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WTIC Newstalk 1080

**Colon Cancer Awareness
Month Update: Part II**

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*Healthline with Yale Cancer Center is a weekly broadcast on WTIC Newstalk 1080
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This is Healthline. A joint venture of WTIC NewsTalk 1080 and Yale Cancer Center. Yale Cancer Center is a resource for cancer programs throughout Connecticut, developing new advances in prevention, screening, diagnosis, and treatment. On Healthline, you will hear from some of the leading doctors in the country. Healthline is not intended to provide medical advice. Yale Cancer Center urges you to consult with a qualified physician in your community for diagnosis and for answers to your medical questions. And now, our co-hosts Oncologists Ken Miller and Ed Chu.

Miller Good morning and welcome to Healthline. My name is Dr. Ken Miller, and I am the Director of the Survivorship Program at the Yale Cancer Center in New Haven. I am here in the WTIC studios with my colleague and co-host Dr. Ed Chu, who is the Chief Adult Oncologist at the Yale Cancer Center. Good morning Ed.

Chu Good morning Ken. Healthline, with the Yale Cancer Center, is our way of providing you with the most up-to-date information on cancer care every Sunday morning at 8:30 a.m. Healthline features some of the nation's leading oncologists and cancer specialists, who are in the forefront of the battle to fight cancer right here in our state of Connecticut.

Miller Each week, Ed and I are joined by different experts from the Yale Cancer Center. Our goal is to give you help by sharing with you the latest information in cancer care, and also to give you hope, because there really is a lot of hope in the battle against cancer. If you would like to submit a question about cancer to Healthline, please e-mail us at Healthline@yale.edu and we will try to answer your questions on the air today or in a future broadcast. If you are interested in listening to past editions of Healthline, or if you would like to learn more about a specific type of cancer, all of our shows are now available online at the Yale Cancer Center website which is www.yalecancercenter.org. Today Ed and I are discussing the detection and treatment of colon and rectal cancer. This is our second segment this month in recognition of March being colorectal cancer awareness month. Ed, thanks for being here to talk about this.

Chu Ken, thanks for having me on the show again to talk about colon cancer. As you said, the month of March is quite important because it has been designated by the American Cancer Society, and the National Cancer Institute, as Colorectal Cancer Awareness Month.

Miller Ed, let me start by asking you how many people are diagnosed every year with colon cancer.

Chu Colon cancer is still a major public health problem here in the United States and worldwide. In the US there will be approximately 150,000 new cases diagnosed this year. It is the number 3 cause of cancer in this country and it is a number 2 killer with respect to cancers in general. About 50,000 people in the US, unfortunately, will succumb to this disease.

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- Miller People talk a lot about quitting smoking as a way to prevent lung cancer. Is there any way to prevent colon cancer?
- Chu The best way to prevent colon cancer is by undergoing colon cancer screening. Typically, in what we would call average risk individuals, the recommendation is to begin screening starting at the age of 50. It is important to understand that the biggest risk factor for developing colon cancer is age, and more than 90% of all colon cancers that we see in the clinic everyday occur in individuals over the age of 50. The average age for patients with colon cancer is about 70 years.
- Miller What is the proper screening for colon cancer in order to look for polyps, and how is that done? What would you recommend?
- Chu In my own view, there is only one gold standard test and that test is colonoscopy. A tube is inserted into the rectum to look throughout the entire colon, and the reason this is felt to be the gold standard by the experts who treat colon cancer, is because one can visualize the entire colon. If there are any polyps seen they can be removed, and subsequently examined. If there are any suspicious tumor masses, or masses that look to be tumors, they can be biopsied and subsequently more closely examined by our colleagues in pathology. Colonoscopy serves two purposes: One is that if you remove the polyps, which we know are the main cause for colon cancer, you are actually preventing that polyp from becoming a cancer. It takes somewhere between 8 to 12 years for a polyp to transform into a real cancer. The second thing is that by using colonoscopy we can detect colon cancer at a much earlier stage.
- Miller I want to ask you a two part question. The first part is, when you hear people say they do not want to have a colonoscopy, what are the reasons they give, and the second part, what is the real truth about this?
- Chu People do get a bit squeamish about having colonoscopies, and probably the biggest concern people have expressed is about the preparation required in order to, basically, remove all the contents from the bowel. We have talked about this before, and I myself have undergone three colonoscopies.
- Miller As have I.
- Chu The very first time it was not such a pleasant experience. I had to drink almost two gallons worth of fluid and then within two hours everything was discharged. I have to say though that the preparation that is given now, in some cases, can be quite tasty with all the different flavors. You do not have to drink as much because it is a much more potent concentrated solution. It is an inappropriate fear that individuals have about undergoing the preparation for colonoscopy.

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- Miller If someone said to you that they do not want to have it done because it will hurt, is that a truth or a myth?
- Chu That is a myth. In fact, I can remember the last colonoscopy that I had two years ago. You go in, they insert an intravenous, give you medications, wheel you into the endoscopy suite, put on very nice music, and the next thing you know you're in the recovery room. One does not feel anything at all.
- Miller If someone said they do not want to have the colonoscopy because it is risky, is that truth or a myth?
- Chu Every type of procedure has some risks, but in this case, the potential benefits of undergoing colonoscopy, and either removing polyps and/or identifying colon cancer at an early stage, in my view, far outweigh any potential minimal risks.
- Miller What percentage of people who should be screened, are being screened with colonoscopy?
- Chu That is one of the really troubling aspects of all of this, and is one of the reasons why we decided to have a second show on colon cancer in March. We're a highly educated society in the United States and you would think that a very high fraction of the population would be undergoing screening. In fact, probably less than 40% of all individuals in the United States undergo at least one form of screening. What is also very, very surprising to many of us who are in this field and treat patients on a daily basis, is that probably only about 20% to 25% of women undergo colonoscopy or screening of any kind. The reason for this is that their primary care physicians and their OB-GYN doctors are more concerned about breast cancer, ovarian cancer, and cervical cancer, and do not believe that women are at the same level of risk of developing colon cancer as males.
- Miller Is that truth or a myth?
- Chu The truth is that males and females have virtually the same risk for developing colon cancer.
- Miller The message that we want to get across very clearly during this month, and every month, is please have screening and please have colonoscopy. Bring it up with your doctor if they don't bring it up with you.
- Chu Absolutely, each individual patient has to be their own advocate. We encourage everyone out there listening this morning, if you are age 50 or older with no family history of colon cancer, go to your

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physician and seek screening for colon cancer. If there is a family history of colon cancer, we are now finding out that in many cases the genetics of colon cancer may not affect colon cancer in other individuals, but may actually affect breast cancer, ovarian cancer, and uterine cancer as well as some other cancers. If there is a family history of some other type of cancer that occurs at a young age, say in the 30s or 40s, we would very strongly recommend undergoing screening for colon cancer.

Miller Obviously people should have screening, but let's say that someone has not had screening, what symptoms might they look for in order to make them say, "I better get in right now and get screened."?

Chu I think one of the potential problems with colon cancer is that we always think there are symptoms associated with it. This disease can, in fact, be completely asymptomatic, and that is why, again, even in the presence or absence of symptoms, anyone older than 50 should undergo screening. But the symptoms that we typically associate with colon cancer are weight loss, change in appetite, typically a decreased appetite, abdominal pain, cramps, bloating, change in bowel habits, specifically a change in consistency and quality of the stool, and sometimes there may be specs of blood or a change in color. These are very worrisome signs.

Miller So at any age if people have those symptoms, what would they do and who do they call?

Chu The first person they should speak to is their general internist or family physician, who would then do a more thorough history and physical examination. Blood work looking particularly at the red cells should be done, because one of the things that we have observed is that patients who have colon cancer are losing blood in their GI tract, and they will become anemic, which means they have a lower red blood cell count.

Miller If someone has rectal bleeding often times they think it's from hemorrhoids, which is a reasonable assumption. What are your recommendations with that?

Chu In the vast majority of cases of patients who have rectal bleeding, bright red blood in the rectum, it probably is due to a benign cause such as hemorrhoids. However, one cannot simply assume that is the case. Once you are over the age of 50, if one has any risk factors, it is time to undergo screening.

Miller We would like to remind you to e-mail your questions us at Healthline@yale.edu. We are going to take a short break for a medical minute. Please stay tuned to learn more information about the treatment of colon cancer with Dr. Ed Chu from the Yale Cancer Center.

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Medical Minute

The American Cancer Society estimates that in 2006, over 11,000 people will be diagnosed with colorectal cancer in Connecticut alone. Early detection is key. When detected early, colorectal cancer is easily treated and is highly curable. Men and women over the age of 50 should have regular colonoscopies to screen for the disease. Patients with colorectal cancer have more hope

12:24

Than ever before. Each day, more patients are surviving the disease due to increased access to advanced therapies and specialized care. New treatment options and surgical techniques are giving colorectal cancer survivors more hope than they ever had before. Clinical trials are currently underway at the Yale Cancer Center, Connecticut's only federally designated comprehensive cancer center, to test innovative treatments for colorectal cancer. Patients enrolled in these trials are given access to newly available medicines, which have not yet been improved by the Food and Drug Administration. This has been a medical minute brought to you as a public service by Yale Cancer Center. For more information, visit our website at the www.yalecancercenter.org.

Miller Welcome back to Healthline. This is Dr. Ken Miller, and I am here in the WTIC studio with my co-host Dr. Ed Chu discussing the latest treatment options for people with colon cancer. Ed, before we move on to treatment, I just want to ask you if there are certain groups of people that are at higher risk for colon cancer?

Chu I am glad you asked that Ken because this is a very important issue. We are now finding that African Americans, both males and females, have an increased risk for developing colon cancer and also have an increased risk of dying from the disease. The general recommendation for African Americans, both males and females, is to start colon cancer screening at least five years, if not ten years, before the typical age of 50. African Americans should really start undergoing screening for colon cancer at age 40 or 45.

Miller Thank you for sharing that, and please have your colonoscopies everyone. Let us talk about treatment. We received an e-mail from Julie who lives in Bristol. She says,

I was diagnosed in 2004 with stage II colon cancer, which was removed in the surgery, and the doctor said I did not require additional treatment. Are there things I should be watchful for, in case the disease returns?

Ed, can you say a little bit, before we get into Julie's question, about what the stages of colon cancer are and what they mean?

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Chu The stages go from I, II, III, and IV, and they tell us the extent and involvement of the disease. So stage II colon cancer involves part of the colon, but does not involve the regional lymph nodes. Stage III disease involves the colon and involves the lymph nodes. Not surprisingly, patients who have stage III disease are at a much higher risk for having the cancer return; not only in the local area, but throughout the rest of the body. Stage IV disease is the most serious aspect of colon cancer and that is when the colon cancer has spread beyond the local confines of the colon and/or rectal region and involves not only the lymph nodes but perhaps the liver, lungs, and other organs in the body.

Miller So for Julie, who has stage II colon cancer, what should she be watchful for?

Chu The symptoms that we talked about earlier, any signs of weight loss, fatigue, abdominal pain, cramps, change in bowel habits, change in the color of the stool, but we are now also thinking about a cancer coming back in other places. Things to watch out for with this include, bone pain, back pain, headaches, change in vision, and change in a breathing pattern, especially in response to exercise. The other important thing to tell Julie is that even though she has had her surgery and feels she is cured of the disease, she needs to continue to have a very close followup with her medical oncologist every 3- or 4-months for at least 2 or 3 years for history and physical examination, and then probably 4 to 6 months thereafter. Depending on the physician, they may like to repeat CAT scans of the chest, abdomen and pelvis, on every 4-month basis for at least the first few years.

Miller If a patient comes to Yale, for example, or another cancer center, what is the process in terms of a multidisciplinary team making recommendations?

Chu That is a great question Ken. Colon cancer, as with all other major cancer types, requires the input and efforts of a multidisciplinary team. This means individuals like ourselves who focus on giving chemotherapy, so medical oncologists, surgical oncologists who focus on the surgical aspects, radiation oncologists who focus on radiotherapy, and also pathologists as well as radiologists, all work together to initially evaluate all patients with colorectal cancer and then, depending upon the evaluation and staging of the tumor, we can come up with a game plan as to how to treat this patient as a team.

Miller With that in mind, this is an e-mail from Chris who lives in Orange. He says, *I recently was found to have stage III colon cancer and the doctors explained to me that the lymph nodes were involved. What treatment would you recommend to try to prevent the cancer from coming back?*

Chu As I mentioned a bit earlier, patients with stage III disease are clearly at higher risks of having the colon cancer come back compared to patients with stage I or stage II disease. For that reason,

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starting about 6 to 7 weeks after the surgery has been performed; we recommend patients receive what is called adjuvant chemotherapy. This is a combination of cancer drugs typically given for 6 months with the goal of basically killing off any tumor cells that might have already had a chance to escape from the original tumor site. One of the concerns we have is that when the surgeon says he got it all, even before the surgeon has a chance to go in the operating room and remove the tumor, those tumor cells have a chance of sneaking off and getting into the blood stream.

Miller You mentioned the word adjuvant therapy. How effective is it and is adjuvant therapy safe?

Chu To put it into perspective, if a hundred patients are treated with so-called adjuvant chemotherapy in stage III disease, somewhere between 5 to 7 patients will benefit. You might say the odds aren't very good, but if you are one of those 5 or 7 patients and it can prolong your life, that is pretty significant. It is clear that the adjuvant chemotherapy can be effective with respect to side effects. Unfortunately, there is no drug that is completely free of any type of side effect, but as we have developed over 15 to 18 years of experience giving these chemotherapy drugs, we can assure patients out there listening that we can deliver cancer drugs in a very safe manner.

Miller We would like to remind you to e-mail your questions to us at Healthline@Yale.edu. We are going to take a short break to listen to a survivor's story. Please stay tuned to learn more information about colon cancer with Dr. Ed Chu from the Yale Cancer Center.

Survivor Story

A few years ago, the diagnosis of cancer was a death sentence for many patients, but today, thanks to advances in clinical research, we are turning the corner in the battle against cancer. There are over 10 million cancer survivors now living in the US. They are the true heroes in the war against cancer. Here is a story of a hero from Guilford.

My name is Kathy. I am a cancer survivor and I am the mother of the three girls. I was diagnosed with breast cancer at age 40. I had had my baseline mammogram at 36, but with no family history of breast cancer, I was told to return when I was 40, for another mammogram. They got the diagnosis that no one prepares you for cancer, but I was lucky. I was referred to the Yale Cancer Center where I met Dr. Lannin. I underwent a double mastectomy in summer of 2004. I still take tamoxifen daily, but have been cancer free ever since. If there is one message that I want to convey to all women is to get a regular mammogram. I am a perfect example of how early detection is part of the cure.

This survivor's story has been brought to you by Yale Cancer Center.

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- Miller Welcome back to Healthline. This is Dr. Ken Miller, and I am here with Dr. Ed Chu, who is the Chief of Medical Oncology at Yale Cancer Center. We are talking about the latest information on colon cancer in recognition of March being Colon Cancer Awareness Month. Ed, I wanted to talk with you about colon cancer when it is advanced. What are you able to do for patients where the cancer has spread to other parts of their body?
- Chu We have made tremendous advances in how we are treating patients who present with stage IV advanced metastatic disease. When I first started treating patients with colon cancer about 18 years ago now, the median survival with the drug that we had, and we only had one drug, was in the order of 8 months. Over that time frame, we have seen the approval, by the US FDA, of a number of new traditional cancer drugs as well as three new biologic targeted agents. We are now at a point where we are seeing median survivals upwards of 28 to 30 months. There are some patients who, in fact, we can cure who have advanced metastatic colorectal cancer. In some ways our approach to colon cancer has become very similar to the types of patients you treat in your practice. Colon cancer is becoming a chronic disease.
- Miller Which is a huge change since we both began our practices.
- Chu It is a dramatic change and we now have more effective supportive care agents that can allow the patients to tolerate chemotherapy much better and the quality of life for these patients can be maintained at a very high level.
- Miller I want to focus on the biologic therapies you mentioned. What are they and how do they work?
- Chu Over the last 15 to 20 years, we have had a much better understanding of the so-called biology of colon cancer, as well as a number of other cancers. That understanding has now translated into a number of new therapies that have been developed and now brought into the clinic. So, we know that for colon cancer in particular, there are a number of specific pathways that are critical for the growth of proliferation of the tumors.
- Miller How is that translated into therapy, can you give us a couple of examples?
- Chu There are two drugs, one is called Erbitux and the other is called Vectibix. These are monoclonal antibodies, biologic targeted therapies that specifically target the epidermal growth factor receptor pathway; this particular pathway is activated in up to 85% to 90% of patients who have colon cancer. Another drug called Avastin targets the vascular endothelial growth factor and that is probably the most critical factor involved in the process of angiogenesis, which is a fancy term meaning the

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growth and proliferation of blood vessels. What we've found out over the past few years is that this process of angiogenesis is absolutely critical for the growth of not only the primary tumors, but for the growth of metastatic tumors as well. If you can choke off the blood vessel formation, you can choke off the tumors from continuing to grow.

Miller One of the concerns, I think of the public and doctors still, is that chemotherapy drugs themselves tend to be somewhat nonspecific; they effect good cells and bad cells. Are these targeted agents better from that point of view?

Chu In some respects they are. They do not typically cause the side effects of hair loss, blood counts dropping, or GI toxicity in the form of mouth sores or diarrhea. Some of the targets that these new agents hit, and they do tend to be a bit more specific for tumor cells, are also involved in normal cell developments. For instance, the classic side effect of Erbitux and Vectibix, which target this epidermal growth factor receptor signaling pathway, is skin toxicity or skin rash that occurs on the face; the reason for this is that pathway is also very active in skin growth. However, one of the good things is that if a patient develops a skin rash that means they have a pretty good chance of responding to those treatments.

Miller So, in a sense, it is a good sign even though it is a side effect.

Chu Actually, in the number of patients that I have treated, we are concerned with the ones who do not develop the skin rash. It has now been established that if the dose is pushed to the point where a skin rash develops, the patients will actually then develop a response to the treatment.

Miller What can you say about some of the laboratory research that has been done, or that is being done, and how that is being translated to the clinic?

Chu We have a number of very interesting new drugs and new treatments that we are developing. One is the Chinese herb, which we have talked about in the show before, and that my good friend and colleague professor Cheng developed. This herb actually reduces the side effects that are typically seen with chemotherapy. Dr. Saif and Dr. Lee, who are in our GI group, are actually doing a study combining the Chinese herb with an oral pill that has been approved for colon cancer. We are about to start a study that is combining this target therapy of Erbitux with a completely novel new molecule that targets completely different pathways that we now know get turned on in tumors that become resistant to these biologic agents.

Miller If someone listening wants to access this kind of cutting edge research, how would they do that?

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Chu The best thing is to go the Yale Cancer Center website which is www.yalecancercenter.org. I would also suggest that they simply call my office at 203-785-6879 and then we can put them in touch with the appropriate investigators.

Miller There are a number of clinical trials being done in colon cancer and hopefully this will continue to improve the prognosis.

Chu Yes, absolutely, and we also have a number of completely novel experiments, called phase I agents, that in the laboratory and they have looked very, very promising. There are now a number of these molecules that we were offering to patients.

Miller Is there more hope now for people with colon cancer?

Chu There is much more hope. We have much better tools for screening, detection, and preventing the disease. Once the disease has been diagnosed in an early stage, it is highly curable.

Miller If you have questions for Dr. Ed Chu, or for Healthline, I encourage you to go to our Yale Cancer Center website www.yalecancercenter.org. Ed, I want to thank you for taking the time to discuss colon cancer with us today.

Chu Ken, it has been great talking about this during March, which is Colon Cancer Awareness Month.

Miller Remember to tune into WTIC NewsTalk 1080 every Sunday morning at 8:30 a.m. for Healthline with the Yale Cancer Center. Our next program will feature a discussion on melanoma with Dr. Mario Sznol from the Yale Cancer Center. Until then, this is Dr. Ken Miller,

Chu and Dr. Ed Chu from the Yale Cancer Center wishing you a safe and healthy week.

You have been listening to Healthline, a joint venture of Yale Cancer Center and WTIC NewsTalk 1080. Join us next Sunday morning from 8:30 to 9:00 a.m. for another addition of Heathline on WTIC NewsTalk 1080.