



**WE
CAN'T
LET
CANCER
WIN.**

**THAT'S WHY
RPCI CAN TEST
EACH PATIENT'S
COLORECTAL
CANCER FOR
CERTAIN GENETIC
MUTATIONS TO
HELP PREDICT
WHICH THERAPY
WILL BE MOST
EFFECTIVE.**

The
lifetime risk
for developing
colorectal cancer
is about

1 in 20

Have You Been Screened?

A **colonoscopy** is considered the gold standard for colorectal screening. It examines the colon lining for polyps, growths of tissue that can potentially become cancer, and the physician can remove most of them on the spot. **Removing colon polyps before they become malignant effectively prevents cancer.**

Other screening tests detect possible colorectal cancer, such as the fecal occult blood test, sigmoidoscopy, and double contrast barium enema (called a "lower GI series"), but they are not as effective or thorough as colonoscopy. You should talk to your doctor about beginning screening younger than age 50 if you have other risk factors, such as:

- History of colorectal polyps
- Family history of colorectal cancer
- History of breast, ovarian or uterine cancer
- Known genetic condition associated with colorectal cancer
- Inflammatory colon condition such as ulcerative colitis or Crohn's disease
- Smoking

If you
are **50**
or older,

you should
be screened
for colon
cancer.

TIP SHEET Colorectal Cancer

Symptoms You Should Tell Your Doctor

- a change in bowel habits, such as ongoing diarrhea or constipation
- stool that has become pencil thin
- blood in the stool, or rectal bleeding
- dark or black stool
- abdominal discomfort, pain or cramping
- sensation of incomplete bowel movements
- unexplained weight loss
- feeling weak and tired

DID YOU KNOW RPCI HAS...?

Instant-Access Appointments.

Patients with suspected or newly-diagnosed colorectal cancer may have an initial evaluation within 24 hours.

A One-Day Clinic. Newly-diagnosed colorectal patients may have their imaging and diagnostic testing, multidisciplinary evaluation by colorectal team members, review of clinical studies and presentation of comprehensive treatment plan all in one day.

Satellite locations. Colorectal patients may receive some of their care at our centers in Amherst and Niagara Falls.



Why Roswell Park Cancer Institute?

Setting the National Standards. Our experts serve on boards of the National Comprehensive Cancer Network (NCCN), to create guidelines that specify the best ways of preventing, detecting, and treating specific types of cancer. RPCI's **Kilian May, MD**, Assistant Professor of Radiation Oncology, serves on the NCCN Colon/Rectal and Anal cancer guidelines panels.

Nationally Recognized. For the third year in a row, RPCI was named to the Leapfrog Group Top Hospitals list in recognition of healthcare safety, quality and affordability.

Survival Outcomes Better than National Benchmark. The observed 5-year survival rates for colon cancer patients treated at RPCI are consistently higher than national rates across disease stages.

Access to the Latest Therapies. The newest treatments, available through clinical research studies, are important options for many patients. About 50% of RPCI patients are eligible for a clinical study. Whether or not you choose to participate is entirely your choice.

Treatment the RPCI Way

We believe every patient is unique, and we approach cancer treatment on an individual and personal basis, treating the whole person, not just the cancer. We offer the highest level of cancer care, including:

- **A multidisciplinary care approach** by a team of colorectal professionals, surgical, medical and radiation oncologists plus gastroenterologists, psychologists, social workers, dietitians and other experts, who work collaboratively to provide the highest level of comprehensive and integrated care — all under one roof.
- **Gene mutation testing of the cancer** to determine whether a patient is likely to benefit from chemotherapy, or should have chemotherapy after surgery, sparing others the cost and side effects of a treatment unlikely to help them.
- **Gastrointestinal surgeons with high-volume expertise** in robot-assisted surgery for colon and rectal cancers.
- **The capability to provide radiation therapy during surgery**, in our specialized surgical suite, the only one in WNY.

GET A SECOND OPINION

Second opinions are important in cancer care. We can arrange for RPCI's colorectal pathologists to review your scans and medical reports and set up a consultation with a member of our colorectal cancer team. If you seek a second opinion at RPCI, you are under no obligation to receive your care here.

Meet the Doctors

(above from left to right)

Surgery

- 1) William Cance, MD, FACS
- 2) Steven Hochwald, MD, FACS
- 3) Boris Kuvshinov II, MD, MBA
- 4) Neal Wilkinson, MD, MPH, FACS
- 5) Valerie Francescutti, MD, FRCSC
- 6) Steven Nurkin, MD, MS

Medicine

- 7) Renuka Iyer, MD
- 8) Wen Wee Ma, MBBS
- 9) Usha Malhotra, MD

Radiation Medicine

- 10) Kilian May, MD
- 11) David Mattson, MD

Gastroenterology

- 12) Andrew Bain, MD
- 13) Amanpal Singh, MD

Pathology

- 14) Charles M. LeVea, MD, PhD
- 15) Kazunori Kanehira, MD

Diagnostic Radiology

- 16) Alan Litwin, MD
- 17) Peter Loud, MD

Interventional Radiology

- 18) Garin Tomaszewski, MD

Nuclear Medicine

- 19) Dominick Lamonica, MD

Clinical Genetics Services

- 20) Nicoleta Voian, MD, MPH
- 21) Mollie L. Hutton, MS, CGC
- 22) June Mikkelsen, MS, CGC

March is
Colorectal
Cancer
Awareness
Month