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**WHY A COLONOSCOPY? PREVENTION IS THE BEST MEDICINE
IN DETECTING COLON CANCER**

GREENSBURG, PA, March 10, 2010.... Getting a colonoscopy may not be at the top of your to-do list, but it should be. It's the best colon cancer screening test available and, if detected in time, colon cancer has a 90 percent cure rate.

Still not a priority? Excelsa Health is sponsoring "Why a Colonoscopy" featuring Rachelle Johns, MD, board certified gastroenterologist and Alessia Tandin, MD, board certified general surgeon. Dr. Johns will discuss the colonoscopy as a preventive screening. Dr. Tandin will provide insights on what to expect if there are suspicious polyps or when the diagnosis is colon cancer. The presentation is set for 6:30 p.m., Tuesday, March 30, Norwin Medical Commons, North Huntingdon.

Colonoscopy is the first step in preventing colorectal cancer. Colorectal cancer almost always starts with a small growth called a polyp. If the polyp is found early, doctors can remove it and stop colorectal cancer before it starts. Allowed to grow, polyps also can affect the function of the colon causing other problems for the patient.

While gastroenterologists have many tools to detect polyps: double contrast barium enema, flexible sigmoidoscopy or CT colonography, "the colonoscopy is the preferred screening because it's the only test that can directly visualize the entire colon and the doctor can remove or sample suspicious lesions at the time of the screening," says Dr. Johns, a member of Westmoreland Gastro Associates on staff at Excelsa Health. "However, the other screening

choices may be appropriate when a patient's health does not permit him to undergo a colonoscopy initially."

More than 90 percent of colorectal cancer cases are diagnosed in people age 50 and older. For this reason, the American Cancer Society recommends people start getting colonoscopy screenings at age 50 with follow-ups every 10 years. Those who are at a higher risk for colorectal cancer based on family history or ethnicity may need to begin testing at a younger age.

Dr Johns said "If you have a family history with a first-degree relative who has colon cancer or colon problems, a first colonoscopy is recommended at age 40 or 10 years earlier than the relative's diagnosis. For instance, if your dad was diagnosed at age 49 with colon cancer, you should get a colonoscopy at age 39. People at risk for colon cancer should be screened every five years, rather than 10 years. Don't hesitate to talk to your doctor about when you should start getting tested."

Dr Johns also stresses that contrary to popular belief, colorectal cancer is not just a man's disease. Although The National Cancer Institute reports men are more likely than women to get colorectal cancer after age 50, when the disease is most common, women and men younger than age 50 face equal risk. Colorectal cancer also ranks number three among women, behind lung and breast cancers.

An indiscriminate disease, colorectal cancer can affect anyone from the average person to the rich and famous, with some being more fortunate than others. Former President Ronald Reagan was diagnosed and treated successfully in 1985. Charles Schulz, creator of the Peanuts comic strip, learned he had colon cancer and died within two months of the diagnosis. Jay Monahan, husband of television news celebrity Katie Couric, was another casualty of colon cancer at age 42.

So what happens when there are suspicious lesions or tissues that have been identified as cancerous? General Surgeon Alessia Tandin, MD, explains. "If polyps or suspicious lesions are found during the colonoscopy or screening test, your doctor will collect a tissue sample, called a biopsy from your colon. If this

biopsy comes back showing colon cancer, you will be scheduled for surgery. This will allow the surgeon to determine the extent, or stage, of your disease.”

Staging takes into account how far the cancer has grown into the wall of the intestine, whether or not it has reached nearby structures, or spread to the lymph nodes or distant organs. The stage of a cancer is one of the most important factors in determining prognosis and treatment options.

There are two types of staging for colorectal cancer: The *clinical stage* is the doctor's best estimate of the extent of the disease, based on the results of the physical exam, biopsy and imaging tests such as MRI, CT, or PET scan. A surgeon also can determine the *pathologic stage*, which is based on the same factors as the clinical stage, plus what is found as a result of the surgery

Colon surgery can be either a minimally invasive procedure or an open procedure. The decision depends on a myriad of factors.

“Overall health, pre-existing conditions and previous surgical history all come into play, when making the surgery decision, but ultimately every patient is assessed individually,” noted Dr. Tandin. “For example, a younger, healthier person is a better candidate for a minimally invasive procedure than someone older or someone with pre-existing conditions.”

During surgery, the surgeon removes portions of the colon and nearby lymph nodes. This tissue is tested to see how far the colon cancer has spread. When colon cancer moves beyond the colon, it will often go into the lymph nodes that are closest to the tumor.

Depending on the outcomes of surgery and post surgical testing and staging analysis, the patient will then see an oncologist, who will determine continuing treatment, which may include chemotherapy, radiation therapy, targeted therapies or some combination of these. Most people find it helpful to learn about these options and how to cope with their side effects before making a final decision on treatment.

“The patient diagnosed with colon cancer has a team of highly qualified surgeons and oncologists through Excelsa Health and the Arnold Palmer Pavilion,

the health system's joint venture of UPMC Cancer Centers, to guide them through the process," said Dr. Tandin.

In the end, prevention is the best medicine in protecting colon health.

"A simple colonoscopy is much less stressful and traumatic than having cancer. Talk with your doctor and make sure to get your regular screenings for your sake and your family's," added Dr. Johns.

To register for the March 30 program, or for more information on colorectal cancer, general cancer services, or cancer education and support programs, contact Excelsa Health's Call Center toll free, 1-877-771-1234 or visit www.excelahealth.org.