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Colon Health

YOUR GUIDE TO PREVENTING THE NATION'S 2ND MOST PREVALENT CANCER

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COLON HEALTH

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The Fight Against Colon Cancer:

Knowledge is Power: Preventing Colorectal Cancer

BY: BOBBY SMITH, EXECUTIVE VICE PRESIDENT AND DAVID RODMAN COHAN, PRESIDENT, THE SUSAN COHAN COLON CANCER FOUNDATION (SUSIE'S CAUSE)

One in 20 Americans are likely to develop colorectal cancer in their lifetime and almost 50,000 people will die from colorectal cancer this year alone.

What makes these numbers so disturbing is that it doesn't have to be this way. Colorectal cancer is one of the most preventable and curable forms of cancer there is. Unlike some cancers, many important risk factors for colorectal cancer are easily controlled, and with early detection, as many as 95 percent of colorectal cancers can be cured. Despite these facts, colorectal cancer remains the second leading cause of cancer deaths for both men and women.

The Susan Cohan Colon Cancer Foundation (Susie's Cause) is committed to changing this. Through diverse programs aimed at raising awareness, advancing education about colorectal cancer, encouraging prevention and screening for early detection, and offering knowledge, hope and resources to those affected by this disease, Susie's Cause has establishing itself as the national voice of colorectal cancer.

Though no one knows for certain what causes colorectal cancer, there are risk factors that influence the likelihood that you will be affected by this disease. Some are beyond your control, but others are not. Research shows that 50 percent of colorectal cancers could be prevented through healthy lifestyle choices such as eating healthfully, maintaining a healthy body weight, getting enough physical activity and not smoking. That means that of the nearly 150,000 people who will learn they have colon or rectal cancer this year, 75,000 of them—enough people to fill a football stadium—may have been able to prevent it. Additional lives could be saved through early detection.

According to The National Cancer Institute, rates of screening for colorectal cancer are consistently lower than those for other types of cancer. Perhaps it's because there are so many myths and misconceptions about this disease, or perhaps it's because talking about it makes many people uncomfortable. Whatever the reason, choosing to ignore colorectal cancer is a decision that may be costing many lives.

The Susan Cohan Colon Cancer Foundation (Susie's Cause) is working hard to turn the tide. Over the past five years, Susie's Cause has implemented national, groundbreaking educational and support programs that have dramatically impacted this disease including:

The Save Our Parents Program

A unique educational model that motivates students to talk to their parents and family members about the benefits of Colorectal Cancer screening, healthy diet, and lifestyle choices.

The Sharing, Caring, and Surviving Colon Cancer Symposium

A multi-city symposium reaching out to patients and their families.

The Primary Care Education Series

Continuing education for primary care physicians to better educate them about their important role in the early detection of colon cancer, and the significance of remaining involved during treatment.

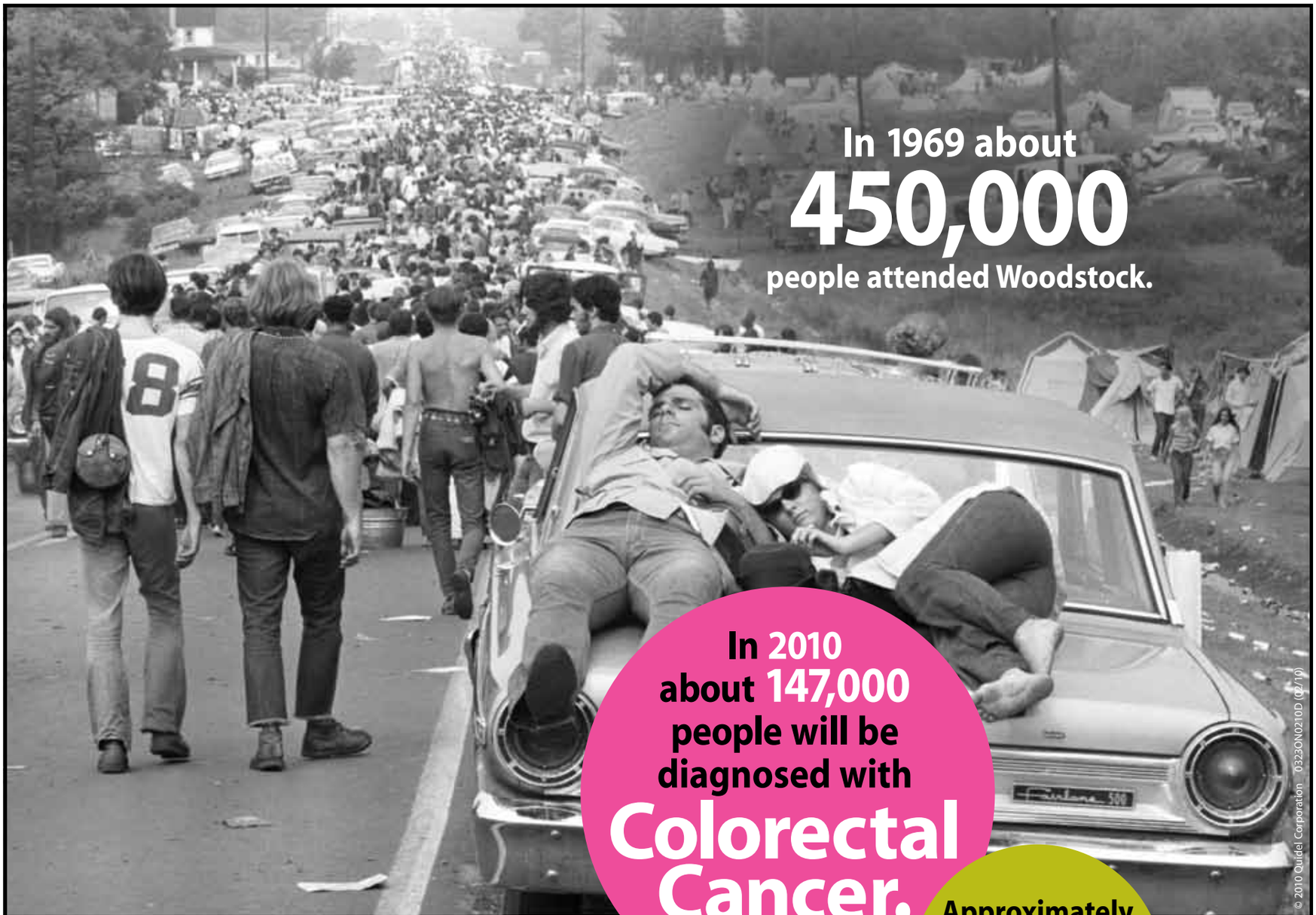
National Colon Cancer Screening Month

Designates April as Susie's Cause Colon Cancer Screening Month to specifically increase screening and track screening participation.

Susie's Cause is proud to provide to the dedicated readers of USA Today the first national comprehensive report on Colon Cancer Prevention and Treatment. We are thankful to our many sponsors that graciously supported this extraordinary project. We appreciate the experts that have generously given their time and their knowledge; the families of precious loved ones lost and patients literally fighting for their lives; and to Susie for her divine guidance from above. With humility and pride, Susie's Cause dedicates this program to all of you.

Susie's Cause
Susan Cohan Kaadas
Colon Cancer Foundation, Inc.

Five years ago a beautiful young woman with everything to live for succumbed to a two year heroic battle with colon cancer. She left behind a loving family and two beautiful children to grow up in a world without their Mother. Her vision was that no other family would experience the pain that her family endured. Susan did not live long enough to share her vision, however, her legacy will carry on through her Foundation, The Susan Cohan Colon Cancer Foundation (Susie's Cause). The Foundation was established by Susan and the Cohan family shortly before her tragic death, and is a public 501(c) (3) charity.



In 2010 about 147,000 people will be diagnosed with Colorectal Cancer.

Approximately 50,000 of them will die from it.[1]

Few things embody our generation's coming of age like the 450,000 or so people that descended on Woodstock in1969. Forty-one years later, tie-dye has become neck tie, flower power has become solar power and being screened for **colorectal cancer** (CRC) has become emblematic of where we are now. It may not be three days of peace and music, but the numbers express the importance of CRC screening.

The **QuickVue® iFOB** (immunochemical Fecal Occult Blood) is an easy to use test that detects occult blood in stool, which may be an indication of CRC. Only one sample collection is needed and there are no dietary or medicine restrictions.

March is National Colorectal Cancer Awareness Month, so make the pilgrimage to your doctor and ask to get screened. After all, the earlier cancer is detected, the more curable it is.[2]

Go to colorectal-test.com for more information.

QUICKVUE®
iFOB TEST
Immunochemical Fecal Occult Blood

Results you can depend on.

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[1] What Are the Key Statistics for Colorectal Cancer? http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_colon_and_rectum_cancer.asp?sitearea=
[2] Can Colorectal Cancer be Prevented? http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_Can_colon_and_rectum_cancer_be_prevented.asp?rnav=cri

What You Don't Know Can Hurt You!

If discovered early, Colorectal Cancer (CRC) is curable in over 90 percent of cases. Unfortunately, this slow growing cancer often has no symptoms to alert you to its presence, especially during the early stages when treatment would be most effective. That's why it is so important to be screened for CRC. But who should be screened, when and what type of test should they have?

In 2008, The American College of Gastroenterology (ACG) issued new guidelines for colorectal cancer screening. Based on the best evidence available, the new guidelines offer more specific recommendations than in the past and divide screening tests into two groups: cancer prevention and cancer detection.

As you would expect, the ACG recommends tests that prevent cancer over those that detect it, with colonoscopy being the preferred screening strategy. "A colonoscopy is the gold standard in screening because it is both diagnostic and therapeutic," says Dr. Howard K. Berg MD, head of colon and rectal surgery at St. Joseph's Medical Center Cancer Institute in Towson Maryland. That is because colonoscopy allows your doctor to carefully examine inside the rectum and the full length of the colon, as well as remove polyps and take tissue samples (biopsy) of any suspicious areas. "If a polyp is found, 95 percent of the time it can be removed during the procedure," says Dr. Berg. "Removing a polyp that has malignant potential can prevent a person from ever getting colon cancer."

Even if cancer is present, colonoscopy offers benefits. "If you are picking up cancer prior to the person having symptoms, it will likely be at an early stage when it is more easily treated and there is a dramatic improvement in survivability," says Dr. Berg. "If you are average risk and your colon is clean following colonoscopy, the test need not be repeated for 10 years."

For those who cannot afford or are unwilling to have a colonoscopy, other options exist. Sigmoidoscopy is similar to colonoscopy but only shows the lower portion of the colon. A computed tomography (CT) colonography, or virtual colonoscopy, every five years is another alternative.

Fecal immunochemical testing (FIT) looks for the presence of occult (hidden) blood in stool. Unlike older forms of fecal occult blood testing, FIT tests such as the QuickVue® iFOB (immunochemical Fecal Occult Blood) test from Quidel® Corporation use antibodies to measure the presence of human hemoglobin making them more sensitive and accurate. They are also not affected by what or how much you eat as older guaiac-based tests are. The QuickVue iFOB offers the additional advantage of requiring only a single sample. FIT is a detection test and should be performed annually.

For average risk individuals, it's recommended that screening begin at age 50, but for African Americans, even those at average risk, testing should begin at 45. If you have family history or other increased risk for CRC, screening should begin earlier with more frequent follow-up. And of course if you have symptoms, don't wait! Talk to your doctor right away and ask to be screened.

> "If you are average risk and your colon is clean following colonoscopy, the test need not be repeated for 10 years."

Sharon Osbourne: Words of Wisdom from a Survivor

Tenacious, compassionate, and committed to making a difference. These are just a few of the words that come to mind when I listen to Sharon Osbourne talk about her experience with colorectal cancer.

BY: CINDY HEROUX

Diagnosed in 2002, Sharon has shared her personal journey every step of the way in hopes that her story would raise awareness about the disease and encourage others to be proactive about it's prevention and detection. "Nobody wants to talk about it because of where it is," says Sharon. "Every single part of our bodies can get sick so why should this be so hush hush? When you look at the statistics that surround it, we need to be talking about it."

Sharon is spot on. With approximately 150,000 new cases and 50,000 deaths a year, colorectal cancer is the second leading cause of cancer deaths for both men and women behind lung cancer. But unlike other cancers, it doesn't get the same kind of attention. "What color ribbon is there for it?" asks Sharon. "There isn't one. Nobody wants to talk about this disease. It's not sexy, is it? But if it's caught early, you don't even need any chemo—it's likely an operation and it's gone." Sharon herself was not so fortunate. Her doctors estimated that by the time it was discovered, her cancer had been there for four years. Because her lymph nodes were involved, chemotherapy was necessary.

Appropriate treatment varies for each patient, but with early detection colorectal cancer is one of the most curable forms of cancer. Unfortunately, there are often no symptoms associated with its early stages. "It is one of those cancers you just don't know you have," says Sharon. "The only reason I knew I had it was because I was constantly tired. I thought it was just because I was so busy, but I had a blood test and they told me I was so anemic I must be bleeding from somewhere. I didn't believe it but I got the colonoscopy done and it saved my life."

According to the American Cancer Society, 75 percent of cases occur in people with no risk factors. Sharon had no family history of any type of cancer and she was diagnosed before she was 50, the recommended age to begin screening. "I know so many—a girl of 19, a lady of 26—that have this disease. I have met people through my journey that are all ages, all colors, there are no norms for this disease. You've got to listen to your body!"

You also have to take care of it. Sharon is convinced that her cancer resulted from her poor diet and unhealthy lifestyle. "I ate so much crap and so much animal fat, especially from dairy—milkshakes, ice cream, butter. And I was a very lazy person; I didn't get any exercise." All that has changed. Today, Sharon is healthier and more vibrant than ever and she intends to keep it that way.

"I look at it this way, every day truly is the first day of the rest of your life," says Sharon. "When you wake up tomorrow, think about how you have to respect your body; you have to respect what you put in your body. So often we don't, we abuse our bodies. If we treated our whole bodies the way we treat our faces, that would be great!" Wise words to live by.

Sharon Osbourne

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Colorectal Cancer Awareness

Bristol-Myers Squibb is a leader in the fight against cancer. We introduced our first cancer treatment over 40 years ago. Today, we continue our mission to discover, develop and deliver innovative medicines for people battling cancer and many other serious diseases. For more information, go to www.bms.com.

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Panel Of Experts

CINDY HEROUX, RD
Speaker, Author of *The Manual That Should Have Come With Your Body*
President, Speaking of Wellness LC

BRANDON HAYES-LATTIN, MD
Senior Medical Advisor
Lance Armstrong Foundation

MARK KRASNA, MD
Medical Director of the Cancer Institute
St. Joseph Medical Center in Towson, Maryland

MELINA JAMPOLIS, MD
Internist and Board Certified Physician
Nutrition Specialist

DAVID L. BARLETT, MD
Chief, Division of Surgical Oncology
Director, Specialty Care Centers, UPMC Cancer Centers and University of Pittsburgh Cancer Institute

Q: Can the foods we eat increase or decrease our risk for colorectal cancer?

A: "Absolutely!" says registered dietitian Cindy Heroux. "A diet high in red and processed meats can increase your risk of colon cancer, but a plant-based diet that's high in fruits, vegetables and whole grains can protect you against cancer."

To get the most cancer protection, Cindy recommends eating foods as close to the way nature made them as possible. "The more processed a food is the more likely it is to have less of what your body needs, and more of what it doesn't. Also, while individual nutrients are important, they rarely work alone. Often times it's the combination of nutrients in a given food that make it so powerful. For example, an apple eaten with the peel on has far more cancer fighting ability than one with the peel removed."

A whole foods, plant-based diet helps protect you against cancer in several ways. "More fiber helps keep everything moving, and the antioxidants and phytochemicals found in brightly colored fruits and vegetables offer special protection against cancer," explains Cindy. "Fruits, vegetables and whole grains are packed with nutrition, but naturally low in calories which also makes it easier to maintain a healthy weight, an important risk factor for colorectal cancer."

Q: Lance Armstrong and the Livestrong Foundation have provided knowledge, inspiration and encouragement to so many people. What role does personal empowerment play in the prevention and treatment of colorectal cancer?

A: "The Lance Armstrong Foundation believes that knowledge is power," says Dr. Hayes-Lattin. "In colorectal cancer (CRC), this includes knowledge about preventing cancer, detecting a diagnosis early, understanding a diagnosis, finding the best therapy, and planning for the future. In order to apply that knowledge, it is key for patients to have access to their medical data such as biologic risk factors, pathology and staging information, or treatment summaries."

Empowerment enables patients to be active participants in their own care—to be proactive rather than reactive.

"Next generation electronic tools may better empower patients to share knowledge as they tell their story," says Dr. Hayes-Lattin. "Some elements of a patient's cancer story include describing the psychosocial impact and sharing helpful resources including details about genetic and biologic markers, treatment responses, and patient reported outcomes, all of which may better inform cancer research. The Lance Armstrong Foundation is committed to building tools which enable patient empowerment."

Q: Why is early detection of colorectal cancer so important and what type of screening is best?

A: "When detected at an early stage, colorectal cancer is curable," says Dr. Krasna. "If you are not screened properly and the cancer progresses, it's less likely to be cured." In fact, when detected early, colorectal cancer may be curable in over 90 percent of cases.

Who should be screened, and when, depends on your personal and family history.

"There have been recent changes in the recommendations," explains Dr. Krasna, "not for those at high risk, but for the general population. Everyone over 50 who is at average risk should have a colonoscopy every 10 years. Other options such as a flexible sigmoidoscopy or CT colonography (virtual colonoscopy) are recommended every five years. A fecal occult blood test (gFOBT), fecal immunochemical test (FIT) and rectal exam can be done yearly. If you are predisposed to cancer because of a family history of colorectal cancer or polyps, or a personal history of Inflammatory Bowel Disease (IBD) such as ulcerative colitis or Chrohn's disease, you need to be screened earlier."

Q: Why is colon health so important and what can we do to help maintain a healthy colon?

A: "The colon is important for nutritional health, but it is also an important region of immune function, both locally and for the entire body," says Dr. Jampolis. "It is one of the body's first lines of defense against toxins you take in through food, and having sufficient healthy bacteria in the colon can help boost overall immune cellular function in addition to protecting your colon."

To minimize exposure to toxins, improve regularity, and keep the colon healthy, Dr. Jampolis recommends consuming a diet high in naturally occurring fiber such as whole grains, fruits and vegetables, as well as foods containing probiotics (healthy bacteria) such as yogurt. "Naturally occurring fiber is important," explains Dr. Jampolis. "Research has shown that adding whole grains to your diet has a protective affect against colon cancer. That's not necessarily the case with simply adding fiber to other foods, especially less healthy ones."

Dr. Jampolis adds, "Fiber not only speeds transit time and increases stool bulk which can help control constipation, but it also provides food to support the growth of healthy bacteria which can alter the pH of the colon, providing added protection and improving mineral absorption."

Q: Prevention or early detection of colorectal cancer is ideal, but are there options for people who have advanced disease that has spread to other parts of the body?

A: "There are numerous options for these patients such as chemotherapy combinations that have been shown to be effective, as well as surgical and chemotherapy combinations," says Dr. Bartlett. "At UPMC Cancer Centers, we have developed a Colon Cancer Specialty Care Center where the medical oncologist, the surgeon and the radiation oncologist work together to come up with individualized treatment plans for each patient."

Those treatment plans often involve novel approaches such as delivering chemotherapy during surgery. Dr. Bartlett explains, "We can surgically isolate a region of the body such as the abdominal cavity, or an organ such as the liver. By delivering the chemotherapy drugs directly to that region or organ, we can minimize side effects to the rest of the body and deliver a much higher concentration of chemotherapy drugs to the tumor."

Participation in clinical trials may be an option. "In addition to the medical specialists, we have our team of clinical research experts," says Dr. Bartlett. "This offers patients involvement in clinical trials, some of which are unique to the Colon Cancer Specialty Care Center at UPMC Cancer Centers." For patients with metastatic colon cancer, these innovative therapies offer more than just options, they offer hope.

As we move forward advancing cancer treatment, we're leaving behind a legacy.

Doctors know that the latest cancer research doesn't make an impact until it touches a patient. At UPMC Cancer Centers, researchers work closely with oncologists to rapidly translate lab discoveries and clinical research into effective new treatments. This means that more than 36,000 new patients each year benefit from the most advanced cancer therapies. As part of one of the largest clinical care networks in the country, UPMC Cancer Centers is bringing world-class resources and treatments directly to patients in their own communities. To learn more about research and treatment at UPMC Cancer Centers, call 1-800-533-UPMC or visit UPMCCancerCenters.com.

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Affiliated with the **University of Pittsburgh School of Medicine**, UPMC is ranked among the nation's best hospitals by *U.S.News & World Report*. UPMC Cancer Centers works in tandem with the University of Pittsburgh Cancer Institute, a National Cancer Institute-designated Comprehensive Cancer Center.

Stefanie's Story:

Cancer In Her Genes

Stefanie Rieger didn't fit the statistics. Just 22 when colon cancer claimed her life, Stefanie's story tells the tale of an entire family's struggle with genetic colon cancer.

A story that her mother Andrea hopes to spare other families from having to repeat.

Stefanie's great grandmother had been diagnosed with colon cancer when she was in her sixties. Her grandfather had been diagnosed with colon cancer for the first time in his fifties and went on to battle cancer four more times. Her father was diagnosed with colon cancer when he was thirty-nine years old and had a recurrence at fifty. With each generation, the dreaded diagnosis arrived years earlier than in the preceding generation. Yet when Stefanie began suffering from chronic high fevers, immunological problems and even abdominal pain a few months prior to her diagnosis, her parents were repeatedly assured that her symptoms were not being caused by colon cancer and a colonoscopy was not performed.

For two years Stefanie worked through her illnesses and followed the advice of her doctors. She graduated college in May of 2008, and filled with excitement and anticipation, headed to Israel for a Birthright trip. It was during that trip that she was overcome with crippling pain.

Initially, doctors again dismissed the possibility of colon cancer, but one insistent physician pushed for a scan. Within hours Stefanie was having emergency surgery and her terrified parents heard the words they had feared for so long. "I know exactly where we were, exactly what I was wearing," explained Andrea. The doctor simply said, "'You should come, your daughter has cancer.'" As they waited at the airport for the flight that would carry them to their daughter's side, Stefanie's parents received a second call telling them the cancer had spread to her liver.

"Unfortunately, Stefanie's cancer could not be contained with chemo and radiation. In eight months it was everywhere and she died at 22. She never complained, not even about the terrible pain, never asked why this happened to her, she was always more concerned about everyone else. She was the bright light in everyone's life," says Andrea.

After Stefanie passed away, her parents insisted her younger brother Evan have not only a colonoscopy, but also an endoscopy and urine test for bladder cancer. Even with his overwhelming family history and information about how far his sister's cancer had spread, the doctor thought the additional tests were unnecessary. "They kept telling me that based on statistics I should not have my son tested until he was 35. Why should I wait? I don't care what the statistic said. Statistically, my daughter should never have died at her age, how could they tell us to wait?" asks Andrea. As was the case with Stefanie's older brother Josh, Evan showed no signs of cancer, but genetic screening revealed that Andrea's son carried the same gene as his father and sister.

Andrea hopes that by sharing Stefanie's story, something good can come from her daughters' death. "If it's in the family, if it's genetic — don't wait, get tested. I don't want one other young person to lose their life."

Warning Signs:

When To Get Tested

Unlike fast-growing cancers or cancers you can see, colorectal cancer (CRC) often has no symptoms at all, especially during the early stages.

Current recommendations suggest being screened for CRC starting at age 50, but if you experience any of the symptoms listed below, it's important to talk to your doctor regardless of your age.

Suzanne Dixon, MPH, RD, an epidemiologist, and the Colon Cancer Guide for About.com, explains that symptoms of CRC come in two general varieties: local symptoms and systemic symptoms. "Local colon cancer symptoms affect your bathroom habits and the colon itself," says Dixon. "Systemic colon cancer symptoms are those that affect your whole body, such as unexplained fatigue or weight loss."

Local symptoms to watch for include:

- Changes in the frequency of your bowel movements
- Changes in the consistency of your bowel movement

Are you experiencing constipation or diarrhea?

- Blood in your stool

Blood may be bright red, dark colored, or black and tarry looking.

- Pain or discomfort

Do you have frequent gas pains, cramps, or bloating?

- Feeling as if your bowels don't empty completely

All of these symptoms can be caused by things other than cancer, but don't take unnecessary chances. "If you experience any of these symptoms for two or more weeks, call your doctor right away to discuss your concerns," says Dixon.

Systemic symptoms include:

- Unexplained fatigue
- Unexplained weight loss

Have you lost your appetite?

- Nausea or vomiting
- Anemia

Like local symptoms, systemic symptoms also have many possible causes, but don't let that prevent you from talking with your doctor about them. Early diagnosis and treatment are too important to wait.

Are You At Risk For CRC?

Colorectal cancer can affect anyone but certain risk factors are associated with an increased chance of developing this disease.

These risk factors include:

Age

Over 90 percent of people diagnosed with colorectal cancer are over the age of 50, but colorectal cancer can—and does—affect people of all ages.

Your Personal Health History

If you have had colorectal cancer in the past, you are at increased risk for developing it again in the future. If you have a history of colon polyps or Inflammatory Bowel Disease (IBD) such as ulcerative colitis or Crohn's disease, your risk is also increased. Irritable Bowel Syndrome or IBS is not associated with an increased risk.

Your Family History

If a close family member has had colorectal cancer, especially if it was at a young age, or if many family members have had colorectal cancer, your risk is increased. It is not clear whether the increased risk is due to genetics or having similar lifestyles and environmental exposure. It is important to note that only 10 to 20 percent of CRC cases involve people with a family history. Your family's history might begin with you.

Inherited Genetic Alterations or Syndromes

Inherited changes in genes can increase your risk of specific forms of colorectal cancer. These alterations account for approximately five percent of CRC cases.

Race and Ethnicity

African Americans have the highest incidence of colorectal cancer in the United and States and Jews of Eastern European descent (Ashkenazi Jews) have the highest worldwide risk.

Lifestyle

Colorectal cancer is closely related to diets high in red meat, processed meats, and animal fat, and those low in fruits, vegetables and fiber. Lack of exercise, smoking, and heavy alcohol use also increase your risk.

Obesity

Obesity increases both your risk for developing CRC and your risk of dying from the disease.

Type 2 diabetes

Non-insulin dependent diabetes and insulin resistance have both been associated with an increased risk of CRC.

If you have any of these risk factors, it's important to talk with your doctor. Together you can make informed decisions about colorectal cancer screening.

Prevention: The Choice Is Yours

Colorectal Cancer is a complex disease that is affected by many factors, but one thing is absolutely certain—the lifestyle choices you make each and every day have the power to influence whether you are ever affected by this disease or not.

The general consensus is that at least 50 percent of all cases of colorectal cancer could be prevented by lifestyle alone, and one recent Harvard study found that the risk could be reduced by as much as 70 to 75 percent!

Evidence for some lifestyle factors is stronger than for others, but here is what we know. According to Edward Giovannucci, MD SCD, professor of epidemiology and nutrition at the Harvard School of Public Health, "It is very clear that maintaining a normal body weight would decrease someone's risk for colorectal cancer (CRC). Also being physically active is protective. You don't have to be a marathon runner-walking just four hours per week decreases risk substantially." Smoking raises your risk and so does excessive alcohol consumption.

These recommendations are consistent with those that promote overall health and also lower your risk for other forms of cancer as well as heart disease, diabetes and stroke.

Diet—A Powerful Ally

How diet is related to colorectal cancer (CRC) risk is the topic of much research and debate. "To the extent that diet impacts obesity, it's very important, but beyond that, what is most consistently associated with increased risk of CRC is high consumption of red meat, especially processed meats," says Dr. Giovannucci. "It's been hard to tease out exactly why this is the case, but there is evidence that cooking can lead to the production of carcinogens in well done meat, and processed meats contain compounds that are converted to carcinogens."

Most nutrition experts believe that a plant-based diet offers many benefits. Joel Fuhrman, MD, a board certified family physician and author of *Eat For Health and Eat To Live*, explains that a plant-based, "nutritarian" diet—one that focuses on the nutritive quality of food and is high in fruits and vegetables—not only reduces exposure to possible carcinogens, but offers a protective effect against cancer. "Fruits and vegetables, cruciferous vegetables, retard the expression of cancer genes," says Dr. Fuhram. "Consumption is inversely related to CRC risk."

Both of these physicians agree on the importance of making good choices as early as possible. "There is a long lag time, perhaps as much as 20 to 25 years, between dietary patterns and development of the disease," explains Dr. Fuhrman. "Those with the highest consumption of plant food in childhood have the lowest incidence of CRC as adults." Dr. Giovannucci's research supports this. "CRC takes decades to progress," says Dr. Giovannucci. "Some nutrients, such as folate (a B vitamin that is especially abundant in green leafy vegetables, beans and peas), when consumed at a very early stage, may be preventing that progression."

There is significant evidence to suggest that calcium and vitamin D are also important. According to Dr. Fuhrman, "Some studies show that with adequate vitamin D levels, the body is better able to take cells that would have progressed to cancer and halt that progression in it's tracks."

A simple blood test can alert you to whether or not you are getting enough vitamin D. For calcium, 800—1000 mg may be sufficient to protect against CRC, but you may need more.

Making changes to the way we eat can be challenging, but it is an investment in your health, as Dr. Fuhrman reminds us. "The same dietary recommendations that decrease risk of CRC decrease risk of the most common cancers simultaneously and other conditions as well, including diabetes, stroke, heart disease and sudden cardiac death from irregular heart beats."

Opening Up About CRC

For a long time Carmen Marc Valvo, one of New York's hottest fashion designers, kept his colon cancer private, even from his closest friends—until he discovered that the silence and the stigma that so often surround this disease almost cost him his life.

"There was something wrong with me, I sensed it," says Carmen. "So I went to the doctor and they did all these tests and they couldn't find anything. Then we did a colonoscopy, and they felt something and right there in the middle of the procedure the doctor says, 'You have cancer and it's the size of a lemon.'"

That's not typically the way physicians share such serious news, but what was equally shocking for Carmen was discovering that he had a family history of colon cancer he knew nothing about.

"I had the tumor removed laparoscopically and they had to remove part of my colon," says Carmen. "Then I found out afterward that I had two family members, one on each side, that had colorectal cancer (CRC). One of the problems with CRC is that nobody wants to talk about it." However, with no family history on record, Carmen's insurance didn't want to cover a colonoscopy until he was 50. "I'm fine now, but my cancer was stage IV when it was detected," explains Carmen. "Had I been forced to wait, my prognosis could have been much different. You need to have full disclosure, you need to have the family conversation."

During his treatment and recovery, Carmen struggled with the kind of "crazy emotional rollercoaster" many cancer patients do. "I love gardening," says Carmen, "so I started weeding and it was like I was weeding the cancer out of my body. Then I decided to plant a cancer garden and I planted all kinds of flowers and that was my way of dealing with the emotional trauma." It also helped Carmen reflect on what he was doing with his life. "When you are dealing with cancer you really reevaluate your life in a strange way."

Carmen decided to break his silence and use his place in the fashion world as a vehicle for raising awareness. "Sometimes fashion can seem so frivolous," says Carmen. "But I love what I do. I love dressing women up, I love helping them feel empowered on their special occasions. Fashion is my passion, but using fashion to raise awareness of CRC gives so much more meaning to what I do; through fashion I can reach so many women with an even more empowering message."

Carmen is now an ambassador for the National Colorectal Cancer Research Alliance (NCCRA). He has also participated in a host of cancer awareness events, partnering with celebrities like Katie Couric and Vanessa Williams, and the Entertainment Industry Foundation (EIF). In recognition of his work, he received the first ever Advocate Award from Katie Couric in 2006. Recently, he has been taking his fashion show on the road to attract attention and raise money for this important cause with retail partners and the AARP. "We've made breast cancer fashionable, we've made ovarian cancer fashionable, I want to make CRC fashionable," says Carmen.


Photo credit by Melanie Dunea

Carmen Marc Valvo

Don't Let Fear Hold You Back

According to the National Cancer Institute, rates of screening for colorectal cancer (CRC) are consistently lower than those for other types of cancer.

It seems we are OK with routine screenings associated with our breasts and our prostates, but the mere thought of having our colons and rectums examined sends people running for cover. For some, it's a source of embarrassment; others are concerned about the discomfort or inconvenience of screening tests. But for most people, the greatest fear of all is what the tests might reveal.

"People often associate being screened for CRC with the assumption that something is wrong," says Lynda Mandell, MD, PhD, a dually boarded radiation oncologist and psychiatrist with a private psychiatry practice in New York City specializing is psycho-oncololgy. "This assumption, which provokes fear even in individuals not at high risk for the disease, often results in avoidance of screening tests."

A board member of the American Psychosocial Oncology Society and The Susan Cohan Kasdas Colon Cancer Foundation, Dr. Mandell's unique background gives her a deep appreciation for what patients go through. She explains, "for those with no family history of cancer, much of the anxiety associated with being screened stems from anticipatory worry—'What will happen if I have cancer?' For people who have witnessed a loved one experience the disease, that anxiety is intensified by the thought that what happened in the past will happen to them." In Cognitive Behavior Therapy, this is known as a cognitive error.

Dr. Mandell helps patients reconstruct these thoughts to more accurately reflect the realities of their personal situation. "It's important to acknowledge those things about the present situation that may be the same as what happened in the past, but then to look at what is different. If a family member was older or diagnosed with an advanced stage of cancer but you catch cancer early, your experience could be completely different."

Catastrophizing is another form of cognitive error that holds people back. "A person starts bleeding a little bit and their first thought is 'I have cancer,'" says Dr. Mandell. "Then they start thinking about all of the terrible things that could happen—I'm going die, be disfigured, my spouse is going to leave me, and so on. These escalating thoughts trigger fear, anxiety and guilt so intense it's immobilizing, even though the bleeding may not be cancer at all."

Dr. Mandell recommends looking at each of these fears and examining the likelihood of them happening. "For example, if you are afraid of dying, focus on how curable this cancer is, especially if detected early. If you are worried about side effects, recognizing how advanced current treatment options are compared to those of the past can help reduce the intensity of your anxiety."

It's also helpful to think about others. "If you can't do this for yourself, then do it for the people you love," says Dr. Mandell. "If you do have cancer, early intervention could spare your loved ones' unnecessary emotional distress and heartache. If your cancer is genetic, having that knowledge and sharing it with your family allows them to make the best decisions possible for their own health and could even save their lives."

> "This assumption, which provokes fear even in individuals not at high risk for the disease, often results in avoidance of screening tests."

Getting The Care You Need

No one ever wants to hear the words "You have colorectal cancer." But if you or someone you love does, it's important to know how to find the best care possible. Your life could depend on it.

"When a patient hears a diagnosis of colorectal cancer, every patient sees it as a death sentence," says Mark Krasna, MD, medical director of the Cancer Institute at St. Joseph Medical Center in Towson, Maryland. "But it's important to ask 'What stage of cancer do I have?' Stage predicts survival; it should also determine treatment."

Colorectal cancer (CRC) is curable, especially if it is caught early. New approaches to treatment and advanced surgical options such as minimally invasive laparoscopic surgery have improved survivability, and in many cases made treatment less traumatic. "If you are found to have stage I, the correct treatment is a colonectomy with clear margins and lymph node sampling," says Dr. Krasna. "If the tumor is in the wall, and you can remove 10"–12", and the lymph nodes are negative, that's fantastic because you don't really need other treatment."

If your cancer is more advanced, additional treatment may be necessary. Dr. Krasna explains, "In stage II or III where the cancer begins to invade other structures or there might be local lymph node involvement, treatment not only involves surgery, but also chemotherapy." Two of the biggest advances in CRC treatment are adjuvant (in addition to) therapy following surgery, and neo-adjuvant therapy—using radiation and/or chemotherapy before surgery, especially in cases of locally advanced rectal cancer. "Offering chemotherapy and radiation before surgery reduces the bulk of the disease making surgery less debilitating," says Dr. Krasna.

In the more advanced stages, multidisciplinary care and individualized treatment is especially important. "When you have stage II, III or IV cancer, you need to have a team of experts, not just one. You need a surgeon, a medical oncologist and perhaps a radiation oncologist," says Dr. Krasna. "Every patient with CRC should be able to have their case discussed prospectively (before treatment) and have a consensus reached before any therapy is started."

Finding that quality of care is getting easier thanks to The National Community Cancer Center Program (NCCCP), a government sponsored initiative of leading community cancer centers committed to delivering the highest standards of care. "85 percent of cancer patients receive care close to home in their own community," says Dr. Krasna. "The goal of the NCCCP program is to ensure these patients have access to the same quality of care as those who are treated at large research hospitals; care that includes multidisciplinary care, screening patients from disparate populations including the underserved, and conducting clinical trials."

"The best care a patient can receive according to NCI guidelines is in a clinical trial," says Dr. Krasna. "In part because they are being followed so much more closely by a whole team." St. Joseph's is one of only 16 cancer centers across the country that is part of the NCCCP program. "There is no reason why a person in a community care setting can't get the best care possible. St. Joseph's is a community hospital, but we are sharing best practices with a large network and changing the face of CRC across the country."

Improved standards of care and medical advances offer great hope for people diagnosed with CRC. Says Dr. Krasna, "Today, even patients with metastatic disease can actually be offered a chance at cure."

Medicine On The Cutting Edge

Tremendous progress has been made in the treatment of colorectal cancer (CRC) in recent years. The emergence of "targeted" therapies that enhance the effectiveness of traditional chemotherapy, and safer yet more aggressive surgical procedures offer hope even to patients with advanced stages of CRC.

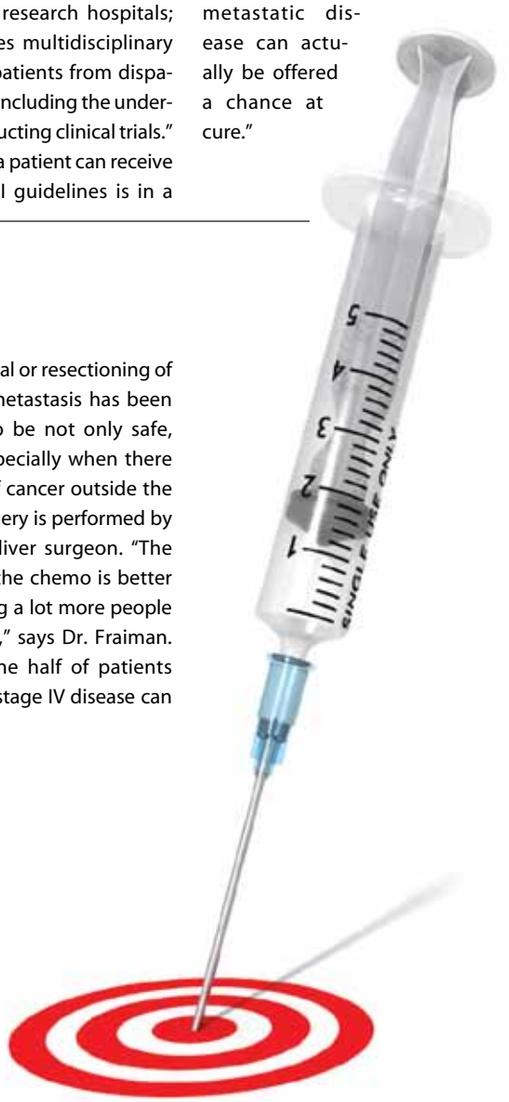
"It's a very exciting time in oncology," says Rodrigo Brito Erlich M.D., Director of Hematology and Oncology at Geisinger Health Systems Henry Cancer Center in Wilkes Barre, PA. "There have been major changes in our understanding of solid tumors. We understood the biology of how a polyp progressed to cancer, but now we understand the biology of the cancer itself."

Cancer results from mutations to DNA that result in abnormal cell division. By identifying the genes that are altered in a specific cancer, drugs can be created to "target" molecules needed for tumor growth. Targeted therapies are more effective than existing treatments and are less harmful to normal, non-cancerous cells.

Being able to screen patients for these genetic alterations also enables doctors to predict whether or not a particular cancer will respond to, or be resistant to certain drugs. Dr. Erlich explains, "If the colon cancer has a mutation of a gene called KRAS, that cancer will be completely resistant to treatment with the monoclonal antibodies cetuximab (Erbitux) and panitumumab (Vectibix), drugs commonly used in the the treatment of advanced CRC. For patients with this mutation, these drugs won't work and alternative treatment options must be considered instead."

Colorectal cancer most commonly metastasizes (spreads) to the liver or the lungs. In the not too distant past, if cancer reached the liver, chances of survival were minimal, but that is no longer the case. "Even if cancer has spread to the liver, it's not a death sentence," says Mark Fraiman, MD, Surgical Director of the Comprehensive Liver and Pancreas Center at St. Joseph's Medical Center in Towson, Maryland. "The liver is the only organ in the body that regenerates. We can remove up to 70-75 percent of the liver and in 6 weeks it's grown back to its normal size. We are better trained and more aggressive in treating this disease than we used to be."

Surgical removal or resectioning of colorectal liver metastasis has been demonstrated to be not only safe, but effective, especially when there is no evidence of cancer outside the liver and the surgery is performed by an experienced liver surgeon. "The surgery is safer, the chemo is better and we are curing a lot more people than we used to," says Dr. Fraiman. "One third to one half of patients with metastatic, stage IV disease can be cured."



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