

NATIONAL
**Colorectal
Cancer**
ROUNDTABLE

White House
Event on
New Efforts
to Promote
Colon Cancer
Prevention

September 10, 1998

PHOTOCOPY
PRESERVATION



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

HILLARY RODHAM CLINTON HOSTS WHITE HOUSE EVENT TO PROMOTE PREVENTION, EARLY DETECTION OF COLORECTAL CANCER

*First Lady Joins National Colorectal Cancer Roundtable In Urging
Americans Over 50 to Get Tested*

WASHINGTON, DC (September 10, 1998) - Today at the White House, First Lady Hillary Rodham Clinton announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Joining Mrs. Clinton at the event were Secretary of the Department of Health and Human Services Donna Shalala, co-anchor of NBC's "Today" show Katie Couric, National Colorectal Cancer Roundtable Chair Bernard Levin, MD, and *Good Housekeeping* Editor-in-Chief Ellen Levine. More than 50,000 Americans die each year from colorectal cancer, which is preventable and even curable when detected early. Men and women over the age of 50 are at risk for developing this disease.

In urging age 50 and older Americans to be screened for colorectal cancer, Mrs. Clinton said, "You can prevent colon cancer, even beat it. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival." Dr. Levin, echoing Mrs. Clinton's comments, said, "widespread screening for colorectal cancer could reduce the death rate from this killer by over 50 percent. There is no other disease about which we can make this claim."

To underscore their efforts, Mrs. Clinton, who at the event was made Honorary Chair of the National Colorectal Cancer Roundtable, unveiled survey results and several new initiatives to help spread the word about the importance of colorectal cancer prevention and early detection.

Results of National Survey

Results of a national colorectal cancer awareness survey, commissioned by the Roundtable (a coalition of medical professional, consumer advocacy, and voluntary organizations) and conducted by the Gallup Organization, were released at the White House event (see news release on survey results). The survey found that nearly 50 percent of people over age 50 – the age group considered at highest risk for developing colorectal cancer – have never been screened for the disease. Of those people, most reported that no medical professional had ever recommended a screening test for colorectal cancer.

Public Service Announcements

Dr. Levin unveiled a new public service announcement (PSA) campaign, sponsored by the Roundtable and featuring the First Lady. In the television, print, and radio PSAs, shown during the event, Mrs. Clinton urges all Americans over the age of 50 to be screened for colorectal cancer, a test that could save their lives. The print PSA will appear in the January issue of Good Housekeeping.

The PSAs will be distributed nationally via satellite broadcast and mailings to public service directors across the country. The PSAs also will receive additional distribution and visibility through the grassroots efforts of the National Colorectal Cancer Roundtable members (see Roundtable fact sheet for list of members).

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health FoundationSM's Digestive Health Initiative[®] debuted its Internet chat room on colorectal cancer located at www.gastro.org/adhf.html. This public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for the disease to engage in live, real time discussions of the many issues related to colorectal cancer.

Each month, the chat room will feature a guest expert, beginning with actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. On September 11th, from 1 p.m. – 2 p.m. EDT, Ms. Barrie will appear in the chat room live to discuss her personal experience as a colorectal cancer survivor. In addition, Ms. Barrie will respond to questions posted on the chat room's message board during the month of September.

Private Sector Partnerships

In its efforts to spread the word about the importance of colorectal cancer prevention and early detection, the Roundtable sought and secured partnerships with members of private industry, which were announced at the White House event. In her remarks, Mrs. Clinton recognized the following companies for the activities they will undertake to raise awareness about the importance of colon cancer prevention and screening among their employees and customers (see Private Sector Partnerships fact sheet for details on individual company activities):

- American Airlines
- American Greetings Corporation / National Association of Chain Drugstores
- Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.
- Bristol Myers Squibb Oncology / Better Health Foundation
- Eli Lilly and Company
- General Motors Corporation
- Kellogg Company
- National Association of Chain Drugstores
- Olympus America Inc.
- Zeneca Pharmaceuticals

###



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

**SURVEY SHOWS NEARLY HALF OF AMERICANS AT RISK FOR
COLON CANCER ARE NOT BEING SCREENED**

Large Number Report That Physicians Are Not Recommending Tests

WASHINGTON, DC (September 10, 1998) - Survey results released today at a White House event on new efforts to promote colorectal cancer prevention reveal that nearly half of all adults aged 50 and older—the age group considered at highest risk for developing colorectal cancer—have not been screened for the disease. The White House event was hosted by First Lady Hillary Rodham Clinton, who announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Colorectal cancer, also known as colon cancer, kills more than 50,000 Americans each year, even though it is preventable and curable when detected early.

The survey, conducted for the National Colorectal Cancer Roundtable by the Gallup Organization, underscores the need for new national initiatives promoting colorectal cancer prevention and early detection. One of the most alarming findings is that most of the 47 percent of people over 50 not being screened for colorectal cancer reported that no medical professional had ever recommended screening.

"Physicians must make testing for colorectal cancer a part of their medical practices," said Roundtable Chair Bernard Levin, MD, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston. "I have spent too much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for this preventable disease."

Although colorectal cancer occurs with almost equal frequency in men and women, the survey found that women aged 50 and older are less likely than men in this same age group to undergo screening (49 percent of women reported not having been screened versus 36 percent of men). Dramatic differences were also seen between whites and non-whites. Among survey

respondents, 44 percent of whites reported not having had any of the three tests - fecal occult blood tests, flexible sigmoidoscopy, barium x-ray - compared to 56 percent of non-whites.

The majority of adults surveyed seem to believe that early detection can save lives; however, when asked what they could do to help prevent colorectal cancer, fewer than half cited regular screening tests. Even fewer mentioned dietary changes, such as eating a high-fiber diet (21 percent), or general references to diet (20 percent). A sizable minority (22 percent) could not name anything a person might do to help prevent colorectal cancer.

Asked to estimate their own chances for developing colorectal cancer, one in five adults (20 percent) believe they are very likely to develop cancer of the colon or rectum. Another 35 percent say it is somewhat likely they will develop the disease. A small proportion - one percent - reported they already have colon or rectal cancer. Sixteen percent could not estimate their chances of getting colorectal cancer.

The Gallup Organization conducted telephone interviews from August 11 through August 23, 1998, with a national sample of 1,062 adults aged 50 or older, to examine the knowledge and experience of adults with testing for colorectal cancer.

###

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy, and voluntary organizations committed to raising awareness about the prevention and early detection of colorectal cancer.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The Facts About Colorectal Cancer

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

What is Colorectal Cancer?

- Almost all cases of colorectal cancer, also referred to as colon cancer, begin with the development of benign colonic polyps.
- Polyps form when cells lining the colon grow, divide and reproduce in an unhealthy, disorderly way, producing a growth.
- These polyps can be cancerous, invading the colon wall and surrounding blood vessels, and spreading to other parts of the body.
- Colorectal cancer frequently begins without symptoms.

What Causes Colorectal Cancer?

- The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors.
- Diets high in fat and low in fruits and vegetables – such as those that include red meat, fried foods and high-fat dairy products – may increase the risk of colorectal cancer.
- Lifestyle factors – such as cigarette smoking, a sedentary lifestyle, and obesity – also may increase the risk of developing the disease.
- Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

How Common is Colorectal Cancer?

- Colorectal cancer is the second leading cancer killer in the United States, and the third most common cancer overall.
- This year, more than 50,000 Americans will die from colorectal cancer and approximately 131,600 new cases will be diagnosed.
- Eighty to 90 million Americans (approximately 25 percent of the US population) are considered at risk because of age or other factors.
- More women over the age of 75 die from colorectal cancer than from breast cancer.

Who Is At Risk?

- Men and women aged 50 and older are at almost equal risk of developing colorectal cancer.
- Those who have a personal or family history of colorectal neoplasia (cancer or polyps) are at high risk of developing the disease.
- Anyone who has a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is also at high risk.
- Although the incidence of colorectal cancer appears to be the same among all racial groups, survival rates seem to be lower for African-Americans.

How Can You Prevent Colorectal Cancer?

- Know your family history.
- See your doctor for yearly screenings if you are aged 50 or older.
- Maintain a diet low in animal fat and high in fruits, vegetables and fiber.
- Exercise regularly.
- Prevent obesity.
- Avoid cigarette smoking.

What You Need To Know ...

- Early detection saves lives – colorectal cancer is preventable, even curable when detected early.
- If colorectal cancer is found early enough, the patient has more than a 90 percent chance of survival.
- Colorectal cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers.
- Several screening methods can be used to detect polyps before they become cancerous, such as fecal occult blood test, colonoscopy, flexible sigmoidoscopy and barium x-ray. These tests also can detect cancer in its early stages.

###

BERNARD LEVIN, MD
Gastroenterologist

Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health FoundationSM (ADHFSM), Dr. Levin serves as co-chair of the Digestive Health Initiative[®]'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.

**FIRST LADY HILLARY RODHAM CLINTON PROMOTES
COLON CANCER AWARENESS AND PREVENTION**

September 10, 1998

Today, at the White House, the First Lady will announce a series of initiatives to raise awareness about colon cancer. She will announce a new research grant to fight colon cancer, release a survey reporting that many Americans do not receive appropriate screening for this disease, unveil a new public service announcement to promote prevention, and announce new public and private sector partnerships to raise awareness. The First Lady will be joined by Katie Couric, NBC "Today Show" Anchor; Ellen Levine, Editor-in-Chief of "Good Housekeeping" Magazine; Dr. Bernard Levin, a colon cancer specialist and chair of the National Colorectal Cancer Roundtable; and Secretary Shalala.

Colon Cancer - A Preventable Killer. Colon cancer is the number one non-tobacco-related cancer killer, with more than 50,000 Americans dying each year from the disease. For both men and women, it is the third most common cancer, and 130,000 Americans contract the disease each year. Men and women over the age of 50 have the greatest risk of developing colorectal cancer. However, it is preventable and curable when detected early; in fact, a patient whose cancer is detected early has more than a 90 percent chance of survival. Raising awareness about colon cancer and the importance of screening can save lives.

New Grant to Fund Colon Cancer Research. The First Lady will announce a new \$8 million grant by the National Institutes of Health to the Seattle Gastrointestinal Program Project for research aimed at preventing, diagnosing and treating colon cancer. The grant will help scientists better determine who is at risk for colon cancer and will test new strategies to reduce their cancer risk. The grant will also be used to develop more sensitive and precise ways of screening colon cancer than those available today.

New Survey Demonstrates Need for Greater Need for Colon Cancer Awareness. The First Lady will release a survey finding that nearly 50 percent of men and women over the age of 50 -- of those at highest risk for colon cancer -- have never been screened. Forty-seven percent of those not tested reported that no medical professional had ever recommended that they be screened for colon cancer. Although colon cancer occurs with almost equal frequency in men and women over the age of 50, 49 percent of women reported not having been screened compared to 36 percent of men. Dramatic differences were also present between whites and non-whites. Forty-four percent of whites reported not having taken any of the three tests used for screening, as opposed to 56 percent of non-whites. While most of the adults surveyed believed that early detection could save lives, few were aware that screening and dietary changes could help prevent the onset of colorectal cancer. This national survey was conducted by the Gallup Organization.

A New Media Campaign: With its October issue, "Good Housekeeping" Magazine is initiating a year-long colon cancer awareness campaign. The October issue will contain a major medical report on what women can do to protect themselves from colon cancer. In addition, NBC's

"Today Show" will present a week-long in-depth series, "Confronting Colon Cancer," that will offer a comprehensive look at this preventable disease.

New Partnership Between Public and Private Sector. The First Lady will also announce the creation of the National Colorectal Cancer Roundtable -- unprecedented private and public sector partnership to promote greater awareness of colon cancer. Group members include the Centers for Disease Control, the American Cancer Society, the American Digestive Health Foundation.

Raising Awareness through a New Public Service Announcement. A new public service announcement featuring the First Lady will be unveiled urging all Americans over the age of 50 to be screened for colorectal cancer. NBC will air the PSA, and the print version will appear in the January issue of Good Housekeeping. The PSA will also be distributed nationally.

New Internet Site to Answer Questions on Colon Cancer. The First Lady will also announce a new Internet chatroom that will allow consumers, patients, family members, survivors, and people at high risk for the disease to engage in live discussions of issues relating to colorectal cancer. Doctors and other experts will be available on line to answer questions about this disease. The website address is www.gastro.org/adhf.html, and it will be sponsored by the American Digestive Health Foundation, a member of the Colorectal Cancer Roundtable.

New Private Sector Commitments to Raise Awareness: The First Lady will also announce new private sector commitments to promote colon cancer awareness, by bringing attention to the importance of prevention and early detection. Commitments include:

- American Airlines will publish the public service announcement on colon cancer in its in-flight magazine, where it may reach approximately two million travelers in the U. S. and abroad.
- The Kellogg Company USA will promote colorectal cancer prevention and early detection by printing public service messages on five million packages of All Bran and Bran Buds cereal boxes.
- American Greetings will create an insert for prescriptions that promotes prevention and early detection of colorectal cancer. The National Association of Chain Drug Stores will distribute the insert to all of its pharmacies and pharmacists.
- Bristol-Meyers Squibb Oncology has provided a \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that it will initiate at all of its work sites, and send to companies all around the country.
- Olympus America, Inc., will sponsor an education program on colon cancer that will be sent to the administrators of retirement communities all across the country.
- General Motors will publish an article in its newsletter to encourage its two million employees to research information relating to preventing, detecting and understanding colorectal cancer.
- Other private industries included in the partnership are Smith Kline Diagnostics, Eli Lilly and Company, and Zeneca Pharmaceuticals, all of whom have committed to raise awareness among their thousands of employees about colon cancer.

Things To Do

7:00 Tennis
9:00 Staff Meeting
11:00 Colon Cancer Test
12:30 Dry Cleaning
1:45 Lunch w/ Rita
3:00 Conference Call

"I feel fine."

"My schedule is too hectic."

"I'm only 50."

**MAKE THE TIME TO GET
A TEST THAT COULD SAVE
YOUR LIFE.**

Colon cancer is the second-leading cancer killer and everyone aged 50 and older is at risk. More than 50,000 Americans will die from colon cancer and 131,600 new cases will be diagnosed this year.

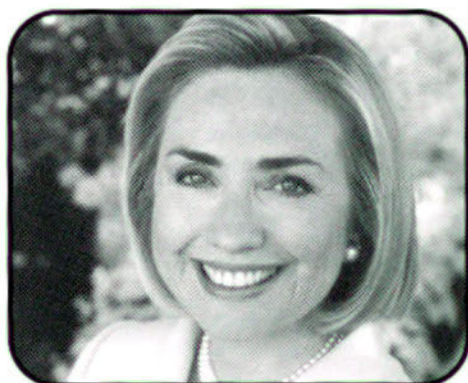
Colon cancer is an equal-opportunity disease that affects both women and men. This silent killer frequently begins without symptoms and those with a family history are at even greater risk.

THE GOOD NEWS IS:

Colon cancer is preventable—even curable when detected early. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival.

Colon cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers. There's even a test that can be used in the privacy of your own home.

Talk to your doctor about getting tested.



"You can prevent colon cancer, even beat it."

• HILLARY RODHAM CLINTON •



SPONSORED BY THE NATIONAL COLORECTAL CANCER ROUNDTABLE

FOR MORE INFORMATION, CALL THE AMERICAN CANCER SOCIETY

AT 1-800-ACS-2345



The National Colorectal Cancer Roundtable
1599 Clifton Road NE
Atlanta, GA 30329-4251

Dear Public Service Director:

Imagine having a disease that rarely produces symptoms but is the second most deadly cancer in the United States. Colorectal cancer is a silent killer that affects women and men with almost equal frequency and everyone over the age of 50 is at risk. This year, more than 50,000 Americans will die from colorectal cancer and nearly 131,600 new cases will be diagnosed.

The good news is that colorectal cancer is preventable, and even curable when detected early. Widespread screening for the disease could reduce the death rate by more than 50 percent. There is no other disease about which we can make this claim.

First Lady Hillary Rodham Clinton has joined the National Colorectal Cancer Roundtable in raising awareness about colorectal cancer and in urging everyone over the age of 50 to get screened. As an important source of public information, we need your help in spreading the word about this deadly disease and the benefits of screening. We hope that you will air this PSA as frequently as possible. I would appreciate anything you can do to schedule it when viewers over 50 are likely to be watching.

Sincerely,

Bernard Levin, M.D.
Chairman, National Colorectal Cancer Roundtable
Vice President for Cancer Prevention
M.D. Anderson Cancer Center

TV PSAs

:60/:30/:15

"Hillary Rodham Clinton on Colon Cancer"

MEMBERS OF THE NATIONAL COLORECTAL CANCER ROUNDTABLE

Agency for Healthcare Policy & Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society for Gastrointestinal Endoscopy
American Society of Colon and Rectal Surgeons
Association of State & Territorial Directors of Health Promotion & Public Health Education
Centers for Disease Control & Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus & Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



1ST WOMAN: Okay, who's up for lunch?
2ND WOMAN: Oh, sorry. I've got to take my husband to the doctor.
3RD WOMAN: Is everything okay?



2ND WOMAN: Oh yeah. It's just a colon cancer test.
4TH WOMAN: But he's so young. Only fifty-two.



3RD WOMAN: I'm supposed to get screened too, but I don't have the time...



Hillary Rodham Clinton

HILLARY RODHAM CLINTON: Colon cancer kills over 50,000 people a year and strikes women nearly as often as men



But you can beat it if it's detected early. So if you're fifty or older please get tested. It can save your life.

MAKE THE TIME TO GET A TEST THAT COULD SAVE YOUR LIFE.

Call the American Cancer Society
1-800-ACS-2345



ANNCR: Call 1-800-ACS-2345.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

Colorectal Cancer Public Service Announcements Featuring First Lady Hillary Rodham Clinton

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

WHAT: Television, print, and radio public service announcements (PSAs) on the importance of screening to prevent and detect colorectal cancer. Television and radio PSAs are available in :15, :30 and :60 formats. The print PSA is available in a variety of dimensions.

WHO: The PSAs feature First Lady Hillary Rodham Clinton urging all Americans over the age of 50 to see their doctors about getting screened for colorectal cancer. The PSAs are sponsored by the National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy, and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer (see Roundtable fact sheet).

WHY: 50,000 Americans die every year from colorectal cancer, the second leading cancer killer, and the disease affects women nearly as often as men. Everyone aged 50 and older is at risk for developing colorectal cancer, and those with a family history are at even greater risk. However, colorectal cancer is preventable, even curable, when detected early. In fact, widespread screening for colorectal cancer could reduce the death rate by over 50 percent. There is no other disease about which we can make this claim. Everyone 50 and older should see his or her doctor about getting screened for colorectal cancer.

WHERE: The television PSAs will be available via satellite broadcast on the following days:

Thursday, September 10th
7:30pm to 7:45pm EDT
Satellite GE1, Transponder 1
Downlink 3720
Audio on 6.2 and 6.8

Friday, September 11th
1:00pm to 1:15pm EDT
Satellite Telestar 4, Transponder 23
Downlink 4160
Audio on 6.2 and 6.8

The PSAs will be widely distributed to television, radio and print public service directors across the country. A nationally distributed trade publication for television PSA directors will feature Mrs. Clinton's PSAs in the September issue, and the PSAs also will be distributed through the grassroots efforts of the member organizations of the National Colorectal Cancer Roundtable.

For copies of the television, radio or print PSAs, contact Bill Goodwill at (703) 426-0881.

#



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

**Roundtable Member Organization Launches
Chat Room on Colorectal Cancer
www.gastro.org/adhf.html**

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

On September 10th, 1998, the American Digestive Health FoundationSM's (ADHFSM) Digestive Health Initiative[®] (DHI[®]) will debut its Internet chat room on colorectal cancer. Located at www.gastro.org/adhf.html, this public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for developing the disease to engage in live, real-time discussions of the many issues related to colorectal cancer. At this same electronic location, the DHI also will offer a colorectal cancer message board, on which participants can post questions, answers, information about resources, and topics for discussion concerning this disease.

In addition to the address above, the chat room can be accessed through the home pages of the three ADHF member societies:

- American Gastroenterological Association: www.gastro.org
- American Society for Gastrointestinal Endoscopy: www.asge.org
- American Association for the Study of Liver Diseases: www.hepar-sfgh.ucsf.edu

"Guest of the Month" Feature

Each month, the DHI colorectal cancer chat room will feature a guest expert. These guest experts, drawn from the medical, patient support, and cancer survivor communities, will be scheduled to appear live in the chat room to discuss their personal and professional experiences with colorectal cancer. Throughout the month, the guest experts will also respond to questions and topics of discussion posted on the message board.

September's live guest will be actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. Ms. Barrie will participate live in the chat room on September 11th from 1 p.m. to 2 p.m. EDT to discuss her personal experience and will respond to inquiries on the message board during the month of September. Dr. Bernard Levin, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston and chair of the National Colorectal Cancer Roundtable, also

will be available during the last two weeks of September to respond to message board questions and comments.

See the opening page of the chat room for information on future guest experts.

The American Digestive Health Foundation is a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases. The ADHF promotes digestive health for all Americans by supporting educational initiatives and research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases. The ADHF funds basic research, clinical research, and investigations into prevention strategies, and has established four interdependent initiatives to advance its digestive health agenda.

#

* National Colorectal Cancer Roundtable member.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The National Colorectal Cancer Roundtable

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer. The Roundtable's ongoing mission is to reduce the incidence of and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to screening rates for other cancers (currently four out of five people*).

Colorectal cancer is the second leading cancer killer in the US, causing the deaths of more than 50,000 Americans every year. Men and women over the age of 50, and those with a family history of colorectal cancer, are most at risk for developing this disease.

To advance its major objectives, the Roundtable has set the following goals:

- Develop a national strategic plan for the early detection and control of colorectal cancer.
- Advocate for key policy issues that will help reduce colorectal cancer rates.
- Identify research needs and potential barriers to reducing colorectal cancer rates, and recommend solutions.
- Develop and sustain partnerships to enhance efforts in the prevention and early detection of colorectal cancer.
- Monitor progress in disease reduction efforts and participation in screening.
- Produce periodic reports on the current state of colorectal cancer control, and progress towards national objectives.

For more information on the National Colorectal Cancer Roundtable, call Dr. Gabriel Feldman at the American Cancer Society, (404) 329-7504.

###

* Breast and cervical cancers.

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
Association of State and Territorial Directors of Health Promotion and Public Health Education
Centers for Disease Control and Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus and Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

National Colorectal Cancer Roundtable Private Industry Partnerships Promoting Awareness of Colorectal Cancer Prevention and Detection

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has developed partnerships with private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies, with their powerful reach, have committed to activities that will educate hundreds of thousands of Americans over the age of 50 about the importance of getting screened for colorectal cancer, the nation's second leading cancer killer.

American Airlines

American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the US and around the world. In addition, American Airlines' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees.

American Greetings Corporation / National Association of Chain Drugstores

American Greetings will create a prescription insert reflecting National Colorectal Cancer Roundtable messages about prevention and early detection. The National Association of Chain Drugstores will distribute the insert to its 30,000 chain pharmacies and 90,000 chain pharmacists. Beginning in early 1999, individuals having prescriptions filled at participating drugstores and pharmacies will receive the insert in their prescription bags.

Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.

Beckman Coulter/SKD will publish First Lady Hillary Rodham Clinton's public service announcement on colorectal cancer through the company intranet and in-house publication, *Beckman Coulter Life*, reaching more than 10,000 employees worldwide. SKD-trained representatives and an in-house support staff of 50 will promote the message about screening for colorectal cancer by making themselves, and SKD's Basic TrainingTM Patient Education Program, available to National Colorectal Cancer Roundtable participants and partners.

Bristol-Myers Squibb Oncology / Better Health Foundation

Bristol-Myers Squibb Oncology has provided an initial \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that companies nationwide can adopt at no cost. Bristol-Myers Squibb Oncology will initiate the program at all of its work sites.

Eli Lilly and Company

Eli Lilly will conduct a new employee education campaign to increase awareness about the prevention of colon cancer through regular screenings. The campaign will reach more than 31,000 Lilly employees worldwide and their families using the public service materials developed by the National Colorectal Cancer Roundtable, as well as educational materials created by the company's employee health services department in cooperation with corporate communications. Lilly will inform employees through a number of venues, including publications and its in-house television network.

General Motors Corporation

General Motors will publish an article on the importance of colorectal cancer prevention and early detection in its newsletter, *Feelin' Good*, which is distributed to 1.5 million employees, retirees, and families. The article will encourage employees to access the audio-tapes General Motors has in its Audio Health Library on colorectal cancer risk factors, early detection guidelines, signs and symptoms, and treatment, and will encourage enrollees in the corporation's wellness program to discuss any colorectal cancer questions or symptoms with registered nurses available through a toll-free number. The article also will contain information on how readers can access General Motors' web site information on the prevention and early detection of colorectal cancer, and will encourage employees to read the information on the disease contained in their wellness program self-care manuals.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: consumers via five million packages of Kellogg's All Bran and Bran Buds; 5,000 hospital health care sites; 5,000 health care professionals; 500 retailers; and to its thousands of employees and retirees through its publication, *The Kellogg News*. In addition, Kellogg Company will provide in-store consumer education messages in 12,000 stores, as well as information on the Internet generating approximately five million "hits" per month.

Olympus America Inc.

Olympus America will sponsor and videotape a "Colorectal Cancer Education -What Everyone Needs to Know" program which will be open to employees, family members and the general public. Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost, and will show the videotaped program at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas, and Long Beach.

The program will be held at Olympus America headquarters in Melville, NY, or at a local medical university, and will be repeated at Olympus' repair and distribution facility in San Jose, CA. A panel of leading experts will speak about the problem of colorectal cancer, as well as solutions, including preventive measures, nutrition, and screening. The program will be promoted through a direct mail piece and internal *Olympus Bulletin*.

Zeneca Pharmaceuticals

Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer, as well as a new session on the importance of screening women for colorectal cancer. In addition, a new work-site guide for detection/screening for colorectal cancer will be issued for customer use.

#



NATIONAL
**Colorectal
Cancer**
ROUNDTABLE

White House
Event on
New Efforts
to Promote
Colon Cancer
Prevention

September 10, 1998



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

**HILLARY RODHAM CLINTON HOSTS WHITE HOUSE EVENT TO
PROMOTE PREVENTION, EARLY DETECTION OF
COLORECTAL CANCER**

*First Lady Joins National Colorectal Cancer Roundtable In Urging
Americans Over 50 to Get Tested*

WASHINGTON, DC (September 10, 1998) - Today at the White House, First Lady Hillary Rodham Clinton announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Joining Mrs. Clinton at the event were Secretary of the Department of Health and Human Services Donna Shalala, co-anchor of NBC's "Today" show Katie Couric, National Colorectal Cancer Roundtable Chair Bernard Levin, MD, and *Good Housekeeping* Editor-in-Chief Ellen Levine. More than 50,000 Americans die each year from colorectal cancer, which is preventable and even curable when detected early. Men and women over the age of 50 are at risk for developing this disease.

In urging age 50 and older Americans to be screened for colorectal cancer, Mrs. Clinton said, "You can prevent colon cancer, even beat it. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival." Dr. Levin, echoing Mrs. Clinton's comments, said, "widespread screening for colorectal cancer could reduce the death rate from this killer by over 50 percent. There is no other disease about which we can make this claim."

To underscore their efforts, Mrs. Clinton, who at the event was made Honorary Chair of the National Colorectal Cancer Roundtable, unveiled survey results and several new initiatives to help spread the word about the importance of colorectal cancer prevention and early detection.

Results of National Survey

Results of a national colorectal cancer awareness survey, commissioned by the Roundtable (a coalition of medical professional, consumer advocacy, and voluntary organizations) and conducted by the Gallup Organization, were released at the White House event (see news release on survey results). The survey found that nearly 50 percent of people over age 50 – the age group considered at highest risk for developing colorectal cancer – have never been screened for the disease. Of those people, most reported that no medical professional had ever recommended a screening test for colorectal cancer.

Public Service Announcements

Dr. Levin unveiled a new public service announcement (PSA) campaign, sponsored by the Roundtable and featuring the First Lady. In the television, print, and radio PSAs, shown during the event, Mrs. Clinton urges all Americans over the age of 50 to be screened for colorectal cancer, a test that could save their lives. The print PSA will appear in the January issue of Good Housekeeping.

The PSAs will be distributed nationally via satellite broadcast and mailings to public service directors across the country. The PSAs also will receive additional distribution and visibility through the grassroots efforts of the National Colorectal Cancer Roundtable members (see Roundtable fact sheet for list of members).

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health FoundationSM's Digestive Health Initiative[®] debuted its Internet chat room on colorectal cancer located at www.gastro.org/adhf.html. This public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for the disease to engage in live, real time discussions of the many issues related to colorectal cancer.

Each month, the chat room will feature a guest expert, beginning with actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. On September 11th, from 1 p.m. – 2 p.m. EDT, Ms. Barrie will appear in the chat room live to discuss her personal experience as a colorectal cancer survivor. In addition, Ms. Barrie will respond to questions posted on the chat room's message board during the month of September.

Private Sector Partnerships

In its efforts to spread the word about the importance of colorectal cancer prevention and early detection, the Roundtable sought and secured partnerships with members of private industry, which were announced at the White House event. In her remarks, Mrs. Clinton recognized the following companies for the activities they will undertake to raise awareness about the importance of colon cancer prevention and screening among their employees and customers (see Private Sector Partnerships fact sheet for details on individual company activities):

- American Airlines
- American Greetings Corporation / National Association of Chain Drugstores
- Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.
- Bristol Myers Squibb Oncology / Better Health Foundation
- Eli Lilly and Company
- General Motors Corporation
- Kellogg Company
- National Association of Chain Drugstores
- Olympus America Inc.
- Zeneca Pharmaceuticals

###



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

**SURVEY SHOWS NEARLY HALF OF AMERICANS AT RISK FOR
COLON CANCER ARE NOT BEING SCREENED**

Large Number Report That Physicians Are Not Recommending Tests

WASHINGTON, DC (September 10, 1998) - Survey results released today at a White House event on new efforts to promote colorectal cancer prevention reveal that nearly half of all adults aged 50 and older—the age group considered at highest risk for developing colorectal cancer—have not been screened for the disease. The White House event was hosted by First Lady Hillary Rodham Clinton, who announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Colorectal cancer, also known as colon cancer, kills more than 50,000 Americans each year, even though it is preventable and curable when detected early.

The survey, conducted for the National Colorectal Cancer Roundtable by the Gallup Organization, underscores the need for new national initiatives promoting colorectal cancer prevention and early detection. One of the most alarming findings is that most of the 47 percent of people over 50 not being screened for colorectal cancer reported that no medical professional had ever recommended screening.

"Physicians must make testing for colorectal cancer a part of their medical practices," said Roundtable Chair Bernard Levin, MD, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston. "I have spent too much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for this preventable disease."

Although colorectal cancer occurs with almost equal frequency in men and women, the survey found that women aged 50 and older are less likely than men in this same age group to undergo screening (49 percent of women reported not having been screened versus 36 percent of men). Dramatic differences were also seen between whites and non-whites. Among survey

respondents, 44 percent of whites reported not having had any of the three tests - fecal occult blood tests, flexible sigmoidoscopy, barium x-ray - compared to 56 percent of non-whites.

The majority of adults surveyed seem to believe that early detection can save lives; however, when asked what they could do to help prevent colorectal cancer, fewer than half cited regular screening tests. Even fewer mentioned dietary changes, such as eating a high-fiber diet (21 percent), or general references to diet (20 percent). A sizable minority (22 percent) could not name anything a person might do to help prevent colorectal cancer.

Asked to estimate their own chances for developing colorectal cancer, one in five adults (20 percent) believe they are very likely to develop cancer of the colon or rectum. Another 35 percent say it is somewhat likely they will develop the disease. A small proportion - one percent - reported they already have colon or rectal cancer. Sixteen percent could not estimate their chances of getting colorectal cancer.

The Gallup Organization conducted telephone interviews from August 11 through August 23, 1998, with a national sample of 1,062 adults aged 50 or older, to examine the knowledge and experience of adults with testing for colorectal cancer.

###

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy, and voluntary organizations committed to raising awareness about the prevention and early detection of colorectal cancer.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The Facts About Colorectal Cancer

What is Colorectal Cancer?

- Almost all cases of colorectal cancer, also referred to as colon cancer, begin with the development of benign colonic polyps.
- Polyps form when cells lining the colon grow, divide and reproduce in an unhealthy, disorderly way, producing a growth.
- These polyps can be cancerous, invading the colon wall and surrounding blood vessels, and spreading to other parts of the body.
- Colorectal cancer frequently begins without symptoms.

What Causes Colorectal Cancer?

- The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors.
- Diets high in fat and low in fruits and vegetables – such as those that include red meat, fried foods and high-fat dairy products – may increase the risk of colorectal cancer.
- Lifestyle factors – such as cigarette smoking, a sedentary lifestyle, and obesity – also may increase the risk of developing the disease.
- Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

How Common is Colorectal Cancer?

- Colorectal cancer is the second leading cancer killer in the United States, and the third most common cancer overall.
- This year, more than 50,000 Americans will die from colorectal cancer and approximately 131,600 new cases will be diagnosed.
- Eighty to 90 million Americans (approximately 25 percent of the US population) are considered at risk because of age or other factors.
- More women over the age of 75 die from colorectal cancer than from breast cancer.

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

Who Is At Risk?

- Men and women aged 50 and older are at almost equal risk of developing colorectal cancer.
- Those who have a personal or family history of colorectal neoplasia (cancer or polyps) are at high risk of developing the disease.
- Anyone who has a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is also at high risk.
- Although the incidence of colorectal cancer appears to be the same among all racial groups, survival rates seem to be lower for African-Americans.

How Can You Prevent Colorectal Cancer?

- Know your family history.
- See your doctor for yearly screenings if you are aged 50 or older.
- Maintain a diet low in animal fat and high in fruits, vegetables and fiber.
- Exercise regularly.
- Prevent obesity.
- Avoid cigarette smoking.

What You Need To Know ...

- Early detection saves lives – colorectal cancer is preventable, even curable when detected early.
- If colorectal cancer is found early enough, the patient has more than a 90 percent chance of survival.
- Colorectal cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers.
- Several screening methods can be used to detect polyps before they become cancerous, such as fecal occult blood test, colonoscopy, flexible sigmoidoscopy and barium x-ray. These tests also can detect cancer in its early stages.

###

BERNARD LEVIN, MD
Gastroenterologist

Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health FoundationSM (ADHFSM), Dr. Levin serves as co-chair of the Digestive Health Initiative[®]'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.

**FIRST LADY HILLARY RODHAM CLINTON PROMOTES
COLON CANCER AWARENESS AND PREVENTION**

September 10, 1998

Today, at the White House, the First Lady will announce a series of initiatives to raise awareness about colon cancer. She will announce a new research grant to fight colon cancer, release a survey reporting that many Americans do not receive appropriate screening for this disease, unveil a new public service announcement to promote prevention, and announce new public and private sector partnerships to raise awareness. The First Lady will be joined by Katie Couric, NBC "Today Show" Anchor; Ellen Levine, Editor-in-Chief of "Good Housekeeping" Magazine; Dr. Bernard Levin, a colon cancer specialist and chair of the National Colorectal Cancer Roundtable; and Secretary Shalala.

Colon Cancer - A Preventable Killer. Colon cancer is the number one non-tobacco-related cancer killer, with more than 50,000 Americans dying each year from the disease. For both men and women, it is the third most common cancer, and 130,000 Americans contract the disease each year. Men and women over the age of 50 have the greatest risk of developing colorectal cancer. However, it is preventable and curable when detected early; in fact, a patient whose cancer is detected early has more than a 90 percent chance of survival. Raising awareness about colon cancer and the importance of screening can save lives.

New Grant to Fund Colon Cancer Research. The First Lady will announce a new \$8 million grant by the National Institutes of Health to the Seattle Gastrointestinal Program Project for research aimed at preventing, diagnosing and treating colon cancer. The grant will help scientists better determine who is at risk for colon cancer and will test new strategies to reduce their cancer risk. The grant will also be used to develop more sensitive and precise ways of screening colon cancer than those available today.

New Survey Demonstrates Need for Greater Need for Colon Cancer Awareness. The First Lady will release a survey finding that nearly 50 percent of men and women over the age of 50 -- of those at highest risk for colon cancer -- have never been screened. Forty-seven percent of those not tested reported that no medical professional had ever recommended that they be screened for colon cancer. Although colon cancer occurs with almost equal frequency in men and women over the age of 50, 49 percent of women reported not having been screened compared to 36 percent of men. Dramatic differences were also present between whites and non-whites. Forty-four percent of whites reported not having taken any of the three tests used for screening, as opposed to 56 percent of non-whites. While most of the adults surveyed believed that early detection could save lives, few were aware that screening and dietary changes could help prevent the onset of colorectal cancer. This national survey was conducted by the Gallup Organization.

A New Media Campaign: With its October issue, "Good Housekeeping" Magazine is initiating a year-long colon cancer awareness campaign. The October issue will contain a major medical report on what women can do to protect themselves from colon cancer. In addition, NBC's

"Today Show" will present a week-long in-depth series, "Confronting Colon Cancer," that will offer a comprehensive look at this preventable disease.

New Partnership Between Public and Private Sector. The First Lady will also announce the creation of the National Colorectal Cancer Roundtable -- unprecedented private and public sector partnership to promote greater awareness of colon cancer. Group members include the Centers for Disease Control, the American Cancer Society, the American Digestive Health Foundation.

Raising Awareness through a New Public Service Announcement. A new public service announcement featuring the First Lady will be unveiled urging all Americans over the age of 50 to be screened for colorectal cancer. NBC will air the PSA, and the print version will appear in the January issue of Good Housekeeping. The PSA will also be distributed nationally.

New Internet Site to Answer Questions on Colon Cancer. The First Lady will also announce a new Internet chatroom that will allow consumers, patients, family members, survivors, and people at high risk for the disease to engage in live discussions of issues relating to colorectal cancer. Doctors and other experts will be available on line to answer questions about this disease. The website address is www.gastro.org/adhf.html, and it will be sponsored by the American Digestive Health Foundation, a member of the Colorectal Cancer Roundtable.

New Private Sector Commitments to Raise Awareness: The First Lady will also announce new private sector commitments to promote colon cancer awareness, by bringing attention to the importance of prevention and early detection. Commitments include:

- American Airlines will publish the public service announcement on colon cancer in its in-flight magazine, where it may reach approximately two million travelers in the U. S. and abroad.
- The Kellogg Company USA will promote colorectal cancer prevention and early detection by printing public service messages on five million packages of All Bran and Bran Buds cereal boxes.
- American Greetings will create an insert for prescriptions that promotes prevention and early detection of colorectal cancer. The National Association of Chain Drug Stores will distribute the insert to all of its pharmacies and pharmacists.
- Bristol-Meyers Squibb Oncology has provided a \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that it will initiate at all of its work sites, and send to companies all around the country.
- Olympus America, Inc., will sponsor an education program on colon cancer that will be sent to the administrators of retirement communities all across the country.
- General Motors will publish an article in its newsletter to encourage its two million employees to research information relating to preventing, detecting and understanding colorectal cancer.
- Other private industries included in the partnership are Smith Kline Diagnostics, Eli Lilly and Company, and Zeneca Pharmaceuticals, all of whom have committed to raise awareness among their thousands of employees about colon cancer.

Good Housekeeping

OCTOBER 1998 \$1.95

CONTEST!
Win a New Wardrobe

**Gained Back
Those Pounds?**
Lose Them For Good

AIR BAG DANGERS
How To Keep
Your Family Safe

**Do You Talk
To Yourself?**
When It Helps

**BEST EVER
PASTA RECIPES**

KIDS' HEALTH
Update on Unsafe
Medicines, New
Vaccines, and More

**KITCHEN
MAKEOVERS**
Great Looks
You Can
Afford

INTERVIEW

Katie's Wish

Speaking out in her husband's
memory...what she
desperately wants you to know



**PLUS: Other stories of courage.
And real hope in the
battle to beat colon cancer.**

<http://goodhousekeeping.com>



\$1.95

GOOD HOUSEKEEPING *october*

Katie's Crusade

Still coming to terms with her husband's death from colon cancer, the Today show's Katie Couric is speaking out in his memory. What she wants you to know could save your life.

BY JOANNA POWELL



In her handsome corner office at New York City's Rockefeller Center, Katie Couric is trying to get on with her life. Dressed in a baby-blue tailored suit and heavy makeup from her morning duties as cohost of NBC's *Today* show, she's both poised and funny as she gives a rare interview. First, she takes time for a bit of girl talk about shoes. Then she turns serious as the subject moves to her recent loss.

Despite her courageous front, Katie's voice cracks often during our conversation, and her eyes well up with tears. It has been just a few months since the death of her husband, TV legal analyst Jay Monahan, who at 42, lost a swift, brutal fight with colon cancer. As a newly single mother with two small children (Ellie, 7, and Carrie, 2½), Katie is still reeling from the shock.

But in her search for solace, she has found some touchstones. In one corner of her office there is a small antique chest of drawers that was a birthday gift from her husband the year before he died. Once a scientist's display cabinet, it is filled with delicate eggs of various wild birds. Even though some of the eggs have already broken, Katie has protectively made a handwritten sign that reads *FRAGILE* and taped it to the top of the chest. "I'm just so afraid it might get damaged," she says. "It means so much to me."

What also means a lot to Katie is her decision to turn her grief into action—by launching a fight to raise awareness about colon cancer. It is to that end that she is anchoring a five-part series about the disease on the *Today* show from September 14 to 18. And it is why, for this interview, she agreed to talk intimately about her loss—and her ongoing effort to understand it.

Joanna Powell: You've been very private since your husband died. Why are you speaking out now?

Katie Couric: Colon cancer has taken a huge personal toll on my life. Now I'd like to help educate others about this disease. I want everyone to understand that women as well as men get colon cancer. Young people as well as old people get it. And frankly, very few people take advantage of the preventive tools that exist. Too many Americans don't get tested because they don't want to talk about that part of their body.

How can we break the stigma of this disease?

I think we have to use the words, say them. *Colon. Rectum. Bowels.* The more matter of fact you are with the language, the more it helps. You can't be squeam-



Katie with husband Jay in 1995.

"We had no idea what was going on in his body. This cancer is so insidious."

ish about it. It might cost you your life. For the *Today* show's series on colon cancer, we interviewed a Yale-educated doctor who was going to give a talk on colon cancer at the Yale Club in New York City. He was asked to change the subject of his talk to make it more palatable. People educated at a university like Yale cannot deal with colon cancer? I just couldn't believe it.

What do you want people to be especially aware of?

People need to know that colon cancer can strike the young. My husband was barely 42 years old. My executive producer, Jeff Zucker, got it, and he was only 31. Fortunately, he survived. Last weekend, I ran into a farmer I know out in the country. Jay and I always bought produce from him. When I saw him, he said, "I'm so sorry about Jay. You know I lost my fiancée five years ago to colon cancer." I asked how old she was, and he said, "Thirty-eight." I can't tell you how many people wrote to me whose husbands or wives were taken by this disease at very

young ages. At least 13,000 new cases each year involve people under 50.

Does having lost a loved one to cancer make you terrified of developing the disease yourself?

Terrified is probably too strong a word. But it certainly makes me feel vulnerable. My husband was trim, healthy, had never smoked a cigarette. It makes me feel vulnerable for everyone, not just for myself. It's very frightening.

How did you keep going after Jay's death?

As hard as it is for everybody who faces a tragedy in their lives, you really don't have much of a choice. You can stay in bed every day, or for weeks or months at a time, or you can just keep going. Children force you to keep going. You don't have the luxury of putting your head in the sand. My children are a tremendous source of comfort, tremendously motivating for me. Because I have responsibilities. It's not just financial. It's being there for them because they are children.

How was Jay's cancer discovered?

He was already very sick when doctors diagnosed it in April 1997. He had no symptoms. Jay was tired, but we thought it was because he was flying back and forth to California for his job [as a TV legal analyst]. And we had two small children bringing every bug in America into the house. We had no idea what was going on in his body. This cancer is so insidious.

What are the lessons to be learned?

For one, that there are often very few symptoms until it's too late. I'm not saying everyone in America is walking around with colon cancer, but everyone needs to know that it is a possibility. And they need to rule it out. The only way to be really safe is to be tested. I'd like for people to become more aware of colonoscopy, an exam that allows a doctor to check the colon for abnormalities, and to decide with their doctors whether one is warranted.

Do you think there's anything doctors know now that might have made a difference in saving Jay's life?

My husband's mom, who is now in her 60s, has ovarian cancer—it was diagnosed about three years ago. His grandmother died of breast cancer. There is a growing body of thought that these glandular cancers—breast, ovarian, uterine, prostate, and colon—may be related, that there is perhaps, a genetic link. If we had known this, Jay might have been screened for colon cancer. I now certainly believe you should think long and hard about an *early* colonoscopy, not only if your aunt or grandmother or other relative has colon

cancer, but also if any of these glandular cancers exist in your family. I firmly believe you have to be your own best advocate. We're hearing now that everyone 50 and up should have a colonoscopy regardless of risk factors or symptoms. But all the doctors I know—and I know a lot of them—say they had or will get a colonoscopy by their fortieth birthday. That ought to tell you something. **Problem is, even if you have a family history of colon cancer, doctors often**

treatment for colon cancer is a drug that was developed in the 1950's. I hope that more money—government and private—can be devoted to cancer research. If we can put *Sojourner* on Mars, we can come up with something that keeps cancer from destroying so many lives.

How do you feel about the body's ability to "beat cancer"? Is it possible? People talk a lot about fighting it psychologically.

I think you have to have hope and a fighting spirit. On the other hand, this idea that

going to get through it and continue to fly in the healthiest way possible. Talk to your child's teachers; talk honestly with children about the death in an age-appropriate way. Parents can't just forget about it and hope their kids will be okay. **What should you do to keep the loved one's memory alive?**

You can't schedule a child's grief. You really have to have a good sense of what's right for your child; you can't force-feed your child. I try to talk about Jay in a very natural way, because he comes up all the time. Yet I don't try to sit with my child in some kind of artificial environment, and have her discuss things with me that maybe she's not ready to talk about. I think you have to pick up cues from them. The other day my daughter Carrie was on her play telephone telling me, "Mom, it's Daddy calling from heaven."

It was heartbreaking, but I wanted to explore it with her, so we started talking. She's only 2½, but I didn't want to just ignore her and what she was saying. It's an awful lot for grown-ups to handle their own pain and loss, but they can't forget about the children. They're going through it too. It's very easy in a situation like this to feel completely and utterly overwhelmed. But I think parents have a real responsibility to pull it together for their children.

Has your mother been helpful to you during this ordeal?

Oh, yes. I'm very close to my parents. I went through a period when I was just impossible to deal with. Because I was just so, so upset and angry and furious with the world. Talk about unconditional love. They've always been there for me.

What about friends? How have they responded?

I think this is really important. A lot of people are at a loss when it comes to helping friends feel better. A lot of people pull back because they don't want to be invasive or intrusive.

Or say the wrong things.

Or say the wrong things. It's painful for a lot of people because it reminds them of their own mortality. But when someone you care about is going through something as traumatic as this, you can't stop trying to get in—even if they push you away, initially, because they're so knocked off their foundation and their world has just fallen apart. If they push you away, and you really care—push back. Keep trying. When you're going through it, you're scared all the time. I had one friend who wrote me a card every week and called me every week, and I never called her back. But I'm so grateful that she kept trying. I'll

"Little things help—like having my husband's money clip in my purse. And being in a room where he spent time."

recommend you be screened by a flexible sigmoidoscopy, not a colonoscopy.

Flexible sigmoidoscopy is effective for only the lower third to half of the colon. My feeling is if you really want to be sure, getting a flex sig is like getting a mammogram on one breast.

After your husband found out he had colon cancer, what did you do to fight the disease?

I can share some of my personal experience, but I want to be careful not to invade my husband's privacy or dignity in any way. Immediately after he received his diagnosis, I began to amass a lot of information on treatment, clinical trials, and experimental drugs. I was extremely frustrated to discover there's no single source for learning about the various experimental treatments for your specific disease. Pharmaceutical and biotech companies are highly competitive and sometimes secretive about the kinds of tests they're doing. The technology is changing at breakneck speed. And it's hard to find sources that are in plain English, not mediacese. It was very troubling to me. Here I was, a reporter. I've spent the last 20 years researching and investigating. But when it came to tracking down information that could potentially save a life, I hit one obstacle after another. I'm heartened to hear that the National Cancer Institute has just implemented a new Web site clearinghouse, so some of this information is easier to access...but I definitely think more could be done.

Do you find it frustrating that cancer is still the No. 2 killer in this country after heart disease?

Incredibly. It's been more than 25 years since Richard Nixon declared war on cancer. And while there have been tremendous strides, the first-line chemotherapy

people who survive cancer are stronger willed or more motivated or have a greater desire to live is really unfair to people who don't beat it. I think cancer, frankly, comes down to biology and luck. The cemeteries are full of people who wanted to live more than anything and couldn't.

It's a very confusing concept—the idea that if you fight hard enough you can cure yourself.

I'm thrilled for people who beat it, because I know they've been to hell and back. But to imply that they are mentally superior to those who don't beat it is just plain wrong.

The other part of your story is surviving the grief after losing your husband. Is there anything that's been especially helpful in your life in the past months?

Talking to other women who have been through similar circumstances. Nobody else really understands. I didn't before it happened to me. As empathetic as friends and family want to be, it's just such a lonely, painful experience. It's very meaningful to have someone who can relate to an earth-shattering event in the same way you do.

Do you have any advice to parents with young children who have lost a loved one?

I'd hate to profess to be an expert. It's definitely baptism by fire when you're in a situation like this. Every child is different, every parent is different, every situation is different. But I do think you need to be very proactive in helping your children through an ordeal like this. And you need to do everything you can to keep them healthy and whole. You can't think that they are just children and they won't be affected, or they'll get over it, or children are resilient. Some of that is true, but I think you have to very consciously take steps to make sure that they're

never for
weren't t
I'll never
What did
Just: "Thi
you need
ing, comfi
Tuesdays a
fessor dyi
his relatio
He talke
dreamlike
how peop
lives, chat
store, and
is going on

I think v
life has cha
it's very rea
world thro
Everything
like B.C. a
After Cance
on comme
buried in a
terrifying. V

Th

never forget that. And the people who weren't there and didn't keep on trying. I'll never forget that either.

What did the cards say?

Just "Thinking about you," "I'm here if you need me." That was a very reassuring, comforting thing. I think of the book *Tuesdays with Morrie* (about a college professor dying of Lou Gehrig's disease and his relationship with a former student). He talked about how you're in this dreamlike state and you can't understand how people are just going on with their lives, chatting and going to the grocery store, and pushing baby strollers. That life is going on swimmingly for everyone else.

I think when people acknowledge that life has changed in a horrible way for you, it's very reassuring. I used to say I saw the world through cancer-colored glasses. Everything just looks very different. It's like B.C. and A.C.—Before Cancer and After Cancer. You see references to death on commercials; you see a man being buried in a car, and it's not a big joke. It's terrifying. When death is a distinct possi-

bility in your life, these things are not funny. Even hearing cartoon characters say, "Drop dead." I remember looking at a magazine cover on summer pleasures, and thinking, *Wow, I wish that's all I cared about: what I was going to do this summer, what movies I was going to see.* I think it's important to acknowledge that someone's world has taken a gut-wrenching turn.

Is there any place or item that you shared with Jay that now offers comfort?

Nothing really comforts me, I'm sorry to report. It's only been months since my husband died. And, frankly, I still can't believe it. When I think about it, it just permeates every cell in my body. You can forget about it temporarily. But then the grief comes like a huge wave and like a horrible invasion of your heart and soul.

Little things help me—like having my husband's money clip in my purse. And just being in a room where he spent a lot of time. But I don't have any sort of ritual or supercomforting place. I'm still looking for that. My husband had a collection of historic military pieces, particularly from

the Civil War, at our house in the country and I go into that room and look at the things he loved—which, of course, I didn't appreciate as much when he was living. That's a very special place for me. I find that talking about him to those people who cared about him and miss him is really helpful. Sometimes when you lose someone, other people just want it to be in the past and not talk about it. I appreciate having people say how much they cared about him and miss him too.

Are you still close to his family?

Yes. Jay was one of seven children, and I often speak to his siblings as well as to his parents. They're all wonderful. I also like to talk to other people who knew him well and were profoundly affected by him. Someone sent me a letter telling me about Jay's experience in the Navy. I just got his transcripts from college and read his guidance counselor's recommendation and his entrance essay. It was very revealing. He wrote things that I didn't know about him. It's nice to have, but sometimes so hard to read. (continued on page 188)

The Stories of Three Families Left Behind

KATHY HOCHHAUSER
AND HER DAUGHTERS,
ELLEN, 18, SEATED,
AND GWEN, 14.



"HE NEVER LOST HIS SPIRIT"

In 1993, Kathy Hochhauser and her husband, Ken, were feeling hopeful about their future together. The parents of two daughters—Ellen, 12 at the time, and Gwen, 9—they were strong-willed people whose marriage had been troubled; the couple were in counseling. But now they were trying to put the bad times behind them.

Then, one day, Ken, a 45-year-old accountant at a computer company in Framingham, MA, noticed blood in his stool. "I urged him to go to the doctor, but he put it off for a few months," says Kathy, now 50, a public school secretary. When he finally had a colonoscopy, an examination of the colon, the news wasn't good: A tumor was found. Ken had surgery immediately, but the cancer had already spread to his liver. Although he would get chemotherapy and radiation—including an experimental drug—the doctors indicated that he didn't have long to live.

"He was a fighter; he was going to prove them wrong," recalls Kathy. And he did. For three years after the surgery, he lived life to the fullest. "He'd be nauseated after a chemotherapy session, but he'd insist on playing basketball," says Kathy. And he rallied enough to attend Gwen's bat mitzvah in November 1996. "He even found the strength to dance with me," says Kathy.

She and Ken grew closer than they had ever been. Kathy drove him to and from treatments and nursed him through the long nights. "He never lost his spirit," she reports. "Two weeks before he died, I asked him if there was anything I could get for him, and he grinned and said, 'A pastrami sandwich.' I went to the deli right away."

On July 3, 1997, Ken, at age 49, lost his battle against colon cancer. Kathy had grieved a lot during the years she cared for Ken, but now she couldn't stop thinking about what could have been done to save her young husband's life. For 25 years, Ken had suffered from chronic bowel problems, and Kathy now says she wishes he'd been screened earlier. "If only one person reads this and goes for a checkup," she says, "none of what we went through will have been in vain."

—Sandra Forsyth

CHELSIE SHERER, 7, AND HER FATHER, TRIPP.



"SHE WAS A REAL GOOD MOM"

Chelsie Sherer, a 7-year-old who loves to swim and watch videos, seems like a typical second grader. But those close to her know she's wrestling with a terrible trauma: the loss of her mother. In 1996, at age 28, Lisa Sherer died of a rare, genetic form of colon cancer, leaving behind her only child and her husband, Tripp, a dental technician.

Chelsie was not yet 3 when Lisa first got sick in 1993. She passed a lot of blood one day and was rushed to the emergency room. It turned out she had familial polyposis, a condition in which thousands of polyps grow on the colon, and her polyps were malignant. She was given a year and a half to live. The doctors told Tripp that the polyps start out benign but if not removed almost always become malignant by the time the person is 40. Tripp recalled that Lisa frequently had diarrhea and lacked stamina. When he asked her about it, she told him she had received a diagnosis of a spastic colon when she was a teenager. No formal testing had been done; if it had, the condition could have been detected sooner.

Though Lisa didn't know of any relatives with familial polyposis, Tripp worried that she might have passed it on to Chelsie, so he arranged to have her tested. Sure enough, Chelsie had the condition. "But we caught it early enough; her polyps were still precancerous," says Tripp. However, doctors had to remove Chelsie's entire large intestine to protect her from cancer.

Lisa was so ill that, at first, Tripp didn't tell her that Chelsie had inherited her condition and undergone surgery. But three months before Lisa died, Tripp decided she should know: "She was extremely upset, but I said the way I saw it, she gave Chelsie life, and now she was saving Chelsie's life. After that, I asked her if she wanted to renew our vows. She said yes." The ceremony was performed at Lisa's bedside on May 12, 1996. Two weeks later, she died.

Today, Lisa's framed photograph sits on the dresser in the bedroom she and Tripp once shared. "Sometimes I go into Daddy's room and look at my mom's picture," says Chelsie. "She was a real good mom." —S.F.

"I WISH I COULD SEE HIM AGAIN"

Last Christmas, not long after she turned 16, Lynne Patterson's father, Michael, gave her a 1989 Volkswagen and two promises. First, as a mechanic, he'd keep the vehicle in top shape. Second, he'd help her get her license. But Michael, 50, of Medford, MA, wouldn't live long enough to celebrate that rite of passage with his oldest daughter.

On February 6, he was admitted to the hospital with a fever of 103°F. Tests showed that Michael seemed to be losing blood, so a CT scan was performed. It revealed a mass in his abdomen. Surgery turned up a malignancy on his colon—as well as 14 other tumors. The prognosis? At most, several months for Michael to spend with his wife, Georgia, and Lynne and her three siblings: Amy, 15; Jacqueline, 14; and Timothy, 11.

"I couldn't believe it," says Lynne. "The doctors said the tumor must have taken at least five years to get that big, but my dad hadn't seemed sick at all." Michael did experience some rectal bleeding—the No. 1 sign of colon cancer. At first it was some slight spotting. Then, by October 1997, the bleeding had become pronounced, so Michael went to the doctor. His physician found a hemorrhoid and suggested that Michael have a colon-cancer test, which he postponed. Georgia now wishes she and Michael had paid more attention to those earlier symptoms.

Despite the grim prognosis, Lynne thought she'd have at least one more summer with her father. "We had always been really close," she says. "Ever since I was a little girl, our family had traveled to Maine in July. My dad would wake me up at five in the morning, so the two of us could walk to the bakery to get pastries hot from the oven. I pictured us walking together again."

It wasn't to be. By February 14, Michael had developed complications from the surgery, and four days later, he was gone. "It's still hard to accept," says Lynne. "Something in the house will break, and I'll think, *Oh, Dad will fix that. I wish I could see him again, even just one more time, to tell him I love him and to hear him say that he loves me.*" —S.F.



CLOCKWISE FROM LEFT: LYNNE PATTERSON, 16; GEORGIA, HER MOTHER, 35; TIMOTHY, 11; AND JACQUELINE, 14.

T
I
volved: r
made up
tube that
food and
turn, the
large inte
rity has g
account o
as former
breast c
Schwarzl
Many
strikes r
doctors a
patients
develop
netic pre
tually kil
they dor
men. TI
and 64,6
cer, and
will die
can Can
The
screeni
known
be prev
could se
year, bu
Bond, M
Veterar
neapoli
50 and
cancer,
women
colon e
cording
trol and
us put
barrass
plenty
tors de
some i
the be
Th
Diges

The Preventable Cancer

*The right testing for colon cancer can save your life.
What every woman needs to know. by Lisa Collier Cool*

It's the second most deadly cancer, killing more people each year than breast or prostate cancer. Yet colon cancer doesn't receive nearly as much attention. That's partly because no one likes to talk about the body parts involved: namely, the large intestine, made up of the colon, a six-foot-long tube that removes water from digested food and expels solid waste; and the rectum, the last six to eight inches of the large intestine. What's more, no celebrity has gone public with a first-person account of the disease to raise awareness, as former First Lady Betty Ford did for breast cancer and General Norman Schwarzkopf did for prostate cancer.

Many women assume colon cancer strikes mostly the elderly—or men. But doctors are seeing younger and younger patients with the disease, some of whom develop the illness early because of a genetic predisposition. And the cancer actually kills more women—mainly because they don't get screened as frequently as men. This year, about 67,000 women—and 64,600 men—will develop colon cancer, and 28,600 women and 27,900 men will die from it, according to the American Cancer Society (ACS).

The good news: With the right screening, the disease—technically known as colorectal cancer—can actually be prevented. "Widespread screening could save at least thirty-thousand lives a year, but sadly, very few get it," says John Bond, M.D., chief of gastroenterology at Veterans Affairs Medical Center in Minneapolis. More than half of women age 50 and over are now checked for breast cancer, but only about 24 percent of women age 50 and over have had their colon examined in the past five years, according to the Centers for Disease Control and Prevention in Atlanta. Many of us put off testing, fearing it may be embarrassing or uncomfortable. But there's plenty of blame to go around: Some doctors don't tell us to get screened—and some insurance companies won't pay for the best testing.

Three years ago, when the American Digestive Health Foundation polled

adults age 50 and over—the group with the highest rate of colon tumors—an astonishing 61 percent of women said their doctors had never advised *any* kind of screening. Many primary-care doctors aren't educated about the tremendous benefits of testing, according to Albert Palitz, M.D., director of the colorectal cancer prevention program at Kaiser Permanente, a large California-based health maintenance organization. "Only in the last five years have studies provided clear evidence that screening can prevent death," he notes. However, the ACS has supported colon-cancer screening for nearly two decades, issuing new guidelines last year (see "Rating the

Screening Tests," page 190).

What makes the screening shortfall so troublesome is that colon cancer often produces no symptoms in its early stages, when it is 90 percent curable. If not detected, it typically goes unnoticed until it has spread beyond the intestines—at which point the five-year survival rate is less than 60 percent.

The Best Protection

Colon-cancer experts agree that the "gold standard" of screening is colonoscopy, a 15- to 20-minute test in which the entire colon is checked for tumors using a lighted flexible tube with a cameralike device at one (continued on page 188)

THE GOLD-STANDARD 20-MINUTE TEST: ONE WOMAN'S STORY

Not long ago, I saw something alarming in the toilet. "This isn't good," I said out loud, staring at the bloody stool I discovered. I'm 52, and my mother has a history of colon polyps. So I made an appointment with William Coll, M.D., a local gastroenterologist, who helped me arrive at an obvious conclusion: I needed to have my colon checked for cancer. I was scared, so I elected, as advised by Dr. Coll, to have a colonoscopy, which would enable him to inspect my entire colon.

In the 24 hours before the procedure, I needed to cleanse and flush my colon so that Dr. Coll's view would be unobstructed. My diet was restricted to clear liquids and chilled bouillon. But that wasn't all. I was ordered to take one and a half ounces of a fizzy laxative potion mixed with eight ounces of water, once at 11:00 A.M. and again at 6:00 P.M. Dr. Coll recommended that I stay home after the first dose (which I did). It made perfect sense: This nasty-tasting salty, lemony drink gave me cramps and diarrhea almost immediately, and I found myself in the bathroom at 20-minute intervals throughout the day. I was not only crampy and crabby but also lightheaded and weak—probably dehydrated, Dr. Coll said. He also told me that all of these reactions were to be expected.

The next morning, at 8:30 A.M., I went to Sharon Hospital in Connecticut. I got undressed, put on a cotton gown, and was instructed to lie on a stretcher. A nurse explained that the colonoscope, a thin, lighted probe with a cameralike device at one end, would be threaded into my colon. Air

would be injected into my intestines so the doctor would have a good view, and that would produce a gassy, uncomfortable feeling. Sedation would be necessary. I was told that there would be no discomfort when the probe was slowly retracted, so I asked to be awakened midprocedure. I wanted to see for myself what was going on inside.

Dr. Coll used intravenous Demerol (a sedative and painkiller) and Versed (another sedative) to knock me out during the first part of the procedure. Then, I got a drug that would wake me up. When I opened my eyes, the scope, now about four feet up my innards, displayed interior shots of my colon on a monitor only a few feet away. Inside this strange labyrinth of pink-gold crinkles and folds were two tiny polyps, six millimeters in diameter, which Dr. Coll removed. Also revealed were two tiny hemorrhoids that had ruptured and were deemed the cause of my dramatic bowel movement.

Afterward, I dozed lightly in the recovery room. I was a little woozy, but my stomach felt fine. In fact, I was hungry. I fantasized about breaking my fast with barbecued spareribs and garlic mashed potatoes, a dream that became a reality that evening. I returned to work, spunky as ever, the next morning.

A few days later, I learned that the polyps were benign. I was glad I'd had the colonoscopy—and relieved when Dr. Coll told me that the type of polyps he'd removed never becomes cancerous. So I don't have to have another colonoscopy for seven to ten years.

—Maxine Paetro

KATIE COURIC

(continued from page 127)

Do you share them with your daughters?

I'm putting together a book of all the letters people have written about Jay, so that my girls feel like they know a lot about their father and what an outstanding person he was. I'm also writing them a letter all about our courtship—and how we met and why I fell in love with him. The idea is that when they're older they can read about him and appreciate him. I've asked people to write to my girls, and I've received the most beautiful letters.

Do the letters make you feel better, or is it all a painful exercise?

It's definitely painful, but part of the process. I think it will ultimately help. But for now it reminds me how much I miss him. Some of the letters I just can't read. Someday I will.

When you first went back on the *Today* show following Jay's death, you wore his wedding ring around your neck on a chain. Lately, you haven't been wearing it. Why did you stop?

The safety chain broke. I didn't stop for any symbolic reason. I just worry that without the safety clasp, I would lose it. It made me too nervous. And now I'm not sure if I'll wear it again. It's a very outward symbol of one's grief, and I wore it because it made me feel very close to him, by touching it. It was a hard decision: whether he should wear the ring—or I should. I didn't know what to do. All of my friends told me it was okay for me to keep it. And I found a lot of solace in it. I don't think he would mind.

Has throwing yourself back into work helped you cope?

You do what you have to do. I have children to support. And kids just automatically make you stronger. Work was a way for me to keep going while Jay was sick. For two hours I could distract myself, and I think it serves the same purpose now.

What is your advice to couples who have been spared a life-threatening illness?

Cherish each day. Get under the covers with your kids on a Saturday morning. And even if your spouse drives you crazy sometimes, remember what made you fall in love to begin with. My daughter is obsessed with *The Wizard of Oz*, and there's one thing that Dorothy says toward the end of the movie that always affects me so much: "If I ever go looking for my heart's desire again, I won't look any further than my own backyard." ★

COLON CANCER

(continued from page 129)

end. The device transmits images of the colon to a video screen, which the doctor watches throughout the procedure. Any polyps that are discovered can be removed during the test. Colonoscopy finds 97 percent of colon tumors, and the ACS now recommends it for everyone age 50 and over.

The unique advantage of colonoscopy is that it's the only cancer test that can actually *prevent* malignancy.

"There's a very strong argument that people who have this test regularly will never, ever get colon cancer, which means it's much better for preventing this disease than mammograms are for breast cancer," says Robert J. Mayer, M.D., director of the Center for Gastrointestinal Oncology at the Dana Farber Cancer Institute in Boston. That's because virtually all colon cancers begin as mushroom-shaped or flat premalignant growths called polyps. "About five to ten percent may become cancerous, so if they're found and removed during colonoscopy, you probably won't get cancer," explains Jose Guillem, M.D., associate attending colorectal surgeon at Memorial Sloan-Kettering Cancer Center in New York City.

It appears that one colonoscopy is enough to protect people at average risk for an entire decade, because polyps grow very slowly, taking about five to seven years to become the size of a pen-

cil eraser, and up to seven more years to turn cancerous.

Elizabeth Ely, 55, an interior decorator in New York City, is grateful that she had a colonoscopy, because it saved her life. Although she didn't have a family history of colon cancer or any symptoms (in fact, she felt great, she says), her doctor encouraged her to get tested because of her age. Last March, a colonoscopy revealed a malignant rectal tumor. "I was absolutely shocked," she recalls. "I never believed anything would be

YOUR RISK AND YOUR AGE

Your chance of getting colon cancer increases dramatically as you get older. Check this chart against your age to pinpoint your risk of developing the disease, which strikes at an average age of 66:

Ages	A Woman's Risk	A Man's Risk
Birth to 39	1 in 2,000	1 in 1,667
40 to 59	1 in 147	1 in 114
60 to 79	1 in 31	1 in 24

Source: American Cancer Society, Cancer Facts & Figures, 1998

wrong with me. I've always been well." She had surgery to remove the tumor, and was relieved to learn that it was an early-stage cancer. She was deemed cured after the operation. "I'm very lucky," says Ely. "Now I'm telling my clients, friends, and relatives to have the test if they're fifty or over."

Another, more famous survivor: former President Ronald Reagan, who had part of his intestines removed in 1985 after doctors discovered a malignant tumor through colonoscopy.

What's Your Life Worth?

Despite the lifesaving power of colonoscopy, Medicare and a number of other health plans won't pay for it. "This is unjust to the American public," says Michael D. Moseson, M.D., a clinical as-

YOUR RISK AND YOUR FAMILY HISTORY

A person who has no cancer in her family has a one in 17 chance of developing colon cancer over a lifetime. That risk increases if your relatives have had certain kinds of cancers. If you fall into any of the categories listed below, you should get a colonoscopy (total exam of the colon) by age 40, or ten years before the youngest age at which a family member received a diagnosis of colon cancer. If there are several cases of colon cancer in your family, consider getting a genetic test at a major cancer center to check for an inherited syndrome. Testing, which can cost anywhere from \$250 to \$2,400, can help determine the age and frequency at which you need to be screened.

1. You have a distant relative—an uncle, aunt, or grandparent—who has/had colon cancer. Your risk 1.5 in 17
2. You have an immediate family member—a parent, sibling, or child—who has/had colon cancer. Your risk 2 or 3 in 17
3. You have two or more immediate family members who have/had colon cancer, or have one relative who developed the disease before age 50. Your risk 3 or 4 in 17
4. You have one or more immediate or distant relatives who have/had breast, ovarian, uterine, or prostate cancer. Your risk 1.5 in 17

—L.C.C.

Things To Do

7:00 Tennis
9:00 Staff Meeting
11:00 Colon Cancer Test
12:30 Dry Cleaning
1:45 Lunch w/ Rita
3:00 Conference Call

"I feel fine."

"My schedule is too hectic."

"I'm only 50."

**MAKE THE TIME TO GET
A TEST THAT COULD SAVE
YOUR LIFE.**

Colon cancer is the second-leading cancer killer and everyone aged 50 and older is at risk. More than 50,000 Americans will die from colon cancer and 131,600 new cases will be diagnosed this year.

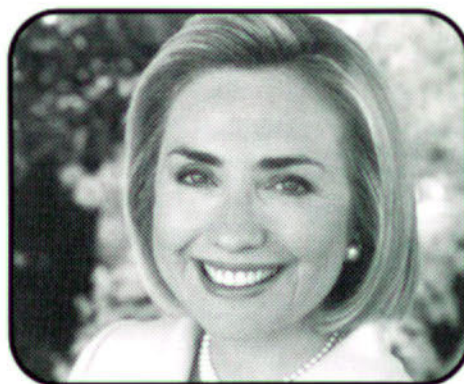
Colon cancer is an equal-opportunity disease that affects both women and men. This silent killer frequently begins without symptoms and those with a family history are at even greater risk.

THE GOOD NEWS IS:

Colon cancer is preventable—even curable when detected early. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival.

Colon cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers. There's even a test that can be used in the privacy of your own home.

Talk to your doctor about getting tested.



"You can prevent colon cancer, even beat it."

• HILLARY RODHAM CLINTON •



SPONSORED BY THE NATIONAL COLORECTAL CANCER ROUNDTABLE

FOR MORE INFORMATION, CALL THE AMERICAN CANCER SOCIETY

AT 1-800-ACS-2345



The National Colorectal Cancer Roundtable
1599 Clifton Road NE
Atlanta, GA 30329-4251

Dear Public Service Director:

Imagine having a disease that rarely produces symptoms but is the second most deadly cancer in the United States. Colorectal cancer is a silent killer that affects women and men with almost equal frequency and everyone over the age of 50 is at risk. This year, more than 50,000 Americans will die from colorectal cancer and nearly 131,600 new cases will be diagnosed.

The good news is that colorectal cancer is preventable, and even curable when detected early. Widespread screening for the disease could reduce the death rate by more than 50 percent. There is no other disease about which we can make this claim.

First Lady Hillary Rodham Clinton has joined the National Colorectal Cancer Roundtable in raising awareness about colorectal cancer and in urging everyone over the age of 50 to get screened. As an important source of public information, we need your help in spreading the word about this deadly disease and the benefits of screening. We hope that you will air this PSA as frequently as possible. I would appreciate anything you can do to schedule it when viewers over 50 are likely to be watching.

Sincerely,

Bernard Levin, M.D.
Chairman, National Colorectal Cancer Roundtable
Vice President for Cancer Prevention
M.D. Anderson Cancer Center

TV PSAs

:60/:30/:15

"Hillary Rodham Clinton on Colon Cancer"

MEMBERS OF THE NATIONAL COLORECTAL CANCER ROUNDTABLE

Agency for Healthcare Policy & Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society for Gastrointestinal Endoscopy
American Society of Colon and Rectal Surgeons
Association of State & Territorial Directors of Health
Promotion & Public Health Education
Centers for Disease Control & Prevention
Collaborative Group of the Americas on Inherited
Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus & Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



1ST WOMAN: Okay, who's up for lunch?
2ND WOMAN: Oh, sorry. I've got to take my husband to the doctor.
3RD WOMAN: Is everything okay?



2ND WOMAN: Oh yeah. It's just a colon cancer test.
4TH WOMAN: But he's so young. Only fifty-two.



3RD WOMAN: I'm supposed to get screened too, but I don't have the time...



HILLARY RODHAM CLINTON: Colon cancer kills over 50,000 people a year and strikes women nearly as often as men.



But you can beat it if it's detected early. So if you're fifty or older please get tested. It can save your life.

MAKE THE TIME TO GET A TEST
THAT COULD SAVE YOUR LIFE.

Call the American Cancer Society
1-800-ACS-2345



ANNCR: Call 1-800-ACS-2345.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

Colorectal Cancer Public Service Announcements Featuring First Lady Hillary Rodham Clinton

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STDP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

WHAT: Television, print, and radio public service announcements (PSAs) on the importance of screening to prevent and detect colorectal cancer. Television and radio PSAs are available in :15, :30 and :60 formats. The print PSA is available in a variety of dimensions.

WHO: The PSAs feature First Lady Hillary Rodham Clinton urging all Americans over the age of 50 to see their doctors about getting screened for colorectal cancer. The PSAs are sponsored by the National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy, and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer (see Roundtable fact sheet).

WHY: 50,000 Americans die every year from colorectal cancer, the second leading cancer killer, and the disease affects women nearly as often as men. Everyone aged 50 and older is at risk for developing colorectal cancer, and those with a family history are at even greater risk. However, colorectal cancer is preventable, even curable, when detected early. In fact, widespread screening for colorectal cancer could reduce the death rate by over 50 percent. There is no other disease about which we can make this claim. Everyone 50 and older should see his or her doctor about getting screened for colorectal cancer.

WHERE: The television PSAs will be available via satellite broadcast on the following days:

Thursday, September 10th
7:30pm to 7:45pm EDT
Satellite GE1, Transponder 1
Downlink 3720
Audio on 6.2 and 6.8

Friday, September 11th
1:00pm to 1:15pm EDT
Satellite Telestar 4, Transponder 23
Downlink 4160
Audio on 6.2 and 6.8

The PSAs will be widely distributed to television, radio and print public service directors across the country. A nationally distributed trade publication for television PSA directors will feature Mrs. Clinton's PSAs in the September issue, and the PSAs also will be distributed through the grassroots efforts of the member organizations of the National Colorectal Cancer Roundtable.

For copies of the television, radio or print PSAs, contact Bill Goodwill at (703) 426-0881.

#



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

**Roundtable Member Organization Launches
Chat Room on Colorectal Cancer
www.gastro.org/adhf.html**

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

On September 10th, 1998, the American Digestive Health FoundationSM's (ADHFSM) Digestive Health Initiative[®] (DHI[®]) will debut its Internet chat room on colorectal cancer. Located at www.gastro.org/adhf.html, this public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for developing the disease to engage in live, real-time discussions of the many issues related to colorectal cancer. At this same electronic location, the DHI also will offer a colorectal cancer message board, on which participants can post questions, answers, information about resources, and topics for discussion concerning this disease.

In addition to the address above, the chat room can be accessed through the home pages of the three ADHF member societies:

- American Gastroenterological Association: www.gastro.org
- American Society for Gastrointestinal Endoscopy: www.asge.org
- American Association for the Study of Liver Diseases: www.hepar-sfgh.ucsf.edu

"Guest of the Month" Feature

Each month, the DHI colorectal cancer chat room will feature a guest expert. These guest experts, drawn from the medical, patient support, and cancer survivor communities, will be scheduled to appear live in the chat room to discuss their personal and professional experiences with colorectal cancer. Throughout the month, the guest experts will also respond to questions and topics of discussion posted on the message board.

September's live guest will be actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. Ms. Barrie will participate live in the chat room on September 11th from 1 p.m. to 2 p.m. EDT to discuss her personal experience and will respond to inquiries on the message board during the month of September. Dr. Bernard Levin, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston and chair of the National Colorectal Cancer Roundtable, also

will be available during the last two weeks of September to respond to message board questions and comments.

See the opening page of the chat room for information on future guest experts.

The American Digestive Health Foundation is a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases. The ADHF promotes digestive health for all Americans by supporting educational initiatives and research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases. The ADHF funds basic research, clinical research, and investigations into prevention strategies, and has established four interdependent initiatives to advance its digestive health agenda.

#

* National Colorectal Cancer Roundtable member.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The National Colorectal Cancer Roundtable

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer. The Roundtable's ongoing mission is to reduce the incidence of and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to screening rates for other cancers (currently four out of five people*).

Colorectal cancer is the second leading cancer killer in the US, causing the deaths of more than 50,000 Americans every year. Men and women over the age of 50, and those with a family history of colorectal cancer, are most at risk for developing this disease.

To advance its major objectives, the Roundtable has set the following goals:

- Develop a national strategic plan for the early detection and control of colorectal cancer.
- Advocate for key policy issues that will help reduce colorectal cancer rates.
- Identify research needs and potential barriers to reducing colorectal cancer rates, and recommend solutions.
- Develop and sustain partnerships to enhance efforts in the prevention and early detection of colorectal cancer.
- Monitor progress in disease reduction efforts and participation in screening.
- Produce periodic reports on the current state of colorectal cancer control, and progress towards national objectives.

For more information on the National Colorectal Cancer Roundtable, call Dr. Gabriel Feldman at the American Cancer Society, (404) 329-7504.

###

* Breast and cervical cancers.

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
Association of State and Territorial Directors of Health Promotion and Public Health Education
Centers for Disease Control and Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus and Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

National Colorectal Cancer Roundtable Private Industry Partnerships Promoting Awareness of Colorectal Cancer Prevention and Detection

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has developed partnerships with private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies, with their powerful reach, have committed to activities that will educate hundreds of thousands of Americans over the age of 50 about the importance of getting screened for colorectal cancer, the nation's second leading cancer killer.

American Airlines

American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the US and around the world. In addition, American Airlines' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees.

American Greetings Corporation / National Association of Chain Drugstores

American Greetings will create a prescription insert reflecting National Colorectal Cancer Roundtable messages about prevention and early detection. The National Association of Chain Drugstores will distribute the insert to its 30,000 chain pharmacies and 90,000 chain pharmacists. Beginning in early 1999, individuals having prescriptions filled at participating drugstores and pharmacies will receive the insert in their prescription bags.

Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.

Beckman Coulter/SKD will publish First Lady Hillary Rodham Clinton's public service announcement on colorectal cancer through the company intranet and in-house publication, *Beckman Coulter Life*, reaching more than 10,000 employees worldwide. SKD-trained representatives and an in-house support staff of 50 will promote the message about screening for colorectal cancer by making themselves, and SKD's Basic TrainingTM Patient Education Program, available to National Colorectal Cancer Roundtable participants and partners.

Bristol-Myers Squibb Oncology / Better Health Foundation

Bristol-Myers Squibb Oncology has provided an initial \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that companies nationwide can adopt at no cost. Bristol-Myers Squibb Oncology will initiate the program at all of its work sites.

Eli Lilly and Company

Eli Lilly will conduct a new employee education campaign to increase awareness about the prevention of colon cancer through regular screenings. The campaign will reach more than 31,000 Lilly employees worldwide and their families using the public service materials developed by the National Colorectal Cancer Roundtable, as well as educational materials created by the company's employee health services department in cooperation with corporate communications. Lilly will inform employees through a number of venues, including publications and its in-house television network.

General Motors Corporation

General Motors will publish an article on the importance of colorectal cancer prevention and early detection in its newsletter, *Feelin' Good*, which is distributed to 1.5 million employees, retirees, and families. The article will encourage employees to access the audio-tapes General Motors has in its Audio Health Library on colorectal cancer risk factors, early detection guidelines, signs and symptoms, and treatment, and will encourage enrollees in the corporation's wellness program to discuss any colorectal cancer questions or symptoms with registered nurses available through a toll-free number. The article also will contain information on how readers can access General Motors' web site information on the prevention and early detection of colorectal cancer, and will encourage employees to read the information on the disease contained in their wellness program self-care manuals.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: consumers via five million packages of Kellogg's All Bran and Bran Buds; 5,000 hospital health care sites; 5,000 health care professionals; 500 retailers; and to its thousands of employees and retirees through its publication, *The Kellogg News*. In addition, Kellogg Company will provide in-store consumer education messages in 12,000 stores, as well as information on the Internet generating approximately five million "hits" per month.

Olympus America Inc.

Olympus America will sponsor and videotape a "Colorectal Cancer Education - What Everyone Needs to Know" program which will be open to employees, family members and the general public. Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost, and will show the videotaped program at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas, and Long Beach.

The program will be held at Olympus America headquarters in Melville, NY, or at a local medical university, and will be repeated at Olympus' repair and distribution facility in San Jose, CA. A panel of leading experts will speak about the problem of colorectal cancer, as well as solutions, including preventive measures, nutrition, and screening. The program will be promoted through a direct mail piece and internal *Olympus Bulletin*.

Zeneca Pharmaceuticals

Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer, as well as a new session on the importance of screening women for colorectal cancer. In addition, a new work-site guide for detection/screening for colorectal cancer will be issued for customer use.

#

NATIONAL
**Colorectal
Cancer**
ROUNDTABLE

White House
Event on
New Efforts
to Promote
Colon Cancer
Prevention

September 10, 1998



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The Facts About Colorectal Cancer

What is Colorectal Cancer?

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

- Almost all cases of colorectal cancer, also referred to as colon cancer, begin with the development of benign colonic polyps.
- Polyps form when cells lining the colon grow, divide and reproduce in an unhealthy, disorderly way, producing a growth.
- These polyps can be cancerous, invading the colon wall and surrounding blood vessels, and spreading to other parts of the body.
- Colorectal cancer frequently begins without symptoms.

What Causes Colorectal Cancer?

- The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors.
- Diets high in fat and low in fruits and vegetables – such as those that include red meat, fried foods and high-fat dairy products – may increase the risk of colorectal cancer.
- Lifestyle factors – such as cigarette smoking, a sedentary lifestyle, and obesity – also may increase the risk of developing the disease.
- Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

How Common is Colorectal Cancer?

- Colorectal cancer is the second leading cancer killer in the United States, and the third most common cancer overall.
- This year, more than 50,000 Americans will die from colorectal cancer and approximately 131,600 new cases will be diagnosed.
- Eighty to 90 million Americans (approximately 25 percent of the US population) are considered at risk because of age or other factors.
- More women over the age of 75 die from colorectal cancer than from breast cancer.

Who Is At Risk?

- Men and women aged 50 and older are at almost equal risk of developing colorectal cancer.
- Those who have a personal or family history of colorectal neoplasia (cancer or polyps) are at high risk of developing the disease.
- Anyone who has a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is also at high risk.
- Although the incidence of colorectal cancer appears to be the same among all racial groups, survival rates seem to be lower for African-Americans.

How Can You Prevent Colorectal Cancer?

- Know your family history.
- See your doctor for yearly screenings if you are aged 50 or older.
- Maintain a diet low in animal fat and high in fruits, vegetables and fiber.
- Exercise regularly.
- Prevent obesity.
- Avoid cigarette smoking.

What You Need To Know ...

- Early detection saves lives – colorectal cancer is preventable, even curable when detected early.
- If colorectal cancer is found early enough, the patient has more than a 90 percent chance of survival.
- Colorectal cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers.
- Several screening methods can be used to detect polyps before they become cancerous, such as fecal occult blood test, colonoscopy, flexible sigmoidoscopy and barium x-ray. These tests also can detect cancer in its early stages.

###



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

**HILLARY RODHAM CLINTON HOSTS WHITE HOUSE EVENT TO
PROMOTE PREVENTION, EARLY DETECTION OF
COLORECTAL CANCER**

*First Lady Joins National Colorectal Cancer Roundtable In Urging
Americans Over 50 to Get Tested*

WASHINGTON, DC (September 10, 1998) - Today at the White House, First Lady Hillary Rodham Clinton announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Joining Mrs. Clinton at the event were Secretary of the Department of Health and Human Services Donna Shalala, co-anchor of NBC's "Today" show Katie Couric, National Colorectal Cancer Roundtable Chair Bernard Levin, MD, and *Good Housekeeping* Editor-in-Chief Ellen Levine. More than 50,000 Americans die each year from colorectal cancer, which is preventable and even curable when detected early. Men and women over the age of 50 are at risk for developing this disease.

In urging age 50 and older Americans to be screened for colorectal cancer, Mrs. Clinton said, "You can prevent colon cancer, even beat it. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival." Dr. Levin, echoing Mrs. Clinton's comments, said, "widespread screening for colorectal cancer could reduce the death rate from this killer by over 50 percent. There is no other disease about which we can make this claim."

To underscore their efforts, Mrs. Clinton, who at the event was made Honorary Chair of the National Colorectal Cancer Roundtable, unveiled survey results and several new initiatives to help spread the word about the importance of colorectal cancer prevention and early detection.

Results of National Survey

Results of a national colorectal cancer awareness survey, commissioned by the Roundtable (a coalition of medical professional, consumer advocacy, and voluntary organizations) and conducted by the Gallup Organization, were released at the White House event (see news release on survey results). The survey found that nearly 50 percent of people over age 50 – the age group considered at highest risk for developing colorectal cancer – have never been screened for the disease. Of those people, most reported that no medical professional had ever recommended a screening test for colorectal cancer.

Public Service Announcements

Dr. Levin unveiled a new public service announcement (PSA) campaign, sponsored by the Roundtable and featuring the First Lady. In the television, print, and radio PSAs, shown during the event, Mrs. Clinton urges all Americans over the age of 50 to be screened for colorectal cancer, a test that could save their lives. The print PSA will appear in the January issue of Good Housekeeping.

The PSAs will be distributed nationally via satellite broadcast and mailings to public service directors across the country. The PSAs also will receive additional distribution and visibility through the grassroots efforts of the National Colorectal Cancer Roundtable members (see Roundtable fact sheet for list of members).

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health FoundationSM's Digestive Health Initiative[®] debuted its Internet chat room on colorectal cancer located at www.gastro.org/adhf.html. This public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for the disease to engage in live, real time discussions of the many issues related to colorectal cancer.

Each month, the chat room will feature a guest expert, beginning with actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. On September 11th, from 1 p.m. – 2 p.m. EDT, Ms. Barrie will appear in the chat room live to discuss her personal experience as a colorectal cancer survivor. In addition, Ms. Barrie will respond to questions posted on the chat room's message board during the month of September.

Private Sector Partnerships

In its efforts to spread the word about the importance of colorectal cancer prevention and early detection, the Roundtable sought and secured partnerships with members of private industry, which were announced at the White House event. In her remarks, Mrs. Clinton recognized the following companies for the activities they will undertake to raise awareness about the importance of colon cancer prevention and screening among their employees and customers (see Private Sector Partnerships fact sheet for details on individual company activities):

- American Airlines
- American Greetings Corporation / National Association of Chain Drugstores
- Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.
- Bristol Myers Squibb Oncology / Better Health Foundation
- Eli Lilly and Company
- General Motors Corporation
- Kellogg Company
- National Association of Chain Drugstores
- Olympus America Inc.
- Zeneca Pharmaceuticals

###



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

**SURVEY SHOWS NEARLY HALF OF AMERICANS AT RISK FOR
COLON CANCER ARE NOT BEING SCREENED**

Large Number Report That Physicians Are Not Recommending Tests

WASHINGTON, DC (September 10, 1998) - Survey results released today at a White House event on new efforts to promote colorectal cancer prevention reveal that nearly half of all adults aged 50 and older—the age group considered at highest risk for developing colorectal cancer—have not been screened for the disease. The White House event was hosted by First Lady Hillary Rodham Clinton, who announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Colorectal cancer, also known as colon cancer, kills more than 50,000 Americans each year, even though it is preventable and curable when detected early.

The survey, conducted for the National Colorectal Cancer Roundtable by the Gallup Organization, underscores the need for new national initiatives promoting colorectal cancer prevention and early detection. One of the most alarming findings is that most of the 47 percent of people over 50 not being screened for colorectal cancer reported that no medical professional had ever recommended screening.

"Physicians must make testing for colorectal cancer a part of their medical practices," said Roundtable Chair Bernard Levin, MD, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston. "I have spent too much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for this preventable disease."

Although colorectal cancer occurs with almost equal frequency in men and women, the survey found that women aged 50 and older are less likely than men in this same age group to undergo screening (49 percent of women reported not having been screened versus 36 percent of men). Dramatic differences were also seen between whites and non-whites. Among survey

respondents, 44 percent of whites reported not having had any of the three tests - fecal occult blood tests, flexible sigmoidoscopy, barium x-ray - compared to 56 percent of non-whites.

The majority of adults surveyed seem to believe that early detection can save lives; however, when asked what they could do to help prevent colorectal cancer, fewer than half cited regular screening tests. Even fewer mentioned dietary changes, such as eating a high-fiber diet (21 percent), or general references to diet (20 percent). A sizable minority (22 percent) could not name anything a person might do to help prevent colorectal cancer.

Asked to estimate their own chances for developing colorectal cancer, one in five adults (20 percent) believe they are very likely to develop cancer of the colon or rectum. Another 35 percent say it is somewhat likely they will develop the disease. A small proportion - one percent - reported they already have colon or rectal cancer. Sixteen percent could not estimate their chances of getting colorectal cancer.

The Gallup Organization conducted telephone interviews from August 11 through August 23, 1998, with a national sample of 1,062 adults aged 50 or older, to examine the knowledge and experience of adults with testing for colorectal cancer.

###

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy, and voluntary organizations committed to raising awareness about the prevention and early detection of colorectal cancer.

BERNARD LEVIN, MD
Gastroenterologist

Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health FoundationSM (ADHFSM), Dr. Levin serves as co-chair of the Digestive Health Initiative[®]'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.



*"I feel fine."
"My schedule is too hectic."
"I'm only 50."*

**MAKE THE TIME TO GET
A TEST THAT COULD SAVE
YOUR LIFE.**

Colon cancer is the second-leading cancer killer and everyone aged 50 and older is at risk. More than 50,000 Americans will die from colon cancer and 131,600 new cases will be diagnosed this year.

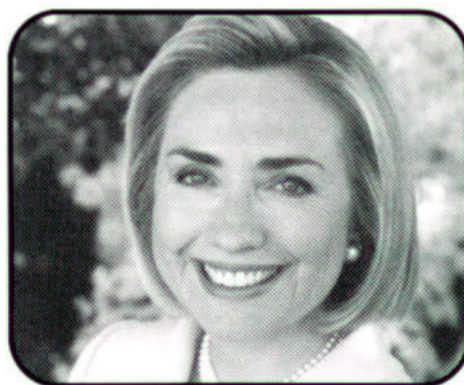
Colon cancer is an equal-opportunity disease that affects both women and men. This silent killer frequently begins without symptoms and those with a family history are at even greater risk.

THE GOOD NEWS IS:

Colon cancer is preventable—even curable when detected early. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival.

Colon cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers. There's even a test that can be used in the privacy of your own home.

Talk to your doctor about getting tested.



"You can prevent colon cancer, even beat it."

• HILLARY RODHAM CLINTON •



SPONSORED BY THE NATIONAL COLORECTAL CANCER ROUNDTABLE

FOR MORE INFORMATION, CALL THE AMERICAN CANCER SOCIETY

AT 1-800-ACS-2345



The National Colorectal Cancer Roundtable
1599 Clifton Road NE
Atlanta, GA 30329-4251

Dear Public Service Director:

Imagine having a disease that rarely produces symptoms but is the second most deadly cancer in the United States. Colorectal cancer is a silent killer that affects women and men with almost equal frequency and everyone over the age of 50 is at risk. This year, more than 50,000 Americans will die from colorectal cancer and nearly 131,600 new cases will be diagnosed.

The good news is that colorectal cancer is preventable, and even curable when detected early. Widespread screening for the disease could reduce the death rate by more than 50 percent. There is no other disease about which we can make this claim.

First Lady Hillary Rodham Clinton has joined the National Colorectal Cancer Roundtable in raising awareness about colorectal cancer and in urging everyone over the age of 50 to get screened. As an important source of public information, we need your help in spreading the word about this deadly disease and the benefits of screening. We hope that you will air this PSA as frequently as possible. I would appreciate anything you can do to schedule it when viewers over 50 are likely to be watching.

Sincerely,

Bernard Levin, M.D.
Chairman, National Colorectal Cancer Roundtable
Vice President for Cancer Prevention
M.D. Anderson Cancer Center

TV PSAs

:60/:30/:15

"Hillary Rodham Clinton on Colon Cancer"

MEMBERS OF THE NATIONAL COLORECTAL CANCER ROUNDTABLE

Agency for Healthcare Policy & Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society for Gastrointestinal Endoscopy
American Society of Colon and Rectal Surgeons
Association of State & Territorial Directors of Health
Promotion & Public Health Education
Centers for Disease Control & Prevention
Collaborative Group of the Americas on Inherited
Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus & Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



1ST WOMAN: Okay, who's up for lunch?
2ND WOMAN: Oh, sorry. I've got to take my husband to the doctor.
3RD WOMAN: Is everything okay?



2ND WOMAN: Oh yeah. It's just a colon cancer test.
4TH WOMAN: But he's so young. Only fifty-two.



3RD WOMAN: I'm supposed to get screened too, but I don't have the time...



Hillary Rodham Clinton

HILLARY RODHAM CLINTON: Colon cancer kills over 50,000 people a year and strikes women nearly as often as men.



But you can beat it if it's detected early. So if you're fifty or older please get tested. It can save your life.

MAKE THE TIME TO GET A TEST
THAT COULD SAVE YOUR LIFE.

Call the American Cancer Society
1-800-ACS-2345



ANNCR: Call 1-800-ACS-2345.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

Colorectal Cancer Public Service Announcements Featuring First Lady Hillary Rodham Clinton

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

WHAT: Television, print, and radio public service announcements (PSAs) on the importance of screening to prevent and detect colorectal cancer. Television and radio PSAs are available in :15, :30 and :60 formats. The print PSA is available in a variety of dimensions.

WHO: The PSAs feature First Lady Hillary Rodham Clinton urging all Americans over the age of 50 to see their doctors about getting screened for colorectal cancer. The PSAs are sponsored by the National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy, and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer (see Roundtable fact sheet).

WHY: 50,000 Americans die every year from colorectal cancer, the second leading cancer killer, and the disease affects women nearly as often as men. Everyone aged 50 and older is at risk for developing colorectal cancer, and those with a family history are at even greater risk. However, colorectal cancer is preventable, even curable, when detected early. In fact, widespread screening for colorectal cancer could reduce the death rate by over 50 percent. There is no other disease about which we can make this claim. Everyone 50 and older should see his or her doctor about getting screened for colorectal cancer.

WHERE: The television PSAs will be available via satellite broadcast on the following days:

Thursday, September 10th
7:30pm to 7:45pm EDT
Satellite GE1, Transponder 1
Downlink 3720
Audio on 6.2 and 6.8

Friday, September 11th
1:00pm to 1:15pm EDT
Satellite Telestar 4, Transponder 23
Downlink 4160
Audio on 6.2 and 6.8

The PSAs will be widely distributed to television, radio and print public service directors across the country. A nationally distributed trade publication for television PSA directors will feature Mrs. Clinton's PSAs in the September issue, and the PSAs also will be distributed through the grassroots efforts of the member organizations of the National Colorectal Cancer Roundtable.

For copies of the television, radio or print PSAs, contact Bill Goodwill at (703) 426-0881.

#



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

**Roundtable Member Organization Launches
Chat Room on Colorectal Cancer
www.gastro.org/adhf.html**

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

On September 10th, 1998, the American Digestive Health FoundationSM's (ADHFSM) Digestive Health Initiative[®] (DHI[®]) will debut its Internet chat room on colorectal cancer. Located at www.gastro.org/adhf.html, this public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for developing the disease to engage in live, real-time discussions of the many issues related to colorectal cancer. At this same electronic location, the DHI also will offer a colorectal cancer message board, on which participants can post questions, answers, information about resources, and topics for discussion concerning this disease.

In addition to the address above, the chat room can be accessed through the home pages of the three ADHF member societies:

- American Gastroenterological Association: www.gastro.org
- American Society for Gastrointestinal Endoscopy: www.asge.org
- American Association for the Study of Liver Diseases:
www.hepar-sfgh.ucsf.edu

"Guest of the Month" Feature

Each month, the DHI colorectal cancer chat room will feature a guest expert. These guest experts, drawn from the medical, patient support, and cancer survivor communities, will be scheduled to appear live in the chat room to discuss their personal and professional experiences with colorectal cancer. Throughout the month, the guest experts will also respond to questions and topics of discussion posted on the message board.

September's live guest will be actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. Ms. Barrie will participate live in the chat room on September 11th from 1 p.m. to 2 p.m. EDT to discuss her personal experience and will respond to inquiries on the message board during the month of September. Dr. Bernard Levin, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston and chair of the National Colorectal Cancer Roundtable, also

will be available during the last two weeks of September to respond to message board questions and comments.

See the opening page of the chat room for information on future guest experts.

The American Digestive Health Foundation is a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases. The ADHF promotes digestive health for all Americans by supporting educational initiatives and research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases. The ADHF funds basic research, clinical research, and investigations into prevention strategies, and has established four interdependent initiatives to advance its digestive health agenda.

#

* National Colorectal Cancer Roundtable member.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The National Colorectal Cancer Roundtable

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer. The Roundtable's ongoing mission is to reduce the incidence of and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to screening rates for other cancers (currently four out of five people*).

Colorectal cancer is the second leading cancer killer in the US, causing the deaths of more than 50,000 Americans every year. Men and women over the age of 50, and those with a family history of colorectal cancer, are most at risk for developing this disease.

To advance its major objectives, the Roundtable has set the following goals:

- Develop a national strategic plan for the early detection and control of colorectal cancer.
- Advocate for key policy issues that will help reduce colorectal cancer rates.
- Identify research needs and potential barriers to reducing colorectal cancer rates, and recommend solutions.
- Develop and sustain partnerships to enhance efforts in the prevention and early detection of colorectal cancer.
- Monitor progress in disease reduction efforts and participation in screening.
- Produce periodic reports on the current state of colorectal cancer control, and progress towards national objectives.

For more information on the National Colorectal Cancer Roundtable, call Dr. Gabriel Feldman at the American Cancer Society, (404) 329-7504.

###

* Breast and cervical cancers.

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
Association of State and Territorial Directors of Health Promotion and Public Health Education
Centers for Disease Control and Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus and Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

National Colorectal Cancer Roundtable Private Industry Partnerships Promoting Awareness of Colorectal Cancer Prevention and Detection

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has developed partnerships with private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies, with their powerful reach, have committed to activities that will educate hundreds of thousands of Americans over the age of 50 about the importance of getting screened for colorectal cancer, the nation's second leading cancer killer.

American Airlines

American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the US and around the world. In addition, American Airlines' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees.

American Greetings Corporation / National Association of Chain Drugstores

American Greetings will create a prescription insert reflecting National Colorectal Cancer Roundtable messages about prevention and early detection. The National Association of Chain Drugstores will distribute the insert to its 30,000 chain pharmacies and 90,000 chain pharmacists. Beginning in early 1999, individuals having prescriptions filled at participating drugstores and pharmacies will receive the insert in their prescription bags.

Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.

Beckman Coulter/SKD will publish First Lady Hillary Rodham Clinton's public service announcement on colorectal cancer through the company intranet and in-house publication, *Beckman Coulter Life*, reaching more than 10,000 employees worldwide. SKD-trained representatives and an in-house support staff of 50 will promote the message about screening for colorectal cancer by making themselves, and SKD's Basic TrainingTM Patient Education Program, available to National Colorectal Cancer Roundtable participants and partners.

Bristol-Myers Squibb Oncology / Better Health Foundation

Bristol-Myers Squibb Oncology has provided an initial \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that companies nationwide can adopt at no cost. Bristol-Myers Squibb Oncology will initiate the program at all of its work sites.

Eli Lilly and Company

Eli Lilly will conduct a new employee education campaign to increase awareness about the prevention of colon cancer through regular screenings. The campaign will reach more than 31,000 Lilly employees worldwide and their families using the public service materials developed by the National Colorectal Cancer Roundtable, as well as educational materials created by the company's employee health services department in cooperation with corporate communications. Lilly will inform employees through a number of venues, including publications and its in-house television network.

General Motors Corporation

General Motors will publish an article on the importance of colorectal cancer prevention and early detection in its newsletter, *Feelin' Good*, which is distributed to 1.5 million employees, retirees, and families. The article will encourage employees to access the audio-tapes General Motors has in its Audio Health Library on colorectal cancer risk factors, early detection guidelines, signs and symptoms, and treatment, and will encourage enrollees in the corporation's wellness program to discuss any colorectal cancer questions or symptoms with registered nurses available through a toll-free number. The article also will contain information on how readers can access General Motors' web site information on the prevention and early detection of colorectal cancer, and will encourage employees to read the information on the disease contained in their wellness program self-care manuals.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: consumers via five million packages of Kellogg's All Bran and Bran Buds; 5,000 hospital health care sites; 5,000 health care professionals; 500 retailers; and to its thousands of employees and retirees through its publication, *The Kellogg News*. In addition, Kellogg Company will provide in-store consumer education messages in 12,000 stores, as well as information on the Internet generating approximately five million "hits" per month.

Olympus America Inc.

Olympus America will sponsor and videotape a "Colorectal Cancer Education -What Everyone Needs to Know" program which will be open to employees, family members and the general public. Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost, and will show the videotaped program at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas, and Long Beach.

The program will be held at Olympus America headquarters in Melville, NY, or at a local medical university, and will be repeated at Olympus' repair and distribution facility in San Jose, CA. A panel of leading experts will speak about the problem of colorectal cancer, as well as solutions, including preventive measures, nutrition, and screening. The program will be promoted through a direct mail piece and internal *Olympus Bulletin*.

Zeneca Pharmaceuticals

Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer, as well as a new session on the importance of screening women for colorectal cancer. In addition, a new work-site guide for detection/screening for colorectal cancer will be issued for customer use.

#



NATIONAL
**Colorectal
Cancer**
ROUNDTABLE

White House
Event on
New Efforts
to Promote
Colon Cancer
Prevention

September 10, 1998



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

**HILLARY RODHAM CLINTON HOSTS WHITE HOUSE EVENT TO
PROMOTE PREVENTION, EARLY DETECTION OF
COLORECTAL CANCER**

*First Lady Joins National Colorectal Cancer Roundtable In Urging
Americans Over 50 to Get Tested*

WASHINGTON, DC (September 10, 1998) - Today at the White House, First Lady Hillary Rodham Clinton announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Joining Mrs. Clinton at the event were Secretary of the Department of Health and Human Services Donna Shalala, co-anchor of NBC's "Today" show Katie Couric, National Colorectal Cancer Roundtable Chair Bernard Levin, MD, and *Good Housekeeping* Editor-in-Chief Ellen Levine. More than 50,000 Americans die each year from colorectal cancer, which is preventable and even curable when detected early. Men and women over the age of 50 are at risk for developing this disease.

In urging age 50 and older Americans to be screened for colorectal cancer, Mrs. Clinton said, "You can prevent colon cancer, even beat it. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival." Dr. Levin, echoing Mrs. Clinton's comments, said, "widespread screening for colorectal cancer could reduce the death rate from this killer by over 50 percent. There is no other disease about which we can make this claim."

To underscore their efforts, Mrs. Clinton, who at the event was made Honorary Chair of the National Colorectal Cancer Roundtable, unveiled survey results and several new initiatives to help spread the word about the importance of colorectal cancer prevention and early detection.

Results of National Survey

Results of a national colorectal cancer awareness survey, commissioned by the Roundtable (a coalition of medical professional, consumer advocacy, and voluntary organizations) and conducted by the Gallup Organization, were released at the White House event (see news release on survey results). The survey found that nearly 50 percent of people over age 50 – the age group considered at highest risk for developing colorectal cancer – have never been screened for the disease. Of those people, most reported that no medical professional had ever recommended a screening test for colorectal cancer.

Public Service Announcements

Dr. Levin unveiled a new public service announcement (PSA) campaign, sponsored by the Roundtable and featuring the First Lady. In the television, print, and radio PSAs, shown during the event, Mrs. Clinton urges all Americans over the age of 50 to be screened for colorectal cancer, a test that could save their lives. The print PSA will appear in the January issue of Good Housekeeping.

The PSAs will be distributed nationally via satellite broadcast and mailings to public service directors across the country. The PSAs also will receive additional distribution and visibility through the grassroots efforts of the National Colorectal Cancer Roundtable members (see Roundtable fact sheet for list of members).

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health FoundationSM's Digestive Health Initiative[®] debuted its Internet chat room on colorectal cancer located at www.gastro.org/adhf.html. This public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for the disease to engage in live, real time discussions of the many issues related to colorectal cancer.

Each month, the chat room will feature a guest expert, beginning with actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. On September 11th, from 1 p.m. – 2 p.m. EDT, Ms. Barrie will appear in the chat room live to discuss her personal experience as a colorectal cancer survivor. In addition, Ms. Barrie will respond to questions posted on the chat room's message board during the month of September.

Private Sector Partnerships

In its efforts to spread the word about the importance of colorectal cancer prevention and early detection, the Roundtable sought and secured partnerships with members of private industry, which were announced at the White House event. In her remarks, Mrs. Clinton recognized the following companies for the activities they will undertake to raise awareness about the importance of colon cancer prevention and screening among their employees and customers (see Private Sector Partnerships fact sheet for details on individual company activities):

- American Airlines
- American Greetings Corporation / National Association of Chain Drugstores
- Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.
- Bristol Myers Squibb Oncology / Better Health Foundation
- Eli Lilly and Company
- General Motors Corporation
- Kellogg Company
- National Association of Chain Drugstores
- Olympus America Inc.
- Zeneca Pharmaceuticals

###



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

FOR IMMEDIATE RELEASE

Contact: Carole Anikis
(301) 941-2626

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

SURVEY SHOWS NEARLY HALF OF AMERICANS AT RISK FOR COLON CANCER ARE NOT BEING SCREENED

Large Number Report That Physicians Are Not Recommending Tests

WASHINGTON, DC (September 10, 1998) - Survey results released today at a White House event on new efforts to promote colorectal cancer prevention reveal that nearly half of all adults aged 50 and older -the age group considered at highest risk for developing colorectal cancer -have not been screened for the disease. The White House event was hosted by First Lady Hillary Rodham Clinton, who announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Colorectal cancer, also known as colon cancer, kills more than 50,000 Americans each year, even though it is preventable and curable when detected early.

The survey, conducted for the National Colorectal Cancer Roundtable by the Gallup Organization, underscores the need for new national initiatives promoting colorectal cancer prevention and early detection. One of the most alarming findings is that most of the 47 percent of people over 50 not being screened for colorectal cancer reported that no medical professional had ever recommended screening.

"Physicians must make testing for colorectal cancer a part of their medical practices," said Roundtable Chair Bernard Levin, MD, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston. "I have spent too much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for this preventable disease."

Although colorectal cancer occurs with almost equal frequency in men and women, the survey found that women aged 50 and older are less likely than men in this same age group to undergo screening (49 percent of women reported not having been screened versus 36 percent of men). Dramatic differences were also seen between whites and non-whites. Among survey

respondents, 44 percent of whites reported not having had any of the three tests - fecal occult blood tests, flexible sigmoidoscopy, barium x-ray - compared to 56 percent of non-whites.

The majority of adults surveyed seem to believe that early detection can save lives; however, when asked what they could do to help prevent colorectal cancer, fewer than half cited regular screening tests. Even fewer mentioned dietary changes, such as eating a high-fiber diet (21 percent), or general references to diet (20 percent). A sizable minority (22 percent) could not name anything a person might do to help prevent colorectal cancer.

Asked to estimate their own chances for developing colorectal cancer, one in five adults (20 percent) believe they are very likely to develop cancer of the colon or rectum. Another 35 percent say it is somewhat likely they will develop the disease. A small proportion - one percent - reported they already have colon or rectal cancer. Sixteen percent could not estimate their chances of getting colorectal cancer.

The Gallup Organization conducted telephone interviews from August 11 through August 23, 1998, with a national sample of 1,062 adults aged 50 or older, to examine the knowledge and experience of adults with testing for colorectal cancer.

###

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy, and voluntary organizations committed to raising awareness about the prevention and early detection of colorectal cancer.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The Facts About Colorectal Cancer

What is Colorectal Cancer?

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

- Almost all cases of colorectal cancer, also referred to as colon cancer, begin with the development of benign colonic polyps.
- Polyps form when cells lining the colon grow, divide and reproduce in an unhealthy, disorderly way, producing a growth.
- These polyps can be cancerous, invading the colon wall and surrounding blood vessels, and spreading to other parts of the body.
- Colorectal cancer frequently begins without symptoms.

What Causes Colorectal Cancer?

- The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors.
- Diets high in fat and low in fruits and vegetables – such as those that include red meat, fried foods and high-fat dairy products – may increase the risk of colorectal cancer.
- Lifestyle factors –such as cigarette smoking, a sedentary lifestyle, and obesity – also may increase the risk of developing the disease.
- Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

How Common is Colorectal Cancer?

- Colorectal cancer is the second leading cancer killer in the United States, and the third most common cancer overall.
- This year, more than 50,000 Americans will die from colorectal cancer and approximately 131,600 new cases will be diagnosed.
- Eighty to 90 million Americans (approximately 25 percent of the US population) are considered at risk because of age or other factors.
- More women over the age of 75 die from colorectal cancer than from breast cancer.

Who Is At Risk?

- Men and women aged 50 and older are at almost equal risk of developing colorectal cancer.
- Those who have a personal or family history of colorectal neoplasia (cancer or polyps) are at high risk of developing the disease.
- Anyone who has a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is also at high risk.
- Although the incidence of colorectal cancer appears to be the same among all racial groups, survival rates seem to be lower for African-Americans.

How Can You Prevent Colorectal Cancer?

- Know your family history.
- See your doctor for yearly screenings if you are aged 50 or older.
- Maintain a diet low in animal fat and high in fruits, vegetables and fiber.
- Exercise regularly.
- Prevent obesity.
- Avoid cigarette smoking.

What You Need To Know ...

- Early detection saves lives – colorectal cancer is preventable, even curable when detected early.
- If colorectal cancer is found early enough, the patient has more than a 90 percent chance of survival.
- Colorectal cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers.
- Several screening methods can be used to detect polyps before they become cancerous, such as fecal occult blood test, colonoscopy, flexible sigmoidoscopy and barium x-ray. These tests also can detect cancer in its early stages.

###

BERNARD LEVIN, MD
Gastroenterologist

Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health FoundationSM (ADHFSM), Dr. Levin serves as co-chair of the Digestive Health Initiative[®]'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.

Good Housekeeping

OCTOBER 1998

\$1.95

CONTEST!
Win a New Wardrobe

**Gained Back
Those Pounds?**
Lose Them For Good

AIR BAG DANGERS
How To Keep
Your Family Safe

**Do You Talk
To Yourself?**
When It Helps

**BEST EVER
PASTA RECIPES**

KIDS' HEALTH
Update on Unsafe
Medicines, New
Vaccines, and More

**KITCHEN
MAKEOVERS**
Great Looks
You Can
Afford

INTERVIEW

Katie's Wish

Speaking out in her husband's
memory...what she
desperately wants you to know



PLUS: Other stories of courage.
And real hope in the
battle to beat colon cancer.

<http://goodhousekeeping.com>



\$1.95

GOOD HOUSEKEEPING *october*

Katie's Crusade

Still coming to terms with her husband's death from colon cancer, the Today show's Katie Couric is speaking out in his memory. What she wants you to know could save your life.

BY JOANNA POWELL



In her handsome corner office at New York City's Rockefeller Center, Katie Couric is trying to get on with her life. Dressed in a baby-blue tailored suit and heavy makeup from her morning duties as cohost of NBC's *Today* show, she's both poised and funny as she gives a rare interview. First, she takes time for a bit of girl talk about shoes. Then she turns serious as the subject moves to her recent loss.

Despite her courageous front, Katie's voice cracks often during our conversation, and her eyes well up with tears. It has been just a few months since the death of her husband, TV legal analyst Jay Monahan, who at 42, lost a swift, brutal fight with colon cancer. As a newly single mother with two small children (Ellie, 7, and Carrie, 2½), Katie is still reeling from the shock.

But in her search for solace, she has found some touchstones. In one corner of her office there is a small antique chest of drawers that was a birthday gift from her husband the year before he died. Once a scientist's display cabinet, it is filled with delicate eggs of various wild birds. Even though some of the eggs have already broken, Katie has protectively made a handwritten sign that reads FRAGILE and taped it to the top of the chest. "I'm just so afraid it might get damaged," she says. "It means so much to me."

What also means a lot to Katie is her decision to turn her grief into action—by launching a fight to raise awareness about colon cancer. It is to that end that she is anchoring a five-part series about the disease on the *Today* show from September 14 to 18. And it is why, for this interview, she agreed to talk intimately about her loss—and her ongoing effort to understand it.

Joanna Powell: You've been very private since your husband died. Why are you speaking out now?

Katie Couric: Colon cancer has taken a huge personal toll on my life. Now I'd like to help educate others about this disease. I want everyone to understand that women as well as men get colon cancer. Young people as well as old people get it. And frankly, very few people take advantage of the preventive tools that exist. Too many Americans don't get tested because they don't want to talk about that part of their body.

How can we break the stigma of this disease?

I think we have to use the words, say them. *Colon. Rectum. Bowels.* The more matter of fact you are with the language, the more it helps. You can't be squeam-



Katie with husband Jay in 1995.

"We had no idea what was going on in his body. This cancer is so insidious."

ish about it. It might cost you your life. For the *Today* show's series on colon cancer, we interviewed a Yale-educated doctor who was going to give a talk on colon cancer at the Yale Club in New York City. He was asked to change the subject of his talk to make it more palatable. People educated at a university like Yale cannot deal with colon cancer? I just couldn't believe it.

What do you want people to be especially aware of?

People need to know that colon cancer can strike the young. My husband was barely 42 years old. My executive producer, Jeff Zucker, got it, and he was only 31. Fortunately, he survived. Last weekend, I ran into a farmer I know out in the country. Jay and I always bought produce from him. When I saw him, he said, "I'm so sorry about Jay. You know I lost my fiancée five years ago to colon cancer." I asked how old she was, and he said, "Thirty-eight." I can't tell you how many people wrote to me whose husbands or wives were taken by this disease at very

young ages. At least 13,000 new cases each year involve people under 50.

Does having lost a loved one to cancer make you terrified of developing the disease yourself?

Terrified is probably too strong a word. But it certainly makes me feel vulnerable. My husband was trim, healthy, had never smoked a cigarette. It makes me feel vulnerable for everyone, not just for myself. It's very frightening.

How did you keep going after Jay's death?

As hard as it is for everybody who faces a tragedy in their lives, you really don't have much of a choice. You can stay in bed every day, or for weeks or months at a time, or you can just keep going. Children force you to keep going. You don't have the luxury of putting your head in the sand. My children are a tremendous source of comfort, tremendously motivating for me. Because I have responsibilities. It's not just financial. It's being there for them because they are children.

How was Jay's cancer discovered?

He was already very sick when doctors diagnosed it in April 1997. He had no symptoms. Jay was tired, but we thought it was because he was flying back and forth to California for his job [as a TV legal analyst]. And we had two small children bringing every bug in America into the house. We had no idea what was going on in his body. This cancer is so insidious.

What are the lessons to be learned?

For one, that there are often very few symptoms until it's too late. I'm not saying everyone in America is walking around with colon cancer, but everyone needs to know that it is a possibility. And they need to rule it out. The only way to be really safe is to be tested. I'd like for people to become more aware of colonoscopy, an exam that allows a doctor to check the colon for abnormalities, and to decide with their doctors whether one is warranted.

Do you think there's anything doctors know now that might have made a difference in saving Jay's life?

My husband's mom, who is now in her 60s, has ovarian cancer—it was diagnosed about three years ago. His grandmother died of breast cancer. There is a growing body of thought that these glandular cancers—breast, ovarian, uterine, prostate, and colon—may be related, that there is perhaps, a genetic link. If we had known this, Jay might have been screened for colon cancer. I now certainly believe you should think long and hard about an *early* colonoscopy, not only if your aunt or grandmother or other relative has colon

cancer, but also if any of these glandular cancers exist in your family. I firmly believe you have to be your own best advocate. We're hearing now that everyone 50 and up should have a colonoscopy regardless of risk factors or symptoms. But all the doctors I know—and I know a lot of them—say they had or will get a colonoscopy by their fortieth birthday. That ought to tell you something.

Problem is, even if you have a family history of colon cancer, doctors often

“Little things help—like having my husband's money clip in my purse. And being in a room where he spent time.”

recommend you be screened by a flexible sigmoidoscopy, not a colonoscopy.

Flexible sigmoidoscopy is effective for only the lower third to half of the colon. My feeling is if you really want to be sure, getting a flex sig is like getting a mammogram on one breast.

After your husband found out he had colon cancer, what did you do to fight the disease?

I can share some of my personal experience, but I want to be careful not to invade my husband's privacy or dignity in any way. Immediately after he received his diagnosis, I began to amass a lot of information on treatment, clinical trials, and experimental drugs. I was extremely frustrated to discover there's no single source for learning about the various experimental treatments for your specific disease. Pharmaceutical and biotech companies are highly competitive and sometimes secretive about the kinds of tests they're doing. The technology is changing at breakneck speed. And it's hard to find sources that are in plain English, not medicalese. It was very troubling to me. Here I was, a reporter. I've spent the last 20 years researching and investigating. But when it came to tracking down information that could potentially save a life, I hit one obstacle after another. I'm heartened to hear that the National Cancer Institute has just implemented a new Web site clearinghouse, so some of this information is easier to access...but I definitely think more could be done.

Do you find it frustrating that cancer is still the No. 2 killer in this country after heart disease?

Incredibly. It's been more than 25 years since Richard Nixon declared war on cancer. And while there have been tremendous strides, the first-line chemotherapy

treatment for colon cancer is a drug that was developed in the 1950's. I hope that more money—government and private—can be devoted to cancer research. If we can put *Sojourner* on Mars, we can come up with something that keeps cancer from destroying so many lives.

How do you feel about the body's ability to “beat cancer”? Is it possible? People talk a lot about fighting it psychologically.

I think you have to have hope and a fighting spirit. On the other hand, this idea that

people who survive cancer are stronger willed or more motivated or have a greater desire to live is really unfair to people who don't beat it. I think cancer, frankly, comes down to biology and luck. The cemeteries are full of people who wanted to live more than anything and couldn't.

It's a very confusing concept—the idea that if you fight hard enough you can cure yourself.

I'm thrilled for people who beat it, because I know they've been to hell and back. But to imply that they are mentally superior to those who don't beat it is just plain wrong.

The other part of your story is surviving the grief after losing your husband. Is there anything that's been especially helpful in your life in the past months?

Talking to other women who have been through similar circumstances. Nobody else really understands. I didn't before it happened to me. As empathetic as friends and family want to be, it's just such a lonely, painful experience. It's very meaningful to have someone who can relate to an earth-shattering event in the same way you do.

Do you have any advice to parents with young children who have lost a loved one?

I'd hate to profess to be an expert. It's definitely baptism by fire when you're in a situation like this. Every child is different, every parent is different, every situation is different. But I do think you need to be very proactive in helping your children through an ordeal like this. And you need to do everything you can to keep them healthy and whole. You can't think that they are just children and they won't be affected, or they'll get over it, or children are resilient. Some of that is true, but I think you have to very consciously take steps to make sure that they're

going to get through it and continue to fly in the healthiest way possible. Talk to your child's teachers; talk honestly with children about the death in an age-appropriate way. Parents can't just forget about it and hope their kids will be okay.

What should you do to keep the loved one's memory alive?

You can't schedule a child's grief. You really have to have a good sense of what's right for your child; you can't force-feed your child. I try to talk about Jay in a very natural way, because he comes up all the time. Yet I don't try to sit with my child in some kind of artificial environment, and have her discuss things with me that maybe she's not ready to talk about. I think you have to pick up cues from them. The other day my daughter Carrie was on her play telephone telling me, “Mom, it's Daddy calling from heaven.” It was heartbreaking, but I wanted to explore it with her, so we started talking. She's only 2½, but I didn't want to just ignore her and what she was saying. It's an awful lot for grown-ups to handle their own pain and loss, but they can't forget about the children. They're going through it too. It's very easy in a situation like this to feel completely and utterly overwhelmed. But I think parents have a real responsibility to pull it together for their children.

Has your mother been helpful to you during this ordeal?

Oh, yes. I'm very close to my parents. I went through a period when I was just impossible to deal with. Because I was just so, so upset and angry and furious with the world. Talk about unconditional love. They've always been there for me.

What about friends? How have they responded?

I think this is really important. A lot of people are at a loss when it comes to helping friends feel better. A lot of people pull back because they don't want to be invasive or intrusive.

Or say the wrong things.

Or say the wrong things. It's painful for a lot of people because it reminds them of their own mortality. But when someone you care about is going through something as traumatic as this, you can't stop trying to get in—even if they push you away, initially, because they're so knocked off their foundation and their world has just fallen apart. If they push you away, and you really care—push back. Keep trying. When you're going through it, you're scared all the time. I had one friend who wrote me a card every week and called me every week, and I never called her back. But I'm so grateful that she kept trying. I'll

never for-
weren't t
I'll never
What did
Just “Thi
you need
ing, comfi
Tuesdays a
fessor dyi
his relatio
He talke
dreamlike
how peop
lives, chat
store, and
is going on
I think v
life has cha
it's very rea
world thrc
Everything
like B.C. a
After Canc
on comme
buried in a
terrifying. V

Th

never forget that. And the people who weren't there and didn't keep on trying, I'll never forget that either.

What did the cards say?

Just "Thinking about you," "I'm here if you need me." That was a very reassuring, comforting thing. I think of the book *Tuesdays with Morrie* (about a college professor dying of Lou Gehrig's disease and his relationship with a former student). He talked about how you're in this dreamlike state and you can't understand how people are just going on with their lives, chatting and going to the grocery store, and pushing baby strollers. That life is going on swimmingly for everyone else.

I think when people acknowledge that life has changed in a horrible way for you, it's very reassuring. I used to say I saw the world through cancer-colored glasses. Everything just looks very different. It's like B.C. and A.C.—Before Cancer and After Cancer. You see references to death on commercials; you see a man being buried in a car, and it's not a big joke. It's terrifying. When death is a distinct possi-

bility in your life, these things are not funny. Even hearing cartoon characters say, "Drop dead." I remember looking at a magazine cover on summer pleasures, and thinking, *Wow, I wish that's all I cared about: what I was going to do this summer, what movies I was going to see.* I think it's important to acknowledge that someone's world has taken a gut-wrenching turn.

Is there any place or item that you shared with Jay that now offers comfort?

Nothing really comforts me, I'm sorry to report. It's only been months since my husband died. And, frankly, I still can't believe it. When I think about it, it just permeates every cell in my body. You can forget about it temporarily. But then the grief comes like a huge wave and like a horrible invasion of your heart and soul.

Little things help me—like having my husband's money clip in my purse. And just being in a room where he spent a lot of time. But I don't have any sort of ritual or supercomforting place. I'm still looking for that. My husband had a collection of historic military pieces, particularly from

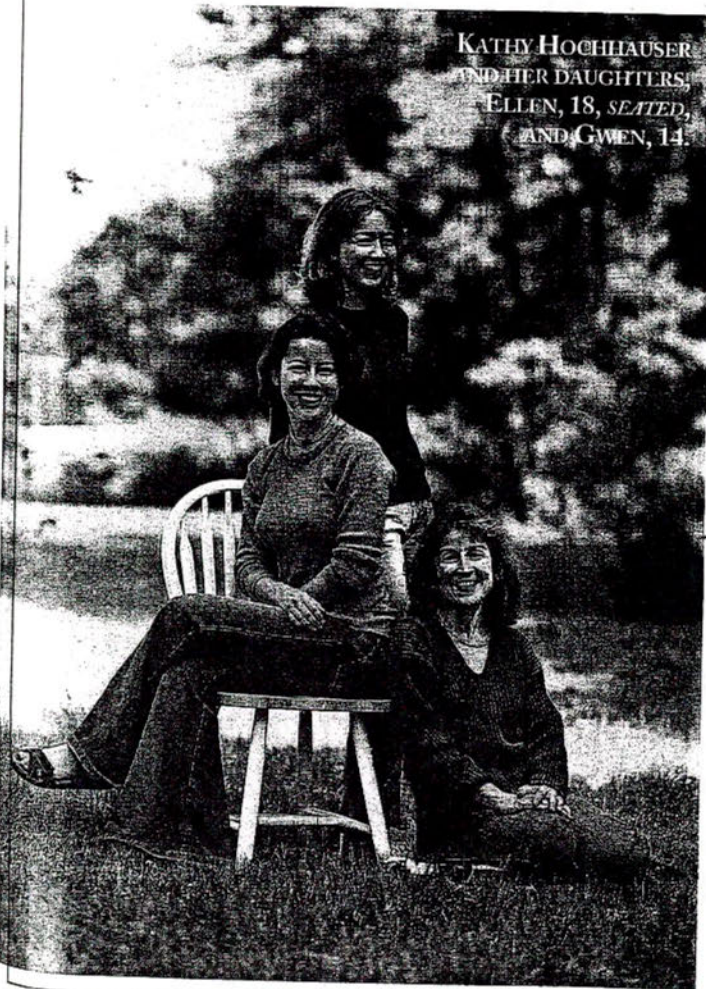
the Civil War, at our house in the country and I go into that room and look at the things he loved—which, of course, I didn't appreciate as much when he was living. That's a very special place for me. I find that talking about him to those people who cared about him and miss him is really helpful. Sometimes when you lose someone, other people just want it to be in the past and not talk about it. I appreciate having people say how much they cared about him and miss him too.

Are you still close to his family?

Yes. Jay was one of seven children, and I often speak to his siblings as well as to his parents. They're all wonderful. I also like to talk to other people who knew him well and were profoundly affected by him. Someone sent me a letter telling me about Jay's experience in the Navy. I just got his transcripts from college and read his guidance counselor's recommendation and his entrance essay. It was very revealing. He wrote things that I didn't know about him. It's nice to have, but sometimes so hard to read. (continued on page 188)

The Stories of Three Families Left Behind

KATHY HOCHHAUSER
AND HER DAUGHTERS,
ELLEN, 18, SEATED,
AND GWEN, 14.



"HE NEVER LOST HIS SPIRIT"

In 1993, Kathy Hochhauser and her husband, Ken, were feeling hopeful about their future together. The parents of two daughters—Ellen, 12 at the time, and Gwen, 9—they were strong-willed people whose marriage had been troubled; the couple were in counseling. But now they were trying to put the bad times behind them.

Then, one day, Ken, a 45-year-old accountant at a computer company in Framingham, MA, noticed blood in his stool. "I urged him to go to the doctor, but he put it off for a few months," says Kathy, now 50, a public school secretary. When he finally had a colonoscopy, an examination of the colon, the news wasn't good: A tumor was found. Ken had surgery immediately, but the cancer had already spread to his liver. Although he would get chemotherapy and radiation—including an experimental drug—the doctors indicated that he didn't have long to live.

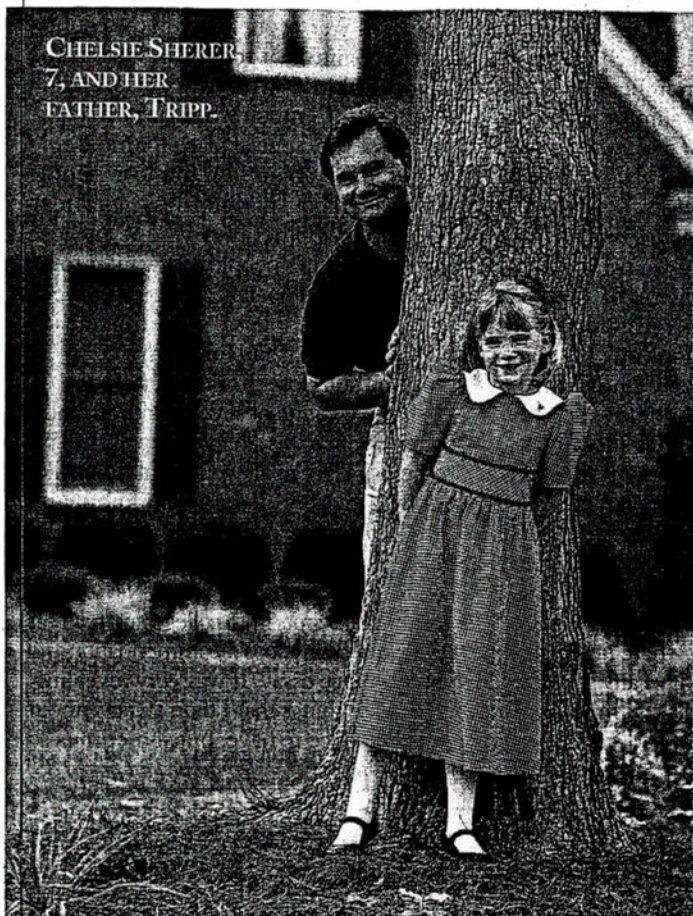
"He was a fighter; he was going to prove them wrong," recalls Kathy. And he did. For three years after the surgery, he lived life to the fullest. "He'd be nauseated after a chemotherapy session, but he'd insist on playing basketball," says Kathy. And he rallied enough to attend Gwen's bat mitzvah in November 1996. "He even found the strength to dance with me," says Kathy.

She and Ken grew closer than they had ever been. Kathy drove him to and from treatments and nursed him through the long nights. "He never lost his spirit," she reports. "Two weeks before he died, I asked him if there was anything I could get for him, and he grinned and said, 'A pastrami sandwich.' I went to the deli right away."

On July 3, 1997, Ken, at age 49, lost his battle against colon cancer. Kathy had grieved a lot during the years she cared for Ken, but now she couldn't stop thinking about what could have been done to save her young husband's life. For 25 years, Ken had suffered from chronic bowel problems, and Kathy now says she wishes he'd been screened earlier. "If only one person reads this and goes for a checkup," she says, "none of what we went through will have been in vain."

—Sandra Forsyth

CHELSIE SHERER,
7, AND HER
FATHER, TRIPP.



"SHE WAS A REAL GOOD MOM"

Chelsie Sherer, a 7-year-old who loves to swim and watch videos, seems like a typical second grader. But those close to her know she's wrestling with a terrible trauma: the loss of her mother. In 1996, at age 28, Lisa Sherer died of a rare, genetic form of colon cancer, leaving behind her only child and her husband, Tripp, a dental technician.

Chelsie was not yet 3 when Lisa first got sick in 1993. She passed a lot of blood one day and was rushed to the emergency room. It turned out she had familial polyposis, a condition in which thousands of polyps grow on the colon, and her polyps were malignant. She was given a year and a half to live. The doctors told Tripp that the polyps start out benign but if not removed almost always become malignant by the time the person is 40. Tripp recalled that Lisa frequently had diarrhea and lacked stamina. When he asked her about it, she told him she had received a diagnosis of a spastic colon when she was a teenager. No formal testing had been done; if it had, the condition could have been detected sooner.

Though Lisa didn't know of any relatives with familial polyposis, Tripp worried that she might have passed it on to Chelsie, so he arranged to have her tested. Sure enough, Chelsie had the condition. "But we caught it early enough; her polyps were still precancerous," says Tripp. However, doctors had to remove Chelsie's entire large intestine to protect her from cancer.

Lisa was so ill that, at first, Tripp didn't tell her that Chelsie had inherited her condition and undergone surgery. But three months before Lisa died, Tripp decided she should know: "She was extremely upset, but I said the way I saw it, she gave Chelsie life, and now she was saving Chelsie's life. After that, I asked her if she wanted to renew our vows. She said yes." The ceremony was performed at Lisa's bedside on May 12, 1996. Two weeks later, she died.

Today, Lisa's framed photograph sits on the dresser in the bedroom she and Tripp once shared. "Sometimes I go into Daddy's room and look at my mom's picture," says Chelsie. "She was a real good mom."

—S.F.

"I WISH I COULD SEE HIM AGAIN"

Last Christmas, not long after she turned 16, Lynne Patterson's father, Michael, gave her a 1989 Volkswagen and two promises. First, as a mechanic, he'd keep the vehicle in top shape. Second, he'd help her get her license. But Michael, 50, of Medford, MA, wouldn't live long enough to celebrate that rite of passage with his oldest daughter.

On February 6, he was admitted to the hospital with a fever of 103°F. Tests showed that Michael seemed to be losing blood, so a CT scan was performed. It revealed a mass in his abdomen. Surgery turned up a malignancy on his colon—as well as 14 other tumors. The prognosis? At most, several months for Michael to spend with his wife, Georgia, and Lynne and her three siblings: Amy, 15; Jacqueline, 14; and Timothy, 11.

"I couldn't believe it," says Lynne. "The doctors said the tumor must have taken at least five years to get that big, but my dad hadn't seemed sick at all." Michael did experience some rectal bleeding—the No. 1 sign of colon cancer. At first it was some slight spotting. Then, by October 1997, the bleeding had become pronounced, so Michael went to the doctor. His physician found a hemorrhoid and suggested that Michael have a colon-cancer test, which he postponed. Georgia now wishes she and Michael had paid more attention to those earlier symptoms.

Despite the grim prognosis, Lynne thought she'd have at least one more summer with her father. "We had always been really close," she says. "Ever since I was a little girl, our family had traveled to Maine in July. My dad would wake me up at five in the morning, so the two of us could walk to the bakery to get pastries hot from the oven. I pictured us walking together again."

It wasn't to be. By February 14, Michael had developed complications from the surgery, and four days later, he was gone. "It's still hard to accept," says Lynne. "Something in the house will break, and I'll think, *Oh, Dad will fix that. I wish I could see him again, even just one more time, to tell him I love him and to hear him say that he loves me.*"

—S.F.



CLOCKWISE FROM
LEFT: LYNNE
PATTERSON, 16;
GEORGIA, HER
MOTHER; AMY,
15; TIMOTHY, 11;
AND JACQUELINE, 14.

T
I
volved: r
made up
tube that
food and
tum, the
large inte
rity has g
account o
as former
breast c
Schwarzl
Many
strikes r
doctors a
patients
develop
netic pre
tually kil
they dor
men. TI
and 64,6
cer, and
will die
can Can
The
screeni
known
be prev
could se
year, bu
Bond, M
Veterar
neapoli
50 and
cancer,
womer
colon e
cording
trol and
us put
barrass
plenty
tors de
some i
the be
Th
Diges

The Preventable Cancer

*The right testing for colon cancer can save your life.
What every woman needs to know. by Lisa Collier Cool*

It's the second most deadly cancer, killing more people each year than breast or prostate cancer. Yet colon cancer doesn't receive nearly as much attention. That's partly because no one likes to talk about the body parts involved: namely, the large intestine, made up of the colon, a six-foot-long tube that removes water from digested food and expels solid waste; and the rectum, the last six to eight inches of the large intestine. What's more, no celebrity has gone public with a first-person account of the disease to raise awareness, as former First Lady Betty Ford did for breast cancer and General Norman Schwarzkopf did for prostate cancer.

Many women assume colon cancer strikes mostly the elderly—or men. But doctors are seeing younger and younger patients with the disease, some of whom develop the illness early because of a genetic predisposition. And the cancer actually kills more women—mainly because they don't get screened as frequently as men. This year, about 67,000 women—and 64,600 men—will develop colon cancer, and 28,600 women and 27,900 men will die from it, according to the American Cancer Society (ACS).

The good news: With the right screening, the disease—technically known as colorectal cancer—can actually be prevented. "Widespread screening could save at least thirty-thousand lives a year, but sadly, very few get it," says John Bond, M.D., chief of gastroenterology at Veterans Affairs Medical Center in Minneapolis. More than half of women age 50 and over are now checked for breast cancer, but only about 24 percent of women age 50 and over have had their colon examined in the past five years, according to the Centers for Disease Control and Prevention in Atlanta. Many of us put off testing, fearing it may be embarrassing or uncomfortable. But there's plenty of blame to go around: Some doctors don't tell us to get screened—and some insurance companies won't pay for the best testing.

Three years ago, when the American Digestive Health Foundation polled

adults age 50 and over—the group with the highest rate of colon tumors—an astonishing 61 percent of women said their doctors had never advised *any* kind of screening. Many primary-care doctors aren't educated about the tremendous benefits of testing, according to Albert Palitz, M.D., director of the colorectal cancer prevention program at Kaiser Permanente, a large California-based health maintenance organization. "Only in the last five years have studies provided clear evidence that screening can prevent death," he notes. However, the ACS has supported colon-cancer screening for nearly two decades, issuing new guidelines last year (see "Rating the

Screening Tests," page 190).

What makes the screening shortfall so troublesome is that colon cancer often produces no symptoms in its early stages, when it is 90 percent curable. If not detected, it typically goes unnoticed until it has spread beyond the intestines—at which point the five-year survival rate is less than 60 percent.

The Best Protection

Colon-cancer experts agree that the "gold standard" of screening is colonoscopy, a 15- to 20-minute test in which the entire colon is checked for tumors using a lighted flexible tube with a cameralike device at one (continued on page 188)

THE GOLD-STANDARD 20-MINUTE TEST: ONE WOMAN'S STORY

Not long ago, I saw something alarming in the toilet. "This isn't good," I said out loud, staring at the bloody stool I discovered. I'm 52, and my mother has a history of colon polyps. So I made an appointment with William Coll, M.D., a local gastroenterologist, who helped me arrive at an obvious conclusion: I needed to have my colon checked for cancer. I was scared, so I elected, as advised by Dr. Coll, to have a colonoscopy, which would enable him to inspect my entire colon.

In the 24 hours before the procedure, I needed to cleanse and flush my colon so that Dr. Coll's view would be unobstructed. My diet was restricted to clear liquids and chilled bouillon. But that wasn't all. I was ordered to take one and a half ounces of a fizzy laxative potion mixed with eight ounces of water, once at 11:00 A.M. and again at 6:00 P.M. Dr. Coll recommended that I stay home after the first dose (which I did). It made perfect sense: This nasty-tasting salty, lemony drink gave me cramps and diarrhea almost immediately, and I found myself in the bathroom at 20-minute intervals throughout the day. I was not only crampy and crabby but also lightheaded and weak—probably dehydrated, Dr. Coll said. He also told me that all of these reactions were to be expected.

The next morning, at 8:30 A.M., I went to Sharon Hospital in Connecticut. I got undressed, put on a cotton gown, and was instructed to lie on a stretcher. A nurse explained that the colonoscope, a thin, lighted probe with a cameralike device at one end, would be threaded into my colon. Air

would be injected into my intestines so the doctor would have a good view, and that would produce a gassy, uncomfortable feeling. Sedation would be necessary. I was told that there would be no discomfort when the probe was slowly retracted, so I asked to be awakened midprocedure. I wanted to see for myself what was going on inside.

Dr. Coll used intravenous Demerol (a sedative and painkiller) and Versed (another sedative) to knock me out during the first part of the procedure. Then, I got a drug that would wake me up. When I opened my eyes, the scope, now about four feet up my innards, displayed interior shots of my colon on a monitor only a few feet away. Inside this strange labyrinth of pink-gold crinkles and folds were two tiny polyps, six millimeters in diameter, which Dr. Coll removed. Also revealed were two tiny hemorrhoids that had ruptured and were deemed the cause of my dramatic bowel movement.

Afterward, I dozed lightly in the recovery room. I was a little woozy, but my stomach felt fine. In fact, I was hungry. I fantasized about breaking my fast with barbecued spareribs and garlic mashed potatoes, a dream that became a reality that evening. I returned to work, spunky as ever, the next morning.

A few days later, I learned that the polyps were benign. I was glad I'd had the colonoscopy—and relieved when Dr. Coll told me that the type of polyps he'd removed never becomes cancerous. So I don't have to have another colonoscopy for seven to ten years.

—Maxine Paetro

KATIE COURIC

(continued from page 127)

Do you share them with your daughters?

I'm putting together a book of all the letters people have written about Jay, so that my girls feel like they know a lot about their father and what an outstanding person he was. I'm also writing them a letter all about our courtship—and how we met and why I fell in love with him. The idea is that when they're older they can read about him and appreciate him. I've asked people to write to my girls, and I've received the most beautiful letters.

Do the letters make you feel better, or is it all a painful exercise?

It's definitely painful, but part of the process. I think it will ultimately help. But for now it reminds me how much I miss him. Some of the letters I just can't read. Someday I will.

When you first went back on the *Today* show following Jay's death, you wore his wedding ring around your neck on a chain. Lately, you haven't been wearing it. Why did you stop?

The safety chain broke. I didn't stop for any symbolic reason. I just worry that without the safety clasp, I would lose it. It made me too nervous. And now I'm not sure if I'll wear it again. It's a very outward symbol of one's grief, and I wore it because it made me feel very close to him, by touching it. It was a hard decision: whether he should wear the ring—or I should. I didn't know what to do. All of my friends told me it was okay for me to keep it. And I found a lot of solace in it. I don't think he would mind.

Has throwing yourself back into work helped you cope?

You do what you have to do. I have children to support. And kids just automatically make you stronger. Work was a way for me to keep going while Jay was sick. For two hours I could distract myself, and I think it serves the same purpose now.

What is your advice to couples who have been spared a life-threatening illness?

Cherish each day. Get under the covers with your kids on a Saturday morning. And even if your spouse drives you crazy sometimes, remember what made you fall in love to begin with. My daughter is obsessed with *The Wizard of Oz*, and there's one thing that Dorothy says toward the end of the movie that always affects me so much: "If I ever go looking for my heart's desire again, I won't look any further than my own backyard." ★

COLON CANCER

(continued from page 129)

end. The device transmits images of the colon to a video screen, which the doctor watches throughout the procedure. Any polyps that are discovered can be removed during the test. Colonoscopy finds 97 percent of colon tumors, and the ACS now recommends it for *everyone* age 50 and over.

The unique advantage of colonoscopy is that it's the only cancer test that can actually *prevent* malignancy.

"There's a very strong argument that people who have this test regularly will never, ever get colon cancer, which means it's much better for preventing this disease than mammograms are for breast cancer," says Robert J. Mayer, M.D., director of the Center for Gastrointestinal Oncology at the Dana Farber Cancer Institute in Boston. That's because virtually all colon cancers begin as mushroom-shaped or flat premalignant growths called polyps. "About five to ten percent may become cancerous, so if they're found and removed during colonoscopy, you probably won't get cancer," explains Jose Guillem, M.D., associate attending colorectal surgeon at Memorial Sloan-Kettering Cancer Center in New York City.

It appears that one colonoscopy is enough to protect people at average risk for an entire decade, because polyps grow very slowly, taking about five to seven years to become the size of a pen-

cil eraser, and up to seven more years to turn cancerous.

Elizabeth Ely, 55, an interior decorator in New York City, is grateful that she had a colonoscopy, because it saved her life. Although she didn't have a family history of colon cancer or any symptoms (in fact, she felt great, she says), her doctor encouraged her to get tested because of her age. Last March, a colonoscopy revealed a malignant rectal tumor. "I was absolutely shocked," she recalls. "I never believed anything would be

YOUR RISK AND YOUR AGE

Your chance of getting colon cancer increases dramatically as you get older. Check this chart against your age to pinpoint your risk of developing the disease, which strikes at an average age of 66:

Ages	A Woman's Risk	A Man's Risk
Birth to 39	1 in 2,000	1 in 1,667
40 to 59	1 in 147	1 in 114
60 to 79	1 in 31	1 in 24

Source: American Cancer Society, Cancer Facts & Figures, 1998

wrong with me. I've always been well." She had surgery to remove the tumor, and was relieved to learn that it was an early-stage cancer. She was deemed cured after the operation. "I'm very lucky," says Ely. "Now I'm telling my clients, friends, and relatives to have the test if they're fifty or over."

Another, more famous survivor: former President Ronald Reagan, who had part of his intestines removed in 1985 after doctors discovered a malignant tumor through colonoscopy.

What's Your Life Worth?

Despite the lifesaving power of colonoscopy, Medicare and a number of other health plans won't pay for it. "This is unjust to the American public," says Michael D. Moseson, M.D., a clinical as-

YOUR RISK AND YOUR FAMILY HISTORY

A person who has no cancer in her family has a one in 17 chance of developing colon cancer over a lifetime. That risk increases if your relatives have had certain kinds of cancers. If you fall into any of the categories listed below, you should get a colonoscopy (total exam of the colon) by age 40, or ten years before the youngest age at which a family member received a diagnosis of colon cancer. If there are several cases of colon cancer in your family, consider getting a genetic test at a major cancer center to check for an inherited syndrome. Testing, which can cost anywhere from \$250 to \$2,400, can help determine the age and frequency at which you need to be screened.

1. You have a distant relative—an uncle, aunt, or grandparent—who has/had colon cancer. Your risk 1.5 in 17
2. You have an immediate family member—a parent, sibling, or child—who has/had colon cancer. Your risk 2 or 3 in 17
3. You have two or more immediate family members who have/had colon cancer, or have one relative who developed the disease before age 50. Your risk 3 or 4 in 17
4. You have one or more immediate or distant relatives who have/had breast, ovarian, uterine, or prostate cancer. Your risk 1.5 in 17

—L.C.C.

Good Housekeeping

OCTOBER 1998 \$1.95

CONTEST!
Win a New Wardrobe

**Gained Back
Those Pounds?**
Lose Them For Good

AIR BAG DANGERS
How To Keep
Your Family Safe

**Do You Talk
To Yourself?**
When It Helps

**BEST EVER
PASTA RECIPES**

KIDS' HEALTH
Update on Unsafe
Medicines, New
Vaccines, and More

**KITCHEN
MAKEOVERS**
Great Looks
You Can
Afford

INTERVIEW

Katie's Wish

Speaking out in her husband's
memory...what she
desperately wants you to know



**PLUS: Other stories of courage.
And real hope in the
battle to beat colon cancer.**

<http://goodhousekeeping.com>



\$1.95

GOOD HOUSEKEEPING *october*

Katie's Crusade

Still coming to terms with her husband's death from colon cancer, the Today show's Katie Couric is speaking out in his memory. What she wants you to know could save your life.

BY JOANNA POWELL



In her handsome corner office at New York City's Rockefeller Center, Katie Couric is trying to get on with her life. Dressed in a baby-blue tailored suit and heavy makeup from her morning duties as cohost of NBC's *Today* show, she's both poised and funny as she gives a rare interview. First, she takes time for a bit of girl talk about shoes. Then she turns serious as the subject moves to her recent loss.

Despite her courageous front, Katie's voice cracks often during our conversation, and her eyes well up with tears. It has been just a few months since the death of her husband, TV legal analyst Jay Monahan, who at 42, lost a swift, brutal fight with colon cancer. As a newly single mother with two small children (Ellie, 7, and Carrie, 2½), Katie is still reeling from the shock.

But in her search for solace, she has found some touchstones. In one corner of her office there is a small antique chest of drawers that was a birthday gift from her husband the year before he died. Once a scientist's display cabinet, it is filled with delicate eggs of various wild birds. Even though some of the eggs have already broken, Katie has protectively made a handwritten sign that reads FRAGILE and taped it to the top of the chest. "I'm just so afraid it might get damaged," she says. "It means so much to me."

What also means a lot to Katie is her decision to turn her grief into action—by launching a fight to raise awareness about colon cancer. It is to that end that she is anchoring a five-part series about the disease on the *Today* show from September 14 to 18. And it is why, for this interview, she agreed to talk intimately about her loss—and her ongoing effort to understand it.

Joanna Powell: You've been very private since your husband died. Why are you speaking out now?

Katie Couric: Colon cancer has taken a huge personal toll on my life. Now I'd like to help educate others about this disease. I want everyone to understand that women as well as men get colon cancer. Young people as well as old people get it. And frankly, very few people take advantage of the preventive tools that exist. Too many Americans don't get tested because they don't want to talk about that part of their body.

How can we break the stigma of this disease?

I think we have to use the words, say them. *Colon. Rectum. Bowels.* The more matter of fact you are with the language, the more it helps. You can't be squeam-



Katie with husband Jay in 1995.

"We had no idea what was going on in his body. This cancer is so insidious."

ish about it. It might cost you your life. For the *Today* show's series on colon cancer, we interviewed a Yale-educated doctor who was going to give a talk on colon cancer at the Yale Club in New York City. He was asked to change the subject of his talk to make it more palatable. People educated at a university like Yale cannot deal with colon cancer? I just couldn't believe it.

What do you want people to be especially aware of?

People need to know that colon cancer can strike the young. My husband was barely 42 years old. My executive producer, Jeff Zucker, got it, and he was only 31. Fortunately, he survived. Last weekend, I ran into a farmer I know out in the country. Jay and I always bought produce from him. When I saw him, he said, "I'm so sorry about Jay. You know I lost my fiancée five years ago to colon cancer." I asked how old she was, and he said, "Thirty-eight." I can't tell you how many people wrote to me whose husbands or wives were taken by this disease at very

young ages. At least 13,000 new cases each year involve people under 50.

Does having lost a loved one to cancer make you terrified of developing the disease yourself?

Terrified is probably too strong a word. But it certainly makes me feel vulnerable. My husband was trim, healthy, had never smoked a cigarette. It makes me feel vulnerable for everyone, not just for myself. It's very frightening.

How did you keep going after Jay's death?

As hard as it is for everybody who faces a tragedy in their lives, you really don't have much of a choice. You can stay in bed every day, or for weeks or months at a time, or you can just keep going. Children force you to keep going. You don't have the luxury of putting your head in the sand. My children are a tremendous source of comfort, tremendously motivating for me. Because I have responsibilities. It's not just financial. It's being there for them because they are children.

How was Jay's cancer discovered?

He was already very sick when doctors diagnosed it in April 1997. He had no symptoms. Jay was tired, but we thought it was because he was flying back and forth to California for his job [as a TV legal analyst]. And we had two small children bringing every bug in America into the house. We had no idea what was going on in his body. This cancer is so insidious.

What are the lessons to be learned?

For one, that there are often very few symptoms until it's too late. I'm not saying everyone in America is walking around with colon cancer, but everyone needs to know that it is a possibility. And they need to rule it out. The only way to be really safe is to be tested. I'd like for people to become more aware of colonoscopy, an exam that allows a doctor to check the colon for abnormalities, and to decide with their doctors whether one is warranted.

Do you think there's anything doctors know now that might have made a difference in saving Jay's life?

My husband's mom, who is now in her 60s, has ovarian cancer—it was diagnosed about three years ago. His grandmother died of breast cancer. There is a growing body of thought that these glandular cancers—breast, ovarian, uterine, prostate, and colon—may be related, that there is perhaps, a genetic link. If we had known this, Jay might have been screened for colon cancer. I now certainly believe you should think long and hard about an *early* colonoscopy, not only if your aunt or grandmother or other relative has colon

cancer, but also if any of these glandular cancers exist in your family. I firmly believe you have to be your own best advocate. We're hearing now that everyone 50 and up should have a colonoscopy regardless of risk factors or symptoms. But all the doctors I know—and I know a lot of them—say they had or will get a colonoscopy by their fortieth birthday. That ought to tell you something. **Problem is, even if you have a family history of colon cancer, doctors often**

"Little things help—like having my husband's money clip in my purse. And being in a room where he spent time."

recommend you be screened by a flexible sigmoidoscopy, not a colonoscopy.

Flexible sigmoidoscopy is effective for only the lower third to half of the colon. My feeling is if you really want to be sure, getting a flex sig is like getting a mammogram on one breast.

After your husband found out he had colon cancer, what did you do to fight the disease?

I can share some of my personal experience, but I want to be careful not to invade my husband's privacy or dignity in any way. Immediately after he received his diagnosis, I began to amass a lot of information on treatment, clinical trials, and experimental drugs. I was extremely frustrated to discover there's no single source for learning about the various experimental treatments for your specific disease. Pharmaceutical and biotech companies are highly competitive and sometimes secretive about the kinds of tests they're doing. The technology is changing at breakneck speed. And it's hard to find sources that are in plain English, not medicalese. It was very troubling to me. Here I was, a reporter. I've spent the last 20 years researching and investigating. But when it came to tracking down information that could potentially save a life, I hit one obstacle after another. I'm heartened to hear that the National Cancer Institute has just implemented a new Web site clearinghouse, so some of this information is easier to access...but I definitely think more could be done.

Do you find it frustrating that cancer is still the No. 2 killer in this country after heart disease?

Incredibly. It's been more than 25 years since Richard Nixon declared war on cancer. And while there have been tremendous strides, the first-line chemotherapy

treatment for colon cancer is a drug that was developed in the 1950's. I hope that more money—government and private—can be devoted to cancer research. If we can put *Sojourner* on Mars, we can come up with something that keeps cancer from destroying so many lives.

How do you feel about the body's ability to "beat cancer"? Is it possible? People talk a lot about fighting it psychologically.

I think you have to have hope and a fighting spirit. On the other hand, this idea that

people who survive cancer are stronger willed or more motivated or have a greater desire to live is really unfair to people who don't beat it. I think cancer, frankly, comes down to biology and luck. The cemeteries are full of people who wanted to live more than anything and couldn't.

It's a very confusing concept—the idea that if you fight hard enough you can cure yourself.

I'm thrilled for people who beat it, because I know they've been to hell and back. But to imply that they are mentally superior to those who don't beat it is just plain wrong.

The other part of your story is surviving the grief after losing your husband. Is there anything that's been especially helpful in your life in the past months?

Talking to other women who have been through similar circumstances. Nobody else really understands. I didn't before it happened to me. As empathetic as friends and family want to be, it's just such a lonely, painful experience. It's very meaningful to have someone who can relate to an earth-shattering event in the same way you do.

Do you have any advice to parents with young children who have lost a loved one?

I'd hate to profess to be an expert. It's definitely baptism by fire when you're in a situation like this. Every child is different, every parent is different, every situation is different. But I do think you need to be very proactive in helping your children through an ordeal like this. And you need to do everything you can to keep them healthy and whole. You can't think that they are just children and they won't be affected, or they'll get over it, or children are resilient. Some of that is true, but I think you have to very consciously take steps to make sure that they're

going to get through it and continue to fly in the healthiest way possible. Talk to your child's teachers; talk honestly with children about the death in an age-appropriate way. Parents can't just forget about it and hope their kids will be okay. **What should you do to keep the loved one's memory alive?**

You can't schedule a child's grief. You really have to have a good sense of what's right for your child; you can't force-feed your child. I try to talk about Jay in a very natural way, because he comes up all the time. Yet I don't try to sit with my child in some kind of artificial environment, and have her discuss things with me that maybe she's not ready to talk about. I think you have to pick up cues from them. The other day my daughter Carrie was on her play telephone telling me, "Mom, it's Daddy calling from heaven." It was heartbreaking, but I wanted to explore it with her, so we started talking. She's only 2½, but I didn't want to just ignore her and what she was saying. It's an awful lot for grown-ups to handle their own pain and loss, but they can't forget about the children. They're going through it too. It's very easy in a situation like this to feel completely and utterly overwhelmed. But I think parents have a real responsibility to pull it together for their children.

Has your mother been helpful to you during this ordeal?

Oh, yes. I'm very close to my parents. I went through a period when I was just impossible to deal with. Because I was just so, so upset and angry and furious with the world. Talk about unconditional love. They've always been there for me.

What about friends? How have they responded?

I think this is really important. A lot of people are at a loss when it comes to helping friends feel better. A lot of people pull back because they don't want to be invasive or intrusive.

Or say the wrong things.

Or say the wrong things. It's painful for a lot of people because it reminds them of their own mortality. But when someone you care about is going through something as traumatic as this, you can't stop trying to get in—even if they push you away, initially, because they're so knocked off their foundation and their world has just fallen apart. If they push you away, and you really care—push back. Keep trying. When you're going through it, you're scared all the time. I had one friend who wrote me a card every week and called me every week, and I never called her back. But I'm so grateful that she kept trying. I'll

never for
weren't t
I'll never
What did
Just "Thi
you need
ing, comf
Tuesdays a
fessor dyi
his relatio
He talke
dreamlike
how peop
lives, chat
store, and
is going on
I think v
life has cha
it's very rea
world thrc
Everything
like B.C. a
After Canc
on comme
buried in a
terrifying. V

Th

never forget that. And the people who weren't there and didn't keep on trying, I'll never forget that either.

What did the cards say?

Just "Thinking about you," "I'm here if you need me." That was a very reassuring, comforting thing. I think of the book *Tuesdays with Morrie* (about a college professor dying of Lou Gehrig's disease and his relationship with a former student). He talked about how you're in this dreamlike state and you can't understand how people are just going on with their lives, chatting and going to the grocery store, and pushing baby strollers. That life is going on swimmingly for everyone else.

I think when people acknowledge that life has changed in a horrible way for you, it's very reassuring. I used to say I saw the world through cancer-colored glasses. Everything just looks very different. It's like B.C. and A.C.—Before Cancer and After Cancer. You see references to death on commercials; you see a man being buried in a car, and it's not a big joke. It's terrifying. When death is a distinct possi-

bility in your life, these things are not funny. Even hearing cartoon characters say, "Drop dead." I remember looking at a magazine cover on summer pleasures, and thinking, *Wow, I wish that's all I cared about: what I was going to do this summer, what movies I was going to see.* I think it's important to acknowledge that someone's world has taken a gut-wrenching turn.

Is there any place or item that you shared with Jay that now offers comfort?

Nothing really comforts me, I'm sorry to report. It's only been months since my husband died. And, frankly, I still can't believe it. When I think about it, it just permeates every cell in my body. You can forget about it temporarily. But then the grief comes like a huge wave and like a horrible invasion of your heart and soul.

Little things help me—like having my husband's money clip in my purse. And just being in a room where he spent a lot of time. But I don't have any sort of ritual or supercomforting place. I'm still looking for that. My husband had a collection of historic military pieces, particularly from

the Civil War, at our house in the country and I go into that room and look at the things he loved—which, of course, I didn't appreciate as much when he was living. That's a very special place for me. I find that talking about him to those people who cared about him and miss him is really helpful. Sometimes when you lose someone, other people just want it to be in the past and not talk about it. I appreciate having people say how much they cared about him and miss him too.

Are you still close to his family?

Yes. Jay was one of seven children, and I often speak to his siblings as well as to his parents. They're all wonderful. I also like to talk to other people who knew him well and were profoundly affected by him. Someone sent me a letter telling me about Jay's experience in the Navy. I just got his transcripts from college and read his guidance counselor's recommendation and his entrance essay. It was very revealing. He wrote things that I didn't know about him. It's nice to have, but sometimes so hard to read. *(continued on page 188)*

The Stories of Three Families Left Behind

KATHY HOCHHAUSER
AND HER DAUGHTERS,
ELLEN, 18, SEATED,
AND GWEN, 14.



"HE NEVER LOST HIS SPIRIT"

In 1993, Kathy Hochhauser and her husband, Ken, were feeling hopeful about their future together. The parents of two daughters—Ellen, 12 at the time, and Gwen, 9—they were strong-willed people whose marriage had been troubled; the couple were in counseling. But now they were trying to put the bad times behind them.

Then, one day, Ken, a 45-year-old accountant at a computer company in Framingham, MA, noticed blood in his stool. "I urged him to go to the doctor, but he put it off for a few months," says Kathy, now 50, a public school secretary. When he finally had a colonoscopy, an examination of the colon, the news wasn't good: A tumor was found. Ken had surgery immediately, but the cancer had already spread to his liver. Although he would get chemotherapy and radiation—including an experimental drug—the doctors indicated that he didn't have long to live.

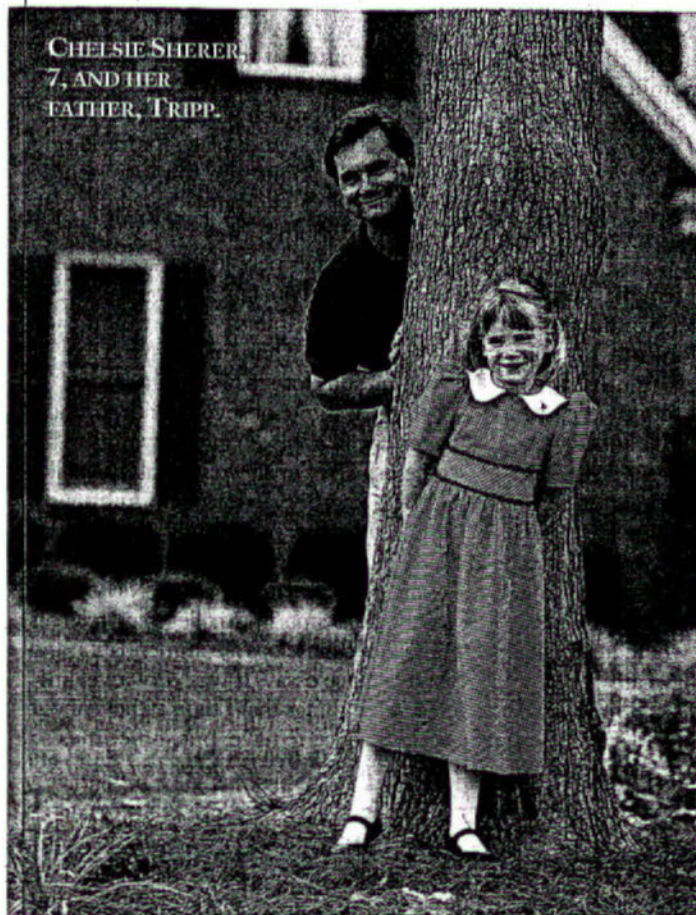
"He was a fighter; he was going to prove them wrong," recalls Kathy. And he did. For three years after the surgery, he lived life to the fullest. "He'd be nauseated after a chemotherapy session, but he'd insist on playing basketball," says Kathy. And he rallied enough to attend Gwen's bat mitzvah in November 1996. "He even found the strength to dance with me," says Kathy.

She and Ken grew closer than they had ever been. Kathy drove him to and from treatments and nursed him through the long nights. "He never lost his spirit," she reports. "Two weeks before he died, I asked him if there was anything I could get for him, and he grinned and said, 'A pastrami sandwich.' I went to the deli right away."

On July 3, 1997, Ken, at age 49, lost his battle against colon cancer. Kathy had grieved a lot during the years she cared for Ken, but now she couldn't stop thinking about what could have been done to save her young husband's life. For 25 years, Ken had suffered from chronic bowel problems, and Kathy now says she wishes he'd been screened earlier. "If only one person reads this and goes for a checkup," she says, "none of what we went through will have been in vain."

—Sandra Forsyth

CHELSE SHERER, 7, AND HER FATHER, TRIPP.



"SHE WAS A REAL GOOD MOM"

Chelsie Sherer, a 7-year-old who loves to swim and watch videos, seems like a typical second grader. But those close to her know she's wrestling with a terrible trauma: the loss of her mother. In 1996, at age 28, Lisa Sherer died of a rare, genetic form of colon cancer, leaving behind her only child and her husband, Tripp, a dental technician.

Chelsie was not yet 3 when Lisa first got sick in 1993. She passed a lot of blood one day and was rushed to the emergency room. It turned out she had familial polyposis, a condition in which thousands of polyps grow on the colon, and her polyps were malignant. She was given a year and a half to live. The doctors told Tripp that the polyps start out benign but if not removed almost always become malignant by the time the person is 40. Tripp recalled that Lisa frequently had diarrhea and lacked stamina. When he asked her about it, she told him she had received a diagnosis of a spastic colon when she was a teenager. No formal testing had been done; if it had, the condition could have been detected sooner.

Though Lisa didn't know of any relatives with familial polyposis, Tripp worried that she might have passed it on to Chelsie, so he arranged to have her tested. Sure enough, Chelsie had the condition. "But we caught it early enough; her polyps were still precancerous," says Tripp. However, doctors had to remove Chelsie's entire large intestine to protect her from cancer.

Lisa was so ill that, at first, Tripp didn't tell her that Chelsie had inherited her condition and undergone surgery. But three months before Lisa died, Tripp decided she should know: "She was extremely upset, but I said the way I saw it, she gave Chelsie life, and now she was saving Chelsie's life. After that, I asked her if she wanted to renew our vows. She said yes." The ceremony was performed at Lisa's bedside on May 12, 1996. Two weeks later, she died.

Today, Lisa's framed photograph sits on the dresser in the bedroom she and Tripp once shared. "Sometimes I go into Daddy's room and look at my mom's picture," says Chelsie. "She was a real good mom."

—S.F.

"I WISH I COULD SEE HIM AGAIN"

Last Christmas, not long after she turned 16, Lynne Patterson's father, Michael, gave her a 1989 Volkswagen and two promises. First, as a mechanic, he'd keep the vehicle in top shape. Second, he'd help her get her license. But Michael, 50, of Medford, MA, wouldn't live long enough to celebrate that rite of passage with his oldest daughter.

On February 6, he was admitted to the hospital with a fever of 103°F. Tests showed that Michael seemed to be losing blood, so a CT scan was performed. It revealed a mass in his abdomen. Surgery turned up a malignancy on his colon—as well as 14 other tumors. The prognosis? At most, several months for Michael to spend with his wife, Georgia, and Lynne and her three siblings: Amy, 15; Jacqueline, 14; and Timothy, 11.

"I couldn't believe it," says Lynne. "The doctors said the tumor must have taken at least five years to get that big, but my dad hadn't seemed sick at all." Michael did experience some rectal bleeding—the No. 1 sign of colon cancer. At first it was some slight spotting. Then, by October 1997, the bleeding had become pronounced, so Michael went to the doctor. His physician found a hemorrhoid and suggested that Michael have a colon-cancer test, which he postponed. Georgia now wishes she and Michael had paid more attention to those earlier symptoms.

Despite the grim prognosis, Lynne thought she'd have at least one more summer with her father. "We had always been really close," she says. "Ever since I was a little girl, our family had traveled to Maine in July. My dad would wake me up at five in the morning, so the two of us could walk to the bakery to get pastries hot from the oven. I pictured us walking together again."

It wasn't to be. By February 14, Michael had developed complications from the surgery, and four days later, he was gone. "It's still hard to accept," says Lynne. "Something in the house will break, and I'll think, *Oh, Dad will fix that. I wish I could see him again, even just one more time, to tell him I love him and to hear him say that he loves me.*"

—S.F.



CLOCKWISE FROM LEFT: LYNNE PATTERSON, 16; GEORGIA PATERSON, 15; AMY, 15; TIMOTHY, 11; AND JACQUELINE, 14.

T
I
volved: r
made up
tube that
food and
tum, the
large inte
rity has g
account o
as former
breast c
Schwarzl
Many
strikes n
doctors a
patients'
develop
netic pre
tually kil
they dor
men. TI
and 64.6
cer, and
will die
can Can
The
screeni
known
be prev
could se
year, bu
Bond, M
Veterar
neapoli
50 and
cancer,
womer
colon e
cording
trol an
us put
barrass
plenty
tors de
some i
the be
Th
Diges

The Preventable Cancer

*The right testing for colon cancer can save your life.
What every woman needs to know. by Lisa Collier Cool*

It's the second most deadly cancer, killing more people each year than breast or prostate cancer. Yet colon cancer doesn't receive nearly as much attention. That's partly because no one likes to talk about the body parts involved: namely, the large intestine, made up of the colon, a six-foot-long tube that removes water from digested food and expels solid waste; and the rectum, the last six to eight inches of the large intestine. What's more, no celebrity has gone public with a first-person account of the disease to raise awareness, as former First Lady Betty Ford did for breast cancer and General Norman Schwarzkopf did for prostate cancer.

Many women assume colon cancer strikes mostly the elderly—or men. But doctors are seeing younger and younger patients with the disease, some of whom develop the illness early because of a genetic predisposition. And the cancer actually kills more women—mainly because they don't get screened as frequently as men. This year, about 67,000 women—and 64,600 men—will develop colon cancer, and 28,600 women and 27,900 men will die from it, according to the American Cancer Society (ACS).

The good news: With the right screening, the disease—technically known as colorectal cancer—can actually be prevented. "Widespread screening could save at least thirty-thousand lives a year, but sadly, very few get it," says John Bond, M.D., chief of gastroenterology at Veterans Affairs Medical Center in Minneapolis. More than half of women age 50 and over are now checked for breast cancer, but only about 24 percent of women age 50 and over have had their colon examined in the past five years, according to the Centers for Disease Control and Prevention in Atlanta. Many of us put off testing, fearing it may be embarrassing or uncomfortable. But there's plenty of blame to go around: Some doctors don't tell us to get screened—and some insurance companies won't pay for the best testing.

Three years ago, when the American Digestive Health Foundation polled

adults age 50 and over—the group with the highest rate of colon tumors—an astonishing 61 percent of women said their doctors had never advised *any* kind of screening. Many primary-care doctors aren't educated about the tremendous benefits of testing, according to Albert Palitz, M.D., director of the colorectal cancer prevention program at Kaiser Permanente, a large California-based health maintenance organization. "Only in the last five years have studies provided clear evidence that screening can prevent death," he notes. However, the ACS has supported colon-cancer screening for nearly two decades, issuing new guidelines last year (see "Rating the

Screening Tests," page 190).

What makes the screening shortfall so troublesome is that colon cancer often produces no symptoms in its early stages, when it is 90 percent curable. If not detected, it typically goes unnoticed until it has spread beyond the intestines—at which point the five-year survival rate is less than 60 percent.

The Best Protection

Colon-cancer experts agree that the "gold standard" of screening is colonoscopy, a 15- to 20-minute test in which the entire colon is checked for tumors using a lighted flexible tube with a cameralike device at one (continued on page 188)

THE GOLD-STANDARD 20-MINUTE TEST: ONE WOMAN'S STORY

Not long ago, I saw something alarming in the toilet. "This isn't good," I said out loud, staring at the bloody stool I discovered. I'm 52, and my mother has a history of colon polyps. So I made an appointment with William Coll, M.D., a local gastroenterologist, who helped me arrive at an obvious conclusion: I needed to have my colon checked for cancer. I was scared, so I elected, as advised by Dr. Coll, to have a colonoscopy, which would enable him to inspect my entire colon.

In the 24 hours before the procedure, I needed to cleanse and flush my colon so that Dr. Coll's view would be unobstructed. My diet was restricted to clear liquids and chilled bouillon. But that wasn't all. I was ordered to take one and a half ounces of a fizzy laxative potion mixed with eight ounces of water, once at 11:00 A.M. and again at 6:00 P.M. Dr. Coll recommended that I stay home after the first dose (which I did). It made perfect sense: This nasty-tasting salty, lemony drink gave me cramps and diarrhea almost immediately, and I found myself in the bathroom at 20-minute intervals throughout the day. I was not only crampy and crabby but also lightheaded and weak—probably dehydrated, Dr. Coll said. He also told me that all of these reactions were to be expected.

The next morning, at 8:30 A.M., I went to Sharon Hospital in Connecticut. I got undressed, put on a cotton gown, and was instructed to lie on a stretcher. A nurse explained that the colonoscope, a thin, lighted probe with a cameralike device at one end, would be threaded into my colon. Air

would be injected into my intestines so the doctor would have a good view, and that would produce a gassy, uncomfortable feeling. Sedation would be necessary. I was told that there would be no discomfort when the probe was slowly retracted, so I asked to be awakened midprocedure. I wanted to see for myself what was going on inside.

Dr. Coll used intravenous Demerol (a sedative and painkiller) and Versed (another sedative) to knock me out during the first part of the procedure. Then, I got a drug that would wake me up. When I opened my eyes, the scope, now about four feet up my innards, displayed interior shots of my colon on a monitor only a few feet away. Inside this strange labyrinth of pink-gold crinkles and folds were two tiny polyps, six millimeters in diameter, which Dr. Coll removed. Also revealed were two tiny hemorrhoids that had ruptured and were deemed the cause of my dramatic bowel movement.

Afterward, I dozed lightly in the recovery room. I was a little woozy, but my stomach felt fine. In fact, I was hungry. I fantasized about breaking my fast with barbecued spareribs and garlic mashed potatoes, a dream that became a reality that evening. I returned to work, spunky as ever, the next morning.

A few days later, I learned that the polyps were benign. I was glad I'd had the colonoscopy—and relieved when Dr. Coll told me that the type of polyps he'd removed never becomes cancerous. So I don't have to have another colonoscopy for seven to ten years.

—Maxine Paetro

KATIE COURIC

(continued from page 127)

Do you share them with your daughters?

I'm putting together a book of all the letters people have written about Jay, so that my girls feel like they know a lot about their father and what an outstanding person he was. I'm also writing them a letter all about our courtship—and how we met and why I fell in love with him. The idea is that when they're older they can read about him and appreciate him. I've asked people to write to my girls, and I've received the most beautiful letters.

Do the letters make you feel better, or is it all a painful exercise?

It's definitely painful, but part of the process. I think it will ultimately help. But for now it reminds me how much I miss him. Some of the letters I just can't read. Someday I will.

When you first went back on the *Today* show following Jay's death, you wore his wedding ring around your neck on a chain. Lately, you haven't been wearing it. Why did you stop?

The safety chain broke. I didn't stop for any symbolic reason. I just worry that without the safety clasp, I would lose it. It made me too nervous. And now I'm not sure if I'll wear it again. It's a very outward symbol of one's grief, and I wore it because it made me feel very close to him, by touching it. It was a hard decision: whether he should wear the ring—or I should. I didn't know what to do. All of my friends told me it was okay for me to keep it. And I found a lot of solace in it. I don't think he would mind.

Has throwing yourself back into work helped you cope?

You do what you have to do. I have children to support. And kids just automatically make you stronger. Work was a way for me to keep going while Jay was sick. For two hours I could distract myself, and I think it serves the same purpose now.

What is your advice to couples who have been spared a life-threatening illness?

Cherish each day. Get under the covers with your kids on a Saturday morning. And even if your spouse drives you crazy sometimes, remember what made you fall in love to begin with. My daughter is obsessed with *The Wizard of Oz*, and there's one thing that Dorothy says toward the end of the movie that always affects me so much: "If I ever go looking for my heart's desire again, I won't look any further than my own backyard." ★

COLON CANCER

(continued from page 129)

end. The device transmits images of the colon to a video screen, which the doctor watches throughout the procedure. Any polyps that are discovered can be removed during the test. Colonoscopy finds 97 percent of colon tumors, and the ACS now recommends it for *everyone* age 50 and over.

The unique advantage of colonoscopy is that it's the only cancer test that can actually *prevent* malignancy.

"There's a very strong argument that people who have this test regularly will never, ever get colon cancer, which means it's much better for preventing this disease than mammograms are for breast cancer," says Robert J. Mayer, M.D., director of the Center for Gastrointestinal Oncology at the Dana Farber Cancer Institute in Boston. That's because virtually all colon cancers begin as mushroom-shaped or flat premalignant growths called polyps. "About five to ten percent may become cancerous, so if they're found and removed during colonoscopy, you probably won't get cancer," explains Jose Guillem, M.D., associate attending colorectal surgeon at Memorial Sloan-Kettering Cancer Center in New York City.

It appears that one colonoscopy is enough to protect people at average risk for an entire decade, because polyps grow very slowly, taking about five to seven years to become the size of a pen-

cil eraser, and up to seven more years to turn cancerous.

Elizabeth Ely, 55, an interior decorator in New York City, is grateful that she had a colonoscopy, because it saved her life. Although she didn't have a family history of colon cancer or any symptoms (in fact, she felt great, she says), her doctor encouraged her to get tested because of her age. Last March, a colonoscopy revealed a malignant rectal tumor. "I was absolutely shocked," she recalls. "I never believed anything would be

YOUR RISK AND YOUR AGE

Your chance of getting colon cancer increases dramatically as you get older. Check this chart against your age to pinpoint your risk of developing the disease, which strikes at an average age of 66:

Ages	A Woman's Risk	A Man's Risk
Birth to 39	1 in 2,000	1 in 1,667
40 to 59	1 in 147	1 in 114
60 to 79	1 in 31	1 in 24

Source: American Cancer Society, Cancer Facts & Figures, 1998

wrong with me. I've always been well." She had surgery to remove the tumor, and was relieved to learn that it was an early-stage cancer. She was deemed cured after the operation. "I'm very lucky," says Ely. "Now I'm telling my clients, friends, and relatives to have the test if they're fifty or over."

Another, more famous survivor: former President Ronald Reagan, who had part of his intestines removed in 1985 after doctors discovered a malignant tumor through colonoscopy.

What's Your Life Worth?

Despite the lifesaving power of colonoscopy, Medicare and a number of other health plans won't pay for it. "This is unjust to the American public," says Michael D. Moseson, M.D., a clinical as-

YOUR RISK AND YOUR FAMILY HISTORY

A person who has no cancer in her family has a one in 17 chance of developing colon cancer over a lifetime. That risk increases if your relatives have had certain kinds of cancers. If you fall into any of the categories listed below, you should get a colonoscopy (total exam of the colon) by age 40, or ten years before the youngest age at which a family member received a diagnosis of colon cancer. If there are several cases of colon cancer in your family, consider getting a genetic test at a major cancer center to check for an inherited syndrome. Testing, which can cost anywhere from \$250 to \$2,400, can help determine the age and frequency at which you need to be screened.

1. You have a distant relative—an uncle, aunt, or grandparent—who has/had colon cancer.
Your risk 1.5 in 17
2. You have an immediate family member—a parent, sibling, or child—who has/had colon cancer.
Your risk 2 or 3 in 17
3. You have two or more immediate family members who have/had colon cancer, or have one relative who developed the disease before age 50. Your risk 3 or 4 in 17
4. You have one or more immediate or distant relatives who have/had breast, ovarian, uterine, or prostate cancer. Your risk 1.5 in 17

—L.C.C.

Good Housekeeping

OCTOBER 1998 \$1.95

Win a New Wardrobe
CONTEST!

**Gained Back
Those Pounds?**
Lose Them For Good

AIR BAG DANGERS
How To Keep
Your Family Safe

**Do You Talk
To Yourself?**
When It Helps

**BEST EVER
PASTA RECIPES**

KIDS' HEALTH
Update on Unsafe
Medicines, New
Vaccines, and More

**KITCHEN
MAKEOVERS**
Great Looks
You Can
Afford

INTERVIEW

Katie's Wish

Speaking out in her husband's
memory...what she
desperately wants you to know



**PLUS: Other stories of courage.
And real hope in the
battle to beat colon cancer.**

<http://goodhousekeeping.com>



\$1.95

GOOD HOUSEKEEPING *october*

Katie's Crusade

Still coming to terms with her husband's death from colon cancer, the Today show's Katie Couric is speaking out in his memory. What she wants you to know could save your life.

BY JOANNA POWELL



In her handsome corner office at New York City's Rockefeller Center, Katie Couric is trying to get on with her life. Dressed in a baby-blue tailored suit and heavy makeup from her morning duties as cohost of NBC's *Today* show, she's both poised and funny as she gives a rare interview. First, she takes time for a bit of girl talk about shoes. Then she turns serious as the subject moves to her recent loss.

Despite her courageous front, Katie's voice cracks often during our conversation, and her eyes well up with tears. It has been just a few months since the death of her husband, TV legal analyst Jay Monahan, who at 42, lost a swift, brutal fight with colon cancer. As a newly single mother with two small children (Ellie, 7, and Carrie, 2½), Katie is still reeling from the shock.

But in her search for solace, she has found some touchstones. In one corner of her office there is a small antique chest of drawers that was a birthday gift from her husband the year before he died. Once a scientist's display cabinet, it is filled with delicate eggs of various wild birds. Even though some of the eggs have already broken, Katie has protectively made a handwritten sign that reads FRAGILE and taped it to the top of the chest. "I'm just so afraid it might get damaged," she says. "It means so much to me."

What also means a lot to Katie is her decision to turn her grief into action—by launching a fight to raise awareness about colon cancer. It is to that end that she is anchoring a five-part series about the disease on the *Today* show from September 14 to 18. And it is why, for this interview, she agreed to talk intimately about her loss—and her ongoing effort to understand it.

Joanna Powell: You've been very private since your husband died. Why are you speaking out now?

Katie Couric: Colon cancer has taken a huge personal toll on my life. Now I'd like to help educate others about this disease. I want everyone to understand that women as well as men get colon cancer. Young people as well as old people get it. And frankly, very few people take advantage of the preventive tools that exist. Too many Americans don't get tested because they don't want to talk about that part of their body.

How can we break the stigma of this disease?

I think we have to use the words, say them. *Colon. Rectum. Bowels.* The more matter of fact you are with the language, the more it helps. You can't be squeam-



Katie with husband Jay in 1995.

"We had no idea what was going on in his body. This cancer is so insidious."

ish about it. It might cost you your life. For the *Today* show's series on colon cancer, we interviewed a Yale-educated doctor who was going to give a talk on colon cancer at the Yale Club in New York City. He was asked to change the subject of his talk to make it more palatable. People educated at a university like Yale cannot deal with colon cancer? I just couldn't believe it.

What do you want people to be especially aware of?

People need to know that colon cancer can strike the young. My husband was barely 42 years old. My executive producer, Jeff Zucker, got it, and he was only 31. Fortunately, he survived. Last weekend, I ran into a farmer I know out in the country. Jay and I always bought produce from him. When I saw him, he said, "I'm so sorry about Jay. You know I lost my fiancée five years ago to colon cancer." I asked how old she was, and he said, "Thirty-eight." I can't tell you how many people wrote to me whose husbands or wives were taken by this disease at very

young ages. At least 13,000 new cases each year involve people under 50.

Does having lost a loved one to cancer make you terrified of developing the disease yourself?

Terrified is probably too strong a word. But it certainly makes me feel vulnerable. My husband was trim, healthy, had never smoked a cigarette. It makes me feel vulnerable for everyone, not just for myself. It's very frightening.

How did you keep going after Jay's death?

As hard as it is for everybody who faces a tragedy in their lives, you really don't have much of a choice. You can stay in bed every day, or for weeks or months at a time, or you can just keep going. Children force you to keep going. You don't have the luxury of putting your head in the sand. My children are a tremendous source of comfort, tremendously motivating for me. Because I have responsibilities. It's not just financial. It's being there for them because they are children.

How was Jay's cancer discovered?

He was already very sick when doctors diagnosed it in April 1997. He had no symptoms. Jay was tired, but we thought it was because he was flying back and forth to California for his job [as a TV legal analyst]. And we had two small children bringing every bug in America into the house. We had no idea what was going on in his body. This cancer is so insidious.

What are the lessons to be learned?

For one, that there are often very few symptoms until it's too late. I'm not saying everyone in America is walking around with colon cancer, but everyone needs to know that it is a possibility. And they need to rule it out. The only way to be really safe is to be tested. I'd like for people to become more aware of colonoscopy, an exam that allows a doctor to check the colon for abnormalities, and to decide with their doctors whether one is warranted.

Do you think there's anything doctors know now that might have made a difference in saving Jay's life?

My husband's mom, who is now in her 60s, has ovarian cancer—it was diagnosed about three years ago. His grandmother died of breast cancer. There is a growing body of thought that these glandular cancers—breast, ovarian, uterine, prostate, and colon—may be related, that there is perhaps, a genetic link. If we had known this, Jay might have been screened for colon cancer. I now certainly believe you should think long and hard about an *early* colonoscopy, not only if your aunt or grandmother or other relative has colon

cancer, but also if any of these glandular cancers exist in your family. I firmly believe you have to be your own best advocate. We're hearing now that everyone 50 and up should have a colonoscopy regardless of risk factors or symptoms. But all the doctors I know—and I know a lot of them—say they had or will get a colonoscopy by their fortieth birthday. That ought to tell you something. **Problem is, even if you have a family history of colon cancer, doctors often**

“Little things help—like having my husband's money clip in my purse. And being in a room where he spent time.”

recommend you be screened by a flexible sigmoidoscopy, not a colonoscopy.

Flexible sigmoidoscopy is effective for only the lower third to half of the colon. My feeling is if you really want to be sure, getting a flex sig is like getting a mammogram on one breast.

After your husband found out he had colon cancer, what did you do to fight the disease?

I can share some of my personal experience, but I want to be careful not to invade my husband's privacy or dignity in any way. Immediately after he received his diagnosis, I began to amass a lot of information on treatment, clinical trials, and experimental drugs. I was extremely frustrated to discover there's no single source for learning about the various experimental treatments for your specific disease. Pharmaceutical and biotech companies are highly competitive and sometimes secretive about the kinds of tests they're doing. The technology is changing at breakneck speed. And it's hard to find sources that are in plain English, not mediacese. It was very troubling to me. Here I was, a reporter. I've spent the last 20 years researching and investigating. But when it came to tracking down information that could potentially save a life, I hit one obstacle after another. I'm heartened to hear that the National Cancer Institute has just implemented a new Web site clearinghouse, so some of this information is easier to access...but I definitely think more could be done.

Do you find it frustrating that cancer is still the No. 2 killer in this country after heart disease?

Incredibly. It's been more than 25 years since Richard Nixon declared war on cancer. And while there have been tremendous strides, the first-line chemotherapy

treatment for colon cancer is a drug that was developed in the 1950's. I hope that more money—government and private—can be devoted to cancer research. If we can put *Sofjourner* on Mars, we can come up with something that keeps cancer from destroying so many lives.

How do you feel about the body's ability to “beat cancer”? Is it possible? People talk a lot about fighting it psychologically.

I think you have to have hope and a fighting spirit. On the other hand, this idea that

people who survive cancer are stronger willed or more motivated or have a greater desire to live is really unfair to people who don't beat it. I think cancer, frankly, comes down to biology and luck. The cemeteries are full of people who wanted to live more than anything and couldn't.

It's a very confusing concept—the idea that if you fight hard enough you can cure yourself.

I'm thrilled for people who beat it, because I know they've been to hell and back. But to imply that they are mentally superior to those who don't beat it is just plain wrong.

The other part of your story is surviving the grief after losing your husband. Is there anything that's been especially helpful in your life in the past months?

Talking to other women who have been through similar circumstances. Nobody else really understands. I didn't before it happened to me. As empathetic as friends and family want to be, it's just such a lonely, painful experience. It's very meaningful to have someone who can relate to an earth-shattering event in the same way you do.

Do you have any advice to parents with young children who have lost a loved one?

I'd hate to profess to be an expert. It's definitely baptism by fire when you're in a situation like this. Every child is different, every parent is different, every situation is different. But I do think you need to be very proactive in helping your children through an ordeal like this. And you need to do everything you can to keep them healthy and whole. You can't think that they are just children and they won't be affected, or they'll get over it, or children are resilient. Some of that is true, but I think you have to very consciously take steps to make sure that they're

going to get through it and continue to fly in the healthiest way possible. Talk to your child's teachers; talk honestly with children about the death in an age-appropriate way. Parents can't just forget about it and hope their kids will be okay. **What should you do to keep the loved one's memory alive?**

You can't schedule a child's grief. You really have to have a good sense of what's right for your child; you can't force-feed your child. I try to talk about Jay in a very natural way, because he comes up all the time. Yet I don't try to sit with my child in some kind of artificial environment, and have her discuss things with me that maybe she's not ready to talk about. I think you have to pick up cues from them. The other day my daughter Carrie was on her play telephone telling me, “Mom, it's Daddy calling from heaven.” It was heartbreaking, but I wanted to explore it with her, so we started talking. She's only 2½, but I didn't want to just ignore her and what she was saying. It's an awful lot for grown-ups to handle their own pain and loss, but they can't forget about the children. They're going through it too. It's very easy in a situation like this to feel completely and utterly overwhelmed. But I think parents have a real responsibility to pull it together for their children.

Has your mother been helpful to you during this ordeal?

Oh, yes. I'm very close to my parents. I went through a period when I was just impossible to deal with. Because I was just so, so upset and angry and furious with the world. Talk about unconditional love. They've always been there for me.

What about friends? How have they responded?

I think this is really important. A lot of people are at a loss when it comes to helping friends feel better. A lot of people pull back because they don't want to be invasive or intrusive.

Or say the wrong things.

Or say the wrong things. It's painful for a lot of people because it reminds them of their own mortality. But when someone you care about is going through something as traumatic as this, you can't stop trying to get in—even if they push you away, initially, because they're so knocked off their foundation and their world has just fallen apart. If they push you away, and you really care—push back. Keep trying. When you're going through it, you're scared all the time. I had one friend who wrote me a card every week and called me every week, and I never called her back. But I'm so grateful that she kept trying. I'll

never forg
weren't th
I'll never fo
What did t
Just “Thin
you need r
ing, comfort
Tuesdays w
fessor dying
his relation
He talked
dreamlike s
how people
lives, chatti
store, and pu
is going on s
I think wh
life has chan
it's very reas
world throu
Everything I
like B.C. an
After Cancer
on commerc
buried in a ca
terrifying. W

Th

never forget that. And the people who weren't there and didn't keep on trying. I'll never forget that either.

What did the cards say?

Just "Thinking about you," "I'm here if you need me." That was a very reassuring, comforting thing. I think of the book *Tuesdays with Morrie* (about a college professor dying of Lou Gehrig's disease and his relationship with a former student). He talked about how you're in this dreamlike state and you can't understand how people are just going on with their lives, chatting and going to the grocery store, and pushing baby strollers. That life is going on swimmingly for everyone else.

I think when people acknowledge that life has changed in a horrible way for you, it's very reassuring. I used to say I saw the world through cancer-colored glasses. Everything just looks very different. It's like B.C. and A.C.—Before Cancer and After Cancer. You see references to death on commercials; you see a man being buried in a car, and it's not a big joke. It's terrifying. When death is a distinct possi-

bility in your life, these things are not funny. Even hearing cartoon characters say, "Drop dead." I remember looking at a magazine cover on summer pleasures, and thinking, *Wow, I wish that's all I cared about: what I was going to do this summer, what movies I was going to see.* I think it's important to acknowledge that someone's world has taken a gut-wrenching turn.

Is there any place or item that you shared with Jay that now offers comfort?

Nothing really comforts me, I'm sorry to report. It's only been months since my husband died. And, frankly, I still can't believe it. When I think about it, it just permeates every cell in my body. You can forget about it temporarily. But then the grief comes like a huge wave and like a horrible invasion of your heart and soul.

Little things help me—like having my husband's money clip in my purse. And just being in a room where he spent a lot of time. But I don't have any sort of ritual or supercomforting place. I'm still looking for that. My husband had a collection of historic military pieces, particularly from

the Civil War, at our house in the country and I go into that room and look at the things he loved—which, of course, I didn't appreciate as much when he was living. That's a very special place for me. I find that talking about him to those people who cared about him and miss him is really helpful. Sometimes when you lose someone, other people just want it to be in the past and not talk about it. I appreciate having people say how much they cared about him and miss him too.

Are you still close to his family?

Yes. Jay was one of seven children, and I often speak to his siblings as well as to his parents. They're all wonderful. I also like to talk to other people who knew him well and were profoundly affected by him. Someone sent me a letter telling me about Jay's experience in the Navy. I just got his transcripts from college and read his guidance counselor's recommendation and his entrance essay. It was very revealing. He wrote things that I didn't know about him. It's nice to have, but sometimes so hard to read. (continued on page 188)

The Stories of Three Families Left Behind

KATHY HOCHHAUSER
AND HER DAUGHTERS,
ELLEN, 18, SEATED,
AND GWEN, 14.



"HE NEVER LOST HIS SPIRIT"

In 1993, Kathy Hochhauser and her husband, Ken, were feeling hopeful about their future together. The parents of two daughters—Ellen, 12 at the time, and Gwen, 9—they were strong-willed people whose marriage had been troubled; the couple were in counseling. But now they were trying to put the bad times behind them.

Then, one day, Ken, a 45-year-old accountant at a computer company in Framingham, MA, noticed blood in his stool. "I urged him to go to the doctor, but he put it off for a few months," says Kathy, now 50, a public school secretary. When he finally had a colonoscopy, an examination of the colon, the news wasn't good: A tumor was found. Ken had surgery immediately, but the cancer had already spread to his liver. Although he would get chemotherapy and radiation—including an experimental drug—the doctors indicated that he didn't have long to live.

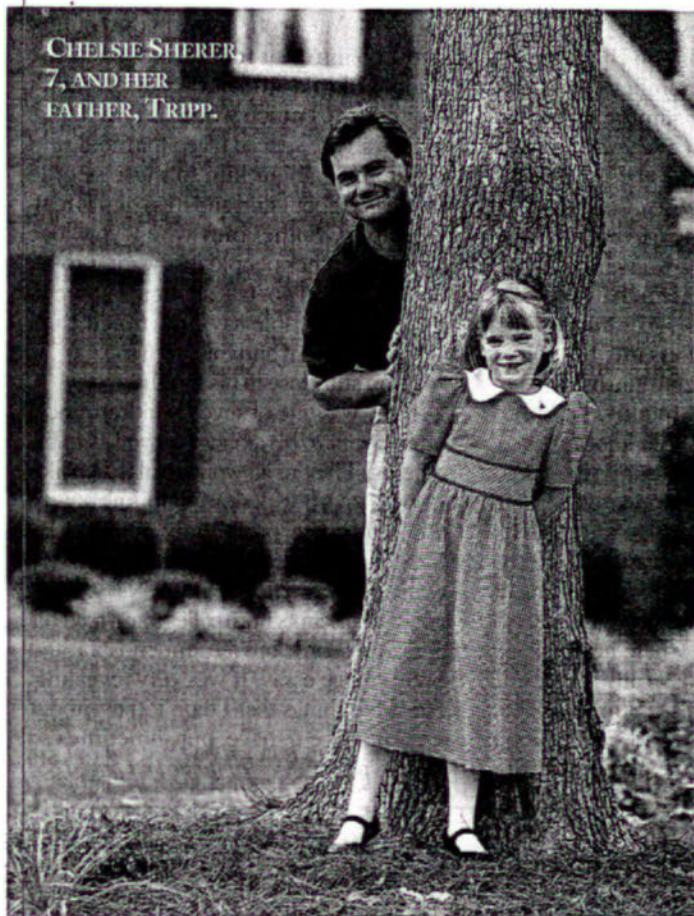
"He was a fighter; he was going to prove them wrong," recalls Kathy. And he did. For three years after the surgery, he lived life to the fullest. "He'd be nauseated after a chemotherapy session, but he'd insist on playing basketball," says Kathy. And he rallied enough to attend Gwen's bat mitzvah in November 1996. "He even found the strength to dance with me," says Kathy.

She and Ken grew closer than they had ever been. Kathy drove him to and from treatments and nursed him through the long nights. "He never lost his spirit," she reports. "Two weeks before he died, I asked him if there was anything I could get for him, and he grinned and said, 'A pastrami sandwich.' I went to the deli right away."

On July 3, 1997, Ken, at age 49, lost his battle against colon cancer. Kathy had grieved a lot during the years she cared for Ken, but now she couldn't stop thinking about what could have been done to save her young husband's life. For 25 years, Ken had suffered from chronic bowel problems, and Kathy now says she wishes he'd been screened earlier. "If only one person reads this and goes for a checkup," she says, "none of what we went through will have been in vain."

—Sandra Forsyth

CHELSIE SHERER, 7, AND HER FATHER, TRIPP.



"SHE WAS A REAL GOOD MOM"

Chelsie Sherer, a 7-year-old who loves to swim and watch videos, seems like a typical second grader. But those close to her know she's wrestling with a terrible trauma: the loss of her mother. In 1996, at age 28, Lisa Sherer died of a rare, genetic form of colon cancer, leaving behind her only child and her husband, Tripp, a dental technician.

Chelsie was not yet 3 when Lisa first got sick in 1993. She passed a lot of blood one day and was rushed to the emergency room. It turned out she had familial polyposis, a condition in which thousands of polyps grow on the colon, and her polyps were malignant. She was given a year and a half to live. The doctors told Tripp that the polyps start out benign but if not removed almost always become malignant by the time the person is 40. Tripp recalled that Lisa frequently had diarrhea and lacked stamina. When he asked her about it, she told him she had received a diagnosis of a spastic colon when she was a teenager. No formal testing had been done; if it had, the condition could have been detected sooner.

Though Lisa didn't know of any relatives with familial polyposis, Tripp worried that she might have passed it on to Chelsie, so he arranged to have her tested. Sure enough, Chelsie had the condition. "But we caught it early enough; her polyps were still precancerous," says Tripp. However, doctors had to remove Chelsie's entire large intestine to protect her from cancer.

Lisa was so ill that, at first, Tripp didn't tell her that Chelsie had inherited her condition and undergone surgery. But three months before Lisa died, Tripp decided she should know: "She was extremely upset, but I said the way I saw it, she gave Chelsie life, and now she was saving Chelsie's life. After that, I asked her if she wanted to renew our vows. She said yes." The ceremony was performed at Lisa's bedside on May 12, 1996. Two weeks later, she died.

Today, Lisa's framed photograph sits on the dresser in the bedroom she and Tripp once shared. "Sometimes I go into Daddy's room and look at my mom's picture," says Chelsie. "She was a real good mom."

—S.F.

"I WISH I COULD SEE HIM AGAIN"

Last Christmas, not long after she turned 16, Lynne Patterson's father, Michael, gave her a 1989 Volkswagen and two promises. First, as a mechanic, he'd keep the vehicle in top shape. Second, he'd help her get her license. But Michael, 50, of Medford, MA, wouldn't live long enough to celebrate that rite of passage with his oldest daughter.

On February 6, he was admitted to the hospital with a fever of 103°F. Tests showed that Michael seemed to be losing blood, so a CT scan was performed. It revealed a mass in his abdomen. Surgery turned up a malignancy on his colon—as well as 14 other tumors. The prognosis? At most, several months for Michael to spend with his wife, Georgia, and Lynne and her three siblings: Amy, 15; Jacqueline, 14; and Timothy, 11.

"I couldn't believe it," says Lynne. "The doctors said the tumor must have taken at least five years to get that big, but my dad hadn't seemed sick at all." Michael did experience some rectal bleeding—the No. 1 sign of colon cancer. At first it was some slight spotting. Then, by October 1997, the bleeding had become pronounced, so Michael went to the doctor. His physician found a hemorrhoid and suggested that Michael have a colon-cancer test, which he postponed. Georgia now wishes she and Michael had paid more attention to those earlier symptoms.

Despite the grim prognosis, Lynne thought she'd have at least one more summer with her father. "We had always been really close," she says. "Ever since I was a little girl, our family had traveled to Maine in July. My dad would wake me up at five in the morning, so the two of us could walk to the bakery to get pastries hot from the oven. I pictured us walking together again."

It wasn't to be. By February 14, Michael had developed complications from the surgery, and four days later, he was gone. "It's still hard to accept," says Lynne. "Something in the house will break, and I'll think, *Oh, Dad will fix that. I wish I could see him again, even just one more time, to tell him I love him and to hear him say that he loves me.*"

—S.F.



CLOCKWISE FROM LEFT: LYNNE PATTERSON, 16; GEORGIA PATER, MOTHER, 45; TIMOTHY, 11; AND JACQUELINE, 14

The Preventable Cancer

*The right testing for colon cancer can save your life.
What every woman needs to know. by Lisa Collier Cool*

It's the second most deadly cancer, killing more people each year than breast or prostate cancer. Yet colon cancer doesn't receive nearly as much attention. That's partly because no one likes to talk about the body parts involved: namely, the large intestine, made up of the colon, a six-foot-long tube that removes water from digested food and expels solid waste; and the rectum, the last six to eight inches of the large intestine. What's more, no celebrity has gone public with a first-person account of the disease to raise awareness, as former First Lady Betty Ford did for breast cancer and General Norman Schwarzkopf did for prostate cancer.

Many women assume colon cancer strikes mostly the elderly—or men. But doctors are seeing younger and younger patients with the disease, some of whom develop the illness early because of a genetic predisposition. And the cancer actually kills more women—mainly because they don't get screened as frequently as men. This year, about 67,000 women—and 64,600 men—will develop colon cancer, and 28,600 women and 27,900 men will die from it, according to the American Cancer Society (ACS).

The good news: With the right screening, the disease—technically known as colorectal cancer—can actually be prevented. "Widespread screening could save at least thirty-thousand lives a year, but sadly, very few get it," says John Bond, M.D., chief of gastroenterology at Veterans Affairs Medical Center in Minneapolis. More than half of women age 50 and over are now checked for breast cancer, but only about 24 percent of women age 50 and over have had their colon examined in the past five years, according to the Centers for Disease Control and Prevention in Atlanta. Many of us put off testing, fearing it may be embarrassing or uncomfortable. But there's plenty of blame to go around: Some doctors don't tell us to get screened—and some insurance companies won't pay for the best testing.

Three years ago, when the American Digestive Health Foundation polled

adults age 50 and over—the group with the highest rate of colon tumors—an astonishing 61 percent of women said their doctors had never advised any kind of screening. Many primary-care doctors aren't educated about the tremendous benefits of testing, according to Albert Palitz, M.D., director of the colorectal cancer prevention program at Kaiser Permanente, a large California-based health maintenance organization. "Only in the last five years have studies provided clear evidence that screening can prevent death," he notes. However, the ACS has supported colon-cancer screening for nearly two decades, issuing new guidelines last year (see "Rating the

Screening Tests," page 190).

What makes the screening shortfall so troublesome is that colon cancer often produces no symptoms in its early stages, when it is 90 percent curable. If not detected, it typically goes unnoticed until it has spread beyond the intestines—at which point the five-year survival rate is less than 60 percent.

The Best Protection

Colon-cancer experts agree that the "gold standard" of screening is colonoscopy, a 15- to 20-minute test in which the entire colon is checked for tumors using a lighted flexible tube with a cameralike device at one (continued on page 188)

THE GOLD-STANDARD 20-MINUTE TEST: ONE WOMAN'S STORY

Not long ago, I saw something alarming in the toilet. "This isn't good," I said out loud, staring at the bloody stool I discovered. I'm 52, and my mother has a history of colon polyps. So I made an appointment with William Coll, M.D., a local gastroenterologist, who helped me arrive at an obvious conclusion: I needed to have my colon checked for cancer. I was scared, so I elected, as advised by Dr. Coll, to have a colonoscopy, which would enable him to inspect my entire colon.

In the 24 hours before the procedure, I needed to cleanse and flush my colon so that Dr. Coll's view would be unobstructed. My diet was restricted to clear liquids and chilled bouillon. But that wasn't all. I was ordered to take one and a half ounces of a fizzy laxative potion mixed with eight ounces of water, once at 11:00 A.M. and again at 6:00 P.M. Dr. Coll recommended that I stay home after the first dose (which I did). It made perfect sense: This nasty-tasting salty, lemony drink gave me cramps and diarrhea almost immediately, and I found myself in the bathroom at 20-minute intervals throughout the day. I was not only crampy and crabby but also lightheaded and weak—probably dehydrated, Dr. Coll said. He also told me that all of these reactions were to be expected.

The next morning, at 8:30 A.M., I went to Sharon Hospital in Connecticut. I got undressed, put on a cotton gown, and was instructed to lie on a stretcher. A nurse explained that the colonoscope, a thin, lighted probe with a cameralike device at one end, would be threaded into my colon. Air

would be injected into my intestines so the doctor would have a good view, and that would produce a gassy, uncomfortable feeling. Sedation would be necessary. I was told that there would be no discomfort when the probe was slowly retracted, so I asked to be awakened midprocedure. I wanted to see for myself what was going on inside.

Dr. Coll used intravenous Demerol (a sedative and painkiller) and Versed (another sedative) to knock me out during the first part of the procedure. Then, I got a drug that would wake me up. When I opened my eyes, the scope, now about four feet up my innards, displayed interior shots of my colon on a monitor only a few feet away. Inside this strange labyrinth of pink-gold crinkles and folds were two tiny polyps, six millimeters in diameter, which Dr. Coll removed. Also revealed were two tiny hemorrhoids that had ruptured and were deemed the cause of my dramatic bowel movement.

Afterward, I dozed lightly in the recovery room. I was a little woozy, but my stomach felt fine. In fact, I was hungry. I fantasized about breaking my fast with barbecued spareribs and garlic mashed potatoes, a dream that became a reality that evening. I returned to work, spunky as ever, the next morning.

A few days later, I learned that the polyps were benign. I was glad I'd had the colonoscopy—and relieved when Dr. Coll told me that the type of polyps he'd removed never becomes cancerous. So I don't have to have another colonoscopy for seven to ten years.

—Maxine Paetro

KATIE COURIC

(continued from page 127)

Do you share them with your daughters?

I'm putting together a book of all the letters people have written about Jay, so that my girls feel like they know a lot about their father and what an outstanding person he was. I'm also writing them a letter all about our courtship—and how we met and why I fell in love with him. The idea is that when they're older they can read about him and appreciate him. I've asked people to write to my girls, and I've received the most beautiful letters.

Do the letters make you feel better, or is it all a painful exercise?

It's definitely painful, but part of the process. I think it will ultimately help. But for now it reminds me how much I miss him. Some of the letters I just can't read. Someday I will.

When you first went back on the *Today* show following Jay's death, you wore his wedding ring around your neck on a chain. Lately, you haven't been wearing it. Why did you stop?

The safety chain broke. I didn't stop for any symbolic reason. I just worry that without the safety clasp, I would lose it. It made me too nervous. And now I'm not sure if I'll wear it again. It's a very outward symbol of one's grief, and I wore it because it made me feel very close to him, by touching it. It was a hard decision: whether he should wear the ring—or I should. I didn't know what to do. All of my friends told me it was okay for me to keep it. And I found a lot of solace in it. I don't think he would mind.

Has throwing yourself back into work helped you cope?

You do what you have to do. I have children to support. And kids just automatically make you stronger. Work was a way for me to keep going while Jay was sick. For two hours I could distract myself, and I think it serves the same purpose now.

What is your advice to couples who have been spared a life-threatening illness?

Cherish each day. Get under the covers with your kids on a Saturday morning. And even if your spouse drives you crazy sometimes, remember what made you fall in love to begin with. My daughter is obsessed with *The Wizard of Oz*, and there's one thing that Dorothy says toward the end of the movie that always affects me so much: "If I ever go looking for my heart's desire again, I won't look any further than my own backyard." ★

COLON CANCER

(continued from page 129)

end. The device transmits images of the colon to a video screen, which the doctor watches throughout the procedure. Any polyps that are discovered can be removed during the test. Colonoscopy finds 97 percent of colon tumors, and the ACS now recommends it for *everyone* age 50 and over.

The unique advantage of colonoscopy is that it's the only cancer test that can

actually *prevent* malignancy.

"There's a very strong argument that people who have this test regularly will never, ever get colon cancer, which means it's much better for preventing this disease

than mammograms are for breast cancer," says Robert J. Mayer, M.D., director of the Center for Gastrointestinal Oncology at the Dana Farber Cancer Institute in Boston. That's because virtually all colon cancers begin as mushroom-shaped or flat premalignant growths called polyps. "About five to ten percent may become cancerous, so if they're found and removed during colonoscopy, you probably won't get cancer," explains Jose Guillem, M.D., associate attending colorectal surgeon at Memorial Sloan-Kettering Cancer Center in New York City.

It appears that one colonoscopy is enough to protect people at average risk for an entire decade, because polyps grow very slowly, taking about five to seven years to become the size of a pen-

cil eraser, and up to seven more years to turn cancerous.

Elizabeth Ely, 55, an interior decorator in New York City, is grateful that she had a colonoscopy, because it saved her life. Although she didn't have a family history of colon cancer or any symptoms (in fact, she felt great, she says), her doctor encouraged her to get tested because of her age. Last March, a colonoscopy revealed a malignant rectal tumor. "I was absolutely shocked," she recalls. "I never believed anything would be

YOUR RISK AND YOUR AGE

Your chance of getting colon cancer increases dramatically as you get older. Check this chart against your age to pinpoint your risk of developing the disease, which strikes at an average age of 66:

Ages	A Woman's Risk	A Man's Risk
Birth to 39	1 in 2,000	1 in 1,667
40 to 59	1 in 147	1 in 114
60 to 79	1 in 31	1 in 24

Source: American Cancer Society, Cancer Facts & Figures, 1998

wrong with me. I've always been well." She had surgery to remove the tumor, and was relieved to learn that it was an early-stage cancer. She was deemed cured after the operation. "I'm very lucky," says Ely. "Now I'm telling my clients, friends, and relatives to have the test if they're fifty or over."

Another, more famous survivor: former President Ronald Reagan, who had part of his intestines removed in 1985 after doctors discovered a malignant tumor through colonoscopy.

What's Your Life Worth?

Despite the lifesaving power of colonoscopy, Medicare and a number of other health plans won't pay for it. "This is unjust to the American public," says Michael D. Moseson, M.D., a clinical as-

YOUR RISK AND YOUR FAMILY HISTORY

A person who has no cancer in her family has a one in 17 chance of developing colon cancer over a lifetime. That risk increases if your relatives have had certain kinds of cancers. If you fall into any of the categories listed below, you should get a colonoscopy (total exam of the colon) by age 40, or ten years before the youngest age at which a family member received a diagnosis of colon cancer. If there are several cases of colon cancer in your family, consider getting a genetic test at a major cancer center to check for an inherited syndrome. Testing, which can cost anywhere from \$250 to \$2,400, can help determine the age and frequency at which you need to be screened.

1. You have a distant relative—an uncle, aunt, or grandparent—who has/had colon cancer. Your risk: 1.5 in 17

2. You have an immediate family member—a parent, sibling, or child—who has/had colon cancer. Your risk: 2 or 3 in 17

3. You have two or more immediate family members who have/had colon cancer, or have one relative who developed the disease before age 50. Your risk: 3 or 4 in 17

4. You have one or more immediate or distant relatives who have/had breast, ovarian, uterine, or prostate cancer. Your risk: 1.5 in 17

—L.C.C.

**FIRST LADY HILLARY RODHAM CLINTON PROMOTES
COLON CANCER AWARENESS AND PREVENTION**

September 10, 1998

Today, at the White House, the First Lady will announce a series of initiatives to raise awareness about colon cancer. She will announce a new research grant to fight colon cancer, release a survey reporting that many Americans do not receive appropriate screening for this disease, unveil a new public service announcement to promote prevention, and announce new public and private sector partnerships to raise awareness. The First Lady will be joined by Katie Couric, NBC "Today Show" Anchor; Ellen Levine, Editor-in-Chief of "Good Housekeeping" Magazine; Dr. Bernard Levin, a colon cancer specialist and chair of the National Colorectal Cancer Roundtable; and Secretary Shalala.

Colon Cancer - A Preventable Killer. Colon cancer is the number one non-tobacco-related cancer killer, with more than 50,000 Americans dying each year from the disease. For both men and women, it is the third most common cancer, and 130,000 Americans contract the disease each year. Men and women over the age of 50 have the greatest risk of developing colorectal cancer. However, it is preventable and curable when detected early; in fact, a patient whose cancer is detected early has more than a 90 percent chance of survival. Raising awareness about colon cancer and the importance of screening can save lives.

New Grant to Fund Colon Cancer Research. The First Lady will announce a new \$8 million grant by the National Institutes of Health to the Seattle Gastrointestinal Program Project for research aimed at preventing, diagnosing and treating colon cancer. The grant will help scientists better determine who is at risk for colon cancer and will test new strategies to reduce their cancer risk. The grant will also be used to develop more sensitive and precise ways of screening colon cancer than those available today.

New Survey Demonstrates Need for Greater Need for Colon Cancer Awareness. The First Lady will release a survey finding that nearly 50 percent of men and women over the age of 50 -- of those at highest risk for colon cancer -- have never been screened. Forty-seven percent of those not tested reported that no medical professional had ever recommended that they be screened for colon cancer. Although colon cancer occurs with almost equal frequency in men and women over the age of 50, 49 percent of women reported not having been screened compared to 36 percent of men. Dramatic differences were also present between whites and non-whites. Forty-four percent of whites reported not having taken any of the three tests used for screening, as opposed to 56 percent of non-whites. While most of the adults surveyed believed that early detection could save lives, few were aware that screening and dietary changes could help prevent the onset of colorectal cancer. This national survey was conducted by the Gallup Organization.

A New Media Campaign: With its October issue, "Good Housekeeping" Magazine is initiating a year-long colon cancer awareness campaign. The October issue will contain a major medical report on what women can do to protect themselves from colon cancer. In addition, NBC's

"Today Show" will present a week-long in-depth series, "Confronting Colon Cancer," that will offer a comprehensive look at this preventable disease.

New Partnership Between Public and Private Sector. The First Lady will also announce the creation of the National Colorectal Cancer Roundtable -- unprecedented private and public sector partnership to promote greater awareness of colon cancer. Group members include the Centers for Disease Control, the American Cancer Society, the American Digestive Health Foundation.

Raising Awareness through a New Public Service Announcement. A new public service announcement featuring the First Lady will be unveiled urging all Americans over the age of 50 to be screened for colorectal cancer. NBC will air the PSA, and the print version will appear in the January issue of Good Housekeeping. The PSA will also be distributed nationally.

New Internet Site to Answer Questions on Colon Cancer. The First Lady will also announce a new Internet chatroom that will allow consumers, patients, family members, survivors, and people at high risk for the disease to engage in live discussions of issues relating to colorectal cancer. Doctors and other experts will be available on line to answer questions about this disease. The website address is www.gastro.org/adhf.html, and it will be sponsored by the American Digestive Health Foundation, a member of the Colorectal Cancer Roundtable.

New Private Sector Commitments to Raise Awareness: The First Lady will also announce new private sector commitments to promote colon cancer awareness, by bringing attention to the importance of prevention and early detection. Commitments include:

- American Airlines will publish the public service announcement on colon cancer in its in-flight magazine, where it may reach approximately two million travelers in the U. S. and abroad.
- The Kellogg Company USA will promote colorectal cancer prevention and early detection by printing public service messages on five million packages of All Bran and Bran Buds cereal boxes.
- American Greetings will create an insert for prescriptions that promotes prevention and early detection of colorectal cancer. The National Association of Chain Drug Stores will distribute the insert to all of its pharmacies and pharmacists.
- Bristol-Meyers Squibb Oncology has provided a \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that it will initiate at all of its work sites, and send to companies all around the country.
- Olympus America, Inc., will sponsor an education program on colon cancer that will be sent to the administrators of retirement communities all across the country.
- General Motors will publish an article in its newsletter to encourage its two million employees to research information relating to preventing, detecting and understanding colorectal cancer.
- Other private industries included in the partnership are Smith Kline Diagnostics, Eli Lilly and Company, and Zeneca Pharmaceuticals, all of whom have committed to raise awareness among their thousands of employees about colon cancer.

Things To Do

7:00 Tennis
9:00 Staff Meeting
11:00 Colon Cancer Test
12:30 Dry Cleaning
1:45 Lunch w/ Rita
3:00 Conference Call

"I feel fine."

"My schedule is too hectic."

"I'm only 50."

**MAKE THE TIME TO GET
A TEST THAT COULD SAVE
YOUR LIFE.**

Colon cancer is the second-leading cancer killer and everyone aged 50 and older is at risk. More than 50,000 Americans will die from colon cancer and 131,600 new cases will be diagnosed this year.

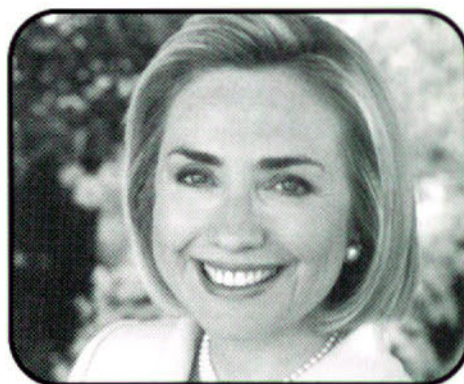
Colon cancer is an equal-opportunity disease that affects both women and men. This silent killer frequently begins without symptoms and those with a family history are at even greater risk.

THE GOOD NEWS IS:

Colon cancer is preventable—even curable when detected early. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival.

Colon cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers. There's even a test that can be used in the privacy of your own home.

Talk to your doctor about getting tested.



"You can prevent colon cancer, even beat it."

• HILLARY RODHAM CLINTON •



SPONSORED BY THE NATIONAL COLORECTAL CANCER ROUNDTABLE

FOR MORE INFORMATION, CALL THE AMERICAN CANCER SOCIETY

AT 1-800-ACS-2345



The National Colorectal Cancer Roundtable
1599 Clifton Road NE
Atlanta, GA 30329-4251

Dear Public Service Director:

Imagine having a disease that rarely produces symptoms but is the second most deadly cancer in the United States. Colorectal cancer is a silent killer that affects women and men with almost equal frequency and everyone over the age of 50 is at risk. This year, more than 50,000 Americans will die from colorectal cancer and nearly 131,600 new cases will be diagnosed.

The good news is that colorectal cancer is preventable, and even curable when detected early. Widespread screening for the disease could reduce the death rate by more than 50 percent. There is no other disease about which we can make this claim.

First Lady Hillary Rodham Clinton has joined the National Colorectal Cancer Roundtable in raising awareness about colorectal cancer and in urging everyone over the age of 50 to get screened. As an important source of public information, we need your help in spreading the word about this deadly disease and the benefits of screening. We hope that you will air this PSA as frequently as possible. I would appreciate anything you can do to schedule it when viewers over 50 are likely to be watching.

Sincerely,

Bernard Levin, M.D.
Chairman, National Colorectal Cancer Roundtable
Vice President for Cancer Prevention
M.D. Anderson Cancer Center

TV PSAs

:60/:30/:15

"Hillary Rodham Clinton on Colon Cancer"

MEMBERS OF THE NATIONAL COLORECTAL CANCER ROUNDTABLE

Agency for Healthcare Policy & Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society for Gastrointestinal Endoscopy
American Society of Colon and Rectal Surgeons
Association of State & Territorial Directors of Health
Promotion & Public Health Education
Centers for Disease Control & Prevention
Collaborative Group of the Americas on Inherited
Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus & Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



1ST WOMAN: Okay, who's up for lunch?
2ND WOMAN: Oh, sorry. I've got to take my husband to the doctor.
3RD WOMAN: Is everything okay?



2ND WOMAN: Oh yeah. It's just a colon cancer test.
4TH WOMAN: But he's so young. Only fifty-two.



3RD WOMAN: I'm supposed to get screened too, but I don't have the time...



Hillary Rodham Clinton

HILLARY RODHAM CLINTON: Colon cancer kills over 50,000 people a year and strikes women nearly as often as men.



But you can beat it if it's detected early. So if you're fifty or older please get tested. It can save your life.

MAKE THE TIME TO GET A TEST
THAT COULD SAVE YOUR LIFE.

Call the American Cancer Society
1-800-ACS-2345



ANNCR: Call 1-800-ACS-2345.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

Colorectal Cancer Public Service Announcements Featuring First Lady Hillary Rodham Clinton

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

WHAT: Television, print, and radio public service announcements (PSAs) on the importance of screening to prevent and detect colorectal cancer. Television and radio PSAs are available in :15, :30 and :60 formats. The print PSA is available in a variety of dimensions.

WHO: The PSAs feature First Lady Hillary Rodham Clinton urging all Americans over the age of 50 to see their doctors about getting screened for colorectal cancer. The PSAs are sponsored by the National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy, and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer (see Roundtable fact sheet).

WHY: 50,000 Americans die every year from colorectal cancer, the second leading cancer killer, and the disease affects women nearly as often as men. Everyone aged 50 and older is at risk for developing colorectal cancer, and those with a family history are at even greater risk. However, colorectal cancer is preventable, even curable, when detected early. In fact, widespread screening for colorectal cancer could reduce the death rate by over 50 percent. There is no other disease about which we can make this claim. Everyone 50 and older should see his or her doctor about getting screened for colorectal cancer.

WHERE: The television PSAs will be available via satellite broadcast on the following days:

Thursday, September 10th
7:30pm to 7:45pm EDT
Satellite GE1, Transponder 1
Downlink 3720
Audio on 6.2 and 6.8

Friday, September 11th
1:00pm to 1:15pm EDT
Satellite Telestar 4, Transponder 23
Downlink 4160
Audio on 6.2 and 6.8

The PSAs will be widely distributed to television, radio and print public service directors across the country. A nationally distributed trade publication for television PSA directors will feature Mrs. Clinton's PSAs in the September issue, and the PSAs also will be distributed through the grassroots efforts of the member organizations of the National Colorectal Cancer Roundtable.

For copies of the television, radio or print PSAs, contact Bill Goodwill at (703) 426-0881.

#



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

**Roundtable Member Organization Launches
Chat Room on Colorectal Cancer
www.gastro.org/adhf.html**

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

On September 10th, 1998, the American Digestive Health FoundationSMs (ADHFSM) Digestive Health Initiative[®] (DHI[®]) will debut its Internet chat room on colorectal cancer. Located at www.gastro.org/adhf.html, this public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for developing the disease to engage in live, real-time discussions of the many issues related to colorectal cancer. At this same electronic location, the DHI also will offer a colorectal cancer message board, on which participants can post questions, answers, information about resources, and topics for discussion concerning this disease.

In addition to the address above, the chat room can be accessed through the home pages of the three ADHF member societies:

- American Gastroenterological Association: www.gastro.org
- American Society for Gastrointestinal Endoscopy: www.asge.org
- American Association for the Study of Liver Diseases:
www.hepar-sfgh.ucsf.edu

"Guest of the Month" Feature

Each month, the DHI colorectal cancer chat room will feature a guest expert. These guest experts, drawn from the medical, patient support, and cancer survivor communities, will be scheduled to appear live in the chat room to discuss their personal and professional experiences with colorectal cancer. Throughout the month, the guest experts will also respond to questions and topics of discussion posted on the message board.

September's live guest will be actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. Ms. Barrie will participate live in the chat room on September 11th from 1 p.m. to 2 p.m. EDT to discuss her personal experience and will respond to inquiries on the message board during the month of September. Dr. Bernard Levin, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston and chair of the National Colorectal Cancer Roundtable, also

• will be available during the last two weeks of September to respond to message board questions and comments.

See the opening page of the chat room for information on future guest experts.

The American Digestive Health Foundation is a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases. The ADHF promotes digestive health for all Americans by supporting educational initiatives and research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases. The ADHF funds basic research, clinical research, and investigations into prevention strategies, and has established four interdependent initiatives to advance its digestive health agenda.

#

* National Colorectal Cancer Roundtable member.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The National Colorectal Cancer Roundtable

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer. The Roundtable's ongoing mission is to reduce the incidence of and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to screening rates for other cancers (currently four out of five people*).

Colorectal cancer is the second leading cancer killer in the US, causing the deaths of more than 50,000 Americans every year. Men and women over the age of 50, and those with a family history of colorectal cancer, are most at risk for developing this disease.

To advance its major objectives, the Roundtable has set the following goals:

- Develop a national strategic plan for the early detection and control of colorectal cancer.
- Advocate for key policy issues that will help reduce colorectal cancer rates.
- Identify research needs and potential barriers to reducing colorectal cancer rates, and recommend solutions.
- Develop and sustain partnerships to enhance efforts in the prevention and early detection of colorectal cancer.
- Monitor progress in disease reduction efforts and participation in screening.
- Produce periodic reports on the current state of colorectal cancer control, and progress towards national objectives.

For more information on the National Colorectal Cancer Roundtable, call Dr. Gabriel Feldman at the American Cancer Society, (404) 329-7504.

###

* Breast and cervical cancers.

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
Association of State and Territorial Directors of Health Promotion and Public Health Education
Centers for Disease Control and Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus and Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

National Colorectal Cancer Roundtable Private Industry Partnerships Promoting Awareness of Colorectal Cancer Prevention and Detection

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
American Digestive
Health Foundation
American Gastroenterological
Association
American Medical Association
American Medical
Women's Association
American Society of Colon
and Rectal Surgeons
American Society for
Gastrointestinal Endoscopy
Association of State and
Territorial Directors of Health
Promotion and Public Health
Education
Digestive Diseases
National Coalition
Collaborative Group of the
Americas on Inherited Colorectal
Cancer
Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
National Caucus and Center
on Black Aged, Inc.
STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has developed partnerships with private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies, with their powerful reach, have committed to activities that will educate hundreds of thousands of Americans over the age of 50 about the importance of getting screened for colorectal cancer, the nation's second leading cancer killer.

American Airlines

American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the US and around the world. In addition, American Airlines' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees.

American Greetings Corporation / National Association of Chain Drugstores

American Greetings will create a prescription insert reflecting National Colorectal Cancer Roundtable messages about prevention and early detection. The National Association of Chain Drugstores will distribute the insert to its 30,000 chain pharmacies and 90,000 chain pharmacists. Beginning in early 1999, individuals having prescriptions filled at participating drugstores and pharmacies will receive the insert in their prescription bags.

Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.

Beckman Coulter/SKD will publish First Lady Hillary Rodham Clinton's public service announcement on colorectal cancer through the company intranet and in-house publication, *Beckman Coulter Life*, reaching more than 10,000 employees worldwide. SKD-trained representatives and an in-house support staff of 50 will promote the message about screening for colorectal cancer by making themselves, and SKD's Basic TrainingTM Patient Education Program, available to National Colorectal Cancer Roundtable participants and partners.

Bristol-Myers Squibb Oncology / Better Health Foundation

Bristol-Myers Squibb Oncology has provided an initial \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that companies nationwide can adopt at no cost. Bristol-Myers Squibb Oncology will initiate the program at all of its work sites.

Eli Lilly and Company

Eli Lilly will conduct a new employee education campaign to increase awareness about the prevention of colon cancer through regular screenings. The campaign will reach more than 31,000 Lilly employees worldwide and their families using the public service materials developed by the National Colorectal Cancer Roundtable, as well as educational materials created by the company's employee health services department in cooperation with corporate communications. Lilly will inform employees through a number of venues, including publications and its in-house television network.

General Motors Corporation

General Motors will publish an article on the importance of colorectal cancer prevention and early detection in its newsletter, *Feelin' Good*, which is distributed to 1.5 million employees, retirees, and families. The article will encourage employees to access the audio-tapes General Motors has in its Audio Health Library on colorectal cancer risk factors, early detection guidelines, signs and symptoms, and treatment, and will encourage enrollees in the corporation's wellness program to discuss any colorectal cancer questions or symptoms with registered nurses available through a toll-free number. The article also will contain information on how readers can access General Motors' web site information on the prevention and early detection of colorectal cancer, and will encourage employees to read the information on the disease contained in their wellness program self-care manuals.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: consumers via five million packages of Kellogg's All Bran and Bran Buds; 5,000 hospital health care sites; 5,000 health care professionals; 500 retailers; and to its thousands of employees and retirees through its publication, *The Kellogg News*. In addition, Kellogg Company will provide in-store consumer education messages in 12,000 stores, as well as information on the Internet generating approximately five million "hits" per month.

Olympus America Inc.

Olympus America will sponsor and videotape a "Colorectal Cancer Education –What Everyone Needs to Know" program which will be open to employees, family members and the general public. Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost, and will show the videotaped program at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas, and Long Beach.

The program will be held at Olympus America headquarters in Melville, NY, or at a local medical university, and will be repeated at Olympus' repair and distribution facility in San Jose, CA. A panel of leading experts will speak about the problem of colorectal cancer, as well as solutions, including preventive measures, nutrition, and screening. The program will be promoted through a direct mail piece and internal *Olympus Bulletin*.

Zeneca Pharmaceuticals

Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer, as well as a new session on the importance of screening women for colorectal cancer. In addition, a new work-site guide for detection/screening for colorectal cancer will be issued for customer use.

###