THE BEST WAY TO DEAL WITH COLORECTAL CANCER IS TO STOP IT BEFORE IT STARTS.
At Owensboro Health, we have the mission of healing the sick and improving the health of the communities we serve. At Owensboro Health’s Mitchell Memorial Cancer Center, we take both parts of that mission seriously. We deliver outstanding cancer care to patients who are fighting this disease, and at the same time we work with people from throughout our region to prevent cancer, using a combination of educational efforts, early screening and diagnostic techniques.

Our mission is absolutely critical on both fronts. The residents of our region have higher rates for multiple types of cancer than the national averages, meaning that our efforts to prevent, screen for and treat cancer are vital to the health of our communities.

Accomplishing this mission takes something special: teamwork. Our work encompasses a vast range of medical specialties, fields and focuses. We rely on physicians, nurses, diagnostic technicians, medical technologists, clinical educators and many more. We work together because we understand that the best possible care comes from a multi-disciplinary approach.
CANCERS of the colon or rectum

TYPICALLY START AS A POLYP, OR BENIGN GROWTH, THAT FORMS AND PROGRESSES OVER SEVERAL YEARS, WITH THE POTENTIAL TO BECOME CANCEROUS.

Cancer of the colon or rectum can also occur without a polyp, though this process is not as well-understood, according to Dr. Francis DuFrayne, a gastroenterologist with Owensboro Health Gastroenterology & Hepatology.

CONSIDER THE FOLLOWING STATISTICS:

- Colorectal cancer is the second-leading cause of cancer-related deaths nationwide
- As of August 2012, about 35% percent of individuals ages 50-75 (those considered at-risk for colorectal cancer) have not been properly screened, meaning 20 million adults are at risk for colorectal cancer

COLORECTAL CANCER IS ESPECIALLY TROUBLING IN KENTUCKY:

- Kentucky has the highest national incidence rate for colorectal cancer
- Kentucky men have the highest rate in the nation for incidence of colorectal cancer
- Kentucky tied with Louisiana for fourth-highest mortality rate for colorectal cancer

*All stats courtesy of the National Cancer Institute from 2007-2011

In this region, there is both good news and room for improvement when it comes to colorectal cancer:

- Daviess and Hopkins Counties both have mortality rates below the state and national rates. Henderson and Ohio counties beat the state mortality rates. Perry County beat the Indiana state mortality rate. (No data was reported for McLean and Hancock county due to a limited number of cases diagnosed)
- Daviess County was also the only Kentucky county in Owensboro Health’s coverage area to beat the state’s incidence rate. Spencer County also beat the Indiana state incidence rate.
- All other counties in Owensboro Health’s coverage area had incidence and mortality rates for colorectal cancer above the national rate.

ACCORDING TO THE AMERICAN CANCER SOCIETY, THE FOLLOWING ARE THE MOST COMMON SYMPTOMS OF COLORECTAL CANCER:

- Diarrhea, constipation or narrowing of stool that lasts more than a few days
- The urge to have a bowel movement that is not relieved by doing so
- Rectal bleeding, dark stools or blood in the stool
- Cramping or abdominal pain
- Weakness and/or fatigue
- Unintended weight loss
Colorectal cancer is a disorder that typically takes years to develop, in that you go from a normal colon to a polyp to a cancer, BY SCREENING, we can disrupt that cycle. **If we find polyps and remove them, WE THEN PREVENT COLORECTAL CANCER**, and studies confirm that.

Francis DuFrayne, M.D.
Owensboro Health Gastroenterology & Hepatology
THE BEST WAY TO DEAL WITH COLORECTAL CANCER IS TO STOP IT BEFORE IT STARTS.

PREVENTION
The Best Medicine

DR. FRANCIS DUFAYNE, AT OWENSBORO HEALTH GASTROENTEROLOGY & HEPATOLOGY, IS A SPECIALIST WITH EXPERTISE SPECIFICALLY RELATED TO PREVENTION, DIAGNOSIS AND TREATMENT OF COLORECTAL CANCER.

“Colorectal cancer is a disorder that typically takes years to develop, in that you go from a normal colon to a polyp to a cancer,” DuFrayne said. “By screening, we can disrupt that cycle. If we find polyps and remove them, we then prevent colorectal cancer, and studies confirm that.”

The most effective, efficient way to screen for polyps that lead to colorectal cancer is colonoscopy. DuFrayne said that colonoscopy is advantageous because if a polyp is found, it can be removed during that same procedure, preventing a potential colon cancer. If any of the other tests were used, a colonoscopy would be the next step to assess and treat the problem. The National Comprehensive Cancer Network’s Colon Cancer Screening guidelines also regard screening colonoscopy as the gold standard for early detection and prevention of colorectal cancer.

But DuFrayne said people should still get screened.

“(If we find a polyp) we can treat it and cure you. Colorectal cancer, even in the early stages, is highly responsive to treatment and curable,” DuFrayne said. “It works. It’s effective. It’s safe. We need to get the word out there that we can prevent a lot of suffering with early screening.”

Many patients find that the procedure is actually a much easier than they had feared.

“A typical response we hear once a colonoscopy is performed is, ‘There was nothing to that. I was afraid of it but I should have had it done a long time ago. They see there’s not a lot to it,’” said Melissa Connor, a manager of nursing in Endoscopy at Owensboro Health Regional Hospital. “Most polyps can be removed within that colonoscopy procedure and it’s easily done with the instruments we use. It’s not painful and it’s simply performed within the colonoscopy itself.”
Dr. Alan Mullins, a general surgeon with Owensboro Health Surgical Specialists and Cancer Liaison Physician, said that advances have also made the entire process easier, including reduced doses of the bowel prep and smaller scopes used to do the procedure.

“The endoscopes are better. It’s like watching HDTV at home. We can find the tiniest polyp and it’s easily removed. I can’t ever recall a patient saying the procedure was worse than they expected,” Mullins said. “You’re extending your life, avoiding surgery, chemo and radiation. It’s a home run.”

Screening colonoscopies are recommended beginning at age 50, and then every 10 years, since it is a slow-growing cancer. More frequent screenings may be needed if polyps are found. For individuals with a family history, their physician may advise starting screening at an earlier age.

Owensboro Health’s Mitchell Memorial Cancer Center offers access to a genetic counselor in Owensboro on a regular basis thanks to an agreement with the University of Louisville. Leigh Anne Autillo is a genetic counselor who visits and helps patients at the cancer center, and she said genetic counseling is becoming part of a national trend in delivering cancer care.

“Genetic Counseling and testing can identify individuals who could be at an increased risk for cancer, and that’s usually based on personal cancer history, their age, if they’ve had more than one type of cancer or if they’ve had family who’ve had cancer. We order genetic testing if it’s appropriate and the physician requests it, in order to determine those risks,” Autillo said. “It’s becoming a little more commonplace in cancer centers, and for the American College of Surgeons - Commission on Cancer accreditation, you have to have a genetic professional.”

Autillo added that genetic counselors collaborate with local physicians and caregivers to appropriately screen for cancer early and prevent it all together.

“Genetic testing can indicate a need to provide that screening earlier on in life in hopes of reducing risk or detecting it at an early age,” Autillo said. “There are national guidelines that say those individuals should start colorectal cancer screenings earlier in life.”
**OWENSBORO HEALTH’S MITCHELL MEMORIAL CANCER CENTER COLON CANCER STUDY**

Owensboro Health’s Mitchell Memorial Cancer Center recently studied patients diagnosed with colon cancer in 2013. The study was designed to assess what percentage of Owensboro Health adult patients aged 50-75 who at the time of their diagnosis participated in colon cancer screening using a colonoscopy.

According to Figure 1, the largest percentage of Owensboro Health patients who were diagnosed had their colon cancer located and diagnosed while still in Stage I.

According to the Surveillance, Epidemiology, and End Results, SEER, from the AJCC Cancer Staging Manual, 2010 7th Edition, the relative five-year survival for Stage I colon cancer is 96.8 - 97.4%. According to the AJCC manual, relative survival rates represents the likelihood that a patient will not die from causes associated specifically with the cancer at some specific time after diagnosis. Figure 2 indicates that the vast majority of patients, 70.5 percent, were diagnosed with a diagnostic colonoscopy. A diagnostic colonoscopy is administered when...

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**THE BEST WAY TO DEAL WITH COLORECTAL CANCER IS TO STOP IT BEFORE IT STARTS.**

**AN UNHEALTHY DIET AND LACK OF EXERCISE** are also strongly tied to the risk of colorectal cancer.

**THE FOLLOWING RECOMMENDATIONS ARE MADE BY THE AMERICAN CANCER SOCIETY TO REDUCE YOUR RISK:**

- Increase your intensity and amount of physical activity
- Limit intake of red and processed meats
- Get recommended levels of calcium and vitamin D
- Eat more fruits and vegetables
- Avoid obesity
- Avoid excess alcohol intake

The above graphs are taken from a preventative care study of 34 colon cancer patients at Owensboro Health who were diagnosed in 2013. The patient average age was 62 years old. The study was designed to assess the percentage of adult patients between the ages of 50-75 years at the time of diagnosis who had participated in colon cancer screening using colonoscopy. The study also compares data between patients who had a diagnostic colonoscopy, which is done when the patient has symptoms that could be colorectal cancer, and a screening colonoscopy, which is used to screen patients before they are symptomatic.

Figure 1 shows that the majority of patients who underwent colonoscopy had their cancer detected in Stage I (including all of the screening colonoscopy patients). Figure 2 shows the breakdown of whether a screening or diagnostic colonoscopy (or other test) detected a patient's cancer.
patients are experiencing symptoms that could indicate colon cancer. Another important finding of the study was that being overweight or obese increased the patient’s risk of colon cancer. According to the medical record, 50 percent of the colon cancer patients diagnosed in 2013 were obese, 32.3 percent were overweight and only 17.6 percent had a normal BMI (the National Institute of Health defines body mass index, or BMI, as a measure of body fat based on height and weight).

Other risk factors of note include family history of colon cancer (20.5 percent of patients had a family history), history of smoking (50 percent of the patients smoked or had smoked previously) and history of diabetes (38.2 percent of the patients). Nationally, two out of every three adults is considered overweight or obese, and one of every three is obese. Another 18.1 percent of adults in the U.S. smoke.

The study strongly supports the need to follow the recommendations of the U.S. Preventive Services Task Force on colorectal cancer. According to their recommendations, screening for colorectal cancer should take place from ages 50-75, and as previously referenced by Dr. DuFrayne, the method recommended by the physician specialists at Owensboro Health is colonoscopy.

### TREATMENT

Dr. Alan Mullins said that treating colorectal cancer is a team effort. “IT TAKES A LOT MORE RESOURCES, MORE MANPOWER. IT TAKES A MULTIDISCIPLINARY APPROACH,” MULLINS SAID.

The Owensboro Health Mitchell Memorial Cancer Center has a wide range of capabilities, from diagnostic imaging, radiation therapy and chemotherapy and more. They include inpatient and outpatient oncology units, a cancer resource center and cancer registry, which contributes to and has access to cancer statistical data at a national level.

Dr. Dattatraya Prajapati, a medical oncologist with Owensboro Health, said one of the greatest advantages the center has is its collaborations with outside institutions such as the University of Kentucky, University of Louisville and Vanderbilt University and research through the Eastern Cooperative Oncology Group.

“We’re collaborating with multiple institutes on research protocols,” Prajapati said. “It helps the patient and family because they don’t have to travel (to participate in these trials), and it also helps advance treatment methods. That’s how we find new treatment methods and combinations.”

DATTATRAYA PRAJAPATI, MD
Medical Oncologist
Owensboro Health
Dr. Prajapati added that thanks to advances in medical science, even patients with the most advanced stages of cancer are living much longer than when he first started practicing in Owensboro 33 years ago.

“Patient survival in Stage IV (of colorectal cancer) has increased from around six months up to 25 to 30 months,” Prajapati said. “A lot of them live beyond five years, and that didn't happen before.”

SPECIFIC SUBSETS OF OUR CAPABILITIES INCLUDE:

- Imaging
- Digital x-rays
- Digital fluoroscopy
- Magnetic Resonance Imaging (MRI) including breast MRI
- Ultrasound
- Computed Tomography (CT) scans
- Positron Emission Tomography (PET) scans

ONCOLOGY/HEMATOLOGY

- Chemotherapy and Biotherapy
- Oral
- Subcutaneous
- Intravenous
- Immune stimulation/suppression

RADIATION THERAPIES

- Stereotactic radiosurgery and radiotherapy (Computer-guided procedures using tightly-focused beams of radiation to treat cancer)
- Intensity-modulated radiation therapy (Computer-controlled and -guided doses of radiation therapy delivered at different locations on a tumor to precisely treat the cancer)
- Image-guided radiotherapy (Using advanced diagnostic technology to precisely map cancer sites for treatment)

SURGICAL

- Laparoscopy (Minimally-invasive surgery using specially designed instruments; A few small incisions, about one-three inches in length, are used for the instruments and the scope that allows the surgeon to see and operate)

The Mitchell Memorial Cancer Center also has a number of other resources, including the following:

SUPPORT GROUPS

- Ostomy Support Group
- Smoking cessation assistance through the Owensboro Health Healthpark
FINANCIAL SUPPORT FOR PATIENTS TO GO TO:
- Foundation for Health Medication Fund
- Transportation
- Nutritional supplements
- Post-treatment supplies

PROGRAMS OFFERED IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY
- Road to Recovery
- Ambassador Program
- Look Good Feel Better

OTHER RESOURCES
- Online Cancer Center Information
- Educational classes and resources at the Owensboro Health Healthpark
- LifeSteps: A medically supervised weight management course
- Lifespring: A special class specially created to meet the needs of cancer patients
- MyChart online patient record access through mychart.omhs.org/mychart

THE BEST WAY TO DEAL WITH COLORECTAL CANCER IS TO STOP IT BEFORE IT STARTS.
ACCESS TO CARE
Affordable Care Act

The Affordable Care Act (informally known as “Obamacare”) brought about a number of changes for the care of colorectal cancer at the Owensboro Health Mitchell Memorial Cancer Center, said Ramona Osborne, Vice President of Clinic Operations Owensboro Health Medical Group.

“The health benefits offered in Kentucky under the health exchange marketplace match those required under federal law. That means that all plans on and off the marketplace must offer colorectal cancer screening to covered individuals,” Osborne said.

“The Affordable Care Act has lowered that barrier to access screening so that will improve survivability. That is good news since colorectal cancer is one of the few cancer types that is almost 100 percent curable if you’re properly screened.”

Now it’s crucial to spread that information, Osborne said, including that a referral for screening is no longer needed.

“If there’s no out of pocket expense to a patient, then you’ve removed the financial barrier to access, and that’s something I don’t think is widely known,” Osborne said. “We have the capacity to perform more colorectal cancer screenings and the capacity to treat the patients.”

“COLORECTAL CANCER IS ONE OF THE FEW CANCER TYPES THAT IS ALMOST 100 PERCENT CURABLE IF YOU'RE PROPERLY SCREENED.”

“IF THERE'S NO OUT OF POCKET EXPENSE TO A PATIENT, THEN YOU'VE REMOVED THE FINANCIAL BARRIER TO ACCESS, AND THAT'S SOMETHING I DON'T THINK IS WIDELY KNOWN,” OSBORNE SAID. “WE HAVE THE CAPACITY TO PERFORM MORE COLORECTAL CANCER SCREENINGS AND THE CAPACITY TO TREAT THE PATIENTS.”
THE BEST WAY TO DEAL WITH COLORECTAL CANCER IS TO STOP IT BEFORE IT STARTS.
Aged 73 at the time, local psychiatrist, Dr. William Bach went to see Dr. Christopher Glaser because he’d recently started having intestinal upset. Dr. Glaser recommended a colonoscopy, and Dr. Bach agreed to undergo the procedure.

“I must admit I was surprised when he found something,” Dr. Bach said. “He came out of that with a little biopsy specimen.”

The specimen turned out to be cancerous, and five days later, Dr. Bach underwent surgery to remove a small part of his colon.

Dr. Bach said that Dr. Glaser found that the cancer had not spread, but he still underwent treatment by local oncologist Dr. Dattatraya Prajapati. Four years later, Dr. Bach is symptom free, and he said it’s all thanks to good preventive care.

“I didn’t get upset about it,” Dr. Bach said. “I told myself, ‘It could be something is there, but if it is, we can get rid of it.’"

And today, Dr. Bach said he is happy to champion the benefits of colonoscopy.

“I ask them (people who are nervous about having a colonoscopy) what they are worried about,” Dr. Back said. “It was not a big problem (to have it done).”

And Dr. Bach said seeking a professional opinion like he did is absolutely critical.

“It’s very important. I think if people have any concerns, particularly if it’s something that’s changed, they need to talk to their doctor about it and be very up front about it. The doctor can help present them with options,” Dr. Bach said. “They’ll feel better after they talk it out. They’re going to feel tremendous relief afterward.”

And Dr. Bach said as a clinician himself, doctors always want to work with their patients to get an outcome that the patient is happy with.

“Doctors want people to be healthy,” Dr. Bach said. “This is not a decision the doctor makes by themselves. The doctor helps you make the decision.”

**TAKE ACTION**

It is time to step up and take control of your health.

If you have a family member who’s been diagnosed with colorectal cancer or are between the ages of 50 and 75, there’s no better time to act.

Talk to your primary care physician about what screening is best for you, or call directly to Owensboro Health Gastroenterology & Hepatology at 270-417-7800 or Owensboro Health Surgical Specialists at 270-926-1336 to schedule an appointment if you have further questions. Colorectal cancer is slow-growing, and early detection and treatment can save your life.

**FOR MORE INFORMATION ABOUT OWENSBORO HEALTH’S MITCHELL MEMORIAL CANCER CENTER AND THE CANCER RESOURCES AVAILABLE TO YOU, CALL 270-688-3600 OR TOLL-FREE 800-947-7102.**
2014 OWENSBORO HEALTH CANCER COMMITTEE

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Jewraj Maheshwari, MD – Medical Oncology/Hematology, Cancer Conference Coordinator
J. Randall Thomas, MD – Medical Oncology/Hematology, Quality Improvement Coordinator
Doug Adams, MD – Cardiothoracic Surgery, Community Outreach Coordinator
S. Ryan Faught, MD – Radiation Oncology, Clinical Research Coordinator
Dattatraya S. Prajapati, MD – Medical Oncology/Hematology
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Barbara Taylor – Director, Marketing Department
Bonnie Brown, BCC – Director of Pastoral Services
Frances Meserve, RN, MBA – Chief Quality Officer, Hospice
Ellen Schroeder – American Cancer Society

ACCREDITATIONS

The Owensboro Health Mitchell Memorial Cancer Center maintains a number of accreditations with medical and surgical oversight bodies. These accreditations are a demonstration that our facilities, technologies and people meet or exceed the expectations and requirements of the leading authorities in cancer and surgical care in the country. Our accreditations include the following:

– The American College of Surgeons Commission on Cancer – Comprehensive Care Center (ACOS\CoC)
– American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)
– American College of Radiology – Radiation Oncology Accreditation