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**MEDIA  
PLANET**

September 2010

# CANCER AWARENESS & COLORECTAL HEALTH

**5**  
TIPS

## FIGHTING FOR A CURE

**Katie Couric:** Raising awareness and  
helping others find the power of hope

PHOTO: ANDREW ECCLES

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## CHALLENGES

With a **move in the right direction**, the American Cancer Society reports a 1.3 percent drop in overall cancer mortality rates in the U.S. in 2007.



## Prevention and early detection save lives

For the past 20 years this continued decrease has averted approximately 767,000 cancer deaths. To put this in perspective, if Soldier Field, Wrigley Field, U.S. Cellular Field and the United Center were all filled to capacity, this would total only about 165,000 people.

In the early 1990s, cancer mortality and incidence rates began to decrease after steady increases over many decades. These downturns were the direct result of improvements in cancer prevention, early detection and treatment.

While progress is being made, there's still work to be done. Even with decreases in cancer incidence and death rates, the American Cancer Society forecasts that more than 65,000 Illinoisans—or about 180 people on any given

day—will be diagnosed with cancer in 2010.

There are practical steps that virtually everyone can take to reduce their cancer risk and these strategies offer the most cost-effective approach for controlling cancer. These include becoming more physically active, correcting obesity, eating balanced nutritious foods that are low in fat and calories, and avoiding or stopping tobacco use. Such actions will ensure that significantly fewer people will be diagnosed with the disease in the future.

**Be proactive**

It is one thing to prevent cancer, but quite another to make sure cancer is detected early. Be your own health advocate. Proactively speak with your physician about your family history and lifestyle to determine which cancer screenings are appropriate and when to



**Mary Maryland, R.N., Ph.D.**  
President of the American Cancer Society, Illinois Division

“It is one thing to prevent cancer, but quite another to make sure cancer is detected early.”

have them.

The American Cancer Society's screening guidelines are an important complement to healthy behaviors and screening tests help detect cancers at an earlier stage, before symptoms are evident and when treatment is most effective. Cancer screening tests can reduce deaths from cancers of the skin, colon and rectum, breast, cervix, prostate, uterine, mouth and throat.

We are winning the war on cancer. The American Cancer Society is saving lives by helping people stay well and get well, by finding cures and by fighting back. As a result, more than 11 million people in America who have had cancer, and countless more who have avoided it, will be celebrating birthdays this year. To learn more about prevention, early detection, screening and cancer treatment visit, [cancer.org](http://cancer.org).

## WE RECOMMEND



**Katie Couric** stands up to cancer.

**MEDIA  
PLANET**

CANCER AWARENESS & COLORECTAL HEALTH  
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NEWS

# New hope, better healing for colorectal cancer patients

**This year, more than 102,900 new cases of colon cancer and nearly 40,000 cases of rectal cancer will be diagnosed in the U.S., making colorectal cancer the third most common form of the disease, excluding skin cancers, according to the American Cancer Society.**

Removal of tumors and cancerous cells in the pelvic region can be particularly challenging, as the area is “crowded” with blood vessels and nerves that control sexual and bladder function, says Konstantin Umanskiy M.D., assistant professor of surgery at the University of Chicago Medical Center. Removing even a fraction of a centimeter of tissue more than necessary can greatly impair the patient’s quality of life.

Until recently, patients in need of colorectal cancer surgery were given two options: traditional surgery, with large open incisions or laparoscopic surgery, which is typically limited to very simple procedures. But Dr. Umanskiy and his fellow surgeons at the University of Chicago Medical Center are offering a new option—robotic surgery for colorectal cancer treatment.

“The notion of robotic surgery is a little of a misnomer,” says Dr. Umanskiy. “There’s no machine performing the tasks. The surgeon is in control at all times, with increased visibility and more precise manipulation of the surgical instruments.”

Using the minimally invasive da Vinci® Surgical System, surgeons perform colon and rectal cancer surgeries with tiny incisions and enhanced visibility, due to the system’s high-resolution,



**KONSTANTIN UMANSKIY, MD**  
 “My hope is that one day the robotic rectal dissection will become the standard of care.”  
 PHOTO: BART HARRIS

stereotactic screen. The surgeon sits at a console and controls every aspect of the surgery just a few feet away from the patient. Because more complex procedures can be performed than traditional laparoscopy, more patients have the

option of choosing minimally invasive surgery, which can reduce the risk of complications and speed healing time significantly.

The program is slowly growing. Since its January 2009 introduction at the University of Chicago

Medical Center, 22 robotic colorectal procedures have been performed. Umanskiy says that patient outcomes in patients receiving this type of surgery are similar to those who receive laparoscopic surgery. In addition, the da Vinci system is used to treat benign conditions like ulcerative colitis or Crohn’s disease. Umanskiy is currently working on developing new research protocols to determine a surgeon’s proficiency with the system and has hopes to increase its use for colorectal cancer surgery at the University of Chicago Medical Center and elsewhere.

“My hope is that one day the robotic rectal dissection will become the standard of care,” he says. “I think it’s just a better way of doing this operation.”

**GWEN MORAN**

editorial@mediaplanet.com



**FOR PATIENTS, EDUCATION CAN MAKE ALL THE DIFFERENCE IN CANCER CARE.**

**AT THE UNIVERSITY OF CHICAGO MEDICAL CENTER,** we know that a cancer diagnosis can be life-changing. Helping our patients understand the disease and available treatment options is one way we help put their minds at ease. From Q&A sessions to in-depth personal discussions to individualized drawings of what will happen during cancer surgery, we educate our patients so that they are equipped to make informed decisions about their cancer care. The cancer program at the University of Chicago Medical Center is recognized for its comprehensive and collaborative approach to treating cancer. With leading-edge research, over 200 cancer specialists, and innovative treatments and clinical trials not available elsewhere, we’re attacking cancer from every angle.

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## INSPIRATION

**Question:** When Katie Couric co-hosted the Stand Up To Cancer Event on September 10th with Diane Sawyer and Brian Williams, what did she hope to accomplish?

**Answer:** “Greater awareness and more research dollars,” she says. “If people band together to fund the extraordinary science that is at our fingertips, scientists will have the resources to do what they do best: to unravel the secrets of what is a very complex disease.”

TIP

2

BE AN  
ADVOCATE

## Katie Couric stands up to cancer

## LEADER-TO-LEADER

Still reeling from the loss of her husband, John Paul (Jay) Monahan III, who lost his life to colon cancer at the age of 42, Katie Couric launched a crusade for early colon cancer screening. In March of 2000, together with the Entertainment Industry Foundation (EIF), Couric established the National Colorectal Cancer Research Alliance (NCCRA), which is dedicated to the eradication of colon cancer through both increased awareness and research funding. “We have been able to accomplish a lot in the ten years since we established the NCCRA,

but we still have miles to go in terms of awareness. Many people still aren't aware that there are screening procedures that can save lives,” she notes.

Couric has faced tremendous loss in her personal life. In 2001, while at the peak of her career and with two small children, Couric lost her sister to pancreatic cancer, just four years after losing her husband. “It is excruciatingly painful to watch someone you love be ravaged by this disease,” she explains.

Couric cares deeply for families who are struggling with loss and is open about sharing her story: “I watched my sister and my husband in awe as they fought this disease with every ounce



“Many people still aren't aware that there are screening procedures that can save lives.”

of their strength; I learned a lot about them and about the power of determination, dignity, grace and humor.”

Couric credits her “reportorial skills and hands-on approach to life” for helping her to cope with the loss of her husband and sister. “The more resourceful and proactive that I was, the better I felt emotionally.”

**Funding the “Dream Teams”**

Couric appeared live alongside Diane Sawyer and Brian Williams on September 10th for a primetime telethon, Stand Up To Cancer (SU2C), to raise money for cancer research. “Only about one in 10 promising research

proposals receive funding from the National Cancer Institute (NCI),” Couric explains. “Think of all of those possibilities that are left on the cutting room floor because they just don't have funding.” Donations to SU2C will go to five “Dream Teams,” each of which consists of collaborative researchers aimed at “bringing scientific discovery from the laboratory to the bedside within three years.”

DR. MELISSA MILAN

editorial@mediaplanet.com

Can a simple blood test be used for colorectal cancer screening?



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INSPIRATION



**KATIE COURIC**  
 1. Bringing joy and hope to patients.  
 2. Diane Sawyer, Katie Couric, and Brian Williams hosted Stand Up to Cancer.  
 3. Katie viewing latest Cancer research at the Cleveland Clinic.  
 PHOTO: HILTZIK STRATEGIES, LLC



CONTRIBUTE

**Stand Up To Cancer returned to primetime television on September 10, 2010, at 8 on ABC, CBS, FOX and NBC, as well as many cable channels.**

Hosted by network news anchors Katie Couric, Diane Sawyer and Brian Williams, the telecast featured live musical performances by top artists like Stevie Wonder, Martina McBride, Queen Latifah and Neil Diamond. An extraordinary line-up of celebrities from film, television and sports also participated, including Kareem Abdul-Jabbar, Laura Linney, Rob Lowe, Gwyneth Paltrow, Denzel Washington and Reese Witherspoon, among many others.

Please visit <http://su2c.org> to see the broadcast or text "STAND" to 40202 to donate \$10 to help fund Cancer research.



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## INSIGHT

Diseases of the colon, rectum and anus are significant health problems; however, **colorectal health is often neglected or ignored.** Many patients feel embarrassed to talk about their gastrointestinal symptoms because of social taboos or fear that they demonstrate a fatal disease such as cancer.

## Take ownership of your health

**G**astrointestinal disorders range from benign to malignant, and include colorectal cancers, inflammatory bowel disease (i.e., Crohn's disease or ulcerative colitis), and anorectal problems such as hemorrhoids or fissures. Symptoms of these diseases can include bloating, changes in bowel habits, abdominal or anorectal pain, and even passing blood in the stool. These should be discussed with your physician. There is no reason to suffer from a preventable, treatable, or curable disease.

Colorectal cancer is the second leading cause of cancer-related deaths in the U.S., with approximately 140,000 new cases diagnosed each year. It strikes men and women with almost equal frequency. Early stage colorectal cancer can be cured in up to 90 percent of people. It is estimated that approximately 40,000 lives a

### PROFILES

“There is no reason to suffer from a preventable, treatable, or curable disease.”



**Nicole J. Kafka, MD, FACS, FASCRS**  
Vice Chair,  
Public Relations  
Committee,  
American Society  
of Colon & Rectal  
Surgeons



**Harry T. Papaconstantinou, MD, FACS, FASCRS**  
Chair,  
Public Relations  
Committee,  
American Society  
of Colon & Rectal  
Surgeons

year could be saved through widespread adoption of colorectal cancer screening and early treatment.

The American Society of Colon and Rectal Surgeons (ASCRS) and its member surgeons and other healthcare professionals are dedicated to educating the public regarding lower gastrointestinal diseases and caring for those who suffer from them. The ASCRS's highly-trained specialists also focus on prevention of disorders of the colon, rectum and anus. Its board-certified colon and rectal surgeons complete a residency in general surgery, plus an additional year in colon and rectal surgery, and pass an intensive examination conducted by the American Board of Colon and Rectal Surgery.

We urge everyone to review carefully the excellent information provided in this report on colorectal health. For more information, or to find a colon and rectal surgeon in your area, go to the ASCRS Website ([www.fascrs.org](http://www.fascrs.org)). We are dedicated to your colorectal health.



### NEWS IN BRIEF

## HIPEC offers patients new hope

A diagnosis of Stage 4 colon cancer may once have been considered a death sentence for those receiving the grim news, but Hyperthermic Intraperitoneal Chemotherapy (HIPEC) is greatly changing a patient's outlook. HIPEC involves applying heated chemotherapy directly into the abdomen at the time of cytoreductive surgery, where the tumor is first removed.

### Not everyone's a candidate

According to Dr. George Salti, Associate Professor of Surgery and Director of Surgical Oncology at Advocate Illinois Masonic Medical Center in Chicago, HIPEC is performed when the disease has spread within the abdominal cavity from colorectal and certain other cancers. To undergo cytoreductive surgery, a patient must meet certain surgical criteria.

“They have to be in excellent functional status. They can't be bedridden or have a bad heart,” Salti explains.



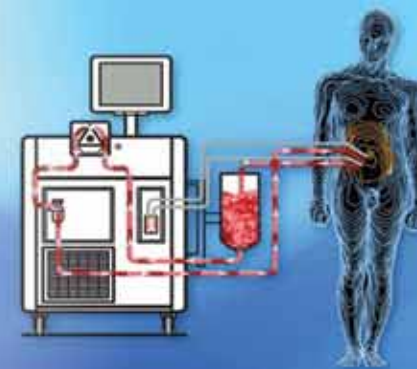
**Dr. George Salti**  
Associate  
Professor of  
Surgery and  
Director of  
Surgical Oncology,  
Advocate Illinois  
Masonic Medical  
Center, Chicago

### What to expect

The surgeon circulates a heated solution throughout the peritoneal cavity, killing any remaining cancer cells. “Some patients may suffer a simple wound infection, but in a small minority, the risks can be major, and could include leakage or even death. However, improvement in the quality of life and survival can be significant. Until the mid-1990s, when HIPEC was first introduced, the survival rate using a holistic palliative approach was very low—maybe six to nine months. This gives patients hope they didn't have before.”

For more information about HIPEC for the treatment of advanced abdominal cancer please go to [www.hipectreatment.com](http://www.hipectreatment.com) where you can also find the elite surgeons who specialize in this procedure throughout the United States.

 **ThermaSolutions**



INSPIRATION



# Never taking no for an answer

HOW I MADE IT

**When Suzanne Lindley found out at age 31 that she had stage IV colon cancer, she briefly accepted the diagnoses and went home to enjoy every moment she thought she had left with her family. That was 12 years ago.**

A computer, an early Christmas present, unlocked a world of support and resources for Lindley, inspiring her to be her own advocate.

Through ACOR's (Association of Cancer Online Resources) Listserv, she networked with others who encouraged her to seek emerg-

ing therapies. "I was diagnosed at the right time," recalled Lindley, referring to the dramatic advancements in colon cancer shortly after hers was found. "When I was first diagnosed, there was only one treatment for colon cancer, chemotherapy, and that had been around for 45 years. Through talking with others, I heard of other options." Among the therapies she learned about were new chemotherapy regimens, arterial embolization, radiation, SIRT (Selective Internal Radiation Therapy) and gamma knife radiation, just to name a few.

**Finding YES**

After several years of successfully

"I vowed to never give up and never say never."

Suzanne Lindley  
Founder of YES

fighting her disease with new treatments, Lindley was slammed with news that tumors in her liver were growing out of control. "A doctor told my husband, your wife is dying. We even looked at funeral parlors," said Lindley.

But once again, the support of others inspired Lindley to look for alternative options. The power of

networking, in fact, encouraged her to found YES ([www.beatliver-tumors.org](http://www.beatliver-tumors.org)), a support group for people with cancer in their liver that is now 1400 members strong.

One treatment Lindley found promising for patients with metastatic liver cancer is Sirtex' SIR-Spheres. This treatment employs microspheres that can deliver targeted internal radiation directly to tumors with few side effects.

Through her story and experiences, Lindley hopes to educate others about not giving up. Although she used to run from public speaking, her passion for helping drove her to testify at a House Energy and Commerce Subcommittee on Health hearing

concerning the benefits and risks of the use of radiation in medicine. She shared how radiation therapies have allowed her to live and thrive with cancer. Lindley also spoke to Congress about the importance of National Cancer Institute and National Institutes of Health funding for cancer screenings and medical coverage. "Because I've learned to self advocate, I've lived as fully as possible. I've search for other options and new treatments and shared my story. I vowed to never give up and never say never."

FAYE BROOKMAN

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1) Gray B et al. Ann Oncol 2001; 12:1711-1720; 2) Van Hazel G et al. J Surg Oncol 2004; 88: 78-85; 3) Hendilisz et al. J Clin Oncol 2010. ©SIR-Spheres is a registered trademark of Sirtex SIR-Spheres Pty Ltd. Sirtex Medical Inc., 16 Upton Dr. #2-4, Wilmington, MA 01887, P: (888) 474-7839, [www.sirtex.com](http://www.sirtex.com)

## NEWS

It's an image Michael Snyder, M.D., won't soon forget—a thirty-year-old executive standing in his lobby, in **too much pain** to take a seat.

# Hemorrhoid victims need not suffer in silence

He'd just returned from a trip overseas and was terribly constipated," says Dr. Snyder, who performs colon and rectal surgery in Houston. "In the airport bathroom, he'd strained way too much. We actually had to do some surgery on him that evening."

Hemorrhoids—swollen veins around the anal canal—can, in fact, be debilitating. Half of all pregnant women suffer from them, as do many athletes.

"With internal hemorrhoids,

the inside lining is less sensitive, so there's usually just some bleeding onto the tissue paper. External hemorrhoids, however, are covered by a very sensitive skin. If a blood clot develops it becomes a hard, painful lump.

"In mild cases, we try to encourage more fiber in the diet, and increased water intake to keep the stool moist. For more progressive hemorrhoids that prolapse out, it's a little more involved."

Hemorrhoids can be tied off with a rubber band, or heat and lasers may be used. External hemorrhoids are eliminated surgically



**Jay Redan, MD**  
Director of Minimally Invasive Surgery, Florida Hospital Celebration Health



**Michael Snyder, MD, FACS, FASCRS**  
Colon and Rectal Fellowship Program Director, University of Texas

only when they become extremely large and uncomfortable. Hemorrhoidectomy, often performed for

internal hemorrhoids, is painful and considered a last resort. An incision is made in the surrounding tissue. The vein inside is tied off to prevent bleeding and the hemorrhoid is removed. Healing takes up to three weeks.

## New treatment options

Jay Redan, M.D., the director of minimally invasive surgery at Florida Hospital Celebration Health, points to a relatively new option for treating internal hemorrhoids using doppler to locate the problem artery. An absorbable suture is used to tie-off the arterial blood

flow, shrinking the bulging vein. It takes about twenty minutes and patients go home the same day.

According to Dr. Redan, "It tackles the problem once and for all, and recovery time is much quicker."

He adds, "Hemorrhoids are very common and need to be dealt with. They don't get the media attention given to cancer and AIDS, but they affect at least fifty percent of the people in this country."

CINDY RILEY

editorial@mediaplanet.com



## Do you have Hemorrhoids?

Are you looking for effective relief, and a long term solution for your persistent hemorrhoids?

HemClear starts to act immediately on the enlarged and swollen veins, effectively shrinking and eliminating both internal hemorrhoids and external hemorrhoids. While most hemorrhoid treatments may alleviate some of the symptoms of hemorrhoids, HemClear actually works to get rid of Hemorrhoids.

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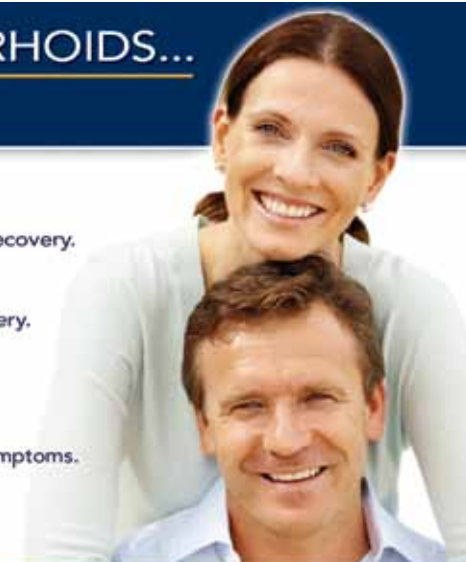
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INSPIRATION

# Crohn's and Colitis don't mean the end to competitive athletic dreams

**■ Question:** Can athletes excel at their sport while facing complications from Crohn's and Colitis?

**■ Answer:** Sports and activities help athletes feel they are the ones in control of their lives. With the right attitude, anything is possible!

Finding out he had Crohn's fueled 17-year-old golfer Scott Mann's desire to be more competitive. Diagnosed just before his 13th birthday, Mann had to live with a disease he knew little about. "It was tough being 13 and taking 15 pills a day," recalled the Illinois resident, a standout on his high school golf team and a top Amateur Golfer in the state. "It deteriorates your body, you have joint pain and mood swings."

He found golf a great outlet that has given him what he terms stability. "I kind of got addicted to it; in life you don't have control of the disease, but I have control in golf," he explained.

**From silence to spokesperson**

When the benefits of the medications weren't worth the risks anymore, Mann opted for surgery and is now 100 percent cured, accord-

ing to his mother Shari. In total he had several procedures including colectomy, the removal of his entire colon.

Mann, who once was reluctant to discuss his condition, has emerged as a spokesman who helped raise more than \$400,000 for the Crohn's and Colitis Foundation of America (CCFA) through his school last year.

"As a teenager and an athletic, I

tell others to not be scared by the disease. It doesn't define you," he said.

**Tired of running alone**

Barbara Cogswell was commuting 90 minutes a day with a baby in tow to a dream job. She was also losing weight and feeling ill. Just before her 30th birthday, she was diagnosed with ulcerative colitis.

"I decided not to compromise

my life," she said. She gave up the job for a less hectic life, but craved an outlet for her stress. "I vowed I wouldn't give up running no matter what my condition," she recalled.

Tired of running alone, Cogswell learned of a CCFA Half-Marathon from Napa to Sonoma. She had an immediate connection with the runners who weren't there for what she called a "pity party," but to pursue something they loved while raising money and awareness. Her passion was so evident she was asked to become a coach for the CCFA running team, Team Challenge. "I love this and every single person I coached crossed the finish line," she proclaimed.

"Running makes me feel good about myself. It is important for my illness to be mentally and physically a stronger person. When I was first diagnosed, I was silent, afraid to talk about it. But the more I did, the more I learned and you see you are not alone," she said. Her team is now gearing up for a half marathon this December in Las Vegas.

FAYE BROOKMAN  
editorial@mediaplanet.com

↓ DON'T MISS!



**David T. Rubin, MD, FACC, AGAF**  
Co-Director, University of Chicago, Inflammatory Bowel Disease Center, University of Chicago Medical Center

Crohn's disease and ulcerative colitis are sister diseases known as inflammatory bowel diseases (IBD.) They are chronic conditions due to an overactive intestinal immune system which often results in diarrhea, weight loss, abdominal pain, and bleeding. Although the cause for IBD remains unknown, there have been a revolutionary set of genetic discoveries and advances in treatment that have transformed our approach to management. Patients with IBD should demand and expect to have long periods of remission with a high quality of life, and to be able to pursue and achieve all their personal and professional dreams. Fortunately, current treatments and minimally invasive surgical procedures make this all possible!

As with any chronic disease, one of the most important keys to successful management is the education that patients receive to empower them to take control of the disease and not be controlled by it. Learning more about the disease and working with an experienced doctor who specializes in IBD can result in good health and reduce the likelihood of any long-term problems.

PROFILES



**Scott Mann**

- **Age:** 17
- **Position:** Golfer
- **Other:** A senior at Highland Park High School in Highland Park, Illinois and a top Amateur Golfer in the state



**Barbara Cogswell**

- **Age:** 46
- **Position:** Runner
- **Other:** Coach of CCFA Team Challenge where she travels across the country and helps raise money for CCFA while raising awareness of Crohn's and Colitis



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## INSIGHT

# EXPERTS TAKE CANCER PERSONALLY

**Can cancer treatments be tailored like clothing? Can cancer medicine be matched to “fit” an individual patient? Increasingly, the evidence is saying “yes.”**

A wave of new research is shifting the direction of cancer treatment away from a one-size-fits-all approach towards more tailored therapies based on a tumor’s genetic makeup. And the good news for residents of the south suburbs is that researchers at Ingalls Cancer Care are at the cutting edge of this promising trend.

“We’re moving much more in the direction of personalized cancer medicine,” explains Patricia Gowland, RN, MSN, OCN, CCRC, director of Ingalls Memorial Hos-

pital’s Cancer Research Center. “We work to identify the unique cancer signature for each and every patient and design a customized plan of attack that fits them right down to the molecular level.”

Traditionally, when a patient is diagnosed with cancer, doctors remove the tumor and send it to a lab to be categorized by size and shape. Patients diagnosed with cancer in the same organ usually receive the same medications—typically chemotherapy—delivered in a standard dose.

However, personalized cancer treatment at leading medical centers, such as Ingalls, aims to minimize this one-size-fits-all approach by matching patients to a specific treatment based on the molecular characteristics of their tumor. Through analysis and study,

doctors are able to use important information from the tumor itself to create a more effective treatment with better overall results.

“Not so long ago, most lung cancers were treated the same way; colon cancer was treated one way; breast cancer was treated one of two ways,” explains Mark Kozloff, M.D., oncologist/hematologist and medical director of Ingalls Cancer Care. “But through research, we’ve discovered that even among patients with the same type of cancer, the behavior of the cancer and its response to treatment can vary widely. By exploring the reasons for this variation, we’ve begun to pave the way for more personalized cancer treatment.”

DEBRA ROBBINS

editorial@mediaplanet.com



We treat one kind  
of cancer. Yours.™



**Betty Jones is one of a kind.** She is a busy wife who likes to dance, play cards, and stay involved in her church. She had a lot of living to do when she was diagnosed with advanced breast cancer several years ago. Ingalls’ cancer doctors determined that Betty was an excellent candidate for a clinical trial involving a combination treatment of two proven and powerful cancer agents. Today, Betty is still cancer free and all smiles. The award-winning cancer program at Ingalls conducts more trials than any other cancer program in the south suburbs, which gives us more ways to treat one kind of cancer. Yours.

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INSIGHT

# Reduce your risk

**Talking about the importance of mammography or checking your prostate to prevent cancer has become second nature for the general public.**

A majority of people are willing to talk about it because increased attention for these types of cancers has provided a comfort level for what was an embarrassing topic. However, very few people want to address another part of the body—the colon. It's now time to get comfortable, talk about, and take action toward preventing colon cancer to save more lives from a very preventable disease.

Colorectal cancer (commonly known as colon cancer) is one of only two cancers that can actually be prevented through screening, but only 50 percent of those who are recommended for screening ever get tested.

The American Cancer Society encourages men and women 50 and older to make getting tested for colorectal cancer a priority.

Screening essentially allows doctors to find polyps in the colon and remove them before they turn cancerous or by finding the cancer at an early, more treatable stage.

Colorectal cancer is the second most common cause of cancer death in both men and women. This year in the U.S. an estimated 142,570 cases of colorectal cancer are expected to occur and there will be nearly 51,370 deaths from the disease. In Illinois 6,340 cases are expected to be diagnosed in 2010 and there will be 2,310 projected deaths.

Individuals with a personal or family history of colorectal cancer, colorectal polyps or chronic inflammatory bowel disease are at higher risk. African-Americans have the highest colorectal cancer rate and the highest death rate from the disease out of any racial or ethnic group in the U.S. Those at higher risk should speak with their physician to determine the appropriate time to begin screening for the disease.



People can reduce their risk for colon cancer by increasing physical activity, avoiding all tobacco products, maintaining a healthy weight and reducing or avoiding the consumption of red or processed meats, while increasing daily servings of vegetables and fruits.

Colon cancer rates have declined rapidly in both sexes in the past two decades, but it is still imperative to take the necessary steps to make screening a priority. To find out more information about colorectal cancer screening, symptoms and treatments, visit [www.cancer.org](http://www.cancer.org) or call 800-227-2345.

## MY BEST TIPS

There are several colorectal cancer early detection screening tests. According to American Cancer Society guide-lines, any of the following early detection screening tests are recommended for adults, aged 50 years and older:

**Tests that detect adenomatous polyps and cancer:**

- Flexible sigmoidoscopy every five years\*
- Colonoscopy every 10 years
- Double contrast barium enema every five years or\*
- CT colonography every five years\*



**Karen Kim, MD**  
American Cancer Society  
Medical Ambassador and Associate  
Professor of Medicine,  
University of Chicago Medical Center

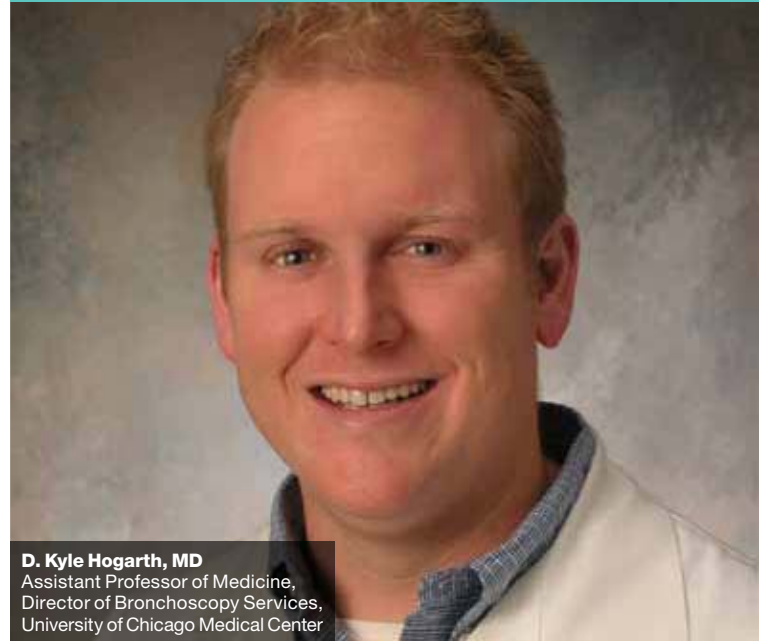
**Tests that primarily detect cancer\***

- Annual guaiac-based fecal occult blood test (FOBT) with high test sensitivity for cancer
- Annual fecal immunochemical test with high test sensitivity for cancer
- Stool DNA test, with high sensitivity for cancer, interval uncertain

**\*Note:** All positive tests should be followed up with a colonoscopy.



## QUESTION & ANSWER



**D. Kyle Hogarth, MD**  
Assistant Professor of Medicine,  
Director of Bronchoscopy Services,  
University of Chicago Medical Center

**What are some recent advances in prevention and diagnosis of lung cancer?**

Prevention of lung cancer begins with one simple thing—don't smoke! Smoking is the largest risk for lung cancer. However, for those at high risk, quitting smoking may not be enough. Like all cancers, earlier detection is best, as advanced lung cancer is not curable. That's why the University of Chicago Medical Center has taken a new approach to lung cancer detection, a minimally invasive, outpatient procedure, similar to a screening colonoscopy to prevent colon cancer. It can allow us to find and remove pre-cancerous lesions from the airways before they become invasive lung cancer.

Surgery is needed to cure lung cancer once diagnosed, but surgery is rarely needed to make the diagnosis. Advanced techniques to peer inside the airways are used to diagnose and stage lung

cancers with little patient discomfort. Importantly, not every nodule on CT scan is actually cancer, and our techniques often diagnose a benign condition.

One of the latest diagnostic advances uses a novel device that allows data from a CT scan to be made into a virtual roadmap of the patient's individual lungs. That roadmap allows us to "drive" to the lesion on the CT scan, similar to the GPS system in your car.

Advanced ultrasound technology—EndoBronchial Ultrasound—is used to biopsy enlarged lymph nodes in the chest. Historically, this procedure was performed through an incision at the base of the neck. Our techniques allow for excellent sampling of tissue that can also be utilized for genetic analysis and individually tailored treatment. These diagnostic procedures are available without surgery, without a stay in the hospital, and most importantly, without compromising accuracy.

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