A special information supplement on cancer care

The future of cancer care

Colonocer screening

Perhaps the greatest tragedy surrounding colorectal cancer isn’t the fact that each year the disease strikes enough Canadians to populate a town roughly the size of Corner Brook, Nfld. – 20,800 in 2007 alone. Or worse, that 8,700 families (approximately one every hour) will lose a husband, wife, mother, father, brother or sister to this disease.

No. Experts say the greatest tragedy is that the vast majority of those deaths could have been prevented, using knowledge and therapy we already have.

F or starters, a healthy lifestyle substantially reduces the odds of ending up with the disease. For example, in one study, a high-fibre, low-animal-fat diet plus 10 minutes of daily exercise cut colorectal cancer risk in half, says Barry Stein, president of the Colorectal Cancer Association of Canada (CCAC). But that’s not all. Ninety per cent of deaths from colorectal cancer are preventable by early detection, Stein says.

Statistics illustrate risk and results

- Colorectal cancer is the third most common cancer in men and women.
- One in 14 men and women will develop colorectal cancer; one in 31 will die of it.
- The chances of developing colorectal cancer start to spike sharply at age 30. Of the 20,800 Canadian diagnosed this year, roughly 20,000 will be 50 or older.
- Of what’s involved in screening for colorectal cancer? And who should get screened?

S witching to a fibre-rich diet rich in fruits and vegetables, and a diet low in animal fat, can reduce colorectal cancer risk by 50 per cent, according to Dr. Scot Dowden, an assistant clinical oncologist at the Ottawa Hospital Cancer Centre, and an assistant clinical professor at the University of Calgary.

Screening recommendations

Common screening tests

A fecal occult blood test (FOBT) involves testing a stool sample for microscopic traces of blood, which indicates the presence of precancerous polyps or tumors in the colon or rectum. While this test is non-invasive, it is a non-revealing, inexpensive first line of defence that can be repeated every year or two.

Colonscopy is the gold standard for colorectal cancer screening. This procedure, which involves viewing the inside of the colon with a tiny camera mounted on a thin, flexible tube, is also used to follow up on positive FOBT tests. Although more expensive than FOBT, it’s much more accurate, and thus, in recent years, most only be repeated every 10 years if polyps are found during a colonoscopy, they are removed at the time, without surgery.

Screening

Regular exercise and a diet rich in fibre are two ways to help reduce the risk of developing colorectal cancer. Sadly, Canada has one of the world’s highest rates of the disease, which is expected to kill 8,700 Canadians this year.
Neil Crone
Cancer survivor, actor

As the actor who plays small-town Canada’s answer to Rush Limbaugh on CBC’s Little Mosque on the Prairie, Neil Crone is no stranger to making people laugh about uncomfortable subjects. Since being diagnosed with colorectal cancer three years ago at age 43, the father of two boys has also used his talent to deal with light on the disease he cheekily dubs “bum cancer.”

Chronicling his experience in a series of newspaper columns and blog entries, Mr. Crone shares his frank, funny musings that deal with subjects ranging from a doctor’s dour demeanor to his “near-Biblical” case of diarrhea brought on by a particularly heinous bout of radiation and chemotherapy. “I didn’t think I could make the video drive to Sunnybrook unless one of us was wearing Depends and maybe a snorkel,” he writes. “I refer to it as pulling cancer’s pants down — sort of embarrassing it, and talking about it.”

Simply talking about the disease could save many people from having to go through the kind of treatment Mr. Crone endured after a peach-sized tumour was discovered during an operation intended to repair a hernia on the colon. At the time of his diagnosis, Mr. Crone’s cancer was so advanced, doctors didn’t hold out much hope for a cure.

Sadly, he had known the disease lurked in his family tree. Mr. Crone could have opted to be screened for the disease and potentially stopped it in its tracks before it came cancerous and required treatment. Apart from age, a family history of colorectal cancer is one of the disease’s strongest predisposing factors.

“Since there, everybody in the family has been scoped,” he says, referring to colonoscopy, a test used to detect precancerous growths and tumours in the colon and rectum.

Mr. Crone also wants to dispel public discomfort with colonoscopy. “A lot of people have hung-ups about it, but it really is nothing,” he insists. “My doctor put me right out, and I woke up shortly afterwards feeling great. One good fart and you’re good to go.”

Happily, “you are also vested Mr. Crone’s colonoscopy recently delivered at his last follow-up visit, when the cancer specialist officially pronounced him cured. Afterwards, Mr. Crone wrote: “I wouldn’t wish cancer on anyone, but it sincerely hope that if you will have the chance to feel so good as I do today.”

Roslyn FitzPatrick
Cancer survivor, screening advocate

Roslyn FitzPatrick of Thornhill, Ont., owes her life to a doctor who specializes in palliative care — an ironic twist in this colorectal cancer survivor’s triumphant tale.

Five years ago, Mrs. FitzPatrick was a 42-year-old stay-at-home mom, when her father was diagnosed with terminal melanoma. Conversations with her father’s palliative care physician led to Mrs. FitzPatrick’s awareness of a family history of colorectal cancer on her dad’s side of the family, she says. On the doctor’s recommendation, Mrs. FitzPatrick and her siblings sought genetic testing and screening for colorectal cancer.

Following that advice proved life saving. Not only did doctors identify a gene that raises the risk of various forms of cancer in her family, colonoscopies conducted on her and her siblings turned up a tumour in Mrs. FitzPatrick’s half-brother and sister-in-law, but they found a tumour in Mrs. FitzPatrick in early stage I, which meant that it had already gone through some of the muscle wall, but hadn’t spread any further.”

Looking back, she realizes that she had been showing symptoms that can point to the disease — gas, bloating, blood in the stool, and narrowed stools. Unwittingly, she had chalked these up to everything from lactose intolerance to hemorrhoids. “I had a real gut feeling, but I didn’t want to alarm anyone,” she says.

She also remembers some dark days after getting the news that her dad had cancer. “I would think about my daughter. One day you’re fine, the next, you’re thinking, ‘will I see these weddings, am I going to see their first keyboard?’”

Thankfully, surgery to remove her tumour and pre- vent recurrence was successful. Mrs. FitzPatrick just celebrated her fifth anniversary of being cancer-free. Today, in between accompanying her daughters on school trips and driving them to soccer practice, she volunteers with the Colorectal Cancer Association of Canada to raise awareness of the disease. “That palliative care doctor, and early detection, saved my life,” she says gratefully.

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