

## FOR YOUR HEALTH

# Colorectal cancer: Early detection, new treatments

Although colorectal cancer still claims 49,920 lives every year in the U.S., more patients than ever before are surviving the disease.



**Chainarong Limvarapuss, M.D.**

There are two main reasons for this good news. More people are getting screened for colorectal cancer and treatment has improved.

## Risk Factors and Screenings

Symptoms of colorectal cancer don't usually appear until the cancer has advanced to the later stages. That is why screening to detect the disease is so important.

I typically recommend a first colonoscopy at age 40 for people with a family history of colorectal cancer and additional screenings every three to five years.

If the disease doesn't run in your family, I encourage a first colonoscopy at 50.

How frequently you need follow-up screenings depends on your initial results.

More than 90 percent of colorectal cancers are diagnosed in people older than 50.

In addition to family history and age, other risk factors you can't control include race, a personal history of inflammatory bowel disease and gender.

Men have a slightly higher risk of developing colorectal cancer than women.

African-Americans have the highest risk for the disease and the highest number of deaths from it.

But there are ways you can minimize your risk. Sticking to a low-fat diet, exercising regularly, not smoking and limiting alcohol consumption can help to protect your health.

If you are diagnosed after experiencing symptoms, you are likely at Stage 2 or higher. The cure rate is

about 80 percent at this point.

Roughly half of those diagnosed at Stage 3 will survive with appropriate treatment.

Stage 4 cure rates are lower, but advances in treatment have increased survivorship even when diagnosed at that late stage.

## Treatment

If you are diagnosed with colorectal cancer, the first treatment step is usually removing the primary tumor.

In some cases radiation and chemotherapy are used to shrink the tumor, reducing tissue damage and the risk of complications during surgery.

The type of treatment you receive after surgery depends on your particular risk for cancer recurrence. Stage 3 and 4 patients will need chemotherapy.

However, 70 percent of Stage 2 patients won't need chemotherapy follow-up.

Seven highly effective prescription drugs are now available to treat colorectal cancer patients. Just a few years ago, there was only one drug available and its effectiveness rate was only 20 to 25 percent.

More drugs are currently in the testing phase that may help patients live longer and improve their quality of life.

## Know the Signs

Call your doctor promptly if you experience any of the following symptoms of colorectal cancer, which often develop at Stage 2 or later:

Rectal bleeding, stomach discomfort, loss of appetite, persistent stomach bloating and anemia.

Remember, the sooner the cancer is detected the greater your chances of survival with less invasive treatments.

*Chainarong Limvarapuss, M.D., is an oncologist on staff at Sutter Solano Medical Center, a member of the Solano Coalition for Better Health.*

# Book clubs for doctors growing

## Show a more human side to medicine

THE ASSOCIATED PRESS

COLUMBIA, Mo. — Doctors, nurses and other health care workers are tapping into their inner Tolstoy to better connect with patients.

With increasing regularity, they're meeting in monthly book clubs to discuss medical-themed literature. Humanities courses are now required in many medical schools.

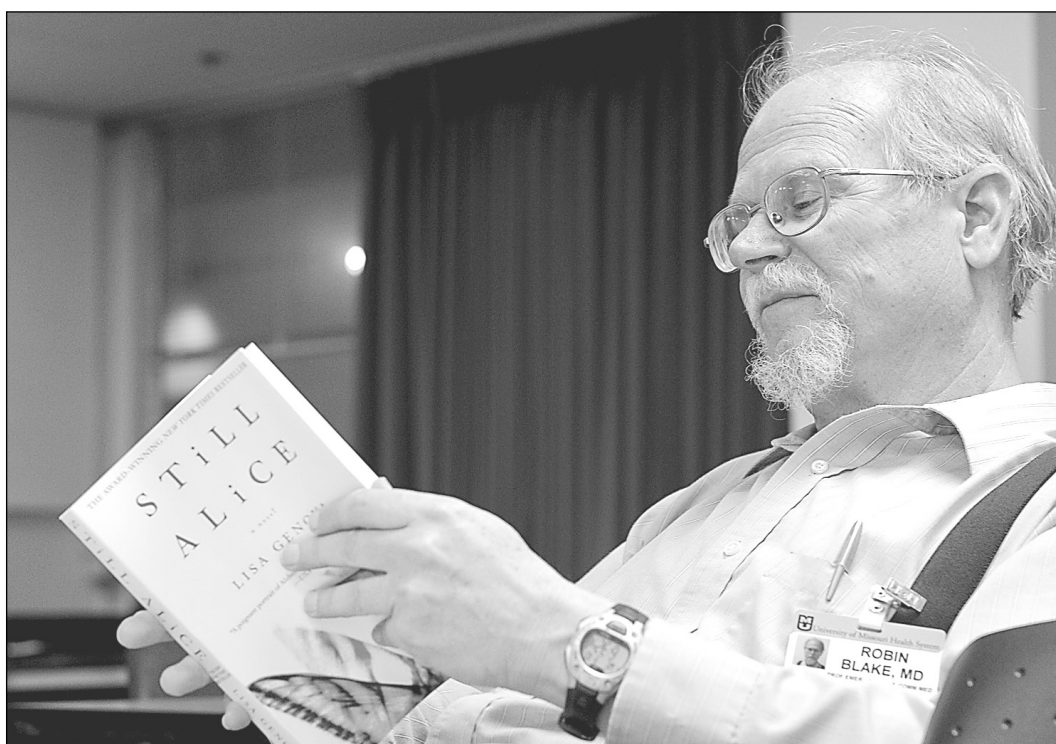
"The humanities can remind them that they're dealing with very complicated, whole individuals with their own needs and opinions," said Elizabeth Sinclair, coordinator of the Maine Humanities Council's literature and medicine program.

A hospital in Bangor, Maine, hosted the first program in 1997. The idea has spread over the years to 25 states, including California, Florida, Massachusetts, Missouri, New York, Ohio and Virginia.

"If you want to understand what someone who is dying is going through, the highs and lows, the emotions, read Tolstoy's 'The Death of Ivan Illyich,'" said Dr. Robin Blake. "One hundred years before Kubler-Ross identified the stages of dying, Tolstoy had it."

Blake's lifelong love of literature led him to retire early from the University of Missouri medical school to write short stories and teach an undergraduate honors class on medicine and literature.

He read recently from his work at the first meeting of the new medical book club at the university's teaching hospital. The audience of doctors, nurses, medical librarians and administrators



The Associated Press

**Dr. Robin Blake reads a passage from "Still Alice," a novel about a woman's descent into Alzheimer's disease during the University of Missouri Health Care book club meeting Wednesday in Columbia, Mo. Blake teaches a class on medicine and literature.**

listened raptly to a story of a young boy's suspicious death and another about an old man begging to die.

Blake, 64, peppers his conversation with knowing nods to the great writers whose work informs his own: Tolstoy, Albert Camus, William Faulkner, Flannery O'Connor and William Carlos Williams, among others.

The North Carolina native moved to Missouri nearly 40 years ago to attend medical school at Washington University in St. Louis. His own training meant medical charts and academic journals, not character development and plot exposition.

"In medical school, there was nothing of this," Blake said. "And I think that was a big omission."

A 2005 study by the Maine council showed that participants reported greater empathy for patients and colleagues, higher cultural awareness, increased job satisfaction and improved interpersonal skills.

"The program reminds them why they got into the profession in the first place," Sinclair said.

Trained to deal in certainties, some doctors can struggle with the murkier rules of literature, she added.

Dr. Abraham Verghese, a novelist and Stanford University professor, has devoted much of his career to exploring the connections between literature and medicine. A decade ago, he founded the Center for Medical Humanities and Ethics at the University of Texas Health Science Center in San Antonio.

Verghese agreed that patient empathy is at the heart of the humanities in medicine movement. He also advocated for a more physician-centric outlook.

"There's a great hunger in clinical practice for discussions and explaining and reconciling the things you're seeing," he said. "It's as much about the physician as it is about the patient."

One month after Blake's

inaugural reading, the 25 or so members of the University of Missouri Health Care book club discussed "The Diving Bell and the Butterfly," the memoir of the late French Elle Editor-in-Chief Jean-Dominique Bauby. His sudden stroke left him paralyzed save for movements with his head and eyes.

Over cold cuts and lemonade, the group spread out across a medical school classroom with an informality rarely seen in the hospital corridors. Nurses called doctors by their first names, not titles -- a hierarchical breakdown program supporters point to as another step toward humanizing medicine.

Literature, Sinclair said, has a lot to teach the health care world about medicine.

"Literature is messy. There's not a black and white answer," she said. "So much of the expectations on them are black and white, to have an answer. This helps them fit into that hard space, of not necessarily knowing the answer."

# Study: Too many heart scans being given

THE ASSOCIATED PRESS

NEW YORK — A troublingly high number of U.S. patients who are given angiograms to check for heart disease turn out not to have a significant problem, according to the latest study to suggest Americans get an excess of medical tests.

The researchers said the findings suggest doctors must do better in determining which patients should be subjected to the cost and

risks of an angiogram. The test carries a small but real risk -- less than 1 percent -- of causing a stroke or heart attack, and also entails radiation exposure.

"We can do better. There is no doubt in my mind," said Dr. Ralph Brindis of the University of California, San Francisco, one of the study's authors.

Every year in the United States, more than a million people get an angiogram, in which a thin tube is inserted

in the arm or groin and threaded up to the heart to check for blocked arteries that could lead to a heart attack. Dye is injected through the tube to make blockages show up on X-rays.

Angiograms are often given to patients who might be having a heart attack or have symptoms that suggest a serious blockage. They are also sometimes done on people who may have some less clear-cut symptoms,

like shortness of breath, or no symptoms but some risky traits like high cholesterol and an abnormal result on another heart test. This group accounts for about 20 to 30 percent of angiogram cases.

In the study, nearly two-thirds of the patients in this second group were found to have no serious blockages.

The researchers could not establish why so few proved to have heart disease.

# Horoscopes

by Holiday Mathis

**ARIES** (March 21-April 19). People who sit up too straight have always made you suspicious. You will sit up too straight yourself today -- because you're up to something.

**TAURUS** (April 20-May 20). Timing is everything. You have felt a shift coming, but you haven't known what form it was going to take. Here it is now.

**GEMINI** (May 21-June 21). While it is generally a sign of good character to downplay your virtues, in your case, you may have gone too far. Recognize yourself for the shining star you are.

**CANCER** (June 22-July 22). Your guiding luminary is the ever-changing moon. As it waxes and wanes, so do your moods.

**LEO** (July 23-Aug. 22). You are driven to put something in the world that wasn't there before. And you prefer that the "something" be not only tangible, but impressive.

**VIRGO** (Aug. 23-Sept. 22). You're hip to new ways of doing things, but not if they are clearly wrong. What one person calls "non-traditional shopping," you call "stealing." In the end, you will be rewarded for your unwavering morality.

**LIBRA** (Sept. 23-Oct. 23). Whoever stole your A-game needs to give it back. You feel slightly off today, but you have the "push go" to will your way through it.

**SCORPIO** (Oct. 24-Nov. 21). Call someone you haven't talked to in a long while. It's an interesting way to meas-

## Today's birthday

It's one of your most romantic years to date, but in a broad sense of the word. You will journey along the path of heroic adventure and strange beauty. Even your professional life is guided by passion. Scorpio and Sagittarius people adore you. Your lucky numbers are: 8, 3, 10, 22 and 19.

ure the time and distance between your incarnations.

**SAGITTARIUS** (Nov. 22-Dec. 21). When you're hot, you're hot. And that's when your confidence radiates. You'll spark intrigue and capture the attention of all.

**CAPRICORN** (Dec. 22-Jan. 19). An inexplicable sense of anticipation takes hold. Though you may not be able to think of anything in particular that would make you so excited, your subconscious knows when something good is coming.

**AQUARIUS** (Jan. 20-Feb. 18). You have no idea where the term 'guilty pleasures' comes from, but it sure doesn't apply to you. Everything you like, you love. All the way through. Why should you apologize for something that makes you happy?

**PISCES** (Feb. 19-March 20). You can't be totally "on" all the time, so don't beat yourself up if you miss a beat. Regroup, review, re-strategize.

## ANNIE'S MAILBOX

# My mother-in-law is rude and hurtful

**Dear Annie:** Several years ago, I had to spend a few hours with my mother-in-law. I had worked all night, and then helped my husband drive three hours to a business meeting. I went to Mom's house, where I waited for his return.

While there, she called everyone she knew (with me sitting beside her) to tell them how fat I was. "Big as a house" was the most frequently used term. She may not have phoned every single friend, but she certainly called all the relatives.

Since that day, I have kept my distance. Mom recently asked my husband, again, why I don't call her or attend family get-togethers. Up until then, he had made excuses, but he finally told her the truth. Mom claims she didn't mean anything by her comments and can't understand why the episode would keep me away.

Annie, I don't fault this woman for being who she is, but I see no reason to continue to subject myself to her belittling remarks, whether about my size,

stature, hair color or any other issue. My husband is staying neutral. What do you think? — Avoider in Pennsylvania

**Dear Avoider:** Mom sounds like one of those people who thinks she's entitled to say what she likes and can't understand why you are insulted. If you are willing to teach her, it could help your relationship and might be worth it, especially if there are grandchildren involved.

Attend the next family gathering. If Mom says anything rude, inform her very politely that you (and your family) are leaving. The same applies to phone calls. You will have to give her a few opportunities to connect her behavior with the consequences, but it can be done, and your husband should back you up. Of course, if she continues to insult you, by all means, stay away.

**Dear Annie:** I was raised poor, but now, at age 20, I have a good life. I have a terrific boyfriend and am grateful and proud of myself for what I have accomplished.

The problem is my sisters and mother. My two older sisters aren't so well off. Based on past experience, I have refused them financial help. I just can't afford it anymore.

I learned the other day that they feel I "don't love them" and consider me "stuck up." I don't understand how they came to those conclusions. I try to be loving and understanding, but it's hard with people who make me feel used. What do I do? — Loving Sister

**Dear Sister:** Your siblings make these claims to justify their own behavior. If you won't loan them money, it must be because you don't love them or are stuck up, not because they have failings of their own. It is manipulative. We urge you to continue being loving and understanding -- and sensible enough not to let these comments get to you.

**Dear Annie:** This is in response to "Alone in Florida," who retired and moved with her husband, and is having trouble with other intelligent, active women in her area who enjoy the

same interests.

Please tell her to go online to meetup.com. She can type in her area of interest, and all kinds of different groups in her area will pop up. They are free to join. There are women's groups, men's groups, couples' groups, everything.

I recently joined a group of women who like to walk for exercise and another group that enjoys bike riding. There is no reason to be alone when there are so many nice people out there waiting to be your friend. — Happily Retired in Rancho Cucamonga

**Dear Happily Retired:** Thanks for the suggestion. We also hope she will consider volunteer work. Doing good for others could do wonders for her.

*Annie's Mailbox is written by Kathy Mitchell and Marcy Sugar, longtime editors of the Ann Landers column. Please e-mail your questions to anniesmailbox@comcast.net, or write to: Annie's Mailbox, c/o Creators Syndicate, 5777 W Century Blvd., Suite 700, Los Angeles, CA 90045.*