



CANCER ANSWERS

EVERYTHING YOUR HEALTHCARE SHOULD BE

Screening for Colorectal Cancer

Screening for colorectal cancer should begin at age 50, or earlier if there is a family history. "There are more methods to screen for colorectal cancer than for any other," said Paul Fuselier, Director of the Gastroenterology Lab at Memorial Hospital. "You and your physician should determine which is best for you."

Today's options include:

- **Colonoscopy every 10 years.** A doctor inspects the colon and rectum using a flexible, lighted tube. During this procedure, tissue samples can be examined and polyps can be removed.
- **Flexible sigmoidoscopy every five years.** A doctor inspects the walls of the rectum and part of the colon using a flexible, lighted tube.
- **Double-contrast barium enema every five years.** X-ray pictures of the colon and rectum are taken, following a barium enema and the injection of air into the lower bowel.
- **Fecal occult blood testing once a year or every other year.** A laboratory checks for hidden blood in three different stool samples.

Elaine's Brave New World

Last April, Elaine Haymon's world spun off its axis. Where her life once revolved around Auzie—her husband of 33 years—her three children, and her faith, it now included her diagnosis.

"I have colorectal cancer," she explained.

Elaine isn't alone. Although men are more likely to get colorectal cancer after age 50, when it's most common, the National Cancer Institute says the disease affects women and men younger than age 50 equally. And it affects more women than any other cancer except lung cancer and breast cancer.

But while most women get their Pap tests and mammograms on schedule, a study in the journal *Cancer* found they aren't as diligent about colorectal cancer screening. Slightly more than half of those between ages 55 and 70 in the study had undergone the colorectal cancer screening recommended for adults age 50 and older.

Special Women's Cancer Issue



Elaine Haymon before her chemotherapy session at Lake Charles Memorial

Screening saves lives

"Screening can help detect the disease at an earlier, more treatable stage," said gastroenterologist Francis Bride, MD, of Memorial Hospital. "It also sometimes reveals lesions called polyps."

While colorectal polyps usually aren't cancerous, most colorectal cancers do begin in polyps. Having polyps removed could prevent colorectal cancer.

"I knew something was wrong,

because I felt tremendous pressure all the time," said Elaine, who saw Dr. Bride for a colonoscopy to determine the source of her pain.

A tumor proved cancerous, so she was referred to oncologist Leroy Fredericks, MD, at Memorial Hospital.

Elaine's universe has since included doctors' visits, and radiation and chemotherapy at Lake Charles Memorial Hospital. Radiation has shrunk the tumor to the extent that she may not need surgery, and chemotherapy aggressively went after lesions found on her lung and liver.

"I've been at peace from the beginning that my doctors were going to do their best," said Elaine. "God has really carried me through this." ■

INSIDE THIS ISSUE

- 2 **One Sister's Story**
- 3 **What Is the Sister Study?**
- 4 **Are You at Risk for Endometrial Cancer?**

When History Repeats

The women in your family may share the same curly hair and sense of humor—as well as some of the same health risks.

While most cases of breast cancer aren't inherited, having a sister or mother who's had breast cancer can double a woman's risk of getting it. The risk triples for women with a close relative who was diagnosed before age 50.

"In some families, a history of breast cancer is caused by changes in certain genes," said C.G. Bowling, MD, a pathologist with Memorial Hospital. "For example, two genes called BRCA1 and BRCA2 are related to higher risks for breast cancer—as well as ovarian and possibly colorectal cancer. Breast cancer caused by these genes tends to occur earlier in life and involve both breasts."

If you have a family history of breast cancer, ask your doctor about ways to protect yourself, such as getting mammograms before age 40—the recommended starting age for most women.

A healthy lifestyle is important, too, says Michael Bergeron, MD, an oncologist with Memorial Hospital. "Risk-reducing strategies may include exercising, not smoking, staying at a healthy weight, eating plenty of fruits and vegetables, and limiting alcohol."

One Sister's Story



Sunne Duhon is determined that she and her family will live a healthy lifestyle.

"We eat lots of fruits and vegetables, and seldom eat meat anymore," she explained. "We joined a gym. And we drink lots of water."

As a result, she's lost weight. Her skin looks great, and she's improved her cholesterol levels. Most of all, Sunne (pronounced "Sunny") hopes she's improved her risk factors for breast cancer, a battle her younger sister Jodi lost in 2006.

Doctors cannot always explain why one person gets cancer and another does not—even siblings. So Sunne volunteered for the Sister Study, a research project that studies everything sisters share—from genetics to the dust in their childhood home (see sidebar).

"There's research to support a genetic predisposition for certain cancers, and we know of other

factors—like smoking, a sedentary lifestyle, and poor diets—that affect your chance of getting a disease," said Fran Freedlund, Cancer Registry Coordinator for Memorial Hospital. "But having a risk factor in common, or even several, does not mean that siblings will end up with the same cancer—or any cancer at all.

"Researchers believe the Sister Study will help us better understand reasons women get breast cancer, especially reasons that concern environment and genes," said Freedlund, who recommended the study to Sunne.

A shared history

"I shared everything with my sister," Sunne explained. "We grew up in the same house, ate the same food, drank the same water, played in the same neighborhood, and breathed the same air."

They also shared a paternal grandmother who died of uterine or ovarian cancer in her early 40s and a father who died of colorectal cancer in his early 50s.

"There were two extensive interviews as part of the study," Sunne explained. "Did I live near an incinerator, dump site, or landfill as a child? What medications do I use? Do I use makeup, hair dyes, and self-tanners?"

She also provided urine, toenail, and household dust samples. Over the next 10 years, Sunne will fill out a questionnaire or do a telephone interview every other year. If she is diagnosed with breast cancer while in the study, she will be asked permission to contact her doctor for information about the cancer and to get additional biological samples. Likewise, if she is diagnosed with some other type of cancer, or a condition such as osteoporosis, heart disease, or diabetes, she will be asked permission to contact her doctor.

"Most women who have one or more breast cancer risk factors never develop the disease," said Michael Bergeron, MD, an oncologist with Memorial Hospital. "And many women with breast cancer have no apparent risk factors other than being a woman and growing older.

"Knowledge gained from the Sister Study will be used to develop recommendations for preventing breast cancer in the future and promoting good health for women," he explained.

Participating in the study is painless, even if the interview questions are a bit unnerving, according to Sunne.

"It made me realize that this is my body, and this is what I've done to it," she explained. "Maybe I can help somebody else out." ■



Sunne's younger sister Jodi, who died from breast cancer in 2006



LEARN MORE For more information about screening, early detection, and treatment of breast cancer, call (337) 494-4755 or visit www.lcmh.com and click on "Breast Health Center."

What Is the Sister Study?

The Sister Study, conducted by the National Institute of Environmental Health Sciences, is the only long-term study of women ages 35 to 74 whose sisters had breast cancer. It is a national study to learn how environment and genes affect the chances of getting breast cancer.

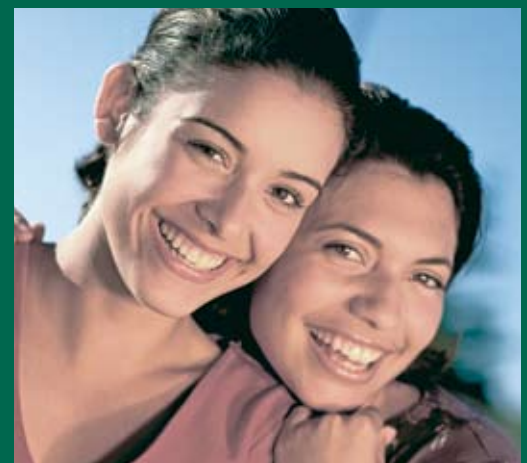
In the next three years, 50,000 women whose sister had breast cancer, and who do not have breast cancer themselves, will be asked to join the study.

YOU CAN JOIN THE SISTER STUDY IF:

- Your sister, related to you by blood, had breast cancer
- You are between the ages of 35 and 74
- You have never had breast cancer yourself
- You are a woman living in the U.S. or Puerto Rico

TO JOIN THE SISTER STUDY:

1. Visit www.sisterstudy.org to find out if you are eligible.
2. Call toll-free (877) 4SISTER (474-7837). A study representative will ask you questions to find out if you are eligible and answer any questions you may have. For deaf or hard of hearing, call toll-free (866) TTY-4SIS (889-4747).
3. Call Fran Freedlund, Cancer Registry Coordinator at Lake Charles Memorial Hospital, (337) 494-2146.



Are You at Risk for Endometrial Cancer?

Endometrial cancer—a cancer that develops in the lining of the uterus—is the most common cancer of the female reproductive system in the United States.

Although it mostly targets those older than age 50, younger women can be affected, too. In fact, up to 25 percent of those with the disease develop it before menopause. What other factors add to a woman's risk? Take this quiz and find out.

1. The shorter amount of time you menstruate over your lifetime, the higher your risk for endometrial cancer.

True False

2. Women who are obese are more likely to develop endometrial cancer.

True False

3. Regular Pap tests can help detect endometrial cancer.

True False

1. **False.** According to Matthew Scroggs, MD, an obstetrician/gynecologist with Memorial Hospital, the longer you menstruate, the higher your risk.

"Women who began menstruating early or started menopause late face higher odds

of developing this cancer, because their bodies have been exposed to more estrogen, which experts believe affects endometrial cancer risk," he explained.

2. **True.** Studies have shown that obesity can raise the risk by two to five times. Diabetes and high blood pressure boost risk, too.

3. **False.** Pap tests don't usually uncover endometrial cancer. Instead, they detect cancer of the cervix, the lower portion of the uterus. "Unfortunately, there's no routine screening test for endometrial cancer," said Dr. Scroggs. "A tissue sample is usually needed to diagnose the disease. However, scientists are hard at work studying other tests that may detect this cancer."

Possible signs of endometrial cancer include unusual vaginal discharge, unusual vaginal bleeding (especially in postmenopausal women), difficult or painful urination, pain during sexual intercourse, or pain in the pelvis. "However, other conditions may cause the same symptoms, so consult your doctor if any of these problems occur," said Dr. Scroggs. ■



Silent Killer Might Be Noisier Than We Knew

For the first time, experts are advising women of certain symptoms that might alert them to ovarian cancer, the infamous "silent killer" that is hard to spot early and is one of the deadliest tumors.

"There appear to be early signs of ovarian cancer," said Michael Broussard, MD, an oncologist with Memorial Hospital.

Dr. Broussard urges women to see their gynecologist first if they suddenly experience any one or a combination of these symptoms daily for at least three weeks:

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Frequent or urgent urination

"In many women these symptoms are more likely to be related to other issues, such as irritable bowel syndrome," said Dr. Broussard. "But their sudden appearance in healthy women may be an important indicator."



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