

BEYOND BLUE

A Biannual Update For Those In The Fight Against Colorectal Cancer

10 FAVORITE WAYS
TO EXERCISE

**FROM BENCH TO
BEDSIDE**

WHY ADVOCACY
IMPACTS RESEARCH

**5 WAYS TO JOIN ONE
MILLION STRONG**

SNAP A
#STRONGARMSELFIE
FOR THE CAUSE

**\$100,000 RESEARCH
GRANT AWARDED**

ONE MILLION STRONG IN THE WHITE HOUSE

MEET STAGE IV FIGHTER MICHAEL ROBERTSON



ABOUT FIGHT COLORECTAL CANCER



OUR MISSION

Fight Colorectal Cancer demands a cure for colon and rectal cancer. We educate and support patients, push for changes in policy that will increase and improve research and empower survivors and those touched by cancer to raise their voices against the status quo.



Photo credit: Brett Flashnick

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LETTER FROM THE PRESIDENT

We believe that research is the key. For the research community to be successful in finding effective medical treatments, better screening options and ultimately a cure, scientists need the support of advocates, supporters and policy makers. We need the dedication of eager, talented researchers. It's easy for us to sometimes forget that with every discovery or advancement in treatment, there are thousands of people who were involved in getting us there.

The journey of cancer research dates back 250 years. But in the last four decades, private and publically-funded research programs have transformed clinical oncology, revolutionizing the way doctors approach treatment and care. We are seeing progress in molecular biology. I am fascinated that in my lifetime I've witnessed the completion of the human genome, a project leading us to new precision therapies and advances in screenings for colorectal cancer.

What do we need to do now? Be persistent. We must continue to support innovative research, from bench to bedside to the community. The progress we make now and in the future will allow survivors to live longer and better lives. We need to keep supporting these efforts.

In this issue of Beyond Blue, read why we're so passionate about research and why we want to humanize the science and share the faces and stories of those who diligently work to find a cure, and those alive thanks to people like them. Learn how and why policymakers on the Hill directly impact access to care and funding for research programs across the country. Read about our efforts that directly fund researchers investigating better treatment options for those battling late-stage colorectal cancer through our Lisa Fund.

For many of us, raising awareness fuels us and bolsters our strength. But research is another frontier that gives us hope. It may be a long road but we assure you we won't stop fighting until there's a cure. Join us – be a part of a community that stands with more than one million survivors and families touched by colorectal cancer. Join Fight Colorectal Cancer.

Sincerely,

Anjee Davis
President of Fight Colorectal Cancer

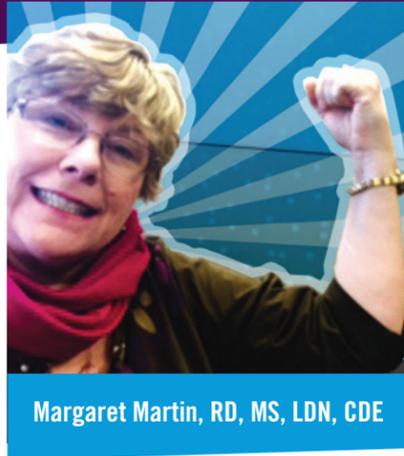
Photo credit: Brett Flashnick

get behind a cure.

Meet an Expert

Margaret Martin, RD, MS, LDN, CDE

Margaret Martin works as a Nutrition Educator with PearlPoint Cancer Support. She enjoys working with clients fighting colorectal cancer because these patients are dealing with the very essence of nutrition – to find tasty foods that nourish their bodies but are also appropriate for their digestive challenges. She helps clients think about both phases of their food choices - something that they never thought they would have to deal with, much less ask for help. She offers patients practical nutrition strategies to cope with CRC – a cancer that affects the very basic functions of living – digestion and elimination.



Margaret Martin, RD, MS, LDN, CDE

“ Nutrition helps keep the client healthy for their treatments and for life’s activities. I want clients with colorectal cancer to feel that they have options to cope with the side effects of their cancer and treatments. It’s very rewarding for me to help clients understand their options to eat to stay healthy for the fight. ”

Margaret’s four steps to helping clients:

- Step #1** – Hear barriers to eating
- Step #2** – Brainstorm the available (unique) nutrition options
- Step #3** – Make a nutrition plan
- Step #4** – Encourage resiliency. If one food strategy stops working, then it’s okay to try a new nutrition intervention.



Top Resources for You

Let Fight Colorectal Cancer guide you through your cancer journey. We have hundreds of resources available for patients. Here are a few of our top resources patients are using right now.

FREE WEBINARS Fight Colorectal Cancer’s webinars give patients valuable insights and resources on preventing, fighting and surviving a colon or rectal cancer diagnosis.

Upcoming topics include:



- Oral Chemotherapy
- Palliative Care
- Liver Metastases
- Skin Toxicity/Conditions

Sign up for a FREE upcoming webinar.

FightColorectalCancer.org/webinars



YOUR GUIDE IN THE FIGHT A 10-step, 65-page guidebook for stage III and stage IV colorectal cancer patients is available for free on our website. This resource covers topics from diagnosis through survivorship.
FightColorectalCancer.org/GuideInTheFight

RESOURCE LINE Our toll-free resource line provides patients and caregivers with the connections and information they need for colorectal cancer. **1-877-427-2111**



For more information about Fight Colorectal Cancer and our patient resources, please visit www.FightCRC.org

TOP 10 LIST

Research has proven that exercise is good for colorectal cancer patients! It can improve the quality of life for those undergoing treatment and it's been shown to help prevent a recurrence.

We asked our Facebook community to share their favorite ways to exercise... here's what they said.

- 1** Lots and lots of dancing!
– *Patsy Huggins Petzold*
- 2** Tennis. Regular practice and matches make me accountable and I enjoy the socialization as well. – *Tina Seals*
- 3** I'm just recovering, and I don't want to go to the gym just yet so I do Pilates. Also, I have started walking up and down the stairs. I do five times in a row, stop, then do more.
– *Wendy Luster-Johnson*
- 4** I disc golf with my son. Exercise and bonding.
– *Sean Donahue*
- 5** I started running 5ks through Get Your Rear in Gear and I've been running ever since. – *Eric Powell*
- 6** My hospital offers a monitored exercise program for patients going through chemotherapy or those who have completed it. I love it! – *Starr Hill*
- 7** I use a free app on my phone, and I walk a mile every day in 20 minutes. I used to do 15-minute miles but after six cycles of chemo, I am proud to do a 20-minute pace. – *Jane K Ashley*
- 8** I just started going to a #werq dance class and I love it! I am inspired to work harder in a group setting. This class is fun, and the time flies by.
– *Denise Crow Cesta*
- 9** I pay someone to do it with me! Accountability works, especially when you are paying for it!
– *Bonnie Burch Ward*
- 10** Not my FAVORITE, but housework keeps me going. Feels good to have the strength back to do it.
– *Jessica Loera Gorgo*



Be a part of our community:
Facebook.com/FightCRC



Get Some BLUE Workout Gear

Need a new workout shirt to show off your strength? How about a water bottle to rehydrate? Stock up on new gear from the Fight CRC store!

Check it out at store.FightCRC.org

FROM BENCH TO BEDSIDE

by Keavy McAbee



Precision medicine (or sometimes termed personalized medicine depending on who you ask) has the attention of scientists, patients and even the White House right now. Research within all cancers, especially colorectal cancer (CRC), is becoming a high priority. We believe it's the way to a cure. Just over the last decade, we've seen advancements in staging, targeted therapies and biomarkers.

At Fight CRC, we don't just support the research – we get to know who's behind the research. We recognize that behind every new treatment option that saves a life, there's a researcher behind that revolutionizing science and a clinician bringing these discoveries to patients. Individuals dedicate their lives to fighting disease.

Meet two researchers, Dr. Dan Dixon and Dr. Paul Limburg, who are taking science from the research bench to your bedside. Both serve on our Medical Advisory Board and are advancing the future of medicine. Read about their work, their passion for science and the friendship they've formed as they've sought after a cure together. ▶

MEET DAN DIXON:

Dr. Dixon earned his B.A. degree in biology and chemistry from Augustana College (Sioux Falls, SD) and Ph.D. degree in molecular biology and biochemistry at Northwestern University Medical Center. He completed a postdoctoral fellowship in human molecular biology and genetics at the University of Utah and was a Research Assistant Professor at Vanderbilt University Medical Center. He then held the positions of Associate Professor of Biological Sciences and Associate Director of the Center for Colon Cancer Research at the University of South Carolina. Dr. Dixon now serves as Co-Leader of the Cancer Prevention Program at the University of Kansas Cancer Center and Associate Professor of Cancer Biology at the University of Kansas Medical Center. His laboratory has made seminal discoveries establishing the role of post-transcriptional gene regulation in CRC tumor development and has identified new factors in this pathway as cancer prevention targets.



MEET PAUL LIMBURG:

Dr. Limburg earned his B.A. degree in chemistry from Augustana College (Sioux Falls, SD), his M.D. degree from Mayo Medical School and a M.P.H. degree from the Johns Hopkins School of Hygiene and Public Health. He completed his internal medicine residency and gastroenterology and hepatology fellowship training at the Mayo Graduate School of Medicine. He also completed a preventive oncology fellowship at the National Cancer Institute. Dr. Limburg serves as Medical Director for Global Business Solutions and Medical Director for the Office of Wellness at Mayo Clinic. He is also a member of the Mayo Clinic Management Team, and is jointly appointed in the Division of Gastroenterology & Hepatology and the Division of Preventive, Occupational and Aerospace Medicine. Dr. Limburg currently holds the academic rank of professor of medicine. Dr. Limburg's research interests are focused on chronic disease prevention, cancer early detection, chemoprevention, epidemiology and community outreach.



Q&A WITH DAN AND PAUL

Q: *How Do You Two Know Each Other?*

DD: Paul and I met though our undergraduate education at Augustana College in Sioux Falls, SD. We were housemates our senior year with four other guys. After graduation, we stayed in close contact. We were respective Best Men at each other's weddings.



Q: *When did you connect for CRC-related work?*

PL: Probably over the last seven or eight years. We see each other a couple of times a year at American Gastroenterological Association (AGA) or American Association for Cancer Research (AACR) meetings. My major focus has been on CRC prevention, while Dan's main interest has been on CRC molecular biology.

Q: *What do you think are excellent bench to bedside opportunities that you have worked on or will work on in the future?*

DD: We've been fortunate enough to work on several projects and committees together. As one example, last year Paul was Chair of the AACR Frontiers in Cancer Prevention Meeting, and I worked with him on the Scientific Program Committee. With respect to direct research collaboration, Paul and I have co-developed a proposal to examine some new GI tumor biomarkers discovered in my lab, using patient data and tissue resources that he has access to through his work with the Iowa Women's Health Study.

Q: *What are ways you think patients can get involved in this work?*

DD & PL: From a research perspective, getting involved with an advocacy group such as Fight CRC that strongly recognizes and supports basic and clinical research is important. These groups offer many different areas to be involved, so finding where you're the best fit is easy.



Dan and Paul met while pursuing their undergrad degrees.

Q: *Why is CRC important to the two of you?*

DD & PL: Reducing the public health burden of CRC is a passion for both of us. We are all in this fight together and have different roles—from translating basic research to the clinical setting and then making the public and government aware of these new findings to prevent CRC and continue supporting new discoveries.

get behind a cure.



Why Advocacy Impacts Research

By Emily White

Although talking about money is something that makes most of us uncomfortable, in politics it seems that the money talk is constant. In fact, everything our government does requires funding from somewhere, and federal programs must compete against each other for funding increases each year.

As a healthcare advocacy organization, it's our duty to ensure policy makers understand why it's vital that programs like the National Institutes of Health (NIH), Department of Defense (DoD), and Centers for Disease Control (CDC) are all properly funded and receive the increases they need.

Why We Look to Congress for Research Funding

Fight Colorectal Cancer has three consistent legislative goals each year, and two of them include a request for increased funding for federal programs, with one asking to specifically increase research funding. The government funds a significant portion of the research happening in our country.

Fight Colorectal Cancer asks Congress to continue to include colorectal cancer as eligible for research funding under the Department of Defense's (DoD) Peer Reviewed Cancer Research Program (PRCRP). We also ask Congress to make funding for cancer research, including colorectal cancer research, a top priority by increasing funding for the NIH, including the National Cancer Institute (NCI).

Funding May Impact a Cure

A recent JAMA article by the Director of the NIH, Francis Collins, stated that,

“This is a time of unprecedented promise in medical research. In the past 50 years, we've seen medical advances that previous generations could only dream of and now we are on the cusp of something even bigger: personalized medicine.”



Personalized medicine would mean big changes for cancer patients.

“Even for the same type of cancer, each patient's tumor harbors a unique set of genes driving malignant growth, and that set of drivers often predict how that particular cancer will respond to therapy... There is the opportunity to begin matching information about the genomic changes in an individual's tumor with the drugs to counteract those changes—and to develop new drugs that target pathways not previously identified.

Personalized medicine and other medical advances are not possible without increased funding from Congress, and due to inflation... the NIH once funded 1 in 3 research proposals, but now only has enough resources to support 1 in 6.”

Congress knows that we need researchers to be excited about innovative medicine—and that won't happen if they don't have the funding they need for new projects. Collins states that, “If the United States wants talented, young scientists—especially physician-scientists—to pursue high-risk research that will improve human health over the long term, timely and stable funding for biomedical research is needed.”

Fight Colorectal Cancer and others in the colorectal cancer community couldn't agree more. Just ask Dr. Lee M. Ellis of MD Anderson, who uses funding he receives through the DoD PRCRP to focus on colorectal cancer:

“Funding from the DoD allowed me (and my lab, of course) to pursue a new line of research that challenged existing paradigms. In addition, the specific request for applications (RFA) mandated studies that addressed inflammation and colon cancer. This was an opportunity for my laboratory to expand our horizons and incorporate

a new field, inflammation and immunology, into our studies. Obviously, this is now a very promising area of research and we are grateful for the foresight of the DoD in leading us to pursue a new and exciting direction.”

Each year during Call-on Congress we train advocates on how to remind Congress that research for colorectal cancer requires increases in funding for the DoD and the NIH. Colorectal cancer is a national priority, and so is the research that will lead to its cure.

Source: Collins FS. *Exceptional Opportunities in Medical Science: A View From the National Institutes of Health*. JAMA. 2015;313(2):131-132. doi:10.1001/jama.2014.16736. <http://jama.jamanetwork.com/article.aspx?articleid=2089362&resultClick=3>



Research Funding Hits Home at Fight CRC

Did you know that the funding Congress allocates to research directly impacts our team at Fight Colorectal Cancer?

Our Director of Health Promotion, Andrea (Andi) Dwyer, also works as a public health researcher in Colorado. She serves as a Project Director and Implementer for the Colorado Cancer Prevention and Control Research Network, a system that's jointly funded by CDC and NCI. Our Community Resource Manager, Keavy McAbee, also worked in public health research at The Colorado School of Public Health before joining our team full-time.

Over the year, both Keavy and Andi's work has been published. Together, they were co-authors on a publication regarding their work in colorectal cancer screening,

▶ Colon Cancer Screening for Colorado's Underserved: A Community Clinic/Academic Partnership. *American Journal of Preventive Medicine*. 2014 Dec 26.

Additionally, throughout 2014, Andi's decade-long work in colorectal cancer screening and navigation programs was published in the following journals:

▶ Adaptation of the chronic disease self-management program for cancer survivors: feasibility, acceptability, and lessons for implementation. *Journal of Cancer Education*. 2014 Dec 29.



(from left) Community Resource Manager, Keavy McAbee; Executive Vice President, Michael Sola; Director of Health Promotion, Andi Dwyer.

- ▶ Searching for maintenance in exercise interventions for cancer survivors. *Journal of Cancer Survivorship*. 2014 Dec 8.
- ▶ Colorectal Cancer Control Program grantees' use of evidence-based interventions. *American Journal of Preventive Medicine*. 2014 Aug 1.
- ▶ Patient Navigation in a Colorectal Cancer Screening Program. *Journal of Public Health Management Practice*. 2014 Aug 19.

Thanks to the work featured in these publications, funders and the healthcare community see the impact of colorectal cancer programs and research. One of the specific programs Andi published about is the Colorectal Cancer Control Program (CRCCP), an initiative that Fight CRC advocates request financial support for from lawmakers while at Call-on Congress. Programs like these and their published results impact the types of care patients receive, the decision-making of providers delivering care and details regarding health coverage.

These are just a few examples of how advocacy for research funding from Congress and state-level legislation impacts colorectal cancer patients directly... and hits home at Fight CRC.

5 WAYS TO JOIN



In 2015 our award-winning campaign, One Million Strong, will once again raise awareness of colorectal cancer across the country in new and unprecedented ways. The campaign is inspired by the one million colorectal cancer survivors and those who've shown tremendous strength in light of the disease. Come join the movement and share your strength. Here are five ways to get involved this year.



1. Snap a #StrongArmSelfie

All you need is a smart phone & social media accounts (bicep muscles optional). Take a "selfie" while flexing your best "strong arm" pose. Then, post it online. Make sure to use the hashtag AND mark your photo as "public." Bayer HealthCare will donate \$1 (up to \$25,000) to our cause for every #StrongArmSelfie posted.



2. Share Your Story

Encourage and inspire others impacted by colorectal cancer on our website. Your story is powerful – it's time to share it! Get started at FightCRC.org



3. March With Us

Our One Million Strong (OMS) March is headed to many cities throughout the U.S. in 2015. We're kicking off in Nashville on March 29. Check our event calendar and come to an OMS March near you!



4. March for Funds

Even if you can't come to an OMS March this year, you can still do a 'virtual' march and set up a fundraising page. March online and help fund our fight! Check out <https://give.fightcrc.org/onemillionstrong>



5. Get Screened

Screening saves lives, yet 23 million Americans age 50 and older have yet to be checked for colorectal cancer. Do your part and get screened – or tell your loved ones to get screened. Several options exist. Fight CRC is one of hundreds of organizations signed on to the national screening goal of 80% by 2018. Learn more at FightColorectalCancer.org/prevent-it

IN THE FIELD

From fundraisers to conferences to the research labs – check out where our team & advocates have been lately.



TEXAS



MARYLAND



GERMANY



LOUISIANA

LOUISIANA: Advocates across the U.S. request state proclamations for Blue Star States



NASHVILLE: Advocates Eric & Rose Hausmann visit Craig Campbell and his family to write a song together



CHICAGO



SAN FRANCISCO

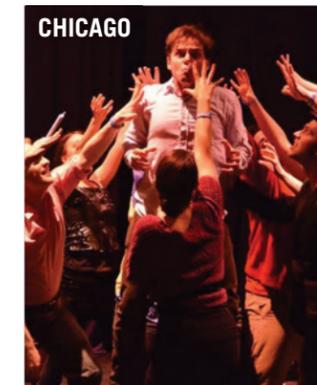
ON THE COURT



NBA player Andre Miller becomes our second national spokesman



KANSAS



CHICAGO



ON THE HILL

DOC'S OFFICE: #StrongArmSelfies to support patients, remember those lost and celebrate N.E.D!



LOS ANGELES: Hollywood actor Luke Perry joins the fight thanks to advocates Chad & Sheila Schrack



FightCRC.org



Toll-free Resource Line: (877) 427-2111



Facebook.com/FightCRC



Twitter.com/FightCRC

get behind a cure.



One Million Strong

☆☆☆☆ IN THE ☆☆☆

WHITE HOUSE

by Danielle Burgess

His stories ring a familiar bell as he talks about his cancer journey. Unsuspecting symptoms like fatigue, indigestion, heartburn, upset stomach, bowel issues and eventual bleeding led him to the doctor. A shocking diagnosis at age 35 – with no family history to blame. Critical decisions like choosing the right medical team and treatment plan. Months of chemo, radiation and multiple surgeries.

Stage IV rectal cancer fighter Michael Robertson is one of the more than one million people living with colorectal cancer in the U.S. His story carries hope, like the stories of so many others sitting in infusion rooms who've faced a life-changing diagnosis. Michael realized he needed to share his story to help other people understand the fight to rally support and that as a Deputy Assistant to President Obama at a time when access to affordable healthcare for all is under fire, he needed to do it on the White House blog. Thanks to his willingness to speak out, Michael's story has been told across the country by National Public Radio, the LA Times, and was even tweeted by his boss, @BarackObama.



MICHAEL ROBERTSON
Deputy Assistant to the President and Deputy Cabinet Secretary of the Obama Administration

It wasn't the long hours...

Originally from Fresno, California, the son of two teachers, Michael Robertson quickly gravitated toward politics hoping to become a policy maker who could make people's lives better. He's a graduate of UC Berkeley and obtained law degrees from Golden Gate School of Law in San Francisco and Georgetown Law School in Washington, D.C.

When strategizing a path to policy making after law school, he discovered a young politician running for Senate in Illinois and joined Obama's campaign as a volunteer. Robertson continued to work in roles that took him to D.C. – high-pressured, multi-tasking roles eventually leading to the White House's demanding long hours and high stress. Roles he assumed were behind his battle with fatigue.

“I was running a few times each week, and felt pretty healthy and strong. I thought the fatigue was from being overworked and having a stressful job,” said Robertson.

With California still being his “home base,” Robertson waited to see his primary care physician until a scheduled vacation to the West Coast in July of 2012. A family beach getaway and wedding planning with his fiancé of six weeks soon unraveled as he was referred to a GI specialist immediately who detected a tumor during a colonoscopy and delivered the blow: stage IV metastatic colorectal cancer.

“The first moment you hear the word cancer from a doctor it's terrifying. But the opportunities to fight it have increased in such dramatic ways and technological advances have made cancer more personal. I focused on a plan of attack instead of letting fear control me.”

Robertson met with a medical team who helped him create a plan that matched the demands of his job with his health needs. He chose doctors who answered every question with data and brought him copies of science abstracts backing the recommended course of action.

“I pushed them hard and they pushed back. I asked for citations, I needed to see the research.”

With metastases to his liver and lungs, he received surgery in the midst of chemotherapy and radiation treatments. Despite undergoing common side effects like fatigue, neuropathy pain, hand-foot disease and chemo brain, Robertson continued to live as normally as possible, balancing his high-profile job with fighting colorectal cancer. Today, Robertson is past some of the toughest parts, yet he recently learned he will need a heavier chemotherapy regimen and another surgery to remove another metastasis.

Like so many patients who've faced a difficult diagnosis, Robertson depended on the strength of his family and (now) wife, Sahar, who was “all in” on his care and supported him along the way. The diagnosis put the couple who'd been engaged for only two months on a fast track where they “did life in reverse,” experiencing challenges that most couples don't see until decades into their marriage. However, despite the upside down changes of moving into Robertson's parents' home to start chemo right away, working a DC job on DC





Michael and Sahar

hours from California, and delaying wedding plans multiple times, he says it was Sahar's support that helped carry him through.

“We fed off of each other's strength and became a team. I leaned on her when I needed a break from being strong and if she was down, she leaned on me. We worked that way through this whole thing.”

Reforming Healthcare

For two years Robertson stayed relatively quiet about his disease. That is until the Affordable Care Act rolled out in Fall 2014, and he recognized that his voice and cancer experience would not only encourage other survivors, but it would represent millions of other cancer patients impacted by pre-existing conditions and insurance coverage. He wrote about his experience on the White House blog, explaining that thanks to his insurance coverage, he'd only paid about 1 percent of his \$900,000 of treatment costs, and that without reform, his cancer diagnosis could prevent him from future coverage or even cause bankruptcy.

“I got involved to help people get more access to healthcare coverage and to raise people's awareness. I work at the

White House and that catches people's attention. But cancer can happen to anybody and hearing my story personalizes it.”

As one who's made a career in service, Robertson also knew the impact of sharing personal stories on advocacy and policy.

“The only way we get there [cure cancer] is by getting money, raising awareness and putting people in positions who will realize that cancer has happened to someone they love and it could happen to anybody. That takes a constant drumbeat of support, advocacy and raising voices. No policy is made simply because it's good policy – all kinds of actions go into it that get it across the finish line.”

Finding Strength

If anyone knows how to not let cancer disrupt normal life, it's Robertson. He's continued working throughout treatment and surgery, his current role: deputy assistant to the president and deputy cabinet secretary of the Obama Administration. As his physical strength returned, he began jogging again, just a few miles at a time. And despite many postponements due to chemotherapy treatments

and surgery, he and Sahar celebrated their wedding with two family-filled events.

In light of the unexpected blow of a cancer diagnosis, Robertson has come to appreciate the perspective that cancer brings, especially as someone whose job impacts other peoples' day-to-day lives.



Michael Robertson, stage IV rectal cancer fighter, and his wife Sahar

“Every day it gives me more perspective on what it is like to be someone who's effected by things happening that are beyond their control,” he says.

And while so much of cancer remains beyond anyone's control, to the advocates he offers this piece of advice:

“The more I talked about my cancer diagnosis, the stronger I felt. People who retreat out of fear or despair, and close into themselves, have a harder time. I hope that people will see that if I can talk about it, maybe they can talk about it more - whether publically or even with family and friends.”

Robertson has begun to speak out and connected with Fight Colorectal Cancer to offer his perspective and experience to



Michael Robertson and Anjee Davis, president of Fight Colorectal Cancer

advocates who share his belief a cure is in sight. Since joining the Fight CRC community, Robertson looks forward to engaging with other survivors and sharing the idea that individual involvement can and will change the world. Whether a story comes from the White House, a chemo chair or an

advocate at Call-on Congress, colorectal cancer cannot be won alone. It will take advocates from all walks of life, and all kinds of jobs, to get engaged, work together, and make the fight against colorectal cancer a national priority.

FightCRC.org



ADVICE FROM THE TOP

Stage IV rectal cancer fighter Michael Robertson has faced great odds. Diagnosed in July 2012 just months before turning 36, here's his advice for anyone currently in the fight:

→ **“Get health insurance coverage now. Don't wait for a diagnosis. Having health coverage helped save my life.”**

→ **“Give yourself all of the opportunities. There are more opportunities, possibilities and clinical trials in medicine, and we're in a dramatically better place than we were just 5-10 years ago. Ask questions of your doctor. Work with your oncologist to find treatment options. Exercise even though your feet hurt.”**

→ **“You have to trust your doctors. Make sure you trust & find comfort in your doctors. Make sure they are communicating clearly & giving you all of the best options. If they don't make you feel totally comfortable with the plan, find other doctors that do.”**

→ **“Get a full plan from your oncologist. Understand where you are today, and get the path to the outcome. In some cases – the outcome is 100% cure. In other cases, the path is to being able to do surgery, maintenance therapy, etc. But having a plan that you can execute against is a big start. I advise everyone to start there.”**

→ **“Build your team of fighters, those who love you and will be there to hold you up and push you forward. Their love, their words, their faith is the magic ingredient to winning.”**

UNDER 50 – IT’S A GROWING PROBLEM

The faces of colorectal cancer are changing. We are seeing a growing contingent of strong and passionate advocates “under 50.” Although colorectal cancer rates have been steadily dropping over the past 20 years, recent studies suggest the decline is only among those over age 50. The rates are actually increasing in every 10-year age category from age 20 to age 50. This is mainly driven by rectal cancer (among white, non-Hispanics.) Many times these young individuals are being diagnosed at later stages (III and IV.)



Michell Baker,
Partnerships
Manager

What can we do to help?

Not only are we seeing survivors under 50, we are seeing the children of survivors join the fight, adding new vigor and ambition to find a cure. We know the genetics of this cancer impact the entire family. We know more research is needed to understand why and how.

Each year we fund research focused on late-stage colorectal cancer through The Lisa Fund. This fund was started by a young “under 50” survivor,



Lisa Dubow. This year, we’re specifically funding a grant for a researcher focused on finding better treatment options for young-onset colorectal cancer. To double the funding, we partnered with another CRC-focused nonprofit, Michael’s Mission, and will be funding a two-year fellowship at \$100,000 through the American Association of Cancer Research (AACR) this April.

If you’ve fundraised, donated or supported The Lisa Fund and Fight Colorectal Cancer, thank you. Your generosity is making an impact – thanks to you we can award another grant this year.

For each dollar donated directly to Fight Colorectal Cancer, **93 cents** supports programs like our research advocate training and support (RATS) program, patient resources and advocacy that pushes for research funding.

We believe in finding a cure, and to get there we know we have to mobilize advocates, fund scientists, support patients and raise awareness. Please, invest in the future and support our cause. Make a donation at Give.FightCRC.org

Sincerely,

Michell Baker



RACHEL ALLEN
stage IV survivor
diagnosed at age 28



Photo credit: Brett Flashnick

RING LEADERS: GALINA MURADYAN & JOANNE KARABETSOS

Chicago advocates Galina and Joanne wanted to honor and remember their loved ones they lost to colorectal cancer so they set up an event – a “Sushi-thon.”

“We are fundraising to support colorectal cancer research through Fight Colorectal Cancer’s Lisa Fund. We are very passionate about this cause, as we have each lost loved ones way too soon due to colorectal cancer. We want to help those suffering from colorectal cancer. Research is the key to finding better treatments, slowing progression of the disease, and most importantly, finding a cure!”

To raise money, they planned an evening fundraiser where attendees sampled sushi while bidding on silent auction items and learning about colorectal cancer. The event was an amazing success, and the pair raised over \$12,000 for the Lisa Fund!



Thank you to Galina and Joanne for being rock star advocates and helping fund the fight and support colorectal cancer research!



SPOTLIGHT: March for Funds

Virtually march with us this year for colorectal cancer. Join our OMS March and raise money so others will be screened and know about colorectal cancer. Start a team, set up a fundraising page and get LOUD for the cause!

The funds you raise will help connect survivors across the U.S., like survivor Patsy, who’s connected with others through Fight CRC and recruited a network of people to join her in funding the fight.

Get started today.
Give.FightCRC.org/OneMillionStrong



Survivor Patsy is one of the One Million Strong and uses her network to help fund the fight!



LIVING LEGACY



Fight Colorectal Cancer received donations in honor or memory of the individuals listed below from July 1 through December 31, 2014. Their living legacy, through these generous donations, keeps the fight alive – for all of us. Thank you.

IN HONOR OF:

- Rachel Allen
- Stephen Amato
- Naline Bahadur
- Mitchell Baker
- Steve Baker
- Danielle Burgess
- Graham-ma Carol
- Davina Studley
- Molly Dunham
- Linda Fischer
- Larry Fleishman
- Laura and Barry Flynn
- Gilbert Frank
- Cindy Goldman
- Hugh Goldman
- Mr. & Mrs. L Grafman
- Linda Granville
- Bill Hammack
- Robert Harmon
- Sarah Harrison-Pautard
- Rose Hausmann
- Johanna Harmon
- Gregory Kearney
- Robert Kesler
- Rob and Andrea Kramer
- Sandra Kugelmass
- Marty
- Stephen Mayberry
- Michael McConnell
- James D. McGraw
- Jason H. Moses
- Nanette and Mark Olson, Blessing of their Marriage
- Don Owen
- Rojelio Perez
- Belle Piazza
- Gene Porter
- Dana Rye
- Gerald Schlobohm and Jan Pycior
- Pam Seijo
- James Simondale
- Judi Sohn
- Fight CRC Staff
- Bill Tacy
- Tubbs
- Sean Twersky and Laura Shlecter
- Joseph Varner
- Jim and Linda Veirs
- William Roberts Voorhies
- Chrissy Walsh

IN MEMORY OF:

- Marcia Lynn Adkins
- Thomas Atkinson
- Steve Baker
- Randolph Balch
- Daniel Beber
- Marsha Bosley
- Michael Brock
- Kareem Brown
- John Kenneth Butler
- Costantino Candelori
- Shirley A Carmon
- Kurt Sigmon
- Christine Chu
- Cliff Merritt
- Gordon Cole
- Dan Connell
- Sandy Connolly
- Edward Cowen
- Richard Crafts
- Raymond C Crite
- Dan Dannenfeldt
- Leslie Dbaltzo
- Gilda DeBerardinis
- Anne DeMoura
- Gary M. Donnelly
- Melissa Dorsey
- Moses Dosu
- Dirk and Sue Drost
- Lisa Dubow
- Nancy M. Eastman
- Santiago Eugenio, Jr.
- Lynn Fine-Karlson
- Petra Freers
- Connie Robinson French
- Charles "Chuck" Frist
- Paul Dillon Gartman
- Irene Gertrude
- Lynn Gibson
- Patrick Goff
- Bill Golaski
- Harry Gooder
- Carol Graham
- Carl Grossman
- Gabrielle Gubas
- Ari Guha
- Hobart Hamilton
- Roger D. Hill, Sr.
- Harry Hollenback
- Jeffrey P Holman
- Robert Hoyo
- James M. Huffman
- Llewellyn Hults
- Donna Karabetsos
- Kareem
- Stephen J Kesner, Sr.
- Brian Klein
- Andrew Klus
- Francis Loncka
- Michael Krulikowski
- Rebecca Marec
- Patricia Ann Martins
- Steve Mayberry
- Mike McDonald
- Daisy Lee McDonald
- Rob Michelson
- Susan Middleton
- Thomas Mitchell
- Emily Montgomery
- Francine Moore
- Chazz Mountcastle
- Arlene Murphy
- Kate Murphy
- Dan Murray
- Christine Niemi
- Jim Nietfeldt
- William S. O'Hearn, Jr.
- Michael Parker
- Ronald A. Peritore
- Annie Lee Perry
- Eli Pick
- David Polino
- Gornick Puzinas
- Tami Rawlings
- Margaret Reed Finch
- Mary Margaret Reiterman
- Eric Rich
- Audie Rich
- Vernon G. Roethemeyer
- Larry Rutledge
- Greg Schieman
- Nina Sergeyeva
- Julie Ingle Smith
- Anita Smith
- Pete Sposato
- Stanley William Golaski, Jr.
- A. W. Stegen
- Angela Stewart
- John Sunderland
- Michael Trout
- Michelle Von Feldt
- Clay Wardlow
- Margarete Weil
- Douglas Wilson
- Bruce Wilson
- Dennis Wolf
- Mechthild Wolf
- Patrick Yaklin
- Grover Yawn
- Jane Zylberman

**HONOR OR REMEMBER YOUR
LOVED ONE WITH US.**



Visit Give.FightCRC.org
or call (703) 548-1225
to make a donation.

**FIGHT
COLORECTAL
CANCER**

get behind a cure.

BEYOND BLUE

Beyond Blue is our biannual patient newsletter. To read past editions, receive more copies or view electronically, please visit: FightColorectalCancer.org