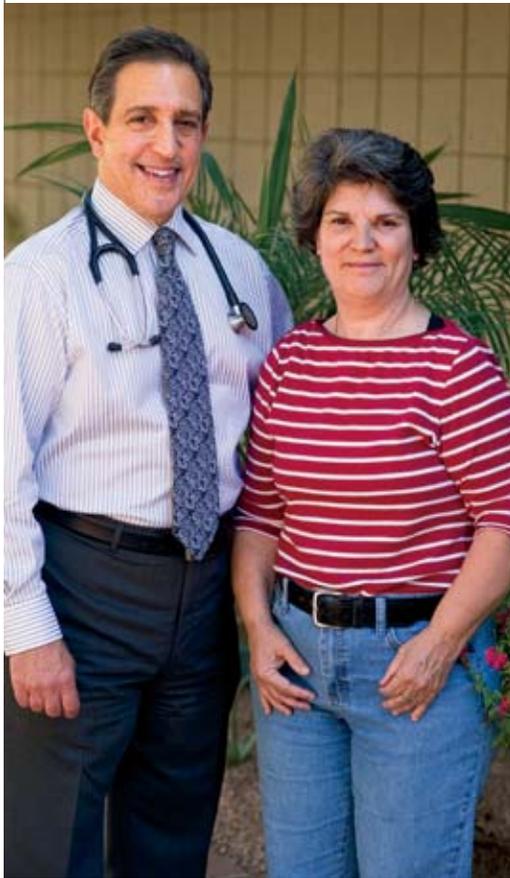


U N C O V E R I N G

'Hide-and-Seek' Cancer

Ironically, the second leading cause of cancer death in the U.S. is one of the few that can be prevented.

"Patients are referred to me for cancer screening by primary care physicians all over the Valley, but at least half refuse to be screened," said board-certified gastroenterologist Bruce Sand, DO, who is on the medical staff at John C. Lincoln Deer Valley Hospital.



^ Gastroenterologist Bruce Sand, DO, found a small tumor in Cindy Satterwhite's colon, before it went through the colon wall and into the lymph system.

The problem? People don't want to think about having a doctor use a tiny camera on a flexible tube to look at the inside of their colons. Dr. Sand's 50 percent rejection rate looks pretty good compared with national statistics that show 66 percent reject the screening.

But the relatively simple, brief and painless procedure can save your life.

"Believe me, I've been doing this for more than 25 years, and I know colorectal cancer is much worse than a colonoscopy," said Dr. Sand.

Sometimes, patients listen to reason – and their lives are saved.

A Bit of Bleeding

Ask Cindy Satterwhite, a mid-50-ish Phoenician who works with the Transportation Security Administration (TSA) at Phoenix Sky Harbor International Airport. "I really didn't think I had a problem," she recalled. "Once in a while I might have had a bit of bleeding, but I thought that was just hemorrhoids. I didn't have any other symptoms."

"She came here reluctantly," Dr. Sand said. "She was sure she didn't want a colonoscopy. But we talked, and it's a good thing that she changed her mind."

Tucked away in a hard-to-see fold of her colon was a small tumor, an adenocarcinoma in situ. "It was just beginning, but if we hadn't done the screening and Cindy had waited for symptoms to develop, it would have gone through the wall of her colon and into her lymph nodes," Dr. Sand said. "She would have been in deep trouble. The totally painless screening saved her life."

Unlike pre-cancerous polyps that can be removed during a colonoscopy, cancer cells require surgery. Dr. Sand referred Cindy to Francisco Rodriguez, MD, who removed a portion of Cindy's colon in mid-June.

Many Folds in Tissue

"It all went very well," Cindy said. "I'm healing well and feeling better and I'm back at work."

Dr. Rodriguez referred Cindy to an oncologist to ensure that no trace of the cancer remained after the surgery. "They did CT, PET scans, you name it," Cindy said. "I'm fine. I credit all my wonderful doctors."

Cindy's the best example of the value of colorectal cancer screening, Dr. Sand said. "It's like a new car. You can't tell much about it from the outside. You don't know what's under the hood until you look.

"Cancer likes to play hide and seek," he added. "The colon's natural shape includes many folds in the tissue, and cancer can be anywhere. But an experienced gastroenterologist who goes slowly can find something, even if it's trying to hide. And that can save a life."

For more information, please visit JCL.com/endoscopy.

Screening Guidelines

- > Get a colonoscopy every 10 years beginning at age 50.
- > It usually takes about 10 to 15 years for polyps (abnormal cells) to develop into colorectal cancer.
- > Screening also can result in finding colorectal cancer early, when it is highly curable.
- > Those with a family history or other risk factors for colorectal polyps or cancer should talk with their doctor about screening at a younger age and/or more frequent screening.

Source: American Cancer Society, cancer.org