

SPOTLIGHT ON COLON CANCER

Colon Cancer - The Preventable Disease

continued from front

"The day before is the worst time," says Lucy. "You have to take laxatives to clean yourself out."

Your colon must be completely empty for the colonoscopy to be thorough and safe. You will need someone to escort and drive you. The procedure itself usually takes 20 to 30 minutes. During the actual colonoscopy you'll be sedated.

"We have quite a bit of latitude with sedation," says Dr. Smith. "Some people don't want to be sleepy, and we give them a little to take the edge off. Other people don't want to know a thing, so we adjust the dose depending on the patient's wishes."

The physician will insert a long, flexible, lighted tube called a colonoscope into your rectum and slowly guide it into your colon. The scope transmits an image of the inside of the colon, so the physician can carefully examine the lining of the colon. If anything abnormal is seen in your colon, like a polyp or inflamed tissue, the physician can remove all or part of it using tiny instruments passed through the scope.

Colonoscopy is not the only way to screen for colon cancer, but it is the method recommended by most gastroenterologists.

"A colonoscopy is truly the current gold standard for screening," says Dr. Smith. "It's the most accurate and provides you an opportunity to remove a polyp if one is found. It's a one step procedure. Studies over the last decade or so clearly show that colorectal cancer screening is as effective, and as cost-effective, as mammograms and pap smears."



Medicare covers preventive colon cancer screening. Many other medical insurances cover the screening as well, but you'll need to check with your insurance company to determine your coverage.

As for Lucy, she is now cancer free, and continues to get screened. "My children have all had a colonoscopy because of me. I've had four colonoscopies now. I go back every year, and they've found polyps every time."

Lucy is adamant about the subject. "You need to go in and have a colonoscopy. Don't delay, because that's what saved my life."

Well-known figures who died after getting colon cancer include the actress Audrey Hepburn, the Peanuts cartoonist Charles Schulz and Today Show host Katie Couric's husband attorney Jay Monahan. On the other hand, Justice Ruth Bader Ginsburg, President Ronald Reagan and Good Morning America film critic Joel Siegel survived it.

"It is generally felt that a diet high in fiber and low in fat is a healthy diet for prevention of colorectal cancer."
Dr. Alan Smith

Vegetables high in fiber include baked beans (1 cup, 18.6g), raw carrots (1 cup, 3.2g), peas (1 cup, 11.3g) and spinach (1 cup, 3.5g).

Source: University of Minnesota Extension Service

INSIDE

Colon Cancer-The Preventable Disease

An Interview with Richard Tucker, M.D., on SARS

WHO on SARS

Dr. Alan Smith on Diet and Colorectal Cancer

The Wenatchee Valley Medical Center newsletter is published as a community service by the Marketing and Public Relations Department of Wenatchee Valley Medical Center

Teri Fink, Editor
P.O. Box 489
Wenatchee, WA 98807-0489
(509) 663-8711

Graphic design & illustrations by Gretchen A. Rohde
The Design Ranch
Leavenworth, WA 98826

Visit us on the World Wide Web at www.wvclinic.com

DR. ALAN SMITH TALKS ABOUT DIET AND COLORECTAL CANCER

"It is generally felt that a diet that is high in fiber and low in fat is a healthy diet for prevention of colorectal cancer. No studies have been able to yet prove that, but we know colon cancer polyps are less common in cultures that have that sort of diet and lifestyle. The nice thing about a high fiber, low fat diet is it's also a very heart and blood pressure friendly diet."

There's some preliminary suggestion that a calcium supplement might reduce the risk of colon polyps. Calcium is probably a reasonable supplement, and women probably need more calcium. But there is as yet no clear proof that a calcium supplement will prevent colon polyps or cancer.

Aspirin fits into that same category. An aspirin a day might possibly help reduce the likelihood of colon polyps. Again there's no real proof to that. Please use enteric coated aspirin, it's easier on the stomach in terms of ulcer risk, and they hold their potency better."



One medium banana contains 5.9 grams of dietary fiber.



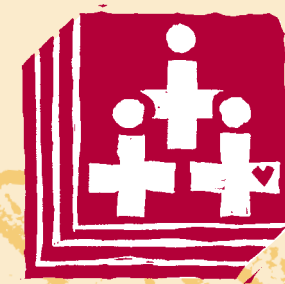
Wenatchee Valley Medical Center

820 N Chelan Avenue
PO Box 489
Wenatchee WA 98807-0489

PRESORTED
STANDARD
U.S. POSTAGE
PAID
Wenatchee, WA
Permit No. 1
ECRWSS

POSTAL CUSTOMER

Wenatchee
East Wenatchee
Cashmere
Moses Lake
Omak
Oroville
Tonasket



Wenatchee Valley Medical Center

Your source for news and information

SPOTLIGHT ON COLON CANCER

Colon Cancer - The Preventable Disease

Meet longtime Cashmere resident Lucy Kenoyer. Her husband Jerry has worked at Blue Star growers for 48 years. They raised three boys and a girl, all grown now with children of their own. Most days the grandchildren come to Lucy's house after school for cookies and company. Lucy is around these days to spend time with her family, thanks to colon cancer screening.

"Colon cancer is a very preventable disease," says gastroenterologist Alan Smith, MD. "We think that colon cancer starts as polyps. It's rare for colon cancer to just arrive in an otherwise healthy colon."

Lucy was 65 when her doctor suggested she be screened. "She thought that maybe it was time to have one," says Lucy, "I didn't have any symptoms." Lucy had a sigmoidoscopy, which allows the physician to look at the inside of the large intestine from the rectum through the last part of the colon. However, the sigmoidoscopy isn't extensive enough to examine the entire area, or allow the removal of polyps. Lucy's sigmoidoscopy detected a polyp.

"Dr. Smith said I would have to come back for a colonoscopy," Lucy recalls.

The colonoscopy lets the physician examine the entire large intestine.

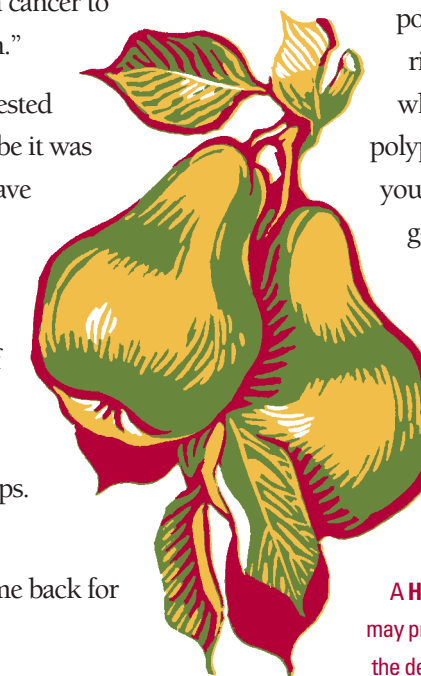
"We do colonoscopies looking for colon polyps, to remove them when they're small and easily removed, and prevent cancer development," says Dr. Smith.

"That's when they found the mass in my colon," remembers Lucy. "He thought it was cancerous, because it was so big. They took a little piece and sent it to the lab. It was cancer."

Lucy underwent surgery a week later, followed by six months of chemotherapy. As she looks back now, she recalls that there was colon cancer in her family - her aunt died of the disease. That put her in the high-risk category.

"If there is no family history of colon cancer or polyps," says Dr. Smith, "you're considered normal risk, and screening should start at age 50. People who have a family member with colon cancer or polyps, especially families that have colon cancer in young or multiple family members - or multiple generations - are high risk. If your mother had a colon cancer at 48, you should consider a colonoscopy at age 38," says Smith, "Or if your sister had a colon cancer you'd sort of hot-foot it in and get checked."

When you decide to have a colonoscopy, what can you expect?



A High Fiber Diet may protect against the development of colon cancer. Fruits high in fiber are apples (3.2g), bananas (5.9g), pears (3.1g) and strawberries (1 cup, 3.3g)

continued inside

Wenatchee
East Wenatchee
Cashmere
Moses Lake
Omak
Oroville
Tonasket



Elizabeth S. Avena, M.D.
Family Practice
Omak Clinic

Elizabeth S. Avena, M.D., graduated from Georgetown University, School of Foreign Service, Washington DC, with a concentration in Russian Studies. She went on to Pre-Medical studies at Seattle University, and earned her Medical Degree from Tulane University School of Medicine, New Orleans, Louisiana as a member of Alpha Omega Alpha. Dr. Avena completed her Family Practice Residency at Valley Medical Center in Renton, Washington. She is Board Certified by the American Board of Family Practice. She has special interests in OB, pediatrics, adolescent medicine and women's health. Dr. Avena and her husband Stephen have two children, 4-year-old Niko and 7-month-old Josef. When Dr. Avena and her family moved to Omak, they purchased a home that came with a tree farm. To their surprise, many people in the Omak area were used to buying their Christmas trees from the tree farm, so as people began arriving, the Avena's had the opportunity to get to meet a lot of local residents. They enjoyed the experience, and plan on keeping the tree farm. Her other hobbies include landscaping and home improvement.



M. Catherine Jarecki, M.D.
Internal Medicine
Wenatchee Valley Medical Center

Dr. Cathy Jarecki has joined the Internal Medicine Department at Wenatchee Valley Medical Center. Dr. Jarecki grew up in Buffalo, Wyoming, a small town at the base of the Big Horn Mountains. She earned a B.S. in Biology, with Honors, at Gonzaga University and was a Cum Laude graduate of Oregon Health Sciences University, School of Medicine, in Portland, where she was also inducted into Alpha Omega Alpha, Honor Medical Society. She recently completed a three-year Internal Medicine Residency at the University of Arizona in Tucson. Her clinical interests include the full range of Internal Medicine, from adolescents through geriatrics, including women's health. Dr. Jarecki's husband John is an Anesthesiologist at Wenatchee Anesthesia. They chose Wenatchee because it was close to the mountains and had a strong medical community. They enjoy riding their tandem road bike, hiking and look forward to skate skiing this winter. The Jarecki's have a baby girl.



Prabhas Mittal, M.D.
Hematology/Oncology
Wenatchee Valley Medical Center

Prabhas Mittal, MD has joined the Hematology/Oncology department in Wenatchee. Dr. Mittal earned his medical degree in New Delhi, India. He spent two years in a Surgery Residency at All India Institute of Medical Science in New Delhi. He came to the United States in 1995, and completed an Internal Medicine Residency at State University of New York, Health Science Center at Brooklyn. He completed a Medical Oncology and Hematology

Fellowship at Georgetown University Medical Center in Washington, DC, and a Fellowship in Blood and Marrow Transplant at the University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Mittal enjoys movies and travel. He and his wife Ruby have a 2-year-old son, Rajat.

Annie Andersen, ARNP
Oncology
Moses Lake Clinic

Ann M. Andersen, ARNP worked in the Medical and Oncology departments at Central Washington Hospital in Wenatchee before she decided she could do even more for patients by returning to school to train as a Nurse Practitioner. Annie Andersen graduated from Washington State University with her Master of Science in Nursing. She is certified by the American Academy of Nurse Practitioners. She and her husband Nate are pleased with their move to Moses Lake. Annie is an avid gardener and runner.

Bill Davies, PA-C
Pulmonary Medicine
Wenatchee Valley Medical Center

Bill Davies, PA-C completed the Physician Assistant Program at Southern Illinois University in Carbondale, Illinois and has joined the Pulmonary department at Wenatchee Valley Medical Center. He works with adults and children with lung disease to improve the quality of their life. He also works with those who have sleep disorders. Bill grew up in Orondo, and before continuing his education to become a Physician Assistant, worked as a Pulmonary Rehab Coordinator and Cardiac Rehabilitation Team member at Central Washington Hospital. Prior to that Bill had been a hospital-based acute/emergency respiratory care practitioner, also at CWH. Bill has two daughters, Emily 19 and Olivia 8. He enjoys coaching youth sports, cycling, canoeing, and participating in church functions.

Lance Perrin, PA-C
Urgent Care
North Valley Family Medicine and NVHospital

Lance Perrin, PA-C, comes to us from Pacific Cascade Emergency Associates, where he was a primary care provider in emergency and urgent care medicine. Prior to Pacific Cascade, Lance worked in Beni Suef, Egypt, where he provided health care for military pilots and their families. He was also a PA-C at Yakima Emergency Physicians, and Central Washington Orthopedic and Sports Medicine Clinic in Yakima. Lance graduated with honors from the University of Utah Physician Assistant program in Salt Lake City, Utah. He was a PA Surgical Resident at the Yale University School of Medicine/Norwalk Hospital in Norwalk, Connecticut. He enjoys spending time with his wife Suzy, an emergency room RN, and their two children, Alesha and Drew. Lance also enjoys fishing, hiking and skiing, both cross-country and alpine.



AN INTERVIEW WITH RICHARD TUCKER, M.D., INFECTIOUS DISEASE SPECIALIST, ON SARS

What is SARS?

If you asked me about tuberculosis, I can talk about it with 100 years of experience. SARS, on the other hand, has only been around since February 2003. It's so new we have very little experience with it. We do know that it's a coronavirus, which causes respiratory illness in humans, and also causes disease in animals. My suspicion is that it will end up looking a lot like influenza, which is a horrible illness. Probably 50,000 people in the United States die every year from influenza.

What are the symptoms of SARS?

SARS exhibits flu-like symptoms: fever, muscle aches, cough. Again, it's still being described, so I can't tell you exactly. Some people get pneumonia. Sometimes the chest x-ray is abnormal.

How is SARS Spread?

It looks like it could be airborne. What we know of the rhinovirus - the cold virus - is that it's predominately spread by hand-to-hand contact. In a hotel in Hong Kong where so many people were affected, how do you know if it was airborne, or if people got it from the elevator button?

What is the mortality rate of SARS?

It probably does not have the excessive mortality that they're presently ascribing to it. I think it's about 8 to 10 percent overall. People in Asia who have compromised health are having a fairly high mortality rate. High mortality rates with health-compromised individuals also occur with influenza. If we hadn't yet identified influenza, and we had an average year of people getting the flu and dying from the flu, the statistics would look ten times worse than SARS stats. Personally, I don't think SARS is as bad as influenza, and it will probably be a vaccine-amenable illness.

Who is at risk?

People in groups that have already been hit, such as Asians in China and Hong Kong. They have high population

density and lots of animal exposure. People who have traveled to affected areas may be at risk.

What about travel?

Should you go to China? I wouldn't. At this point, it's probably not prudent. There have been some problems in hotels in Asia, and in Toronto and Vancouver - those places have a large Asian population with people who travel a lot. Personally, I fly, and I'm not incredibly worried about it. We don't know of significant outbreaks on airplanes. The best advice I can give is to listen to the World Health Organization. They post travel advisories on their website. There's lots of careful thought behind their recommendations. And they do have some general good guidelines if you think have SARS.

What can we do to keep from getting SARS?

The most important is frequent hand washing with soap and water or use of alcohol-based hand rubs. Avoid touching your eyes, nose, and mouth with unclean hands and encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Are you concerned with SARS in Central Washington?

There have been a handful of cases in all of Washington, and most of them ended up not being SARS. We're in a fortunate position because we don't have the intense Asian connection that they do in places like Vancouver and Toronto. Our risks here in Central Washington are minimal.

Will there be a cure?

There's a lot of research going on right now looking at a SARS vaccine. The reality is, the world can be kind of a scary place. We should make it less scary, and vaccines can help us do that.

Additional Information About SARS

健康

Good Health



Dragons are deeply rooted in the Chinese culture and are symbols of the natural world, adaptability, and transformation.

The World Health Organization (WHO) first alerted the world, on 12 March, to the SARS threat. From the 55 cases recognized on that day, concentrated in hospitals in Hong Kong, Hanoi, and Singapore, the outbreak exploded within a month to cause some 3000 cases and more than 100 deaths in 20 countries on all continents. The mortality rate is reported to be from 8 to 10. WHO released the following summary in June, 2003, 100 days after their first alert:

SARS was carried out of southern China, where the first cases are now known to have occurred in late November 2002, by an infected medical doctor who spent a single night on the 9th floor of a Hong Kong hotel in late February. He infected at least 16 other persons staying on or visiting the same floor. From this single event . . . SARS spread internationally.

The number of cases passed 4000 on 23 April and then rapidly soared to 5000 on 28 April, 6000 on 2 May, and 7000 on 8 May, when cases were reported from 30 countries. During the peak of the global outbreak, near the start of May, more than 200 new cases were being reported each day. Detection of new infections subsequently slowed, passing 8000 on 22 May.

During June, the number of new cases gradually dwindled to the present daily handful. The global outbreak, at least in this initial phase, is clearly coming under control.

The dramatic reduction in the number of SARS cases is the result of monumental efforts on the part of governments and health care staff, supported by a well-informed and cooperative public.

Although SARS is clearly coming under control, the need for continued vigilance is now greater than ever. The world still has a chance to interrupt the chain of person-to-person transmission everywhere. However, because of the many unanswered scientific questions, particularly concerning the origins of the virus and the contribution of environmental contamination to overall transmission, WHO sees a need for at least a full year of surveillance.

The next big hurdles will concern the questions of a possible animal reservoir and possible seasonal recurrence. Scientists cannot rule out the possibility that the SARS virus hides somewhere in nature, as the Ebola virus does, only to return when conditions are once again ripe for the efficient spread of infection to its new human host.

As long as a single case of SARS exists or is suspected anywhere in the world, and as long as fundamental questions about the origins of the virus remain unanswered, all countries need to remain on guard.

For current SARS information, Dr. Tucker recommends: World Health Organization: <http://www.who.int>
Center for Disease Control and Prevention: <http://www.cdc.gov/>