

# BEYOND BLUE

*A Biannual Update For Those In The Fight Against Colorectal Cancer*

**THE  
SCREENING  
ISSUE**



**5 WAYS TO GET  
SCREENED THAT  
COULD SAVE YOUR LIFE**

**10 TIPS TO MAKE IT  
THROUGH PREP NIGHT**

**GLOBAL IMPACT**

**RACING FOR A CURE**

NASCAR Driver & Stage I  
survivor Scott Lagasse, Jr.

**FIGHT  
COLORECTAL  
CANCER**

# ABOUT FIGHT COLORECTAL CANCER



## OUR MISSION

Fight Colorectal Cancer envisions victory over colon and rectal cancers. We raise our voice to empower and activate a community of patients, fighters and champions to push for better policies and to support research, education and awareness for all those touched by this disease.



Photo credit: Evan Cartwell

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## LETTER FROM THE PRESIDENT



Anjee Davis, MPPA  
President of Fight Colorectal Cancer

**I**f you are a survivor, you may have kicked and screamed at the news of your cancer. You may have waited years to speak openly about it. You may still be searching for ways to help others. And for some of you, you're over it. Cancer is behind you.

I don't know all of you, but I admire your strength, no matter how you've handled your diagnosis. I am inspired by your courage. I appreciate knowing your stories.

As an organization, we serve as active witnesses to your stories, and we are advocates for a cure. We create opportunities to help you make a meaningful impact. This issue of Beyond Blue shows you how.

Why are stories so important? It's simple: they're the essence of who we are. Stories capture memories, experiences, hopes and dreams. This is especially true of a cancer survivor. A friend once told me, "When you meet another survivor, caregiver or family member and hear their story, there is an instant sense of communion. They get it." In those moments, you know you are not alone. It's a powerful and healing connection.

If you've been touched by colorectal cancer, in any way, YOU have a story that needs told. You have wisdom to share that someone needs to hear. It might just save their life.

In the US, there are 23 million people age 50 and older who haven't been screened. When asked why, it boiled down to simply not knowing anyone who had cancer. The potential impact of not being screened didn't seem real to them. That's why your story is so powerful. It might give that unscreened person a compelling reason to get tested. Your story might save a life. To get started, join the fight at [FightCRC.org/ShareYourStory](https://FightCRC.org/ShareYourStory).



Photo credit: Brian Threlkeld

*Stage IV survivor Heather Schiller of Georgia advocating at the 11th Annual Call-on Congress.*

 @tisHeather



# THE RUNDOWN ON SCREENING

by Sharyn Worrall, MPH

**WE** hear it all the time: Get Screened! We hear it from our doctors, our friends and the news. But why should we get screened for colorectal cancer, anyway?

**Prevention:** With a colonoscopy, colorectal cancer can be stopped before it even starts. This is because almost all colon and rectal cancers begin as a polyp - which is a noncancerous growth. During



a screening colonoscopy, your doctor can see these polyps and remove them before they have the chance to become cancer.

**Early Detection:** If detected at an early stage, colorectal cancer is more likely to be cured than if the cancer is detected at a later stage. Early stage means the cancer has not spread and is contained inside of the colon or rectum. Early detection can be achieved through multiple screening methods.

## 5 Bad Excuses To Not Get Screened

**1 It's an old man's disease.** Colorectal cancer can affect anyone, men and women alike. It can even occur at an earlier age - see page 6 for details. Everyone should talk to their doctor about a screening schedule that's right for them.

**2 I'm afraid of what might be found.** Fear is normal, but finding out if you have cancer, or don't have cancer, can put your mind to rest. If cancer is detected, this can certainly be challenging but there are treatments available and resources to help you through. If you get screened on time, you'll have the best chance of finding it at its earliest stage!

**3 I eat healthy, don't drink or smoke and I don't have symptoms.** Unfortunately, this is a disease that nobody expects. Even if you eat a healthy diet, you can still be at risk for colorectal cancer. It's common for early-stage disease to not show any symptoms.

**4 Prep sounds terrible and a colonoscopy sounds painful.** Colonoscopy is one screening option. The prep isn't as awful as its reputation (see page 8), and most patients say a colonoscopy itself is painless. You'll be given anesthesia to put you to sleep during the colonoscopy. Most experience minimal discomfort and say the procedure "isn't that bad!"\*

**5 I'm embarrassed.** "Potty talk" isn't everyone's favorite subject, but remember, almost everyone has a colon and rectum - no need to be embarrassed about it! A simple test could save your life!



\*Remember: there is more than one way to get screened! See the next page to learn more!

## ACT NOW:

Get your community screened! Host an awareness event! More at [FightCRC.org/Awareness](http://FightCRC.org/Awareness)



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



Twitter.com/FightCRC

At home or  
with your doctor

**YOU HAVE  
OPTIONS!**

5 ways to get screened that  
could save your life

## With Your Doctor



### 1 Colonoscopy

For this test, you will need to do a colon prep (cleansing) the day before the test. The procedure is performed by a gastroenterologist who uses an endoscope to examine the entire colon. During the procedure (most people are sedated), your doctor will remove and biopsy any polyps if found. This is the only test that can detect and remove polyps during the procedure.



**“People seem to be so afraid of a colonoscopy, but I know it’s really no big deal! I always tell people it’s like taking a really great nap!”**

- Stephanie Lex, stage III survivor  
Twitter: @Stephanielex

### 2 CT Colonography (Virtual Colonography)

This is a test where you get an advanced CT scan. The scan examines your entire colon. You still need to do a thorough cleansing of the colon before this test. This test is less invasive and does not require sedation. But if a polyp is detected you will be advised to have a colonoscopy to remove the polyps.

**“It is important to know all of your options. When one cannot afford a colonoscopy or does not want to have one be sure to talk to your doctor about other options that can work for you.”**



- Board member Indran Indrakrishnan M.D.,  
FRCP (LONDON), FRCP(C), FACP, FACG

At home or  
with your doctor

**YOU HAVE  
OPTIONS!**



## Take-Home Tests

### 1 Fecal occult blood tests (FOBT)

Both polyps and colorectal cancers can bleed, and FOBT checks for tiny amounts of blood in feces (stool) that cannot be seen visually.

There are two types of FOBTs:

#### Guaiac-based fecal occult blood test (gFOBT)

A test you do at home. This test comes with a kit explaining how to follow a special diet and collect small amounts of stool. The test will be sent to a lab to detect small amounts of blood. Because this test can detect blood in food, it's very important to stick to the diet recommended.

#### Fecal immunochemical test (FIT)

This is a test you can do at home and it only detects human blood in your stool. For this test, you don't have any diet or medication restrictions. You'll receive a kit that has all you need to collect small amounts of stool to be sent in for testing.

The screening recommendation for both the gFOBT and the FIT is to perform these tests yearly for people aged 50 to 75 years old.

### 2 Stool DNA test (FIT-DNA)

This is a newer test that detects blood in your stool but it also looks at nine DNA markers in three genes to help detect colorectal cancer. The only test like this currently available is called Cologuard. Just like the FOBT and FIT, you will receive a take-home kit with detailed instructions. You don't need to follow a special diet or medication to do this test.



**For all of the take-home tests, if your test results are positive, you will need to have a colonoscopy! Do not put this off!**

## How to Get a Test



You will need to talk to your doctor and insurance company (if you're insured) to determine the best screening option for you.

## GET THE SCOOP:

Additional options for screening involve Pill Cams and blood tests. Learn more at: [FightCRC.org/Screening](https://www.fightcancer.org/screening)

THE RUNDOWN ON SCREENING  
**EVEN MORE OPTIONS!**



**TYPE OF SCREENING TEST**

**PROS**

**CONS**

**Colonoscopy**

- Views the entire colon and rectum
- Finds polyps
- Removes polyps
- Finds cancer
- Doesn't require handling stool

- Prep required
- Small risk of perforation in the colon or rectum wall

**Guaiac-based fecal occult blood test (gFOBT)**

- Finds cancer
- No prep required

- Doesn't view the colon
- Doesn't find polyps
- Doesn't remove polyps
- Requires follow-up colonoscopy if test comes back positive
- Requires handling stool

**Fecal immunochemical test (FIT)**

- Finds cancer
- No prep required

- Doesn't view the colon
- Doesn't find polyps
- Doesn't remove polyps
- Requires follow-up colonoscopy if test comes back positive
- Requires handling stool

**Stool DNA test**

- Finds polyps
- Finds cancer
- No prep required

- Doesn't view the colon
- Doesn't remove polyps
- Requires follow-up colonoscopy if test comes back positive
- Requires handling stool

**CT Colonography**

- Views the entire colon
- Finds polyps
- Finds cancer
- Doesn't require handling stool

- Doesn't remove polyps
- Requires follow-up colonoscopy if test comes back positive
- Prep required

\*Remember, if you have a family history of colorectal cancer or polyps, or inflammatory bowel disease or certain inherited conditions, you may be advised to start screening before age 50 and/or have more frequent screening.



# SCREENING Q&A

**Dr. Jordan Karlitz** is a gastroenterologist and researcher from Louisiana. He serves as the Public Relations Chairperson for the American College of Gastroenterology. He is also a member of the National Colorectal Cancer Roundtable (NCCRT) and the Colorectal Cancer Family History Task Force for the NCCRT. (Twitter: @jkarlitzmd)



## What do screening guidelines do?

Screening guidelines are designed to assure that large populations are screened for colorectal cancer (CRC). They serve as a reminder to both patients and providers regarding the age at which screening should begin. Generally, screening guidelines apply to average-risk patients who have no concerning GI symptoms and/or family history of cancer. If patients have GI symptoms, a family history of cancer or other risk factors, this information should be discussed with a healthcare provider as earlier testing may be needed.



## Who makes the screening guidelines?

Guidelines are generally developed by large medical organizations with members that have expertise in assessing risk and screening large populations.

Organizations that offer screening guidelines include, but are not limited to, the American College of Gastroenterology (ACG), the American Cancer Society and the U.S. Preventive Services Task Force (USPSTF).



## Can I get screened if I am under 50 years old?

Patients who have concerning symptoms and/or a family history of cancer should discuss having an earlier diagnostic evaluation with their healthcare providers. Patients should be sure to provide as many details as possible to their healthcare providers. Recent studies have demonstrated increasing rates of early-onset CRC (under age 50) so it is very important that symptoms and family history are carefully evaluated, even if the patient is under the average-risk screening



age so testing can be arranged. In the African American population, the ACG recommends that standard screenings begin at age 45, as opposed to age 50, due to higher incidence and mortality rates and earlier-onset CRC in this patient group.

▶ See how Fight CRC is addressing the “Under 50” issue at [FightCRC.org/Under50](https://fightcrc.org/Under50)

## If I know I am high-risk and colorectal cancer is in my family, when should I get screened?



The answer to this question can be complex and depends on how many people have CRC in the family, what ages family members were diagnosed, whether there are other types of cancer running in the family and whether a genetic cancer syndrome has been identified in the family. Excellent guidelines are available, including guidelines from the ACG and NCCN, which provide detailed information on when screening should begin in high-risk patients. It is important to provide the most detailed family history possible, including the history of more distant relatives, on all cancer types running in the family so accurate risk stratification

*“It is important to provide the most detailed family history possible, including the history of more distant relatives.”*

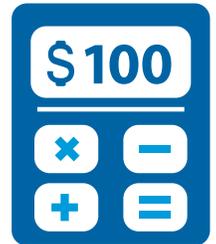
## ACT NOW:

Have more questions about screening? Email [Answer@FightCRC.org](mailto:Answer@FightCRC.org) or call toll-free: **1-877-427-2111**

can take place. Sometimes this will require some detective work by the patient. Family gatherings are a key time to obtain this type of information.

## What if I can't afford screening?

Under current healthcare law, CRC screening should be covered and patients are urged to call their health insurance carriers for more information. In some cases, particularly if a screening test becomes “diagnostic” (for example, a colon polyp needs removed during colonoscopy), out of pocket costs may be required. The American Cancer Society has more information on “Screening Coverage Laws.”



Fortunately, many hospitals or GI practices may offer financial assistance or even free services for underserved patients. Calling one's local hospital or community GI group to find out more information can be a high-yield step in order to get screened. Similarly, a discussion with one's primary care provider about any financial concerns regarding screening can be very helpful.

▶ Fight CRC is pushing lawmakers to help remove barriers to screening. Learn more at [FightCRC.org/Advocacy](https://fightcrc.org/Advocacy)

# TOP 10 LIST

## Tips for making it through “prep night”

Our volunteers are survivors and family members who have had their fair share of colonoscopies. Here are some of their best tips for surviving the night before the test!

1

Start decreasing the size of meals two days prior to starting prep, focus on bland, light-colored foods.

2

Wipes and cremes - there are many options like Dude Wipes, Preparation H wipes, Vaseline, Coconut oil and Butt Paste.

3

Wear elastic-waisted pants, you will have no time to mess with buttons.

4

Make the prep drink very cold and use a large Tervis tumbler with a straw. Drinking it cold through a straw helps.

5

Take a long, hot bath after the fireworks have calmed down. Nothing is more soothing and relaxing.

6

Buy really soft toilet paper to tame the savage beast.

7

Get really good JELL-O and make it ahead. (Boxed JELL-O comes in so many different flavors.) Also, splurge on good apple juice - like Martinelli's Gold Medal.

8

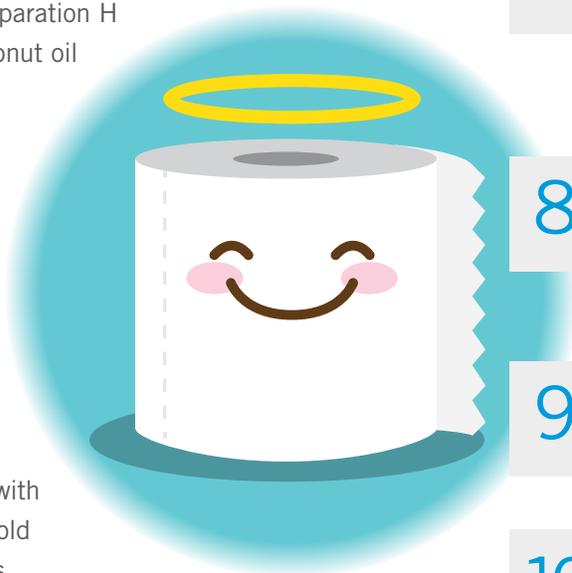
Get Pedialyte packets. You can mix them yourself and they help fight dehydration (which causes a problem with IVs the next day).

9

Start the prep earlier (a few hours) than recommended so it does not disrupt your night of sleep.

10

Have your phone charged or a good book to read, you will be in the bathroom a lot!



Read stories and get more tips at:  
[FightCRC.org/ColonPrepTips](https://www.fightcrc.org/ColonPrepTips)



### BONUS!

While you're spending all that time in the bathroom, why not check out our mobile-friendly website at [FightCRC.org](https://www.fightcrc.org). Watch a webinar replay, listen to a podcast or read a blog post!



# GLOBAL IMPACT

Texas advocates  
work to get Nigerians  
screened



Fight CRC helped provide free FIT tests  
to distribute in partnership with Clinical Genomics

The **David Omenukor Foundation**  
held a medical outreach  
in Mbase, a rural community  
in Imo State, southeastern  
Nigeria, in December 2016.

**125** FIT tests handed out  
**115** were returned



Many who sought treatment at the health  
fair were **poor, unemployed, retired and  
couldn't afford a good meal** in a day let  
alone a colonoscopy.

## The health fair...

...included a variety of health initiatives  
in addition to the distribution of Fecal  
Immunochemical Tests (FIT).

...was attended by over 1,000 underserved  
individuals living in rural populations.



23 tested positive &  
made arrangements  
to receive a follow-up  
colonoscopy with a GI  
doctor who is providing  
the services for free  
for those who attended  
the health fair.

## ACT NOW:

Help someone get screened! Make a donation at [Give.FightCRC.org](https://www.givefightcrc.org)

# THIS. IS. CRAP.



Photo credit: Brian Threlkeld

The number-two cancer killer in the U.S. is preventable. We need Congress's support to stop it from taking more lives. Your voice matters!



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



Twitter.com/FightCRC

**A**lthough colorectal cancer is a preventable disease, it's the second-leading cancer killer in the U.S. Each year this disease, which could be avoided, takes 50,000 lives. One in 20 people will be diagnosed. Some have beat the cancer with effective treatments. Many are still waiting for a cure.

This year Fight Colorectal Cancer declared "This is Crap." We took action. We made our stories known and our voices heard - both online and on Capitol Hill.

## RALLYING THE STRONG

To begin, we rallied the One Million Strong and those who support them. This is a community full of people impacted by colorectal cancer - survivors, caregivers, friends and medical professionals. They shared their stories to raise awareness. Led by our brave Ambassadors, we took the stories of the One Million Strong community and put them on display.

▶ [Learn more about becoming an Ambassador on page 19!](#)

For 40 days starting just before March 1, we posted daily videos and blog posts showcasing why colorectal cancer is unacceptable and asked for supporters to sign a petition. We ran a PSA throughout the entire month of March on the Times Square Nasdaq Jumbotron. Many local awareness fairs played the videos during their events. During Call-on Congress, our annual lobby day, we carried folders and wore t-shirts with our clear message: Colorectal cancer is preventable, but it's a top cancer killer. This is Crap.

In addition to the 150 in-person meetings by our advocates, supporters at home sent 5,500 emails to reinforce our asks: remove barriers to screening,

support colorectal cancer research funding and protect the best interests of patients!

## CONTINUING THE MOMENTUM

For Colorectal Cancer Awareness Month, we gathered 14,000 petition signatures and took them to Capitol Hill. We reached millions with our stories and Congress has begun to respond. They are co-sponsoring our bill to remove screening barriers, supporting research funding and standing up for patients.

In light of the victories, our work is not over. In many ways, it's just begun.

For the rest of the year, we will keep declaring "This is Crap." We need more signatures to show support and stories to share. If we're going to change policy, and ultimately, save lives, we must keep going. We hope you'll join us.

### SAVE-THE-DATE!

2018 Call-on Congress  
March 18-20  
[CallonCongress.org](http://CallonCongress.org)

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***"If we're going to change policy,  
and ultimately, save lives, we  
must keep going."***



There's still time!  
Sign the petition to  
show your support!

[FightColorectalCancer.org/ThisIsCrap](http://FightColorectalCancer.org/ThisIsCrap)

# IN THE FIELD

Research advocates attended GI ASCO in January 2017



JORGE BERNAL FROM TELEMUNDO (RIGHT)



COLORECTAL CANCER AWARENESS NIGHT WITH THE CLEVELAND CAVALIERS

The Johnson Family Walk made national news, and featured blue "Poop Chute" pop!



OVER 15,000 #STRONGARMSSELFIE POSTS!



Advocates hosted local events all around the US!



For the first time, we SOLD OUT Call-on Congress.



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



Twitter.com/FightCRC



**KICKING OFF MARCH 1 ALONGSIDE KATIE COURIC, LUKE PERRY AND FRIENDS AT THE NATIONAL COLORECTAL CANCER ROUNDTABLE (NCCRT), AMERICAN CANCER SOCIETY AND STAND UP TO CANCER.**



**PARTNERING WITH THE COLON CLUB ENSURED THE "UNDER 50" VOICE WAS HEARD!**



268 advocates submitted 101 proclamation requests & 47 states proclaimed March 2017 as Colorectal Cancer Awareness Month.



Rang the NASDAQ closing bell to kick off One Million Strong on March 1!



Photo Credit: Team SLR

# RACING FOR A CURE

by Danielle Burgess

*Why NASCAR driver Scott Lagasse, Jr. is telling his fans to “Screen Your Machine.”*



*“I was lucky. We caught it early.”*

**T**his is how NASCAR driver Scott Lagasse, Jr. is telling his story of finding his colorectal cancer at its earliest stage (stage I). He was 33 years old, his wife six months pregnant, the last thing on his radar was cancer. However, as a performance athlete, he knew his body and could tell something wasn't right.

“I had pains in my lower abdomen that wouldn't go away so I called my doctor and went in.”

Luckily, the doctor treated Scott aggressively based on his symptoms, and not his young age. He ordered a colonoscopy that identified a colon tumor. Soon, Scott wasn't only facing teamwork on the track, but he was forming a medical team to help him fight for his life.



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



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“At first I felt like he made a mistake... there was no way it could be me. I thought, ‘I’m in the best shape of my life.’ I was doing two-a-day trainings and triathlons, racing cars and eating healthy... all the right things. How do I have cancer? I didn’t even know what colorectal cancer was... it was scary.”

Despite the cancer diagnosis, the good news was that the cancer was caught early. Surgery removed the tumor and no follow-up treatment was needed.

“Had my tumor been any larger, I would have been facing something very different, but I was very fortunate to have caught it early.”

At first, Scott didn’t want to alarm his family, friends and fans. He kept his diagnosis so quiet he didn’t even tell his mom before going into surgery, which he soon regretted. Even after he received the “all clear” from his doctors, he didn’t discuss his diagnosis.

**“At first I felt like he made a mistake... there was no way it could be me. I thought, ‘I’m in the best shape of my life.’”**

“I was pretty private about it. But one night I received a call from my cousin who was the best man at my wedding, who I looked up to my whole life, asking me very specific questions. After that, I couldn’t sleep. All I could think about was his wife and his little girls. I realized my story could be helpful to not just him but other people. So I decided I needed to try and help people get screened.”

Scott became a screening advocate and his story began to spread. He shared it during a TEDx conference and to local media outlets. Soon, he became connected with Fight Colorectal Cancer and the One Million Strong community. He was featured in a national PSA for TV, spoke at the “Countdown to 2018” event in New York City and helped ring the NASDAQ closing bell to kick off Colorectal Cancer Awareness Month on March 1, 2017.

“I’m a huge believer in teamwork. And Fight CRC’s One Million Strong is a great team. I’m proud to be a part of it.

## ★ FAST FACTS

- 23 million people need to be screened
- Rates among under 50 patients are on the rise. To combat this:
  - ◆ Know your family history
  - ◆ Ask to be treated based on symptoms and not age
- Colorectal cancer is 90% curable if caught at its earliest stage



Scott with his daughter, now two years old, and wife.



Scott's racecar sports his message of “Screen Your Machine.”

—“—

Screening is not fun. You don't do it for a kick. But it's one day. In my case, it was one day out of my life that saved my life from something totally unexpected.

- Scott Lagasse, Jr.

—”—

To see other people share their stories makes it easier. You know that you are not alone. And, by joining them, you're making a bigger difference.”

In addition to teaming up with Fight CRC, he also began using his platform, a lightening-fast race car, to raise awareness and save lives. In bright, bold lettering, fans see his message, “SCREEN YOUR MACHINE” printed across the car as he speeds by lap after lap.

“Screen Your Machine is a way I can make sure all of my fans don't miss the message - get screened for all types of cancer - and especially colorectal cancer. Hopefully if they go get checked, it's nothing. But, if there is something there, I hope more survivors can catch it early and be lucky like me.”



Follow Scott on Twitter!  
**@ScottLagasse**



## JOIN ONE MILLION STRONG!

Get started at: [FightCRC.org/OneMillionStrong](http://FightCRC.org/OneMillionStrong)



Get this shirt!  
[Store.FightCRC.org](http://Store.FightCRC.org)

Photo Credit: Travis Howard



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



Twitter.com/FightCRC

# IT'S OK TO ASK FOR HELP



All stages along the cancer continuum - from diagnosis through long-term survivorship - come with a set of psychosocial challenges. Most patients can attest to this! The term psychosocial health relates to a person's emotional, social and spiritual well-being, in addition to mental health. As many survivors know, cancer can impact many aspects of life aside from the physical challenges.

A patient may experience distress at some point, if not all points, of the cancer continuum. Some, but not all, signs of psychosocial distress include:

- Depression, anxiety, sadness
- Loss of interest in daily activities
- Loss of interest in engaging with friends and family or lack of social support
- Fatigue
- Grief
- Feelings of guilt

Unfortunately, some of these side effects may not be well monitored by medical care teams even though studies have suggested that, when compared with other cancer types, **colorectal cancer survivors report having poorer quality of life**. It's common for psychosocial issues to last long after initial diagnosis, even years after treatment ends. This can make it difficult to ask for support, but all patients need to know it's OK to ask for help!



Many providers and organizations offer support to survivors struggling to cope with the stresses of cancer. Mental/emotional health may seem like a taboo topic that is uncomfortable to talk about but doctors, nurses and social workers are trained to support patients through challenging times. Here are some initial coping mechanisms that may be helpful:

- Exercise
- Talk to a friend
- Find a counselor
- Spend time outdoors
- Meditate
- Join a support group



It is common to feel alone when facing cancer but taking the first step and asking for help makes us strong and feel less alone.

*"Talking to a counselor about concerns and worries that arise from being a cancer survivor is very integral to the healing process. Share with another person other than friends and family. It will help give a normality to your life and allow your journey to continue in a healthy manner. There is nothing to be ashamed of for seeking counseling, you should do it for yourself!"*

– Jean Schleski, MA, LPC



# TWO POWERFUL VOICES

Elsa & Carrie Gibson

The Gibson sisters are a force for colorectal cancer - in both Puerto Rico & the states! They first got involved with Fight CRC after their dad was diagnosed with colorectal cancer. They became #StrongArmSelfie heroes to get their community screened and then turned into advocates on the Hill.



2015 #StrongArmSelfie on social media

*“After Dad was diagnosed, his surgeon spoke to us about family history and the importance of early screening.” – Elsa*

Even though we don't know the exact age when Papi's cancer started, doctors estimate his tumor was there for about eight years; that would be approximately when he was 55 years old. We have five brothers and sisters, three of us had our colonoscopies done and polyps removed. (We were 36, 37 and 42 at the time.) Imagine if we had waited until 50 years old. Two of us haven't been screened because of medical insurance barriers which inclined us to get involved with this cause.



*“We discovered Fight CRC thanks to social media; we found comfort and a sense of belonging when scrolling through the @FightCRC and #StrongArmSelfie pictures.” – Carrie*



2016 One Million Strong Awareness Event

We started to upload our own #StrongArmSelfie pictures and all of the sudden, pictures were pouring in along with support and love from our family, friends and a lot of friends of friends that we didn't even know. Dad always reminded us to be grateful. A lot of times when we were extremely tired and didn't want to answer emails/texts or calls, he was the one telling us that they were there for us and that we could always be short and sweet. So many of those emails and calls were people calling to share their connection with CRC, ask about screening tests and symptoms. We went from not knowing anyone with CRC to becoming completely surrounded by it. The sense of responsibility quickly set in and we started to find more information and resources. We read everything we could about CRC.



The 2016 One Million Strong event in Nashville occurred three months shy of Dad passing away, for which we prepared a short video. The project distracted us and made us feel good during an awful time. We wanted to continue supporting Fight CRC after he passed and when the scholar opportunity to go to Call-on Congress presented itself, we took it! Call-on Congress was a very intense and rewarding event. To put a voice to our community and learn that the members of Congress represent us felt like a “one in a million” experience that we now hope will be a yearly experience! We are beyond grateful for the opportunity to be scholars. We made instant friends and gained knowledge to share with our community. **Getting involved with Fight CRC has been invaluable and a great way to honor our dad's legacy.**



2017 Call-on Congress in D.C.

▶ Read their 5 tips to get screened in Spanish at: [FightCRC.org/GibsonSisters](http://FightCRC.org/GibsonSisters)

## ACT NOW:

Join the Gibson sisters and flex for a **#StrongArmSelfie!** Post online and tag: **@FightCRC**



FightCRC.org



Toll-free Resource Line: (877) 427-2111  
Help is available in English and Spanish!



Facebook.com/FightCRC



Twitter.com/FightCRC

# ⚡ JOIN THE FIGHT



## Research Alert!

Don't Miss Out.

Make sure you know about these tools and resources.

[FightCRC.org/Research](http://FightCRC.org/Research)

1	Dr. Tom's Late-Stage MSS-CRC Clinical Trials Finder
2	NEW! Biomarked: Know Your Body. Get Tested.
3	Your Guide in the Fight - printed copies in stock!
4	Fight CRC awards \$400K grant
5	2017 research updates from ASCO



## Step Out & Hike!

A group of colorectal cancer survivors, caregivers and friends will hike mountains to give hope and encouragement, and to build camaraderie amongst those touched by the disease. Join the hike!

July 30 - Aug. 1, 2017 in Alma, Colorado.

[FightColorectalCancer.org/Climb](http://FightColorectalCancer.org/Climb)

## Ambassador Training 2017

Have you been observing Fight CRC online and throwing up a #StrongArmSelfie every now and again? Ready to get involved? Take the first step and apply to be an Ambassador! Each year 25 people share their stories through photos, videos and blogs to raise awareness with Fight CRC all year long. Ambassadors are trained on the importance of advocacy and how to fundraise. They also participate in focus groups and are leaders amongst the One Million Strong community.

Learn more at: [FightCRC.org/Ambassador](http://FightCRC.org/Ambassador)



## Get Help

Our Resource Line (1-877-427-2111) is provided in partnership with the Cancer Support Community Helpline. This Helpline, staffed by real counselors, can assist patients, survivors, friends and family members with short-term counseling and referrals to local resources. While they are able to help with a number of concerns, the Helpline is unable to assist with any medical concerns and they do not diagnose or prescribe. The line is available Mon-Fri, 9-9 ET, in English and Spanish.

**Call for help! 1-877-427-2111**





# LIVING LEGACY



Fight Colorectal Cancer received donations in honor or memory of the individuals listed below from July 1, 2016 through December 31, 2016. Their living legacy, through these generous donations, keeps the fight alive - for all of us. The funds support awareness, advocacy, research and education. Thank you.

## IN HONOR OF:

- Paul & Wanda Addy
- Lauren Addy
- Dr. Craig M Ashbrook
- Joe Azar
- Mike Bridges
- Tim Burke
- Betty & April Burns
- Margaret Carvin
- Bob Ceragno
- Debbie Contopoulos
- Erin Cook
- Alfred Dittert
- Rissa Dodson
- Scott Doran
- Ariel Eselevsky
- Chris Ganser
- Andrew Goldstein
- Mark Gottman
- Bob Grabowski
- Alissa Haber
- Abha K. Havaladar
- Alex Hernandez
- Joey & Martha Hinson
- Kate Hoffman
- Billy Hutchinson
- Mr. Braden Kizer
- Anna Korsen
- Robert Kramer
- Andrea Kramer
- Robin L.
- John MacLeod
- Fran Mann
- Dr. Thomas Marsilje
- Mike Mayberry
- James Mayfield
- Patricia McCarrick
- Victor Menoscal
- Lewis (Chip) Moore
- Gerry Noll
- Dirce Cardoso Poiato
- Hilda Porta-Doria
- Riley
- Nancy Roach
- Marra Rodriguez
- Maggie Rothwell
- Dana Rye
- Debbie Savitzky
- Pamela Seijo
- Laurisa Seller
- Georgia & Rick Sforza
- Dennis Sievert
- Elkie C. Silver
- Rufus, the Singing Sheltie
- Cecily Huff Smith
- Ava Spencer
- Karli Stahl
- Kim Taylor
- Dr. Ursina Teitelbaum
- Brian Threlkeld
- Mimi Toomey
- Lisa Truett
- Dana Walker
- Bonnie Ward
- Beverly Williams
- Joshua Wimberly
- Farrah Zamanizadeh
- Ken Zuroski
- All My Courageous Cancer Patients

**GET YOUR LOVED ONE FEATURED  
IN THE NEXT BEYOND BLUE!**



Visit [Give.FightCRC.org](http://Give.FightCRC.org)  
or call **(703) 548-1225**  
to make a donation.



## SPARKS OF STRENGTH:

Looking for a meaningful way to remember a loved one or celebrate with a survivor? Host a Sparks of Strength. This event can be as big or little as you want. Customize it to fit your needs. Get more info at : [FightCRC.org/SparksOfStrength](http://FightCRC.org/SparksOfStrength)

### IN MEMORY OF:

- Lyle A.
- Laura Acquisto
- Albert Amezquita
- Theresa Anastasopoulos
- Grandma Archie
- Gary Audet
- Laraine Kaye Baird Mitchell
- Steven Baker
- Daniel Beber
- Paul Beyer
- Cindy Bloom
- Michael Borucki
- Troy Brandon
- Jordan Breeding
- John Caplinger
- Heidi Cardiff
- Andy Carey
- Robert Chalmers
- Tom Christensen
- Johnny Clark
- C Scott Cleveland
- Gordon Cole
- Carol Conklin
- Sandy Connolly
- Samuel Alexander Cooper
- Clint Cummings
- Fred Dearman
- Gilda Lily Deberardinis
- Louis Delia
- Joseph Dellecave
- Dean Dennis
- Fred DiBartolo
- Stella Dipippa
- Paul Donatelli
- Yiayia Donna
- Josien Doornink
- Lisa Dubow
- Joseph M. Duginski
- Nancy Eastman
- Linda Edington
- Noelle Egan
- Michael Evans
- Alice Fay Farmer Barnette
- Alice Claire Farrand
- Erma Ferrera
- Brother of Charlotte & Scott Fetherston
- Carl N Filson
- Margaret Finch
- Patricia Fleishman-Gooder
- Janet Fougere
- Joan Frank
- Julie Fraser
- Naomi Friedman
- Juan Ernesto Carrasco Gaete
- Emma Gaytan
- Kathy Gero
- William "Billy Bear" Gibson
- James Giesler
- Andy Giusti
- My Grandmother
- Rose Marie Grass
- Ronald Greathouse
- Anne Marie Gunn
- Joni Haas
- Debbie Haberski
- Phil Hamrick
- Joe Harrington
- Rose Hausmann
- Michael Healy
- Neal Hechtkopf
- Herb A. Hibler
- Jason Hickman
- Joel Hill
- Richard Hoiberg
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- Rose Injiain
- Mary Job
- Ton Jurriens
- Donna Karabetsos
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- Gilda Lorenzo
- John A. Lotz
- Lou & Norma Louft
- Maureen Lunny
- Qing Ma
- Danielle Maatouk Futtner
- Patrick Maher, Sr.
- Gemma Marchioli
- Ronny Margraves
- Jack Martin
- Yun Yi Maser
- Dolores Mathias
- Stephen Mayberry
- Robert "Rob" Michelson
- Simeon Miller
- Kim Miller Curran
- Caroline Minner
- Thomas Mitchell
- Elizabeth Montgomery
- Maria Morais
- Oswaldo Jorge Morano
- Christine Niemi
- Raymond Oliveri
- Don Owen
- Karen Parkison
- Barry Paul
- Belle Piazza
- Joe Piunti
- Rufus Powell
- Randy Purdy
- Rosetta Ragusa
- John J. Ramm, Sr
- Kathryn Randall
- Angie Dedonder Richardson
- Frank Riesenber
- Larry Rifkin
- Steven Ring
- Claude T. (Rob) Robinson
- Roger Rodriguez
- Milton Roeder
- Mary Romano
- Chirstopher Rosebrugh
- Thomas Rybicki
- Kristi Sabin Walker
- Vicki Sallee
- Meghan Sammons
- Paul F. Sargent
- Frances Schlichter
- Stuart Schwartz
- Lori Shemelzman
- Kurt Sigmon
- Leon Somers
- Donna F Stoddard
- John Sunderland
- Jaymi Tadeo
- Robyn Schmidt Tiffie
- Tobin Townsend
- Hether Turner
- Rob Urtz
- Jerome Villavecchia
- Kirk Wilborne
- Doug Wilson
- Karla Winrow
- Timothy Wood
- David Michael Young
- Patti Zech
- TJ Zegle
- Tony Ziemba
- Marty



**FIGHT  
COLORECTAL  
CANCER**

get behind a cure.

## BEYOND BLUE

Beyond Blue is a magazine for those facing colorectal cancer produced by Fight Colorectal Cancer each fall and spring. Each issue is hand-carried to medical offices in the United States by a group of distributors made up of survivors and caregivers, medical professionals and advocates committed to the cause. They're all passionate about our vision: victory over colon and rectal cancers.

The copy you are holding was delivered thanks to the strength of this community, the One Million Strong. Help us keep going and growing - become a distributor! Share your story! To join, visit [FightCRC.org/SignUp](http://FightCRC.org/SignUp)

This issue is reaching thousands of patients thanks to the generous support of these sponsors. To become a sponsor, call (703) 647-4694 or email [Fundraising@FightCRC.org](mailto:Fundraising@FightCRC.org)



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