

Preventable. Treatable. Beatable!

An In-depth Review of Colorectal Cancer

True or False?

Colorectal cancer is the second leading cancer killer.

✓ True False

Both men and women can get colorectal cancer.

✓ True False

Colorectal cancer often starts with no symptoms.

✓ True False

You can stop this cancer before it starts.

✓ True False

Dignity Health Education and Outreach

Colon Cancer At-A-Glance



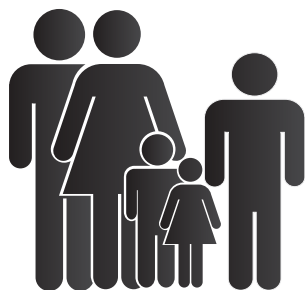
Colon cancer is the second leading cause of cancer-related death in the United States.

On average, your risk is about 1 in 20, although this varies widely according to individual risk factors.



50+

90% of new cases occur in people age 50 or older.



People with a first-degree relative (parent, sibling or offspring) who has colon cancer have two to three times the risk of developing the disease.

WE HOPE YOU enjoy and learn from our presentation of the Annual Cancer Program Report on Colorectal Cancer. Colorectal cancer continues to impact the lives of our patients. We are proud of the continuous efforts made to provide comprehensive care to our cancer patients. Dignity Health of the Central Coast cancer programs in Arroyo Grande, San Luis Obispo, and Santa Maria have demonstrated results in successful prevention, screening, diagnosis, treatment, survivorship, community education and outreach. Our cancer committees are multidisciplinary teams that represent physicians from the diagnostic and treatment specialties and non-physicians from administrative and support services. They meet monthly/quarterly to provide leadership in the cancer activities at Arroyo Grande Community Hospital, French Hospital Medical Center and Marian Regional Medical Center. The Cancer Committees are involved in evaluating new technologies, establishing new programs, and improving all cancer-related activities in the region. We are committed to working with our oncology and primary care partners to continue to improve results and the lives of the patients we serve. On behalf of our cancer committees we extend our thanks to our outstanding communities, medical staff, employees, administration and volunteers for the continued support of our cancer programs.

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Get Educated About Colorectal Cancer

What is Colorectal Cancer?

Colorectal cancer is one of the most common forms of cancer. Colorectal cancer is the second leading cause of cancer deaths in the United States. But no one likes to talk about it. Understanding the disease is important for anyone who has been diagnosed with colorectal cancer, but it is also essential for those who are trying to prevent it.

The Difference Between Colon Cancer and Colorectal Cancer

Colon cancer is a malignancy that begins in the colon, or large intestine. The large intestine is a long tube-like organ near the end of the digestive system. After food passes through the stomach and small intestine, the colon is responsible for removing fluid and some nutrients from the food that you eat. The colon then pushes the remaining solid waste into the rectum where it can be expelled from the body.

Colorectal cancer is another commonly used term that includes not only cancers of the colon, but also cancers that form in the rectum. The rectum is the last part of the large intestine where stool, the body's waste product, is expelled through the anus.

How Does Colorectal Cancer Start?

Most colorectal cancers begin as benign polyps. These are either flat or knob-like growths on the lining of the large intestine. Occasionally, the growths produce symptoms such as bleeding, constipation or blood in the stool. But often, the polyps produce no symptoms at all, so people may not know that they have them. The best way to detect the presence of polyps is with a procedure called a colonoscopy.

Who Gets Colorectal Cancer?

Anyone can get colorectal cancer but there are some people who are at higher risk. If you have a family history of colon cancer, physicians generally recommend that you get screened for colon cancer at an earlier age because your risk of getting the disease may be higher. For those who have no family history of the disease, recommended screenings generally begin at age 50. This is when the risk of getting colon cancer begins to increase.

However, even if you are under the age of 50 and have no family history of colon cancer, if you experience symptoms including abdominal pain, blood in the stool, narrowing stools, or a change in bowel habits, you should speak to your health care provider about getting the proper screening tests. Be sure to provide as much information as possible, including when the pain or discomfort started and the severity and/or frequency of symptoms.

Did you know:

Regular screening can prevent a large number of colon and rectal cancers. Unfortunately, too many people avoid colonoscopy or have the procedure too late.

A healthy gastrointestinal system is vital for life. If you notice unusual symptoms, get checked right away.



What You Need to Know...

Colon cancers almost always develop from abnormal growths or polyps in the colon or rectum. These can be removed before they become cancer.



Colorectal cancer awareness is represented by the color blue.

Please see page 20 for special community education events designed to build awareness about important health topics.

Colon Cancer Facts

Colorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States claiming more than 51,500 lives each year or 140 lives each day. An estimated 145,000 men and women will be diagnosed with colon cancer this year alone. However, colon and rectal cancers can often be prevented with proper screening. Colorectal cancer is highly treatable. Found in its earliest stages, colon cancer is survived by almost 90 percent of patients. **If everyone aged 50 years old or older were screened regularly, as many as 60% of these deaths could be prevented.**

Getting Screened

Colon cancer starts with polyps, small growths on the inner wall of the colon or rectum that in time can turn cancerous. Most polyps are benign (not cancerous), but some polyps (adenomas) can become cancer. Finding and removing polyps may reduce the risk of colorectal cancer. For this reason, when a physician finds one or more polyps during the colonoscopy, they are generally removed during the procedure. It can take as many as 10 to 15 years for a polyp to develop into colorectal cancer.

A large, long-term study found that 40% of all colorectal cancers might be prevented if people underwent regular colonoscopy screenings. This new research supports guidelines that recommend that people at average risk for colorectal cancer should have a colonoscopy every 10 years.

How to Prevent Colon Cancer

Colon Cancer is preventable!

Did you know that you can stop this cancer before it starts?

- Colon cancers almost always develop from precancerous polyps (abnormal growths) in the colon or rectum
- Screening tests find polyps, so they can be removed before they become cancerous
- Screening tests find colon cancer early, when treatment works best and the chance for a full recovery is very high
- The most effective way to reduce your risk of colon cancer is by having colon cancer screening tests beginning at age 50

Who is at Risk?

Both men and women are equally at risk for colon cancer and the risk of developing colorectal cancer increases with age. Screening tests for colorectal cancer should begin soon after turning 50 and continue at regular intervals or at the recommendation of your physician. It should be noted however, that although the cancer is most common among people aged 50 and older, it can occur in patients as young as teenagers. Over 75 percent of colon and rectal cancers happen to people with no known risk factors which is why regular screening is so important.

What Are the Risk Factors for Colorectal Cancer?

Risks You CANNOT CONTROL:

AGE: Age puts you at increased risk for colorectal cancer. Over 90% of those diagnosed with colorectal cancer are over age 50. As we age, we are more likely to grow polyps which have the gene changes that turn normal tissue into cancer.

PERSONAL HISTORY OF POLYPS OR COLORECTAL CANCER: If you have a personal cancer history of colon polyps or colon cancer, rectal cancer, ovarian cancer, endometrial cancer or breast cancer—you are at increased risk for colorectal cancer. You may also want to talk with your doctor about whether genetic testing is appropriate for you.

RACE: African-American and Hispanic men and women are at increased risk for colorectal cancer. They are also often diagnosed at a later stage of the disease.

ETHNICITY: Jews of eastern European descent are at increased risk for developing colorectal cancer. About 6% of American Jews who are of eastern European descent have DNA changes that increase their risk.

INFLAMMATORY BOWEL DISORDERS (IBD): If you've been diagnosed with an inflammatory bowel disorder such as ulcerative colitis or Crohn's Disease, you are at increased risk for colorectal cancer. Talk with your doctor about when your screening tests should begin.

GENETIC CONDITIONS: Two of the most commonly known genetic conditions put individuals at an increased risk for colon and rectal cancers: Familial Adenomatous Polyposis (FAP) and Hereditary Non-polyposis Colorectal Cancer (HNPCC), also known as Lynch Syndrome. Speak with your physician about when screening is right for you.



If everyone aged 50 years old or older were screened regularly, as many as 60% of deaths from colorectal cancer could be prevented.

Did you know?

African-American and Hispanic men and women are at increased risk for colorectal cancer as are Jews of eastern European descent. Make sure you know your family cancer history as well as your own medical history.



What Are the Risk Factors for Colorectal Cancer? continued

FAMILY HISTORY: If you or a family member has a history of colorectal cancer, or colon polyps, you may be at an increased risk for colorectal cancer. Generally, screening for family members is recommended to begin 10 years prior to the age of diagnosis of the affected person. (For example, if your loved one was diagnosed at age 52, family member screening needs to begin at age 42.)

If your family has a known genetic syndrome, screening may be recommended earlier. Talk to your doctor about the best option for you.

Risks You CAN CONTROL:

LIFESTYLE: Low physical activity, obesity, smoking and heavy alcohol use are all linked to a higher incidence of colorectal cancer.

DIET: A diet high in red meats (beef, pork, lamb) processed meats and fats may be linked to a higher incidence colorectal cancer.

(Please see page 13 for more suggestions.)

What Are the Symptoms?

Change in Bowel Habits

While it is common for people to experience a change in their bowel habits from time to time, there are some changes that should be evaluated by a physician if the symptoms persist. If you notice any of these changes to your bowel habits take note of when the changes began to occur and what other lifestyle changes occurred at the same time. This information will help your physician determine the cause.

- **Diarrhea.** Loose stool and diarrhea are common occurrences. The condition can be caused by intolerance to certain foods, medication, stress, or exposure to bacteria (often experienced when traveling). Most people will get at least a mild case of diarrhea several times per year. In most cases, the condition will resolve itself within two to three days. Your health care provider should investigate diarrhea that lasts more than three days.
- **Constipation.** Lifestyle changes can also cause constipation. This symptom, defined as having less than three bowel movements in a week, is one of the most common gastrointestinal complaints. If you have constipation, it does not mean that you have colon cancer. A change in your diet, poor nutritional habits, stress, dehydration or lack of physical activity can cause constipation to occur. Physicians generally recommend that if you have constipation for more than two weeks, you should see your doctor so that the cause can be determined.

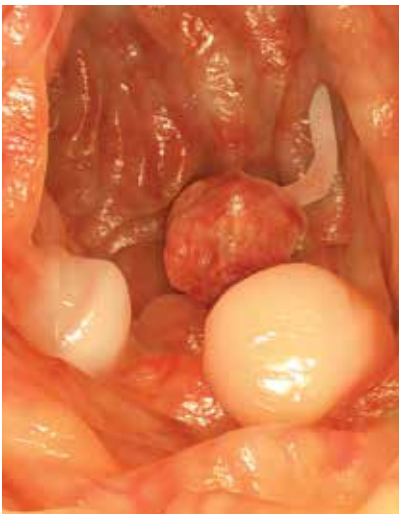
Change in the Appearance of Stool

The way that your stool looks can be a good indicator of what is going on inside your body. Small, hard stool is an indicator of constipation. But if you notice one of the following changes, contact your physician for an appointment:

- **Change in Shape.** If your stool becomes, thin, narrow or ribbon-like this could be an indication of changes inside your colon. Contact your health care provider to have the condition evaluated.
- **Change in Color.** If you notice blood in the stool, or darkened stool this could also be an indication of changes inside the colon. Your physician can help you to determine the cause.

Colon cancer symptoms can be confusing. Common stomach ailments or a change in bowel habits are common occurrences, and don't always mean that you have a serious condition such as colon cancer. So when should you be worried about your symptoms? There are several signs that should warrant concern and be evaluated by a physician.

Keep in mind that many people who are diagnosed with colon cancer report having no symptoms prior to their diagnosis. This is why screening is so important.



Most polyps are benign (not cancerous), but some polyps (adenomas) can become cancer.

What Are the Symptoms? continued

Bleeding

One of the most disturbing symptoms of colon cancer can be bleeding from the rectum or blood in the toilet after you have a bowel movement. Be aware, however, that conditions such as hemorrhoids or fissures (a break or tear in skin) can also cause small amounts of blood. If you notice blood, contact your physician and be sure to explain any other symptoms that you may be experiencing at the same time. A large amount of blood may warrant a visit to the emergency room.

Stomach Discomfort or Cramping

Like constipation or diarrhea, stomach discomfort is a common occurrence and can be the result of poor diet, food intolerance, stress or other factors. Be aware of discomfort that does not go away or cramping that gets worse. Additionally, if you have the constant feeling that you need to have a bowel movement and the feeling is not relieved by having one, contact your physician for an appointment.

Unexplained Fatigue, Weakness or Weight Loss

Chronic rectal bleeding can cause iron deficiency. You might feel tired all of the time and have pale skin as a result. If your energy level drops or you begin to lose weight for no reason, take note of when the changes occur and contact your physician for evaluation.

It is important to remember that most of these conditions may have causes other than colon cancer. Fear of a cancer diagnosis shouldn't keep you away from seeing your health care provider if you are experiencing symptoms. Chances are good that your symptoms can be treated. If cancer is suspected, the earlier the cancer is detected the better off you will be. Nearly 90% of colon cancer is treatable and survivable if diagnosed in its early stages.

Not Having Any Symptoms at All?

Keep in mind that many people who are diagnosed with colon cancer report having no symptoms prior to their diagnosis. Don't wait for symptoms to occur to get screened for colon cancer if you are over the age of 50 or if you have a family history of the disease. Talk to your physician or primary care provider to get more information about screening options.

The Colonoscopy Screening



If you are age 50 or older and have never been screened, start now. For those with a family history, talk to your doctor about how often and at what age to begin screening. Colon cancer can occur at any age; please make sure to ask your doctor about screening if you think it is warranted.

Why is Screening for Colorectal Cancer so Important?

Many colorectal cancers can be prevented through regular screening. Screening can find precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before they become cancerous. Screening is crucial because when found early, colorectal cancer is highly treatable. Early stages of colorectal cancer usually present no symptoms; the symptoms tend to appear as the cancer progresses.

What is a Colonoscopy?

A colonoscopy is considered the gold standard for detection of colorectal cancer. It is the only screening test that also prevents many colorectal cancers. Here are a few things you should know about this test:

- The day before the procedure you will be given a “prep” to cleanse the colon. The prep is considered to be the most difficult part of the procedure by some people. There are things you can do, however, to make your prep day more tolerable.
- On the day of the colonoscopy, you will receive medication to help you relax. Most people fall asleep and do not remember much about the test when they wake up. The exam takes about 30 minutes to complete.
- Your doctor performs a colonoscopy by inserting a long, thin, flexible tube called a colonoscope into your colon through the rectum. The tube has a tiny video camera and light at the end that sends images to a video monitor.

The Colonoscopy Screening, continued

A colonoscopy is one of the most important preventative procedures that you will undergo. The test is considered the gold standard for colon cancer detection and prevention, yet most people dread the thought of it. With a little bit of education and planning, however, getting a colonoscopy can be more comfortable. Follow these steps to make your colon cancer screening more tolerable.



- During a colonoscopy, your doctor examines the lining of your entire colon to check for polyps or tumors. If any polyps are found, they can be removed immediately.
- Both men and women should have a colonoscopy starting at age 50. People at increased risk of colorectal cancer may need to start earlier, depending on your doctor's instructions. Also, your doctor will tell you in how many years you will need another colonoscopy.

Since 90% of colon cancer cases are curable when diagnosed at an early stage, screening for the disease should be a top priority.

Preparing for a Colonoscopy

How Not to Dread a Colonoscopy: Steps To Make the Test More Comfortable

- **Get informed and get scheduled.**

Sometimes the hardest part of getting the colonoscopy is making the decision to have the test performed in the first place. A common reason that people avoid a colonoscopy is that they think they don't need one. If they have no symptoms or family history of colon cancer they feel that they don't need to be screened. However, most cases are found in people with no family history of colon cancer. Often people report that they felt no symptoms prior to being diagnosed.

During a colonoscopy, your physician cannot only detect signs of colon cancer, but also remove pre-cancerous polyps that have the potential to become cancer over time. Understanding the preventative potential of the test may make scheduling a colonoscopy more tolerable. In most cases, your physician will discuss the procedure during your annual physical. But if symptoms arise, don't hesitate to contact your health care team and ask to have the test performed.

When scheduling the procedure, keep in mind that due to the sedation you will need to take the test day off from work. On prep day, you will need to be close to a bathroom and may experience some discomfort. Some preps can be started late in the afternoon but some people choose to take this day off from work as well. On test day, your sedation will make it unsafe for you to drive or perform work duties. Be sure to have a friend or family member as transportation to and from the procedure.

• Get prepped.

On the day before your colonoscopy, your physician will ask you to perform a “prep” to cleanse the colon. A clean colon makes it easier to find and remove polyps, so doing a thorough bowel cleaning is essential. Be sure to read the instructions given to you by your physician and clarify any confusion by calling and speaking to your health care provider in advance.

In most cases, cleansing the digestive tract means consuming a clear liquid diet on the day before the exam. This means that you will avoid any solid foods and will only be drinking clear fluids that are approved by your health care team. Be sure to have a kitchen that is well stocked with products such as:

- Clear fruit juices
- Jell-O (no red, blue, or purple coloring)
- Clear soft drinks
- Coffee (no milk or creamer)
- Broth

In addition, your physician will prescribe a liquid laxative. Be sure to follow instructions and drink all of the fluid that is prescribed. Some people find the solution disagreeable to drink. Tips for getting it down include:

- Drinking through a straw placed at the back of the mouth
- Keeping the fluid cold
- Sucking on tart hard candies or lemon to mute the taste

Cleansing the digestive tract means consuming a clear liquid diet on the day before the exam and doing the colon prep as ordered by your doctor.





While colorectal cancer screening is the most important way to prevent colorectal cancer, there are lifestyle changes that can reduce your risk for polyps and colorectal cancer. See page 13 for strategies to decrease your risk of colorectal cancer.

Did you know?

The Affordable Healthcare Act requires that there be no deductibles or co-pays for defined screening and preventive services, one of which is screening colonoscopy.

The Colonoscopy Screening, continued

Being close to a bathroom during the prep is essential. In fact, some people drink the laxative in the bathroom because bowel movements may begin immediately after you begin drinking. You may find it more comfortable to use flushable moistened baby wipes instead of toilet paper or to apply hemorrhoid cream to protect your skin.

• Stay relaxed on test day.

A colonoscopy is an endoscopic procedure. This means that a scope is inserted through the anus to view the colon. Your gastroenterologist is skilled at moving the scope in a way that creates minimal discomfort.

Good communication between you and your health care team on test day is the key to making your experience a positive one. Increased anxiety or fear can make the scoping process less comfortable. Don't be afraid to ask questions about sedation, about the test process, or about managing discomfort.

After the test is complete, be sure to ask questions about the results of the exam. Your physician will let you know if there were any polyps or signs of cancer. And finally, find out if there are any further steps you need to take and when you will need your next colonoscopy.

What Can I Do to Reduce My Risk?

Say "Yes" to the Test! Get screened. It's that simple. If you knew about a screening test that could reduce your risk of dying from cancer, would you have it done? Most people would probably say "yes." But when it comes to colorectal cancer screening, many people get squeamish or embarrassed and say "not me" or "not now." Take advantage of the lifesaving power of a colonoscopy! This is the very best way to help prevent colorectal cancer.

Preventing Colorectal Cancer

There is **convincing evidence** that the following strategies can decrease colorectal cancer risk:

- Eat nine servings of fruits and vegetables each day
- Eat foods with folate such as kale, Swiss chard and other dark leafy green vegetables
- Limit fat in your diet
- Avoid tobacco, including smokeless products
- If you do smoke, stop
- Increase your physical activity such as walking, gardening, or climbing steps for at least 20 minutes three to four times a week
- Maintain a healthy body weight
- Avoid overall body fat, especially fat around your waist
- Reduce how much red meat and processed meats you eat
- Use alcohol in moderation

There is **probable evidence** that these additional strategies can reduce risk:

- Increase foods that contain dietary fiber
- Include garlic in your diet
- Drink more milk if you can tolerate it
- Add foods with calcium
- Women should consume alcohol only in moderation

While over 90 percent of colon and rectal cancers are found in people over the age of 50, anyone at any age can get colorectal cancer.

People younger than 50 need to protect themselves by knowing their family cancer history as well as their own medical history. Those with a family history of certain cancers or with certain medical conditions may need to begin colonoscopy screening earlier and be tested more often.

In addition, everyone, no matter how old they are, should be aware of the symptoms of colorectal cancer. If you have any of the symptoms be sure to talk to your doctor about the appropriate colon screening to determine the cause. *Don't ignore them.*



Colon Cancer Stages and Treatment

Cancer staging takes place after the initial diagnosis and may involve a number of tests which will help your physician recommend a course of treatment.

A colon cancer diagnosis can be terrifying. One of the first questions that patients usually ask is, “What’s next?” The plan for treatment depends on a number of factors. Determining the best course of action is determined by your general health, whether or not the cancer is a recurrence of a cancer that was treated in the past, and on the stage of the cancer.

Cancer staging takes place after the initial diagnosis and may involve a number of tests. Each test will help your physician to determine how much of your body the cancer has affected. After determining the stage, your physician will recommend a course of treatment.

Stage 0 Colon Cancer

When abnormal cells are found in the wall, or mucosa, of the colon, it is considered stage 0 colon cancer. This is also called carcinoma in situ.

Treatment: A polypectomy (surgical removal of a polyp) is performed during a colonoscopy and may remove all of the malignant cells. If the cells have affected a larger area, an excision may be performed. An excision is simply a minor, minimally invasive surgery that can often be performed during the colonoscopy.

Stage I Colon Cancer

Cancer which has invaded the mucosa and the submucosa is considered stage I colon cancer. The submucosa is the underlining of the large intestine and it lies beneath the mucosa. In stage I colon cancer, malignant cells may have also affected the deeper muscle layer of the colon wall, but have not invaded any areas outside of the colon.

Treatment: Surgery is performed to remove the affected area. This is called a partial colectomy and may involve rejoining the parts of the colon that are still healthy.

Stage II Colon Cancer

When cancer has spread past the colon wall, but has not affected the lymph nodes, it is considered stage II colon cancer. This condition is subdivided into three stages.

- Stage IIA Cancer has spread to the serosa, or outer colon wall, but not beyond that outer barrier.
- Stage IIB Cancer has spread past the serosa but has not affected nearby organs.
- Stage IIC Cancer has affected the serosa and the nearby organs.

Fact:

64,000/year

Preventable colorectal cancer cases if every American was screened as recommended.

Stage at Diagnosis of Colorectal Cancer

Data 2003 to 2012 Dignity Health of the Central Coast

Stage #	Arroyo Grande Community Hospital	French Hospital Medical Center	Marian Regional Medical Center
0	5.3%	.9%	4.8%
I	17.5%	13.7%	19.4%
II	20.5%	15.8%	23.4%
III	28.1%	26.1%	23.8%
IV	12.6%	16.4%	22.6%
N/A	.4%	.9%	.6%
Unknown	15.6%	26.1%	5.5%

Treatment: Stage II cancers are treated with surgery to remove the affected areas. Chemotherapy may also be recommended in some cases. High grade or abnormal cancer cells, or tumors that have caused a blockage or perforation of the colon may warrant further treatment. If the surgeon was not able to remove all of the cancer cells, radiation may also be recommended to treat any remaining cancer cells and reduce the risk of a recurrence.

Stage III Colon Cancer

Cancer that has spread past the lining of the colon and has affected the lymph nodes is considered stage III colon cancer. In this stage, even though the lymph nodes are affected, the cancer has not yet affected other organs in the body. This stage is further divided into three categories: IIIA, IIIB and IIIC. Where your cancer is staged in these categories depends on a complex combination of which layers of the colon wall are affected and how many lymph nodes have been affected.

Stage III Colon Cancer, continued

Treatment: The course of action for all categories of stage III colon cancer involves surgery to remove the affected areas and chemotherapy. Radiation treatment may also be recommended for patients who are not healthy enough for surgery or for patients who may still have cancer cells in their bodies after surgery has taken place.

Site Distribution

Data 2003 to 2012

Dignity Health of the Central Coast

AGCH

Colon.....	187
Rectum/.....	76
Rectosigmoid	

FHMC

Colon.....	275
Rectum/.....	84
Rectosigmoid	

MRMC

Colon.....	398
Rectum/.....	137
Rectosigmoid	

Information continues

Since 90% of colon cancer cases are curable when diagnosed at an early stage, screening for the disease should be a top priority.

Colon Cancer Stages and Treatment, continued

Stage IV Colon Cancer

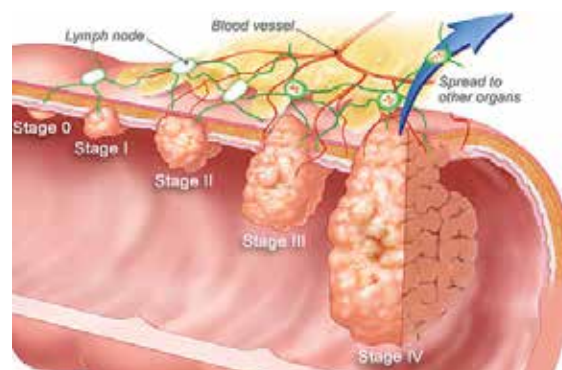
In stage IV colon cancer, the cancer has spread (metastasized) to other organs in the body through the blood and lymph nodes.

Treatment: Patients with stage IV colon cancer may undergo surgery to remove small areas, or metastases, in the organs which have been affected. In many cases, however, the areas are too large to be removed. Chemotherapy may help to shrink the tumors so that surgery is more effective or to prolong life.

Chemotherapy treatments for stage IV colon cancer may include:

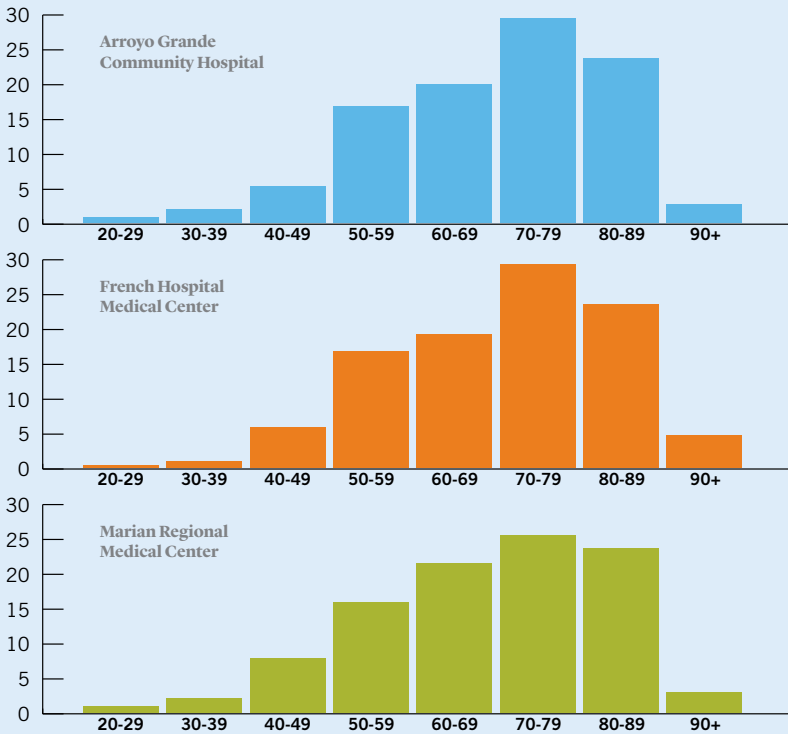
- FOLFOX (leucovorin [folinic acid], 5-FU, and oxaliplatin)
- FOLFIRI (leucovorin, 5-FU, and irinotecan)
- CapeOX (capecitabine and oxaliplatin)
- 5-FU and leucovorin, with or without bevacizumab
- Capecitabine, with or without bevacizumab
- FOLFOXIRI (leucovorin, 5-FU, oxaliplatin, and irinotecan)
- Irinotecan, with or without cetuximab
- Cetuximab
- Panitumumab

Researchers acknowledge that even though advances in treating metastatic colon cancer are moving along at a rapid pace there is no standard recommended treatment for the disease at this level. As one study points out, “different strategies may be better for different individuals.” Patients who are faced with a stage IV diagnosis may find it helpful to be aware of clinical trials by talking with your physician or contacting our Research RN (please see page 19).



Age at Diagnosis of Colorectal Cancer

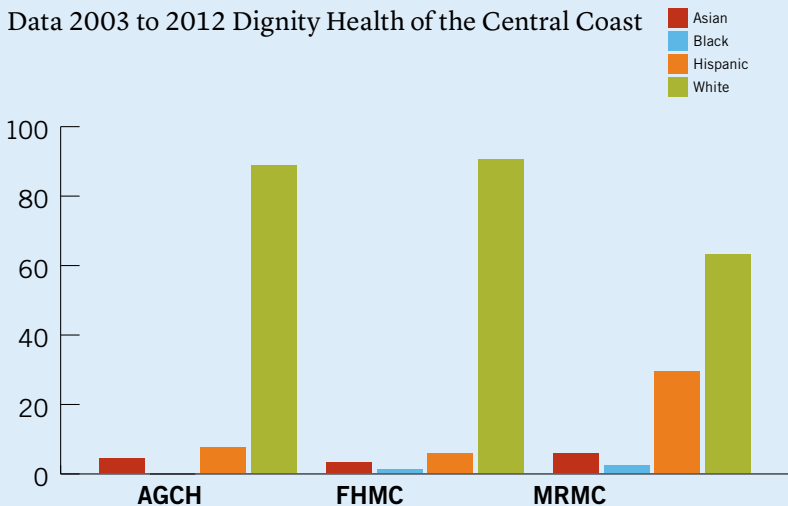
Data 2003 to 2012 Dignity Health of the Central Coast



Dignity Health of the Central Coast cancer programs in Arroyo Grande, San Luis Obispo and Santa Maria provide leadership in the cancer activities at Arroyo Grande Community Hospital, French Hospital Medical Center and Marian Regional Medical Center. This report contains the data collected for colorectal cancer characteristics for patients in our counties.

Race/Ethnicity of Colorectal Cancer

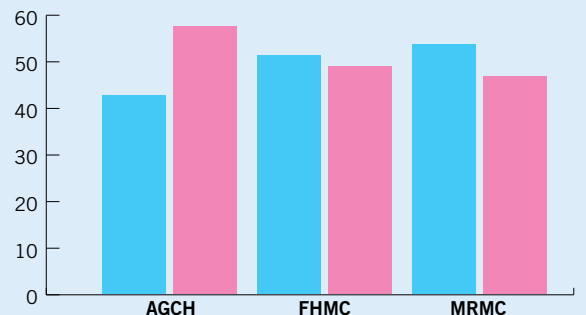
Data 2003 to 2012 Dignity Health of the Central Coast



Gender Ratio of Colorectal Cancer Diagnosis

Data 2003 to 2012

Dignity Health of the Central Coast



Medical Professionals

Please make an appointment for your colonoscopy today! The experienced gastroenterologists listed here, members of Dignity Health of the Central Coast, are happy to answer your questions and guide you through the process.

If you have Medicare or PPO insurance you can refer yourself for colonoscopy screening. If you have an HMO, Medi-Cal or other insurance that requires a referral, you will need to contact your Primary Care Physician for the referral.

- Benipal, Paramjit S., M.D..... (805) 347.7355
Santa Maria Gastroenterology
116 South Palisade, Suite 210, Santa Maria, CA 93454
- Carlson, Steven W., M.D..... (805) 543.8822
Central Coast Gastroenterology
1551 Bishop, Suite 250, San Luis Obispo, CA 93401
- Cushing, Gary L., M.D. (805) 549.7843
Central Coast Gastroenterology
1551 Bishop, Suite 510, San Luis Obispo, CA 93401
- Evans, Robert B., M.D..... (805) 614.9880
Santa Maria Gastroenterology
116 South Palisade, Suite 306, Santa Maria, CA 93454
- Hsia, Thomas P., M.D..... (805) 922.6581
Santa Maria Gastroenterology
525 East Plaza Dr., Suite 307, Santa Maria, CA 93454
- Jahnke, Eric W., M.D..... (805) 922.6991
Santa Maria Gastroenterology
1311 South Miller St., Suite 100, Santa Maria, CA 93454
- Mundorf, Jeffrey B., M.D..... (805) 549.0784
Central Coast Gastroenterology
1551 Bishop, Suite 230, San Luis Obispo, CA 93401
- Nastaskin, Igor J., M.D..... (805) 614.9880
Santa Maria Gastroenterology
116 South Palisade, Suite 306, Santa Maria, CA 93454
- Riegler, Jonathan L., M.D. (805) 226.4106
Central Coast Gastroenterology
1255 Las Tablas Road, Suite 201, Templeton, CA 93465
- Rodgers, Vance D., M.D. (805) 786.4563
Central Coast Gastroenterology
1551 Bishop, Suite 230, San Luis Obispo, CA 93401
- Vachhani, Atul B., M.D. (805) 922.6581
Santa Maria Gastroenterology
525 East Plaza Dr., Suite 307, Santa Maria, CA 93454
- Wetzel, Paul D., M.D..... (805) 434.5530
Central Coast Gastroenterology
1255 Las Tablas Road, Suite 201, Templeton, CA 93465
- Zovich, Daniel C., M.D. (805) 434.2434
Central Coast Gastroenterology
1255 Las Tablas Road, Suite 201, Templeton, CA 93465

Turn to Us for Answers About Cancer

Dignity Health is committed to helping people stay well by making healthy lifestyle choices. If you have concerns, please call us!

Marian Regional Medical Center at Mission Hope Cancer Center

1325 East Church Street, Suite 102, Santa Maria, CA 93454
805.219.HOPE (4673) • Se habla español: 805.346.3406
www.missionhopecancercenter.com

Jenni Davis

ONCOLOGY COUNSELOR AND
PATIENT ADVOCATE

346.3402

Jennifer.Davis005@dignityhealth.org

Liz Elliott, RN, OCN, CBCN, CBPN-IC

BREAST CARE NAVIGATOR

346.3405

Elizabeth.Elliott@dignityhealth.org

Alison Fernandez, RN, MPH, OCN

UCLA CLINICAL RESEARCH COORDINATOR

346.3461

Alison.Fernandez@dignityhealth.org

Carol Herrin, RN, OCN

CLINICAL RESEARCH NAVIGATOR

346.3463

Carol.Herrin@dignityhealth.org

Arroyo Grande Community Hospital

Coastal Cancer Care Center

921 Oak Park Boulevard, Suite 100B
Pismo Beach, CA 93449
www.arroyograndehospital.org

Mary Fedel, RN, OCN

CANCER CARE NAVIGATOR

481.7245

Mary.Fedel@dignityhealth.org

Infusion Center of San Luis Obispo

715 Tank Farm Road, Suite B
San Luis Obispo, CA 93401

Susan L. Diaz, RN, OCN

CLINICAL SUPERVISOR

786.6144

Susan.Diaz@dignityhealth.org

Sean Hunt, RN, BSN, OCN

CANCER CARE NAVIGATOR/
SURVIVORSHIP PROGRAM

346.3401

Sean.Hunt003@dignityhealth.org

Michelle Lamarche, RN

ASSISTANT NURSE MANAGER
MISSION HOPE INFUSION CENTER

346.3421

Michelle.Lamarche@dignityhealth.org

Chris Magana

CANCER CENTER TRANSPORT COORDINATOR

346.3444

Chris.Magana@dignityhealth.org

John Malinowski

CANCER REHABILITATION TRAINER

346.3413

John.Malinowski@dignityhealth.org

French Hospital Medical Center

Hearst Cancer Resource Center
1941 Johnson Avenue, Suite 201A
San Luis Obispo, CA 93401
www.frenchmedicalcenter.org

Gloria Caine, RN, BSN, OCN, CBPN-C

NURSE NAVIGATOR, HCRC

542.6234

Gloria.Caine@dignityhealth.org

Beverly Kirkhart

DIRECTOR, HCRC

542.6269

Beverly.Kirkhart@dignityhealth.org

Dignity Health Central Coast

Katherine M. Guthrie

CANCER SERVICES REGIONAL
DIRECTOR

346.3434

Katherine.Guthrie@dignityhealth.org

Tina McEvoy, RN, BSN, CHPN

HOSPICE AND PALLIATIVE CARE
DIRECTOR

739.3828

Tina.McEvoy@dignityhealth.org

MEDICAL DIRECTORS

MARIAN REGIONAL MEDICAL CENTER

Robert A. Dichmann, M.D.

ARROYO GRANDE COMMUNITY HOSPITAL

Edwin Hayashi, M.D.,
F.A.C.S.

FRENCH HOSPITAL MEDICAL CENTER

Thomas Spillane, M.D.



There are currently more than
one million colon cancer survivors
in the United States.

DIGNITY HEALTH COMMUNITY EDUCATIONAL EVENTS

Meet Our Experts

Please join us for these community forums in which local healthcare professionals will share their expertise on important topics. Don't miss this wonderful opportunity to ask your questions at the interactive segment that follows.

Demystifying the Screening Colonoscopy

Saturday, July 26 • 10:00 a.m.

Presenter: Paramjit Benipal, M.D., gastroenterologist

Learn about this important screening process and what to expect during the procedure as the doctor discusses the best way to help prevent colorectal cancer. Say yes to this life saving test!



Paramjit Benipal, M.D.



Thomas Bosshardt, M.D.



Barry Feldman, M.D.

Lung Cancer Screening, Diagnosis and Treatment

Saturday, August 23 • 10:00 a.m.

Presenters: Thomas Bosshardt, M.D., FACS, surgeon, and Barry Feldman, M.D., pulmonologist

These specialists will explain the new guidelines on lung cancer screening, the new minimally-invasive advanced procedure called Electromagnetic Navigation Bronchoscopy and advancements in lung cancer surgery.

Prostate Cancer Management and Robot-Assisted Surgery at Marian Regional Medical Center

Saturday, September 27
10:00 a.m.

Presenter: Christopher Johnson, M.D., FACS, urologist

Our urologist will outline the latest information about prostate cancer care: who should be screened, advances in diagnosis, treatment and technologies in minimal-access surgery.



Christopher Johnson, M.D.

What's New in Breast Cancer, Genetic Testing and Clinical Trials

Saturday, October 25
10:00 a.m.

Presenters: Robert Dichmann, M.D., medical oncologist, and Monica Rocco, M.D., FACS, dedicated breast surgeon

This presentation will focus on our sophisticated Faxitron PathVision Technology, who would benefit from genetic testing, as well as the exciting research trials offered at Mission Hope Cancer Center.



Robert Dichmann, M.D.,



Monica Rocco, M.D.

■ All sessions will be held at the beautiful **Monarch Club** at Trilogy Monarch Dunes, 1645 Trilogy Parkway, Nipomo. **Space is limited; please make your reservation early by calling (805) 219.HOPE (4673).**

