

Put to

Yes

the Test

COVER STORY

The consequences of avoiding an unpleasant colon cancer screening were less dire for Margie Smith because her doctor wouldn't give up

Margie Smith has become a vocal advocate for colon cancer screening ... the hard way. For years, she put off doctors when they told her it was time to schedule a colonoscopy. "I'm 69, and they are all younger, so I thought I could push them around," she said.

Then she encountered a doctor who wouldn't budge: Marsha Weaver, M.D., with Saint Luke's Medical Group-Southridge. Every time Smith showed up for a yearly physical, a blood pressure check, or medication refills, Dr. Weaver brought up the subject of tests for colon cancer.

"No colonoscopy," Smith would say.

At least take a fecal occult blood test (FOBT) to check for blood in your stools, implored Dr. Weaver. "It's not the best test, but it's better than nothing," she said. This test detects tiny amounts of blood often shed by cancer or polyps.

Smith would promptly toss the card in the first wastebasket she passed.

"I just wasn't willing to smear poop on a card," Smith said. After all, she couldn't see any blood and didn't have stomach pains or problems. She felt great and didn't think she had any history of colon disease in her family. (She later found out that two of her three brothers had pre-cancerous polyps in their colons.)

Dr. Weaver warned it was fairly common for people to have no symptoms with colon cancer, especially with early disease.

In July, Dr. Weaver's campaign paid off. Smith took the FOBT card home and left it on her bathroom counter where she could see it. She was nearing 71, the average age of diagnosis of colon cancer. As many of her friends had done this test, she decided to do it too.

"I was shocked a couple of days later when Dr. Weaver called and said the lab found blood in my stool," she said. Soon, the idea of a messy test would be put in a different perspective.

Problem not solved

The following week, Smith took the laxatives necessary to clean her colon for a colonoscopy. She remembers thinking the prep wasn't really so bad. And, she doesn't remember a thing about the actual test until she woke up in recovery and heard her doctor say, "We found cancer."



Holy cow One positive aspect of Margie Smith's experience was the loving response from family and friends. Church members made a prayer shawl for her. Family and friends brought food and flowers, and her son and daughter-in-law, who is Turkish, arranged to sacrifice a cow in her home town in honor of her healing. "I had all the bases covered," Smith said.

“The word cancer is fear,” Smith said. “My first reaction was disbelief, and then I got very scared.”

The tumor was located in the cecum on the right side of the colon near the appendix. At this point, the stool is still in liquid form, so people are less likely to notice symptoms of colon cancer here because tumors are less likely to block passage.

The following week, Todd Moore, M.D., with Saint Luke’s Specialists in Advanced Minimally Invasive Surgery, removed 18-inches of Smith’s colon, along with the tumor, through small holes in her abdomen. She was only out for a few days and was soon back to playing golf and working out.

At first, the news was positive. The tumor was attached only superficially to the colon wall. So, when the pathology report stated her lymph nodes didn’t show evidence of cancer, Smith thought she was in the clear. But Dr. Weaver was determined that Smith not let this go yet.

Spot on

Because colon cancer carries a high risk of spreading, Dr. Weaver encouraged Smith to get a scan. She wanted her to make sure the cancer hadn’t spread to surrounding organs. And Smith was getting more inclined to follow Dr. Weaver’s advice.

A PET scan revealed an area of increased metabolic activity on the right side of her liver. Cancer cells divide faster than cells around them. This shows up as a bright area on the scan.

Smith went to Kimberly Brown, M.D., a surgeon with Saint Luke’s Surgical Specialists, to further investigate. Dr. Brown specializes in cancers of the liver, pancreas, and GI tract. Smith went in for a liver biopsy with the agreement to allow Dr. Brown to operate if she found cancer.

Surgical Oncologist Brings Team Approach

Last fall, Kimberly Brown, M.D., a fellowship-trained surgical oncologist, joined Saint Luke’s Surgical Specialists. Dr. Brown is developing a program specializing in liver, gallbladder, pancreatic, and gastrointestinal cancers at Saint Luke’s Hospital of Kansas City.

Dr. Brown completed her surgical oncology fellowship at The Fox Chase Cancer Center in Philadelphia and completed general surgery training at Loyola University in Chicago. She also has extensive experience with laboratory research.

At Saint Luke’s, Dr. Brown continues to be involved in many research efforts, allowing her to offer patients up-to-date treatment strategies and the opportunity for patients to enroll in clinical trials.

Dr. Brown is one of several surgeons at Saint Luke’s offering the highest quality, most innovative surgical care in Kansas City. For more information about Saint Luke’s surgical services, or for a physician referral, call NurseLine at (816) 932-6220.



“Preventive screenings are the ways we can change outcomes.”

—Marsha Weaver, M.D.

When Dr. Brown looked at Smith’s liver using ultrasound and a tiny camera inserted directly into the liver, she saw another tumor on the left side that didn’t show up on the scan. Smith would need open surgery.

During the 10-hour procedure, Dr. Brown removed the entire right lobe of Smith’s liver, along with the spot on the left.

Now she’s undergoing chemotherapy in case there’s cancer elsewhere in her body.

“I had planned on destroying my liver in a very different way,” quipped the spunky Smith.

Pester to prevent

Now Smith’s chances of surviving 10 years are about 50 percent, which is good for a cancer that has already spread, according to Dr. Brown. Smith is in a better place than she would be with other types of tumors, because there are highly effective

drugs for colon cancer. And, if she hadn’t gone to see the oncologist, she would have had a much poorer prognosis.

Smith knows that she’s become another example for Dr. Weaver to use in her campaign to get patients to have colonoscopies. And she’s happy if this convinces just one person to undergo the test.

She’s even launched her own crusade. She sent out letters to all her friends and relatives telling them how important it is to get colonoscopies. And, given her family history, she’s vowed to make sure that all four of her children take the test.

“Preventive screenings are the ways we can change outcomes,” Dr. Weaver said. “I warn my patients that I am going to bug them. Many probably wish I would forget.” Smith has become one of her patients who will be forever grateful that she did not. ✦

Just don’t say no

Marsha Weaver, M.D., with Saint Luke’s Medical Group-Southridge, is used to her patients resisting when she recommends colonoscopies. So she resorts to a tried-and-true treatment: persistent reminders.

The Test That Treats

Colonoscopies can help detect disease when it’s very treatable

Poop makes people cringe. But being squeamish can be fatal when it keeps people from taking advantage of colon cancer screening.

Colon cancer is the second leading cause of cancer death in the United States. It killed more than 52,000 in 2007 and affects one out of every 18 people.

If you catch it early, though, it’s one of the most curable cancers. Yet, 60 percent of adults over 50 have never had a colonoscopy, the gold standard for cancer screening. To perform the test, doctors use a lighted tube to examine the inside walls of the colon, a 5-foot long muscular tube that removes water and nutrients from partly digested food and turns the rest into waste.

“Colonoscopies are a great diagnostic test that can screen for and detect early disease when it’s very treatable,” said

Marsha Weaver, M.D., a family practice doctor with Saint Luke’s Medical Group-Southridge. During the test, doctors can spot and remove abnormalities—like polyps—that are likely to turn into cancer and, thus, prevent it from occurring. Mammograms, for example, don’t prevent cancer. They help to find it.

Doctors recommend you have the test if you are over 50 years old, as it primarily strikes older adults. You should get tested sooner if you have a family history or if you have such symptoms as:

- Blood in the stool
- Persistent diarrhea or constipation
- Feeling your bowel doesn’t completely empty
- Stools narrower than usual
- Vomiting or abdominal discomfort like bloating
- Unexplained weight loss or fatigue



To prepare for the test, you take a regimen of laxatives to make sure your colon is clear. This sometimes discourages people from having the test.

Margie Smith, a patient of Dr. Weaver’s who is undergoing treatment for colon cancer, was one who now regrets this.

“If I had just taken a few hours out of my day when I was 50, 55, or 60,” she said, “I not only would have saved myself life-changing trauma, I wouldn’t have put my family through hell.” ✦