

The Faces of Colorectal Cancer

Charles' wife, Ann, knows that embarrassment kept her late husband from talking about his symptoms early. She hopes that others won't make the same mistake.

Sondra

Sondra was rarely sick, except for a spastic colon that flared up once or twice a year. In 1997, at age 63, Sondra went to a gastroenterologist because her bowel habits changed. The doctor said it was because she had stopped smoking six months ago, drank a lot of decaf coffee, and ate mints, which in his opinion, led to irritable bowel syndrome. The doctor performed a flexible sigmoidoscopy, which was negative. Then he sent Sondra away, saying she was cancer-free. Still suffering a year later, she requested a re-evaluation. The doctor told her to try Metamucil and call back in a week. She did not improve. She had abdominal cramps and was going to the bathroom eight times a day. The doctor concluded that she was suffering from irritable bowel syndrome, and again told her to use Metamucil. He also suggested she take a fecal occult blood test, which was positive. Then she had a colonoscopy, which showed two polyps and a lesion in the colon. A CT scan revealed colorectal cancer had metastasized throughout her body. The original cancerous tumor was beyond the reach of the flex-sig she had the previous year. She had been battling stage IV colon cancer long before she

knew the name of her diagnosis. Sondra

lost the battle on January 18, 1999. Her death and her family's heartache were preventable. Her family hopes her story will convince people to include screening in their way of life.

Richard



One drop of blood changed Richard's life forever. As a proud donor in the American Red Cross Pheresis program, Richard learned from one of the nurses that he was anemic. Richard's doctor then prescribed a fecal occult blood test, which was negative. Three years later, his iron count dropped

again and he began vomiting after meals. Upper and

lower GIs, a double contrast barium enema, and a colonoscopy led to Richard's diagnosis of stage IV colon cancer. After several surgeries and multiple chemotherapy regimens, Richard is battling with a vengeance. His goal is to eradicate every cancer cell in his body.

Pam

"You have rectal cancer," the surgeon told Pam, age 28 and four months pregnant. "There is a tumor the size of a lemon that has to come out immediately." To protect her baby's life, Pam delayed surgery one month. After the tumor was removed, she received chemotherapy and radiation. On Thanksgiving Day, Pam gave birth to a healthy baby girl. Although she passed blood in her stool for a year before seeing a doctor, everyone thought Pam was too young for anything but hemorrhoids.

Jim

For more than a decade Jim's symptoms included occasional rectal bleeding and changed bowel habits. It was more comfortable to presume he had hemorrhoids than to embarrass himself by telling his wife or doctor. During a digital prostate exam, Jim's doctor observed blood and referred him to a specialist for a colonoscopy. When Jim's mom heard he needed further testing, she told him that she'd had surgery for colon cancer 10 years earlier. At the age of 41, Jim was diagnosed with stage II rectal cancer. Jim had to have a colostomy, which he has learned to manage with few, if any, problems. He regrets not having told his doctor about the bleeding years earlier, when it was likely coming from a precancerous polyp that would have been easy to remove. Jim also wishes his mother had told him about her experience, which might have alerted him that he was at increased risk for colorectal cancer.

Amanda

After a test for parasites came back negative, a nurse told Amanda that her symptoms would probably dis-

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appear. At age 24, with no family history of colorectal cancer, Amanda found that the blood in her stool didn't go away; it got worse. A colonoscopy revealed stage III colon cancer. At age 25, Amanda, who has undergone surgery and chemotherapy, is a veteran in the war against colon cancer.

Jacy



At age 52, Jacy had no symptoms when she went for an annual checkup that included a fecal occult blood test. The test detected blood, so despite her objections, her doctor insisted on a flexible sigmoidoscopy and barium enema. Both tests were inconclusive but suspicious. It was a colonoscopy that

revealed a self-contained stage II tumor in the descending colon. Surgery and chemotherapy for a stage II tumor gave Jacy a good chance for long-term survival.

Kate

For Kate, colon cancer casts a long shadow that began with her mother's diagnosis at age 40, when Kate was just a girl. Her mother was not expected to live. Kate's own diagnosis came when she herself turned 40. Kate has had three primary cancers—colon, breast, and ovary—and she has passed the five-year survival benchmark for each of them. And at age 80, Kate's mother continues to thrive.

Alan



"I believe there is a mass in the colon and shadows on the liver," the surgeon reported to 49-year-old Alan, a health-conscious husband and father who just days ago beat his 12- and 16-year-old sons in uphill wind sprints. Alan's colon had perforated, and there were multiple tumors in his liver and

micromets in his abdomen. The surgeon gave him less than a 50 percent chance to live a year. For 27 months, Alan underwent a series of treatments including

5FU/leucovorin, as well as clinical trials of oxaliplatin with 5FU/leucovorin, a CEA vaccine, CPT-11, an anti-sense drug, ISIS 3521, and Xeloda with Mytomycin. His days were filled with what he loved most—teaching his sons about life and walking on the beach with his beloved wife, Julie. Alan had no unfulfilled dreams. One thought that might haunt you as you read Alan's story is that a simple screening test, administered years before Alan's diagnosis, could have saved his life.

Deirdre



After her own diagnosis at age 43, Deirdre learned that her father's first cousin died at age 43 of colon cancer. Deirdre considers herself lucky, especially since she ignored her rectal bleeding for about five years. Because Deirdre's tumor was flat and only bled on occasion, it is likely that out of all

the tests available, only a colonoscopy, which her doctor ordered, could have detected her cancer. With surgery and chemotherapy behind her, Deirdre is getting on with her life.

Ron

For more than four years before a fecal occult blood test was ordered, doctors attributed Ron's chronic intestinal discomfort, constipation, and fatigue to diabetes and gastroesophageal reflux disease. When the FOBT came back positive, a colonoscopy was scheduled. By then the tumor was so large that it prevented passage of the colonoscope. Ron's red flags were his abdominal discomfort, undetected anemia, family history of colon cancer, and his age. By the time he was diagnosed with stage IV colon cancer, Ron was 57 years old. Because he didn't have timely, appropriate screening, Ron is fighting the battle of his life.

Julie

When she was diagnosed with stage IV colon cancer at age 33, Julie thought there was no one else like her. When she sought a CCA buddy, however, she found not
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one but two, both women in their 30's. "I went in for surgery for an ovarian cyst that turned out to be colon cancer that had spread to the ovaries and liver." Even though Julie experienced symptoms such as rectal bleeding for six years, and discussed them with many doctors, everyone presumed she was too young for this "old man's disease." Today Julie is an active working mother. Although she feels well enough to help her husband remodel their basement and host slumber parties for her daughter, Julie is involuntarily engaged in a long-term battle with slowly spreading colon cancer.

Shelly



Shelly always followed doctor's orders. At age 50, during his yearly physical, Shelly's wife suggested a screening colonoscopy, but the doctor brushed it off. Three years later, when asked again, the doctor cited the lack of family history or symptoms as reasons not to have a colonoscopy. One year later, heartburn and indigestion led Shelly back to his doctor, who blamed his symptoms on a stressful job change and ordered no tests, dispensing prescription antacids. When the pain returned, the doctor gave Shelly more antacids. Two years later, when Shelly complained of constipation, he was told to try a stool softener. Then Shelly passed gravel in his urine and called a urologist, who ordered an ultrasound that showed a healthy bladder and kidneys, and spots on his liver. A CT scan showed a large tumor in Shelly's colon, as well as multiple lesions on his liver, indicating stage IV colorectal cancer. On May 27, 1998, the tumor in the colon was removed. Although chemotherapy was being administered, by December the cancer had spread to Shelly's spine and hip. On February 10, 1999, surrounded by his beloved family, Shelly died. If he had received the colonoscopy he requested at age 50, Shelly would probably be alive today.

Heidi



Because Heidi sometimes found blood on her toilet tissue, she scheduled a colonoscopy. Not expecting anything serious at age 31, she was stunned to learn of a stage IV tumor that had spread to the liver and pelvis, requiring surgery, chemotherapy, and radiation that would prevent her from ever conceiving children. Heidi's first thoughts after surgery were, "The sky is blue, the grass is green, and I have cancer." Today Heidi is in remission. "Though it may kill me," she asserts, "I refuse to let it beat me!"

Charles

After noticing blood in his stool and a change in bowel habits, 34-year-old Charles sought medical attention. Because he was young and looked healthy, his doctor neither referred him to a gastroenterologist nor told him about screening tests for colorectal cancer. Instead, he treated him for constipation. When his symptoms got worse and he told his mother, a surgical nurse who works with gastroenterologists, she persuaded him to get a flexible sigmoidoscopy. That test was the turning point— in March 1998, Charles was diagnosed with stage IV colorectal cancer that had spread to his liver and lungs. After a brave fight of one year, Charles died surrounded by loving family. Charles' wife, Ann, knows that embarrassment kept her late husband from talking about his symptoms early. She hopes that others won't make the same mistake.