By sharing your experiences, insights and ideas, you’re helping shape a better future. If you’ve been directly affected by bowel cancer and need support, we’re here for you. You can find information and speak to our support services at **bowelcanceruk.org.uk**

Together, we can create a future where bowel cancer is found early - not in an emergency.

Bowel Cancer UK
Beating bowel cancer together

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by the disease.

We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about bowel cancer and campaign for early diagnosis and access to best treatment and care.

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