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**Halting
Colon Cancer
in its Tracks**

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I'm lucky," muses 73-year-old Florence Seguin, thinking back nine months to the day she decided to undergo a routine check for colon cancer. Ms. Seguin's brother had died of the disease, and for some time, she'd intended to have a colonoscopy to scan her large intestine for growths. But the vivacious former nun, who had ten years earlier rededicated her life to raising a child from an orphanage, hadn't made time for the exam. Besides, she had none of the classic signs: rectal bleeding, constipation or abdominal pain.

Then, Ms. Seguin read an article in *Good Housekeeping* by t.v. host Katie Couric who lost her young husband to colon cancer. "The gist of that article was: get tested," Ms. Seguin remembers. "Once you have symptoms, it may be too late." She was moved suddenly to call gastroenterologist Stafford Goldstein, M.D. for the exam.

Both doctor and patient agree that the colonoscopy last November may have saved Ms. Seguin's life. During the test, Dr. Goldstein found several mushroom-shaped polyps growing in Ms. Seguin's colon. Some he was able to remove during the procedure, but the largest had turned cancerous and required an operation. A week later, a surgeon excised the tumor along with a portion of Ms. Seguin's colon. Luckily, the cancer hadn't spread, and today Ms. Seguin boasts a 95 percent chance it won't recur.

Not everyone is as fortunate, Dr. Goldstein warns. This year, 130,000 Americans will be diagnosed with colorectal cancer and 56,000 will die. The second leading killer among cancers, the disease ranks second only to lung cancer. "Most people are surprised that colon cancer kills more people each year than breast or prostate cancer," says Dr. Goldstein, presently in practice in Northern Virginia. He was previously gastroenterology chief at Northern Virginia Community Hospital and was voted one of the *Washingtonian's* "top docs" of 1999.

What's heart-wrenching, he adds, is that colon cancer is preventable. Slow-growing polyps may take years to turn malignant. If they're spotted during colonoscopy, they can be snipped out before becoming dangerous. "These days, people know mammograms can detect breast cancer early and PSA tests can catch prostate cancer—but colonos-



Photography by Keith Weiler

Dr. Stafford S. Goldstein advocates the prevention of colon cancer.

copy not only detects early colon cancer, it can also prevent it," he says.

In fact, more than 90% of deaths associated with colon cancer can be avoided through early detection and removal of premalignant polyps.

Even so, when it comes to colon cancer screening, "people don't know about it or avoid it because they worry the test is unpleasant. In fact, the procedure is relatively painless."

With the use of light sedation, the patient experiences a pleasant twilight state prior to the procedure. Dr. Goldstein then inserts a slender, flexible tube with a video tip into the patient's rectum, directing the camera to view the entire colon. Throughout the colonoscopy, the patient remains relaxed and comfortable and often doesn't remember the procedure afterward.

When Senator Ted Kennedy and Congresswoman Connie Morella initiated legislation—pending in the U.S. Congress this year—to get colon cancer screening covered by insurance, the news touched scores of people at risk for the disease. The American Cancer Society recommends that all people over age 50 begin regular screening for colon cancer. Colonoscopy every 10 years is one option that was recommended.

People should begin colorectal cancer screening at a younger age and undergo screening more frequently if they have one of the following colorectal cancer risk factors: a family

history of colon cancer or polyps, or a personal history of colon cancer, polyps, or inflammatory bowel disease. Also, women with a history of gynecologic cancer are at increased risk. In addition, new genetic research suggests 6% of Ashkenazi Jews may be at increased risk.

The good news is that colon cancer treatments continue to improve. Surgery can remove tumors, and when chemotherapy is necessary, the most effective regimen is a drug combination, including the standard 5-Fluorouracil (called 5-FU) and Janssen Pharmaceutical's Levamisole. The best hope for combating the disease is early screening. Dr. Goldstein emphasizes, but with the latest chemotherapy treatments, "even patients with more advanced disease can do very well."

For Florence Seguin the close call with cancer was enough to turn her into an outspoken advocate for colonoscopy. "I've been telling all my friends to go for testing." She's convinced the test, which saved her life and enabled her to continue raising and caring for the 11-year-old boy, was nothing short of a blessing.

If you would like to learn more about colon cancer, or for a physician referral, please call (703) 876-0437. ■



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