Southend Gastros Gastroenterology

JUNE 2025

Bowel Cancer AUSTRALIA

Bowel Cancer Awareness Month

Colorectal Cancer Awareness Month - JUNE 2025

KEY INSIGHTS:

The rise in early-onset bowel cancer is alarming, particularly as younger adults often present with more advanced stages of the disease. In response to this trend, Australian government have lowered the started age for National Bowel Cancer Screening from 50 to 45 years, to improve early detection and enhance treatment outcomes.

Australia is facing a trouble surge in cancer diagnoses among young adults - a trend highlighted in several recent articles in leading Australian journals. We have previously explored this issue in depth in our two previous newsletter editions which are available on our website.

In 2024, the estimated lifetime risk of being diagnosed with colorectal cancer was 1 in 21 (1 in 19 for males and 1 in 23 for females). The standardized rate was approximately 57 cases per 100,000 population. While it remains more prevalent in older adults, it has become the leading cause of cancer related deaths in Australians aged 25 to 44. Individuals born in the 1990s now face twice the risk of colon cancer and four times the risk of rectal cancer compared to those born in 1950. Research has attributed this troubling trend to factors such as changes in diet, lifestyle, and gut microbiome composition. Importantly, many patients who are diagnosed with colon cancer are asymptomatic.

Fortunately, the news is not all bad - early diagnosis remains the key. The most significant decline in colorectal cancer incidence rates followed the introduction of the National Bowel Cancer Screening Program (NBCSP). The NBCSP was introduced in Australia in 2006, and age-standardised incidence rates have been steadily decreasing since 2007, highlighting again the importance of population-wide screening in reducing cancer burden through early detection and timely intervention.

Despite this progress, colorectal cancer remains a major contributor to morbidity and mortality. Meticulous screening and surveillance are crucial for effective prevention and early diagnosis. We recommend FOBT screening for asymptomatic individuals over the age of 45, as per the guidelines.

Southend Gastros provides early colonoscopy for FOBT positive patients

https://www.abc.net.au/news/2025-02-18/whats-behind-the-surge-in-young-people-getting-bowel-cancer/104937616

https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/cancer-data-commentaries/an-overview-of-colorectal-cancer-in-australia

Recent updates on Helicobacter

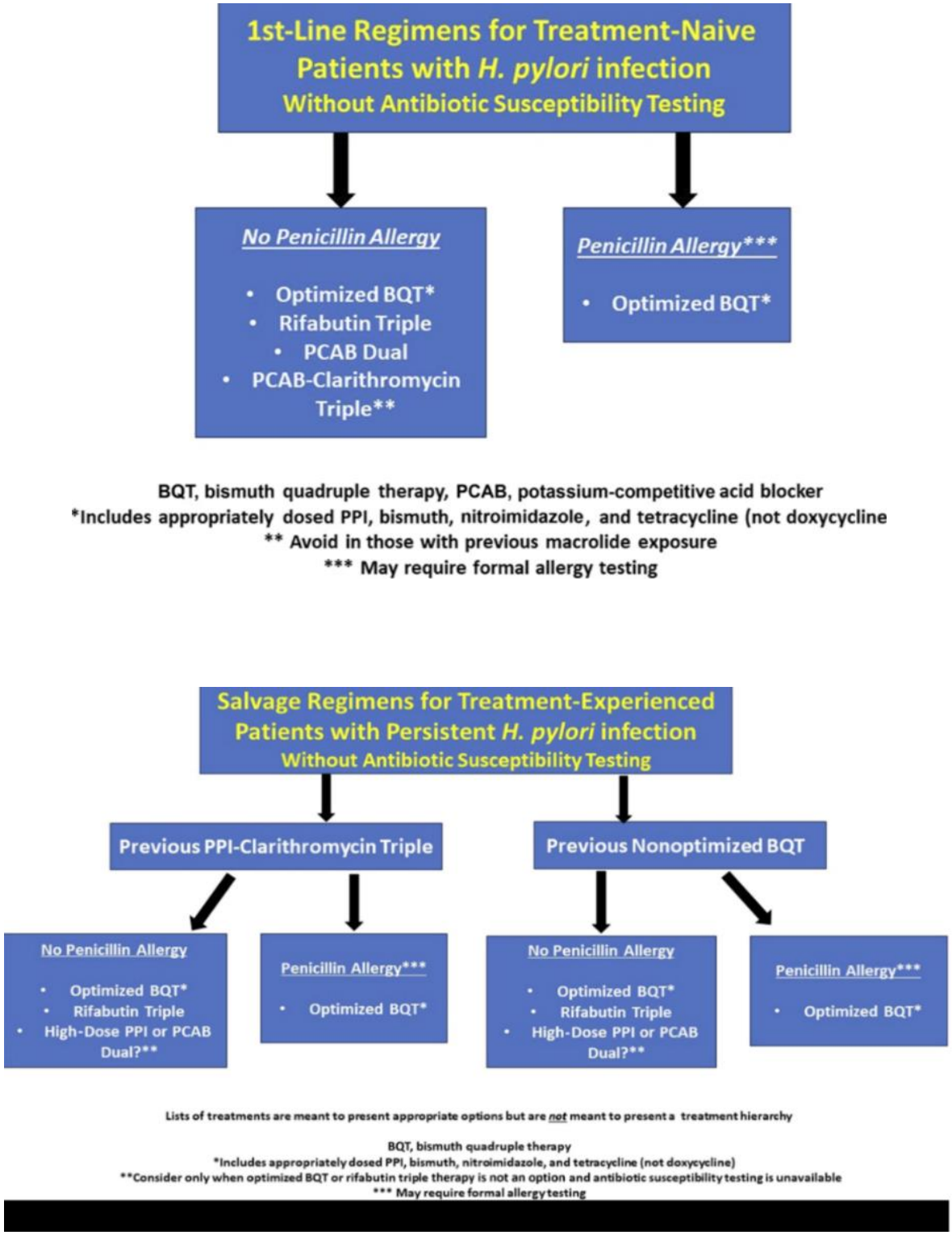
The American Gastroenterology association recently published updated guidelines on H. Pylori. H. pylori infection is the most common chronic bacterial infection in humans with a global prevalence exceeding 40%. In Australia, H. pylori prevalence is estimated to range from 15.4% to 30.6%. However, the rates may be higher for certain groups such as those from migrant backgrounds.

H. pylori is a gram-negative bacteria and is the leading cause of infection-associated cancer globally. It is categorized by WHO as a group I (definite) carcinogen because of its causal association with gastric cancer.

All the individuals who do not spontaneously clear the infection will eventually develop chronic gastritis. The infection is typically acquired in childhood, although its mode of transmission is unclear. Intrafamilial person-to-person vertical and horizontal transmission are considered important with likely routes including gastric-oral and faecal-oral transmission. Moreover, community transmission may occur in resource-limited settings.

The principal clinical outcomes/sequelae include dyspepsia, peptic ulcer disease, and gastric adenocarcinoma. Additional associations include marginal zone B-cell lymphoma (MALToma), iron deficiency anaemia, and idiopathic (autoimmune) thrombocytopenic purpura. Given these potential complications, appropriate testing and eradication of H. pylori is essential for reducing disease burden. In the following tables, we have included indications for H. pylori testing and treatment.

Indications for *H. pylori* testing and treatment
Groups to test and treat for *H. pylori* infection
• Peptic ulcer disease: prior history or active disease
• Marginal zone B-cell lymphoma, MALT type
• Uninvestigated dyspepsia in patients who are under the age of 60 years
- In high-risk populations for gastric cancer, test and treat at age 45-50 years
• Functional dyspepsia
• Adult household members of individuals who have a positive non-serological test for *H. pylori*
• Patients taking long-term NSAIDs or starting long-term treatment with low-dose aspirin
• Patients with unexplained iron deficiency anaemia
• Patients with idiopathic (autoimmune) thrombocytopenic purpura
• Primary and secondary prevention of gastric adenocarcinoma
- Current or history of gastric premalignant conditions (GPMC)
- Current or history of early gastric cancer resection
- Current or prior history of gastric adenocarcinoma
- Patients with gastric adenomas or hyperplastic polyps
- Persons with a first degree relative with gastric cancer
- Individuals at increased risk for gastric cancer including certain non-White racial/ethnic groups, immigrants from high gastric cancer incidence regions/countries, hereditary cancer syndromes associated with an increased risk for gastric cancer
- Patients with autoimmune gastritis



1 *https://journals.lww.com/ajg/fulltext/2024/09000/acg_clinical_guideline__treatment_of_helicobacter.13.aspx*

This was mainly based on increased resistance to clarithromycin in USA, which is around 22.2%.

RECOMMENDATIONS: We don't have recent updates on clarithromycin resistance in Australia, but we still **recommend** Nexium Hp 7 for two weeks followed up by urea breath test, faecal antigen test or biopsy-based test 4-8 weeks after finishing the antibiotic course. We normally use bismuth-based quadruple therapy as the 2nd-line therapy or in penicillin allergy patients. This can be accessed from Sydney Compounding Chemist or from the infectious disease department at public hospitals.

At Southend Gastros we offer consultation and gastroscopy for H. Pylori.

www.southendgastros.com.au

World Liver Day - 19th April 2025
Food in Medicine - A Food for Thought

KEY INSIGHTS:

The disease formerly known as Non-Alcoholic Fatty Liver Disease (NAFLD) has been renamed to Metabolic dysfunction associated steatotic liver disease (MASLD). This change reflects a more accurate description of the disease as related to metabolic dysfunction rather than alcohol use. MASLD is the most prevalent liver disease globally, affecting over 30% of the population. Diet and lifestyle modifications remain the mainstay of the treatment.

The choices we make on our plates directly impacts the liver health and overall well-being. World Liver Day is an annual campaign by the **Healthy Livers, Healthy Lives Coalition**, a partnership of global associations dedicated to the study of the liver and liver diseases, and working collaboratively to promote liver health worldwide.

More than 1/3 of the global adult population is affected by metabolic dysfunction-associated liver disease. One in four Australians are living with metabolic-associated steatotic liver disease (MASLD). MASLD progression can cause inflammation, scarring, and ultimately liver cancer. MASLD is linked to diabetes, obesity, and high cholesterol and is often silent in its early stages.

Liver cancer is the third leading cause of cancer-related deaths worldwide, with hepatocellular carcinoma (HCC) accounting for approximately 90% of primary liver cancers. HCC has closely paralleled the increased prevalence of MASLD. Early detection is crucial. MASLD can be assessed with ultrasound, FibroScan and transient elastography (to assess the degree of liver fibrosis) along with non-invasive liver fibrosis scoring like FIB-4. Non-alcoholic fatty liver disease score (-NFS) should be incorporated into our routine practice.

The good news: MASLD is highly preventable and in many instances reversible. Adopting a diet abundant in minimally processed foods, low in sugar and saturated fats, and high in polyphenols and healthy fats supports liver health. A 5-10% reduction in total body weight can significantly reduce liver fat, curb inflammation, and even reverse early liver damage.

Southend Gastros provides consultation and dietary advice for MASLD patients

Dr Peter Fanning
Gastroenterologist/Hepatologist
MBBS FRACP

Dr Dheeraj Shukla
Gastroenterologist/Hepatologist
MBBS FRACP

A/Prof Jeevithan Sabanathan
Gastroenterologist/Hepatologist
MBBS, FRACP, AFRACMA

Dr Katerina Liew
Gastroenterologist/Hepatologist
MBBS FRACP

Dr Yanez Peerbaccus
Gastroenterologist/Hepatologist
MBChB FRACP

Dr Madhavi Kasi
Gastroenterologist/Hepatologist
MBBS, MRCP, FRACP

Dr Kevin Tang
Gastroenterologist/Hepatologist
MBBS FRACP

Annabel Johnston
Dietitian

Services
Clinical Gastroenterology
Inflammatory Bowel Disease
Clinical Hepatology
Colonoscopy
Gastroscopy
Sigmoidoscopy
Capsule Endoscopy
Endoscopic Ultrasound
ERCP
EMR
Double Balloon Enteroscopy

CONTACT US

07 3821 4622
07 3821 4677
INFO@SOUTHENDGASTROS.COM.AU
SOUTHENDGASTROS.COM.AU

OUR LOCATIONS

Mater Private Hospital Redland
Suite 4 Weippin St CLEVELAND QLD 4163

Springwood Day Surgery
52 Cinderella Drive SPRINGWOOD QLD 4127