

THE PATIENT CHANNEL PRESENTS – Preventing Colon Cancer

Katie Couric

NBC Today Show Co-Anchor

“What if I told you that there’s a cancer out there that if detected early, it’s more than 90 percent curable? Hi, I’m Katie Couric, co-anchor of Today on NBC. That cancer is colon cancer and as with many cancers, early detection is the key. In this program, preventing colon cancer, you’ll be given the tools to help you prevent and treat this disease.”

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Narrator

It’s almost become a cliché in medicine: “early detection is the key.” But it’s lifesaving truth when it comes to colon cancer.

Mark Pochapin, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“Colon cancer is a problem because it’s the number two cause of cancer death in this country.”

Brian McCauley

Patient

“In the early stage, it just takes control of your life. You can’t plan.”

Narrator

Doctor Alan Venook from the University of California, San Francisco.

Alan Venook, MD

University of California, San Francisco

“We cure more patients than we don’t and it’s a matter of how to go about doing so.”

Narrator

The first step involves demystifying the disease. Clinicians expect to diagnose at least 150,000 new cases of colon cancer this year. But at the same time, researchers and physicians know more about its development, diagnosis and treatment. Leonard Saltz is an oncologist at Memorial Sloan-Kettering Cancer Center in New York City.

Leonard Saltz, MD

Memorial Sloan-Kettering Cancer Center

“We have more effective treatments, we have higher cure rates for earlier stage disease, and we have better treatments with longer survivals for patients with metastatic disease and I’m hopeful and optimistic that that progress is going to continue.”

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Narrator

The colon, or large intestine, is made up of about 6 feet of twisting and turning sections of the bowel. When cells along the wall of the colon divide in an abnormal way, it can result in the formation of growths, called polyps. When cancer is present, the growths are then called tumors.

Rozanne Prisament is an attorney in New York. She's always been health conscious, eating a balanced diet and going to the gym nearly every day. Like many women, she might have expected she'd one day have a problem with something female-specific, such as breast cancer. But in her mind... definitely not colon cancer.

Rozanne Prisament

Patient

"I thought it was a disease that old men got, maybe an occasional woman."

Narrator

What Rozanne didn't know is the disease affects men and women equally. Rozanne also thought if she were at risk for colon cancer, she'd have some sort of family history that would give her a clue. But that didn't happen either.

Leonard Saltz, MD

Memorial Sloan-Kettering Cancer Center

"We know that there are certain genetic syndromes that will predispose certain individuals to this disease, but the majority of the cases are still sporadic and we really don't know how to anticipate who's going to get the disease and who's not."

Narrator

The warning signs for colon cancer include rectal bleeding and a significant change in bowel habits. Rozanne developed these in her late forties. Her gastroenterologist, Mark Pochapin, at the Jay Monahan Center in New York, recommended a colonoscopy. He discovered a tumor in her colon, which really surprised Rozanne.

Rozanne Prisament

Patient

"This doesn't happen to people like me. And I didn't have a single risk factor. Not one."

Narrator

While a family history of colorectal cancer increases the risk for this disease, an estimated sixty percent of colorectal cancer cases occur in individuals with no family history of the disease. Here are some important risk factors.

Family history of polyps or digestive cancers, history of ovarian, breast or uterine cancer, history of ulcerative colitis or Crohn's disease.

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Narrator

Other risk factors include: smoking, eating a high fat diet, consuming a lot of red meat, drinking excessive amounts of alcohol and not eating enough fiber, especially from fresh fruits and vegetables.

Getting regular exercise and having a diet rich in fresh fruits, vegetables, lean meats and fish are all good ways to stay healthy, in general. Researchers say vitamin D, folic acid and calcium may also help reduce the risk of colon cancer. Up next, see how colon cancer develops and some ways to detect the disease.

Narrator

It can take many years for a polyp to develop and grow into a tumor. The progression of the disease can then be broken down into four stages.

Stage one disease is a growth or tumor contained within the inner lining of the colon and is considered highly curable when that small section of colon is removed with surgery. Patients with stage one colon cancer usually don't have chemotherapy.

Stage two tumors have grown deeper into the colon wall and are slightly more advanced, but if completely removed during surgery... are also considered curable.

In stage three colon cancer, the tumor has spread beyond the colon wall and may require both surgery and chemotherapy.

Leonard Saltz, MD

Memorial Sloan-Kettering Cancer Center

“Stage three disease, by definition, is cancer that has spread to the lymph nodes that are immediately around the tumor, but no further.”

Narrator

And in stage four, or advanced disease, the tumor cells have broken away from the original cancer location and have spread through the bloodstream and lymph channels to distant sites, such as the liver, lung or other parts of the body.

Alan Venook, MD

University of California, San Francisco

“Stage four colon cancer is not a death sentence, although it's going to require a good deal of treatment and some exceptional results to cure patients with stage four or advanced colon cancer.”

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Narrator

A key strategy in preventing colon cancer is to detect it early. If a tumor has grown enough to cause some bleeding, you can test stool samples for the presence of blood. Doctors say it's a fairly imprecise method, but was the best option for many years. Here's a list of what's available now for detecting colon cancer:

Fecal occult blood testing, which tests for microscopic blood in the stool.

Barium enema, which involves an x-ray of the colon after barium is given by enema, to show the colon in contrast.

Flexible sigmoidoscopy, which looks at the very bottom third of the colon.

And virtual colonoscopy, which uses CT scan images of the colon.

But the gold standard in detection involves a traditional colonoscopy.

During a colonoscopy, doctors advance a long, flexible tube from the rectum to the far end of the colon, which is where the small intestine connects to the large intestine. If a polyp is found during the examination, it can be snared and cut off by a thin, wire loop at the end of the scope. It can then be retrieved and sent to a laboratory for evaluation.

Mark Pochapin, MD

NewYork-Presbyterian/Weill Cornell Medical Center

"We're looking for cancer, we're looking for polyps. If we find a polyp, we remove it right there and then. And then we're looking for other things like diverticulosis, which are little pockets that form in the colon, or inflammation in the colon, or even changes in the structure of the colon."

Narrator

For some people, colonoscopy is a scary word. But gastroenterologist, Felice Schnoll-Sussman, takes a calming approach with her patients.

Felice Schnoll-Sussman, MD

NewYork-Presbyterian/Weill Cornell Medical Center

"This is a test that I consider for people almost like a day at the spa. And it's funny when I say that to people, because they say a day at the spa? That's so bizarre. But this is something that you're doing purely for yourself."

Narrator

Here's a look at the instruments and what the doctors are doing. The scope is flexible and is fitted with a camera and a light source. There's an opening that various tools can go through to take tissue biopsies or remove polyps. It has a water jet and air source to help visualize the colon. Doctors advance the scope to the cecum, where the large intestine and the small intestine connect. That's where the exam actually begins. While patients are sedated, doctors carefully inspect the colon as they withdraw the scope.

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Felice Schnoll-Sussman, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“Afterwards, you will feel that you’ve really accomplished something and that really can, hopefully, save your life.”

Narrator

Carin Meyer decided to have a screening colonoscopy after her mother was diagnosed and treated for colon cancer. Her newly discovered family history really concerned her.

Carin Meyer

Patient

“I was so worried, and I was crying. I was so worried and then it makes me feel better, knowing that it’s a test. You’ll see if there’s something wrong and then you can deal with it. The earlier you find out, the better chance of survival if, God forbid, there’s anything wrong.”

Narrator

During her procedure, Doctor Pochapin found a healthy colon, with a tiny area of cells that he removed for analysis.

Carin Meyer

Patient

“He found a very small adenoma and he explained to me that in 10 to 15 years, if that hadn’t been removed, it could have turned into cancer.”

Narrator

The day before the procedure, patients will have to take laxative medications to clean out the colon, so doctors have a clearer view. Most patients will tell you, that’s the hardest part of the procedure.

Carin Meyer

Patient

“The worst part of the whole colonoscopy was drinking the prep the night before. Everything else was painless. It was a good experience. There was nothing negative about it.”

Narrator

Rare complications of a colonoscopy include bleeding and puncture of the colon. But in experienced hands, it’s a safe procedure. Carin had no complications and shares her positive experience with others.

Carin Meyer

Patient

“I told everyone. You know, don’t be afraid. Go. Go get a colonoscopy.”

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Narrator

There's some debate about when is the best time to start regular screening with colonoscopy.

Narrator

One school of thought for healthy individuals, with no relevant family history, is at age 50 and if nothing's found... every ten years after that. Those who lean toward caution suggest screening more often.

Mark Pochapin, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“Screening is the key word. When you're healthy, take ownership of your health, rather than wait until you're sick because colon cancer really is something that can be beaten by prevention and early detection.”

Narrator

Taking ownership of health is how Julie Negrin makes a living. She a nutritionist, who also teaches cooking classes to adults and children.

Julie Negrin

Patient

“That's why I went into cooking and nutrition education and that sort of thing, is it's a way to get people excited about different ways of feeding themselves, in a fairly fun way.”

Narrator

Julie has a personal history of ulcerative colitis and a family history of polyps and colon cancer, so she always considered herself at increased risk. But when Julie's 27-year-old sister was diagnosed with colon cancer, she decided to consult with genetic counselor, Charlene Schulz.

Charlene Schulz, MS, CGC

NewYork-Presbyterian/Weill Cornell Medical Center

“We talk to them about genes and how genes do play a role in cancer development and how those genes are inherited through the family.”

Narrator

A genetic counseling session may be covered by insurance. Patients and counselors talk extensively about the family tree and discuss genetic blood testing for predisposition to certain conditions.

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Charlene Schulz, MS, CGC

NewYork-Presbyterian/Weill Cornell Medical Center

“If an individual tests positive for a cancer susceptibility gene, their medical management is going to change dramatically. We’re going. We’re going to talk about options that may reduce their risk or even, um, maybe even prevent cancer.”

Julie Negrin

Patient

“I’d rather know. I’m just the kind of person, I’d just rather know, so that I know what I’m dealing with and I can be on top of it and do preventative.

Narrator

Choosing to have genetic counseling and testing is definitely an individual decision. What everyone should consider, regardless of family history, is having regular colorectal cancer screening.

Leonard Saltz, MD

Memorial Sloan-Kettering Cancer Center

“It’s to find either a healthy colon, in which case you congratulate the person and bring them back in 5 years and do it again. Or you find polyps which are these benign growths. You can snare them and take them out through the scope without surgery and that person’s risk now goes from very high to almost zero.”

Narrator

Patients diagnosed with colon cancer number in the hundreds of thousands, perhaps even millions and the hope is the number of survivors will continue to grow. From surgery to chemotherapy, we’ll examine the treatments that are keeping them alive, when we return.

Narrator

Brian McCauley had always been active and didn’t have any health problems of his own. Even though he was aware of a family history of gastrointestinal and breast cancer, he didn’t consider himself at increased risk.

Brian McCauley

Patient

“I guess I’d say at age 50 you could say I had no serious setbacks in my life. I had none that I saw coming and hadn’t really been told in a stern way that I wasn’t invincible. I figured I could do pretty much what I wanted when I wanted.”

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Narrator

Brian spent a lot of time working, but also enjoyed his private life with his wife, Eve, and his three children, Ryan Elizabeth, Kaitlin and Conor. All of their lives changed dramatically when they returned home from a much-needed break.

Brian McCauley

Patient

“I had come back from a vacation in Hawaii with my family and noticed some blood in my stool, so I did the obvious thing and went to the family doctor, got a colonoscopy and was diagnosed with colon cancer.”

Narrator

Though Brian makes it sound simple... It wasn't an easy case. Brian got a diagnosis of advanced colon cancer on his youngest son, Conor's, fourth birthday.

Eve McCauley

Patient's Wife

“Brian and I were told that we had to schedule the colon surgery immediately. And we went down to the parking garage and in one of our cars, separate cars and cried.”

Narrator

The tears quickly gave way to determination to beat colon cancer. Brian and Eve worked with oncologist, Alan Venook, who outlined their treatment choices.

Alan Venook, MD

University of California, San Francisco

“I believe many patients when they hear the diagnosis of cancer think they're going to be dying in the next couple of weeks or months. So the first thing I try to establish is that we have time and we have to be thoughtful.”

Narrator

In Brian's case, they removed the cancer in his colon and later removed as much of the cancer that had spread to his liver as possible.

Brian McCauley

Patient

“The plan that we came up with was just as aggressive as you could possibly be without killing me.”

Narrator

Brian's surgery went well. He also participated in a clinical trial at the time, which involved delivering chemotherapy treatment directly into the liver through an implanted pump. Doctors advise patients to ask whether they are able to participate in clinical trials, which have vastly changed the way colon cancer has been treated over the last decade.

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Narrator

Doctors used to have only one chemotherapy drug approved for colon cancer. Now they have several. Treatment for colon cancer usually involves a surgery to remove the tumor and any affected lymph nodes if needed.

Mark Pochapin, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“Everybody always gets concerned when they hear surgery because they think of bags, or ostomies. And very, very rarely do we ever need to put any type of ostomy.”

Michael Lieberman, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“The plumbing is restored and most patients will have normal function usually three to six months from the surgical procedure, in terms of returning to the same kind of bowel pattern they had previous to the operation, the same nutritional status, so the recovery should be quite good.”

Narrator

When chemotherapy is needed, there are several medicines doctors may choose from. Some of the broad chemotherapeutic agents have significant side effects, which doctors and nurses monitor patients carefully for.

Alan Venook, MD

University of California, San Francisco

“We use medications to prevent nausea and vomiting. Those work almost all of the time. Diarrhea is a common problem and we use medications to minimize the diarrhea. We also monitor patients very carefully when they’re being treated for colon cancer. We see them regularly. We follow their blood tests regularly.”

Narrator

The most recent developments in cancer treatment, in general, include targeted therapies, also known as biologic agents. These medicines target properties that cancer cells have and healthy cells don’t have, and are often used in advanced patients.

As with any medication, patients taking targeted therapies should discuss the possible side effects with their doctors.

Combined therapy, hard work and a positive attitude all helped Brian McCauley get through his treatment. With the exception of a complication from the infusion pump, he’s done very well.

Alan Venook, MD

University of California, San Francisco

“Obviously, this was a patient who had been told, I believe, well... get his affairs in order and here he is seven years later, fully active and without cancer.”

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Narrator

While not everyone has the same success as Brian, stories similar to his are becoming more common. He says he's working harder than ever in his professional life... and also taking the time to appreciate the simpler things.

Brian McCauley

Patient

“When any of our kids walk across the living room in front of me before this all happened there's a tendency to say excuse me but you're in the way. I'm watching a sports show. And my eyes are welded to them now. I can't take my eyes off them.”

Narrator

Until cancer doesn't exist, doctors and researchers will continue to move forward in preventing, detecting and treating colon cancer. Coming up... we'll see what's on the horizon and have an update on Rozanne's health.

Narrator

Over the last decade or so, survival rates for patients with advanced disease have gone from 11 months to an estimated 22 months.

Leonard Saltz, MD

Memorial Sloan-Kettering Cancer Center

“You could say in a decade, we've doubled survival. It's true. That's pretty good for something that really we had not made that much movement at all for three decades and then in a decade, we've doubled median survival. Or you could say, gee, in a decade all we've done is improve survival by a little less than a year. That's true, too. Both are accurate statements. And to keep a proper perspective, you really have to be willing to look at it both ways.”

Narrator

For now, patients such as Rozanne Prisant are enjoying life and looking toward the future. She's taking time for herself and planning a return to law practice. Throughout her treatment, she's kept her sense of humor and positive outlook.

Rozanne Prisant

Patient

“Of course every day is better. I mean every day is better. And now I realize that I'm mortal, that I have colon cancer. I could have another cancer. I have to really, really be on top of any symptom I have, without becoming a hypochondriac.”

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Narrator

Doctors say if it's possible, patients should try to go to a multi-disciplinary center, to benefit from a team approach to treatment.

Michael Lieberman, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“We have people who deal with the screening process, our gastroenterologists, the surgeons such as myself, the oncologists who will give us opinions whether patients need further therapy. There's support staff, genetic therapists, there's nutritionists, social workers and an education center that all comes together that allows us to completely take care of patients who have this problem.”

Narrator

Researchers are hard at work to improve ways to detect, prevent and treat colon cancer.

Mark Pochapin, MD

NewYork-Presbyterian/Weill Cornell Medical Center

“We're getting much improved patient acceptance of screening and prevention. We're also learning the genetics of this disease and how we could potentially pick it up through a genetic marker, whether it's in the stool or possibly even in the blood.”

Narrator

Remember, preventing colon cancer starts with evaluating a patient's risk and having colorectal cancer screening. Early detection can help lead to an early cure.

Rozanne Prisament

Patient

“It shocks me how curable it is. You know what I mean like, I got it in time. If I'd waited another few months, or maybe another six months, or a year I might be dead. It's the truth. It's all timing with this thing.”

Narrator

And time appears to be on the McCauley family's side as well. Brian is even back to doing one of his favorite activities... woodworking.

Brian McCauley

Patient

“I'm in the process of doing the cabinets in our bathroom, and desks for the kids. Woodworking has been a hobby of mine for 30 years and like most people in my position, you don't become great at it. But it's been a great foil for stress.”

Narrator

What's on the horizon for the McCauley family...?

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Brian McCauley **Patient**

“I’m looking forward to my first backpack trip with my son, Conor, and our daughters, doing some camping, going sailing again with them. I’m looking forward to all of that sort of stuff.”

End Credits:

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www.cancer.org

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www.thepatientchannel.com