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We FIGHT to cure colorectal cancer and serve as relentless champions of hope for all affected by this disease through informed patient support, impactful policy change, and breakthrough research endeavors.

Learn more at FightCRC.org

#### **Editorial Team**

#### **PRESIDENT**

Anjee Davis, MPPA

## **EDITOR-IN-CHIEF**

Danielle Ripley-Burgess

# **COPY EDITOR**

Theresa Maschke

# **DESIGN & CREATIVE**

Postern Andrew Wortmann

#### **PHOTOGRAPHY**

Ben Bagwell Evan Cantwell Schyler Drain Travis Howard Sam Monica Ali Overstreet Brian Threlkeld Alec Vanderboom

#### **COMMUNICATIONS**

Elizabeth Jordan, MBA Ali Overstreet Emily Piekut

#### DISTRIBUTION

Kristin Griser Erin Quiko

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# **Comic**

# **Jokes**

# Why did Christopher Robin stick his head in the toilet?

He was looking for Pooh.
Submitted by survivor Tracy Sheppard's
12-year-old son, W. Va.

# Poop jokes aren't my favorite jokes,

but they are number two.
Submitted by caregiver Mary Skaggs Schmid, Ark.

# My love for you is like diarrhea...

I can't hold it in.

Submitted by survivor Spencer Dayton, Calif.

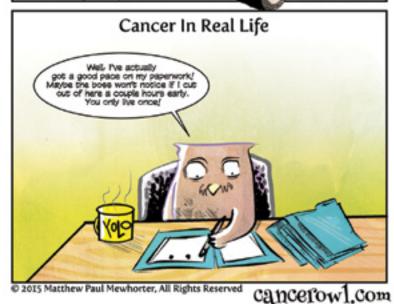
Submit a joke! Email danielle@fightcrc.org.

# **Word Search**

# **WE WANT MORE**



# Cancer According to the Movies WOOHOOOOOO! After my CANCER diagnosis. I quit my job and took off across the world to knock off every lase on my bucket list! YOLO, bitchee!



**CANCER OWL** is a creation of stage II survivor Matthew Paul Mewhorter. Visit his work at cancerowl.com. *Comic reprinted with permission*.

# **Word Bank**

access	healthcare	parents	rural
awareness	justice	prevention	support
birthdays	kids	quality	time
education	knowledge	relationships	travel
family	love	research	
future	memories	resources	



# From the Past to the Future

Ten years ago I began working with Fight CRC.

From the first day, I knew without a shadow of a doubt that Fight CRC was unique. From Fight CRC's Founder, Nancy Roach, to every advocate I've met over the years, we share a common belief and purpose to change the future for colorectal cancer patients. We have a clear vision of what we need to do.

### As champions for this cause, we:

- · Amplify survivor and caregiver stories
- Fight the stigma of colorectal cancer
- Prioritize colorectal cancer funding and research
- Fund state advocacy efforts
- Develop a patient-centered clinical trial finder and physician finder
- Tackle health equity challenges facing our community
- Shine a light on early-age onset colorectal cancer as it is expected to become the leading cause of cancer deaths in people ages 20-49 by 2030

FOLLOW ANJEE! @anjeedavis





We have already done so much work in these areas and more, and we are still celebrating so many victories — like the colorectal cancer screening age lowering from 50 to 45. We have seen significant increases in screening percentages in the over 50 population, which has effectively lowered diagnoses and treatment rates since polyps have been found and removed before they've become cancer. We are so proud of our accomplishments, and yet, we know there is still so much work ahead of us.

Over the past decade I have asked myself a thousand times, "How do we stay mission-driven and simultaneously grow and empower the communities we serve?" Each year, our strategies shift and adjust as the world around us changes, but our core tenets are consistently unwavering. At Fight CRC, we are mission first. Every person, every advocate, and every employee believes in this.

- · Who are we? Champions.
- How do we want to operate? With integrity.
- · How do we plan to grow? Relentlessly pursuing a cure. Our work is not finished until we find it.

Our community of volunteers, donors, and employees is defined as "relentless champions of hope." Being relentless champions of hope is in our DNA; it is woven into the fabric of our organization. These words capture our spirit, and they define us. They drive our culture, and they inspire how we think and make plans to take bold action.

# We are not seeking incremental change. We are pushing for systemic change — groundbreaking change.

With over 1.5 million survivors in the U.S., our community hasn't yet scratched the surface of what we can do. Today, we don't only have the strength, but we have the resilience and the passion to leap large hurdles and tackle big things. We know there are powerful stories to tell, and our stories need to be heard.

## But advocacy isn't a passive journey forward. We need you!

Fight CRC is forging ahead with the core belief that empowering people like you will drive us toward equitable outcomes for colorectal cancer patients and their families. Call it activism or advocacy — whether grassroots or legislative — we are getting louder, and we will be heard.

Will you join us?

As you think about what defines you as a survivor, advocate, or champion, I hope you'll take the first bold step: Commit to staying engaged, sharing your story, and never giving up!

I have been in this fight for over 10 years. There is power in commitment to a cause, and I assure you, 10 years later, I remain passionate and committed to this one.

YOURS IN THE FIGHT,

ANJEE DAVIS, MPPA | FIGHT CRC PRESIDENT



# If you were guaranteed the next 10 years of life, how would you spend them?



**ERIC POWELL** 

Stage III Survivor

"If I knew I had 10 more years, I would travel more."



**TRISH LANNON** 

Stage III Survivor

"If I knew I had 10 more years to live, I would stop putting off everything I tell myself I will get to eventually. I would want to live a full life in that time and make memories with my family."



# **RICHARD JUE**

Stage IV Survivor

"With 10 more years, I'd work hard for my family, my community, and ultimately this planet."



# **YASMEEM WATSON**

Stage III Survivor

"I fight to eliminate disparities.

I fight so I can be here to help experience a cure. If I knew I had 10 years left, I would continue to speak for the voiceless."



# **SHIRAY BERRY**

Stage IV Survivor

"I fight for more access to quality healthcare for people living in rural areas. I fight so I can spend as much time with my family as possible. If I knew I had 10 more years to live, I would sell my house and go full time in our camper or a camper van. I'd also spend every single spare second surrounded by my people."



#### **TELL US**

What about cancer survivorship surprised you?

Email danielle@fightcrc.org for a chance to be featured in our next issue!

# **Less Takes More**

A few years ago, I got really inspired by a documentary on minimalism.

I'm not exactly a hoarder, but I'm also not a minimalist. I have totes full of stuff I enjoy but don't often use. The film had presented minimalism as a great way to live. The idea that less is more was appealing and it made sense. Cutting out clutter would bring peace and calm. I decided to give it a try.

I spent an afternoon in my storage area purging what didn't "spark joy" or get used enough to justify keeping. At first, it was easy, and I actually had fun. It felt good to simplify. However, after a few hours passed, I started to feel exhausted. I didn't realize how much energy and time minimalism would take. Instead of finding peace, I was overwhelmed. Owning fewer things required commitment. I quickly learned that to get to "less is more," less takes more.

Our goal at Fight CRC is to find a cure for colorectal cancer, which seems like a pretty minimalistic goal, right? We fight because we want to see fewer cases of colorectal cancer. It's simple: less sickness equals more health. Dropping rates of colorectal cancer means increasing time spent amongst family and friends. This is our hope and why many of us fight. Less cancer leads to more life.

However, to achieve these goals of less, we realize it's going to take more. We need *more* research dollars, *more* clinical trials, *more* policies that support colorectal cancer, and *more* equity in underserved communities — to name just a few areas where we need more. We need more advocates like you speaking out. We need *more* survivors and *more* caregivers willing to share their stories. We need *more* resources like this magazine put into *more* patients' hands. We need *more* people willing to make *more* donations.

Short, succinct goals feel great, and they're easy to rally around. We won't waver from our path to a cure. But let's not forget that while the goal sounds simple, achieving less will actually take more.

#### STAY STRONG,



**DANIELLE RIPLEY-BURGESS EDITOR-IN-CHIEF & TWO-TIME SURVIVOR** 







Interested in receiving a complimentary box of magazines and other patient resources to distribute to your community?

Sign up to be a Distributor at FightCRC.org/ResourceChampions.



Beyond Blue is also available as a digital magazine. To read and share this issue online, visit

FightCRC.org/BeyondBlue.



# **FOLLOW DANIELLE!**

@DanielleisB





#### **ABOUT THE EDITOR**

Danielle Ripley-Burgess is a 21-year colorectal cancer survivor first diagnosed at age 17. Today, she's in remission. Danielle is an award-winning communications professional, author of Blush: How I Barely Survived 17, and she serves as Fight CRC's Chief Storyteller.



Beyond Blue is a magazine curated by and for members of the colorectal cancer community, published each spring and fall.

To get a free copy of each issue mailed to you, subscribe at FightCRC.org/BeyondBlue.



# **Clap for Catalyst!**

We're still celebrating the enactment of four state laws that will increase access to colorectal cancer screening.

We're also proud to have extended \$150,000 through Catalyst Grants to these states for 2022-2023:









**NEW YORK** 

**INDIANA** 

**IEW JERSEY** 

**VIRGINIA** 

STATE-BY-STATE ADVOCACY
FIGHT COLORECTAL CANCER



# THANKS FOR GETTING HAIRY!



# Big thanks to all who "let it grow" last November!

No-Shave November ended up raising \$644,462. Fight CRC is one of the charities supported by No-Shave, and we will use the funding to support our education, advocacy, and research programs.



# **Aspirin Flip-Flop?**

Last fall, the U.S. Preventive Services Task Force issued draft recommendations saying more research is needed to determine if taking a daily aspirin is beneficial for colorectal cancer prevention. It confused many patients who are now wondering what to do. Gastroenterologist Sophie M. Balzora, MD, FACG, serves on our Health Equity Committee and was interviewed by *The New York Times* when the news broke. Here's what she told them:

"The most important thing patients can do to lower risk for cancer is to follow guidelines for regular colon cancer screening. I tell patients that there are still things in your control aside from aspirin that you can do to lower risk. Not smoking, an active lifestyle, limiting alcohol, eating a high-fiber diet, avoiding processed meats and red meats — that's stuff we've known for a while.

# There are still a lot of other things to focus on."



# SHARK TANK SHOUT-OUT

When our friends at DUDE Wipes were featured on a "Where Are They Now?" Shark Tank segment (they won over Mark Cuban and were given \$300,000 to build their business), they chose to include Fight CRC in their segment! Photos of survivor J.J. Singleton and our HR & Operations Manager Rebecca Nance flashed across the screen as they talked about why awareness is important, and how they've teamed up with us for an important cause.







**SCAN TO READ MORE** 

# STANDING UP TO CRC

Fight CRC is a proud community partner for a newly launched CRC Health Equity Dream Team from Stand Up to Cancer (SU2C).



As a partner, we will weigh in regarding how to implement the program, as well as provide awareness

and patient education surrounding its efforts. Also, a big CONGRATS to Board Member and Gastroenterologist Fola P. May, MD, PhD, MPhil, who is part of the Dream Team's leadership and received grant funding to study screening in Los Angeles.

# THE BEST SCREENING TEST

# Have you ever heard the saying, "The best colorectal cancer screening test is the one that gets done"?

It comes up often when you get around people who are focused on getting others screened. My mentor, Dennis Ahnen, MD, used to say this a lot.

I was once a colonoscopy purist and considered them the "the gold standard" of screening when I began my work over 15 years ago. But over time. I've come to see Dr. Ahnen's side.

Without a doubt, a colonoscopy is the *only* screening recommendation for those who are at high or increased risk because of personal or family history of colorectal cancer. It is also the only screening recommendation for those with a genetic or hereditary condition, or those with signs and symptoms of colorectal cancer.

But, throughout my career in colorectal cancer screening, I've witnessed true innovation. The variety of screening options for people at average risk have only increased and improved. When I started, hardly anyone talked about or gave much weight to the screening tests that weren't a colonoscopy. But now, noninvasive tests, like stool-based DNA screening tests, are detecting abnormalities with great success rates. Tests that screen for colorectal cancer using only blood and urine are on the horizon. This is huge progress!



Dennis Ahnen, MD, (left) and, Andrea (Andi) Dwyer (right). Dr. Ahnen was Dwyer's mentor, and this article is written in memory of him.

Currently, the United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) recommend screening all adults ages 45 to 75 for colorectal cancer. Several recommended screening tests are available. Which is the best one? There's a variety of factors patients and their doctors must consider. Here's a few:

- **Frequency** (How often does the test need to be performed?)
- **Location** (Where does the test need to be performed?)
- Methods (Can the test be sent off to a lab, or is a direct visual of the colon needed?)
- Bowel prep, anesthesia, or sedation during the test (Can the patient tolerate?)
- Follow-up procedures for abnormal findings
   What are notabile post stope

(What are potential next steps?)

 Age (Is the patient young and presenting symptoms? Be aggressive. Is the patient 76 to 85 years old? Discuss overall health status, prior screening history, and preferences.)

Not every person can access or will choose a colonoscopy as their initial test, and a menu of FDA-approved options (that are also covered by insurance) now give patients decision-making power.

# When it comes to the best test, I have a new view: "The best screening test is the one that gets done... and gets done well."

It's going to take all the screening options for us to reduce the number of colorectal cancer deaths. Dr. Ahnen was right.



Learn about all the screening options and how often each test needs to be done in our recently updated Screening Mini Mag.

**SCAN TO READ** 



# ANDREA (ANDI) DWYER

Program Director and Instructor at The Colorado School of Public Health and University of Colorado Cancer Center; Advisor to Fight Colorectal Cancer's Research and Patient Education



In 8 years, colorectal cancer is estimated to become the No. 1 cause of cancer-related deaths for 20-49 year olds.

TO SAVE LIVES, WE MUST FIGHT FOR MORE.



Doesn't seem like that long ago, does it?

would re-open.

of Michael Brown; and

it was announced that

the U.S. embassy in Cuba

There's urgency in what's about to happen in eight years if we don't act now — and act fast. Colorectal cancer, a preventable disease, will slide into the No. 1 spot of cancer killers among young adults, meaning it's going to take even more lives.

We believe that as a community, we have the power to change history and this prediction.

**How? We need more!** 

# MORE SCREENING AND EARLY DETECTION

Colorectal cancer is one of the only preventable forms of cancer with a variety of screening options. Early removal of polyps during regular colonoscopy screenings can help prevent cancer or catch it at its earliest stages — when it's most curable. There are also a variety of recommended and approved stool-based testing options that are noninvasive, like FIT/FOBT and stool DNA, as well as virtual colonoscopy and flexible sigmoidoscopy. And, cutting-edge research is currently underway to find even simpler, noninvasive ways to check for this cancer.

But here's the thing about screening options: They're useless if people don't actually get screened.

# WHAT WOULD IT LOOK LIKE TO SEE MORE SCREENING?

- People talk to their doctors about when to get checked for colorectal cancer before age 45.
- When it's time to get screened, people get it done.
- The national screening percentage — which is currently 69.5% — goes up. Our hope is for it to reach 80%.

And while *screening* typically refers to getting checked for cancer at a certain age, *anyone* experiencing signs or symptoms of the disease (see page 30) MUST see a doctor and discuss screening immediately — even if they're younger than age 45. This will be referred to as a "diagnostic" procedure, and the sooner this can be done, the better.

### **MORE RESEARCH**

Research is responsible for the treatments we turn to today to prevent and fight disease. Thanks to patients who signed up for clinical trials and researchers who've worked tirelessly to design studies, we have FDA-approved therapies that have helped extend patients' lives and, for some, cure their disease. However, we need more.

It's been years since we've had a breakthrough therapy in colorectal cancer. Immunotherapy showed promise and hope several years ago, but only for 5% of the patient population. For the other 95%, it doesn't work. The sad truth is we're losing a lot of lives to this disease.



# HERE'S WHAT MORE RESEARCH WOULD LOOK LIKE:

- Increased funding for colorectal cancer research — through federal dollars, industry partners, and organizations like Fight CRC.
- Collaboration amongst scientists and researchers. (It's happening! See page 24.)
- More patients participate in clinical trials.

# **MORE EQUITY**

Colorectal cancer incidence and mortality rates are not uniform across race and ethnicity. Biology/genetics, health behaviors, and both having access to — and using — health services all play a role. Additionally, social factors like systemic racism, chronic stress, and neighborhood deprivation can all affect the health of a community.

More equity means everyone has a chance to have quality healthcare and can live a healthy life, regardless of race, ethnicity, sexual orientation, gender identity, disability, religion, and socioeconimc status.

Some excerpts have been taken from Fight Colorectal Cancer's Path to a Cure Report. See more on page 24.



# STEPS TOWARD MORE EOUITY LOOK LIKE:

- Conversations, relationships, and resources go into communities that have traditionally been overlooked and under-resourced.
- Diversity in clinical trial enrollment.
- Representation at tables where decisions are being made and stories are being shared.

# **MORE ADVOCACY**

In 1970, cancer overall was the secondleading cause of death in the United States. By 1971, President Richard Nixon signed the National Cancer Act. This effort to pass policy was led by an activist, Mary Lansker, who was personally touched by cancer.

Activists and advocacy groups have a rich history emboldening our cancer research community to take steps forward. From legislation to the creation of alternative models for conducting cancer research, patient voices have pushed us to where we are today. In colorectal cancer, advocacy has played a pivotal role in introducing new policies that remove barriers to screening and increase research funding. But, we're just getting started. There's a lot of work to do.



# MORE ADVOCACY WOULD LOOK LIKE:

- Advocates engage with our Action Alerts. (Sign up for emails at FightCRC.org/Advocacy.)
- Participation in Call-on Congress this March. (See page 32.)

#### **MORE STORIES**

One of the most powerful ways to convince someone to get screened is to tell them a personal story. Stories are how we get attention. Stories give hope. They're powerful because they're personal—and when it comes to colorectal cancer, we need to get vulnerable if we're going to see things change.

#### **SHARE YOUR STORY**

Our community is always looking for more patients, caregivers, loved ones, and medical professionals to share their stories. We can never have too many — we always need more.



To submit your story, go to **FightCRC.org/Stories**.



# AMBASSADORS FIGHTING FOR MORE

Each year, Fight CRC selects individuals who become ambassadors to share their stories and put a "face" to the disease.



# **Sarah MacLeod**

"Although he's no longer here, I want to keep speaking out and sharing my dad's story. I want to share my story. My dad was on a mission to eradicate colorectal cancer, and I plan to carry that forward."

# LOVED ONE

Lafayette, Pa.

#### **ENTERED THE FIGHT:**

Sarah's father, John, was diagnosed in 2013 at age 45. @\_sarahmacleod\_



# Kimberly Holiday-Coleman

"Knowledge is power, so the more information we can get to underserved populations, the stronger our global community will be. There needs to be massive education and support for those who might be experiencing symptoms but too afraid to seek help."

#### **STAGE II SURVIVOR**

Georgetown, Ky.

# **ENTERED THE FIGHT:** 07/24/2015, Age 47

@kimberlyhcoleman 🕝



# **Julie Brown**

"I think it's important to get the word out about resources and education for patients/caregivers. By sharing our stories, we share our experiences and what worked and didn't work for us. I want to find a cure, and I think it's important, but until we can, I think getting the word out is so important. If it prevents one person from having to deal with CRC. it's worth it."

#### **STAGE III SURVIVOR**

Boxborough, Mass.

#### **ENTERED THE FIGHT:**

11/22/2009, Age 32

@ostomylove ( )



# **Jill MacDonald**

"I fight for a future where colon cancer is no longer on the rise and patients can advocate efficiently for themselves."

# STAGE IV SURVIVOR

St. Louis, Mo.

### **ENTERED THE FIGHT:**

1/28/2015, Age 37



# **Yla Flores**

"I believe I am on a path of healing. I am passionate about raising awareness for colorectal cancer screening because I had zero symptoms. Being a Fight CRC ambassador has turned my pain into purpose through sharing my story in my community and nationally."

# **STAGE III SURVIVOR**

Port St. Lucie, Fla.

# **ENTERED THE FIGHT:**

3/18/2020 Age: 54

@ylaparis (C)



# **Kentisha Mazeke**

"My mom is no longer here so I'm her voice. I have made it my mission to bring awareness to a disease that is directly and indirectly touching the lives of many. The older I get, my desire to advocate and educate strengthens. I have connected with so many young adults who have been touched by colon cancer, and my heart breaks for them."

### CAREGIVER

Jacksonville, Fla.

#### **ENTERED THE FIGHT:**

Kentisha's mother, Felita Rollins, was diagnosed in April 2003 at age 43.



# **MEET OUR LATEST CLASS OF SURVIVORS, CAREGIVERS,** AND LOVED ONES SERVING AS AMBASSADORS IN 2022-2023.

What motivates them to fight for more? See page 16.



## **Tim McDonald**

"I am passionate about learning, sharing my story, and inspiring others. I've learned to avoid asking, 'Why me?' but instead I ask, 'Why not me?' That's helped me align with who I am and see the opportunities and beauty coming from this tragic situation."

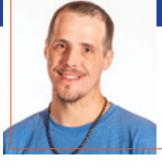
# STAGE IV SURVIVOR

Tampa, Fla.

#### **ENTERED THE FIGHT:**

11/30/2020, Age 52





# Jacob (J.J.) Singleton

"I've been close to death and worked through anger and depression, but now I want to use my journey to help other people. Messages I get from patients or caregivers who say my podcast episode or social media post helped them with their issues, or understand this cancer craziness, keep me going."

# STAGE IV SURVIVOR

Waynesville, N.C.

#### **ENTERED THE FIGHT:**

9/4/2015, Age 27

@jj5145 👩 @JJSingleton1 🔰



# **Spencer Dayton**

"I want to spread awareness about young patients and get as many people screened and knowledgeable about Fight CRC as possible."

#### **STAGE IV SURVIVOR**

Lodi, Calif.

#### **ENTERED THE FIGHT:**

10/22/2019, Age 22

@spencerdayton01 (o)





# **Cheryl Alston**

"We, as a collective, need to be heard! I have a story, and I am grateful to be on the other side of colon cancer. I believe colorectal cancer needs to be talked about often because I have learned that people don't like to discuss concerns or issues of the butt."

#### **STAGE II SURVIVOR**

White Plains, Md.

#### **ENTERED THE FIGHT:**

10/26/2013, Age 56

@cheryl\_alston1 (3) @CherylLAlston6





## **Yvette Davis-Atkins**

"One day, life can seem ideal and the next day, it can turn tragic. I want people to know their family history and be knowledgeable about colon cancer screening. It is my wish for colon cancer to be as readily acknowledged as breast cancer."

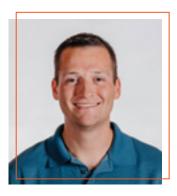
#### **CAREGIVER**

Mount Juliet, Tenn.

#### **ENTERED THE FIGHT:**

Yvette's husband, Len, was diagnosed in July 2012 at age 47. @yvettenorma (o)





# **Ryan Shadle**

"My father was the most brave and courageous warrior I have ever met. He never once complained about his fight, but instead, he took it head on every day. I want to carry on my father's legacy as an ambassador. I know he would be so proud to see me working alongside Fight CRC to carry on his hard work of telling others to get screened."

#### **LOVED ONE**

Omaha, Neb.

#### **ENTERED THE FIGHT:**

Ryan's father, Paul, was diagnosed in 2016 at age 44. @Ryan\_Shadle





# WHY DO YOU FIGHT FOR MORE? WHAT DO YOU WANT MORE OF?



# **Advocacy**

I am an early-age onset colorectal cancer patient and Lynch syndrome carrier ready to advocate on behalf of myself and other early-age onset patients.

**Spencer Dayton** Stage IV Survivor



# **Self-Compassion**

I want to see patients have more self-love, body positivity, and selfacceptance/empowerment.

**Kimberly Holiday-Coleman** *Stage Il Survivor* 



# <u>Attention for</u> <u>Colorectal Cancer</u>

I want a future where colon cancer is no longer on the rise and patients can advocate better for themselves.

**Jill MacDonald** Stage IV Survivor



# Screening Equity for the African American Demographic

I want us to have the same screening opportunities as other ethnic groups and to find a cure for the sake of all lives.

**Cheryl Alston** Stage II Survivor



# **Community**

I want every patient to find their tribe. I didn't have a community when I was first diagnosed, and I want people to know they are not alone on this journey.

**Julie Brown**Stage III Survivor



# Life

I want to live a full life because I'm passionate about sharing my story and inspiring others.

**Tim McDonald** Stage IV Survivor



# **Research Dollars**

This will lead to better treatment options. I fight in honor of my husband who is no longer here and to help others so they do not suffer as my family did.

**Yvette Davis-Atkins** *Caregiver* 



# Access to Screening and Care

Access to screening and care in honor of my mom, Felita Rollins, who passed away from colon cancer at 45 years old.

**Kentisha Mazeke** *Caregiver* 



# Access to Clinical Trials

After trying three different chemo cocktails that did not work, I was finally approved for a clinical trial that luckily has worked for me.

Jacob (J.J.) Singleton Stage IV Survivor



# **Screening**

My dad was passionate about this. We lost him in February 2021 to stage IV colon cancer but I am keeping his passion for awareness and early detection alive.

**Ryan Shadle**Loved One



## **COMING TO CURE MAGAZINE**

Fight CRC has partnered with *Cure Magazine* to share our ambassadors' stories.



Visit **curetoday.com** and search "Fight CRC" to read them and to find out how to submit your own!

When our 12-year-old kids turn 20, colorectal cancer may be THE No. 1 cause of cancer death in the U.S.

We must do more to stop this. We must act now.

Join us at

FIGHTCRC.ORG

F!GHT CRC

FORE

# RISK FACTORS

# **AVERAGE-RISK FACTORS**

Most people you walk past every day are considered "average-risk" adults. All average-risk adults should talk to their doctors about colorectal cancer screening at age 45.

The following factors are linked to a higher risk of colorectal cancer:



#### INACTIVITY

(little physical activity and exercise)



OVERWEIGHT AND OBESE



LITTLE FRUIT, VEGETABLE, AND FIBER CONSUMPTION



**SMOKING** 



#### HEAVY ALCOHOL USE

(more than one drink/day for women and two drinks/day for men)



# A DIET HIGH IN RED MEAT

(beef, pork, lamb),

PROCESSED MEATS, AND FATS



# MEAT PREPARATION

(including frying, grilling, broiling, or other methods of cooking at very high temperatures)

# **INCREASED-RISK FACTORS**

Some people are considered "increased-risk" adults. All increased-risk adults should talk to their doctors about colorectal cancer screening before age 45.

In addition to risk factors for average-risk adults, these situations will increase your colorectal cancer risk:



FAMILY HISTORY OF COLORECTAL CANCER



FAMILY HISTORY OF COLON POLYPS



# **PERSONAL HISTORY**

(of colon polyps, colon cancer, rectal cancer, ovarian cancer, endometrial cancer, or breast cancer)



PERSONAL DIAGNOSIS OF TYPE 2 DIABETES



PREVIOUS RADIATION THERAPY

(directed at the abdomen)



Of all racial groups in the U.S., **Black Americans** have the highest incidence and mortality rates, although the cause of this is not currently known. Worldwide, **Jews of Eastern European descent (Ashkenazi Jews)** have the highest risk of colorectal cancer. Doctors may suggest earlier screening if your race and ethnicity present an increased risk.



# Colorectal cancer runs in my family and we talk about it. Should I be doing more to prevent it?

A: Learning your family history and discussing it are the first big hurdles, but there is definitely more you can be doing to prevent CRC.

# Have a detailed discussion with family members

It's not enough to just know that CRC runs in your family. In order for your doctors to make the best recommendations for you, they need to know how many family members have had CRC, the relationship of those family members to you (i.e., are they your parents, siblings, aunts, uncles, grandparents, etc.), and at what age they were diagnosed with CRC. Research has shown that individuals who have a parent or sibling with CRC diagnosed before age 60 are approximately twice as likely to develop CRC than the general population, and those with two or more parents or siblings are almost four times as likely to develop CRC. Increased risks for developing CRC also extend to individuals with a family history of colon polyps, so it is also important to know if close family members have had precancerous colon polyps. Family history is dynamic make sure you have recurrent conversations with your family to update each other.

# Talk to your primary care provider or gastroenterologist and follow their screening recommendations

Pass the information on to your primary care provider or gastroenterologist so they can make appropriate screening recommendations for you and your family members. The U.S. Multi-Society Task Force on Colorectal Cancer has published guidelines for CRC screening for individuals with a family history of CRC and/or advanced precancerous colon polyps. These recommendations include starting screening at an earlier age compared to the general population (recently lowered to 45 years old for average-risk individuals) and/or getting screening exams more frequently.



Tiffany Ortiz was diagnosed at age 32 and passed away two years later. Her family, including her twin sister Tamara (front right), mother Gwendolyn (front left), and husband Jonathan (front middle), continue to advocate in her memory and raise awareness.

# Diet and lifestyle modifications

In addition to following your providers' recommendations for screening, you can also reduce your lifetime risk of developing CRC through diet and lifestyle modifications. Research has shown that a diet high in fiber/complex carbs, and low in fat and red meat, can help reduce your risk of developing CRC and colon polyps. Obesity is a risk factor for developing CRC, and increased physical activity/exercise can help reduce this risk. I also recommend limiting alcohol intake — the American Society of Clinical Oncology confirmed an association between moderate-to-heavy alcohol intake and a significantly increased risk of CRC compared with low or no intake (moderate intake is defined as up to one drink/day for women and up to two drinks/ day for men). I like to tell my patients that what's healthy for your heart/cardiovascular health is also healthy for your colon!



# JENNIFER M. WEISS, MD, MS

Associate Professor, Gastroenterology and Hepatology Director, UW Gastrointestinal Genetics Clinic University of Wisconsin School of Medicine and Public Health

# All About Polyps



Colorectal cancer almost always begins as a polyp that transitions into cancer over time. In most cases, polyps take years to grow into cancers. If you have/had a colorectal polyp, here's what you need to know.

# What is a colorectal polyp?

A polyp is a small outgrowth of cells or tissue that occurs in the lining of the colon or rectum. Picture a pimple, but inside your colon or rectum. There are a few different types of polyps, and we know now that colorectal cancers begin as polyps.

# What are the different types of polyps?

# THERE ARE SEVERAL:

- Adenomas: These are the most common polyp type and also the most common precursor to colorectal cancer. However, only a small fraction of adenomas will become colorectal cancers.
- Hyperplastic: Although common, they are not likely to become colorectal cancer over time unless caused by a hereditary (family-linked) condition.
- Sessile-serrated and traditionalserrated: These polyps have an appearance of a "saw tooth" border under the microscope and, in some cases, do progress to colorectal cancer. They are less common than adenomas.

- Hamartomatous: Generally, these are noncancerous unless associated with a hereditary syndrome like Peutz-Jeghers, Cowden, or Juvenile polyposis (JPS). These polyps are very rare.
- Inflammatory: These are also rare and can be seen in chronic diseases in the colon or rectum, like ulcerative colitis or Crohn's disease.

# (1) How do polyps progress?

You are more likely to develop polyps in the colon or rectum as you age, but some people do develop polyps in their 20s and 30s. Polyps take seven to 10 years to transition into colorectal cancer, but screening can stop this progression. There are some hereditary syndromes that result in polyps at a very young age and this increases risk for colorectal cancer; therefore, it is important to know your family history.

# Are all polyps cancerous?

No. Only a very small percent of polyps will become cancerous. Since it is difficult to tell during colonoscopy which polyps have that potential, the goal of the procedure is to remove them all.

# Does the size of a polyp impact cancer risk?

It can. When an adenoma is over 1 centimeter, we call the polyp an "advanced adenoma." Advanced adenomas are associated with a higher risk of colorectal cancer.

# What is the difference between an advanced adenoma and a polyp?

An advanced adenoma is a certain type of polyp that meets specific criteria: It is either large in size (>1 cm) or it has certain cellular changes (high-grade dysplasia, tubulovillous formations). This type of polyp is the most common type to transition into colorectal cancer over time. Therefore, it's important to detect these polyps via screening and remove them via colonoscopy so cancer can be prevented.

# If I have precancerous polyps, will I feel symptoms or see signs?

Probably not. Most polyps and early stage colorectal cancers do not cause symptoms that you can see or feel. This is another reason why screening of asymptomatic individuals starting at age 45 is so critical.



# Are there screening methods that can detect precancerous polyps?

Yes. Fortunately, there are many screening options: colonoscopy, flexible sigmoidoscopy, CT colonography (virtual colonoscopy), stool DNA test (Cologuard®), fecal immunochemical test (FIT), and high-sensitivity guaiac fecal occult blood testing (FOBT). Some screening methods are better than others at detecting precancerous polyps.

# How do the various screening methods perform in detecting advanced adenomas (precancerous polyps)?

All methods can detect polyps and and cancers to varying degrees.
The benefits of some of the stool-based tests (FIT, stool DNA) are that they are noninvasive tests and can be performed at home.
But, they must be done more frequently (every one to three years) because they are less sensitive in detecting cancer and polyps

than colonoscopy. The more invasive, direct visualization techniques (colonoscopy, CT colonography, flexible sigmoidoscopy) allow us to see the polyps. These can be done less frequently.

# Is it fair to say colon cancer screening is about preventing cancer, not just about finding cancer?

Yes! Colorectal cancer screening works two ways — it can prevent colorectal cancer by identifying and removing polyps before they have the chance to progress into cancer, and it also works by detecting cancers early when they are most curable.

# Why do many people refer to colonoscopy as the "gold standard" for screening?

While all methods can detect precancerous polyps to some degree, colonoscopy has the added benefit of being able to detect polyps to a greater degree and to remove those polyps during the same procedure.

# If I have no history of polyps, and I go in for a routine colonoscopy where they discover polyps, what does that mean for future screenings?

After a colonoscopy, the timing of the next one depends on the findings. If the exam was complete and you do not have any polyps, you will not likely need another colonoscopy for 10 years. However, if you have many polyps or advanced adenomas, you will be asked to return for a repeat colonoscopy (surveillance colonoscopy) sooner — perhaps in three or five years.

# FOLA MAY, MD, PHD, MPHIL





All content was written and edited by Fight Colorectal Cancer. Thank you to Geneoscopy for sponsoring this content.

# I want to see a doctor who has experience in finding polyps. Is it possible to know a doctor's ability to find polyps?

It is possible to ask your medical center or proceduralist about certain measures that have been associated with better screening, such as adenoma detection rate (ADR). This is a measure of how well a proceduralist finds adenomas (polyps that are more likely to develop into colorectal cancers). Although, it is not required of them to report these measures.

# Are certain populations more susceptible to developing advanced adenomas?

Advanced adenomas occur in men and women of all socio-demographic backgrounds, but they are more frequent with advancing age and among African-Americans. Patients with a family history of advanced adenomas, or those who have personally had advanced adenomas, are more likely to develop them in the future.

# If I perform a stool test and get a positive result, do I need to have a follow-up colonoscopy?

Yes, if you receive a positive test result from a FIT or stool DNA test, you will need to have a colonoscopy to determine whether you have polyps or cancer that needs to be removed.

# My doctor said I have a flat polyp. Is this as serious as a polyp that grows like a stalk or a tree?

"Flat polyps" refer to polyps with a plate-like shape and they are very common in the colon and rectum. They do not increase the risk of colorectal cancer. Since their shape makes them harder to see, they may be more likely to be missed compared to other types of polyps that grow on a small stalk.

# DUDE, IT'S TIME TO QUIT TOILET PAPER FOR GOOD



**AVAILABLE AT DUDEPRODUCTS.COM + amazon** 



# **Fight for More Time**

Are you a recently diagnosed patient or currently undergoing treatment?

Check out these resources designed to help you navigate your way through colorectal cancer and understand your options.



# **Your Guide in the Fight**

Your Guide in the Fight is a three-part book designed to empower those who have recently been diagnosed with stage III or IV colorectal cancer, or those who have loved ones with the disease. It will point you toward trusted, credible resources and give you invaluable information about how to interpret the diagnosis, realize your treatment options, and plan your path forward.



Get your free copy at **FightCRC.org/Guide**.



# **Clinical Trial Finder**

Use our Clinical Trial Finder to search for and navigate your way through clinical trials.



Start searching at trialfinder.fightcrc.org.



# Read More STORIES

Get inspired by survivors, caregivers, loved ones, and medical professionals who've been in your shoes. We've got stories about everything — genetic disorders, ostomies, LARS, sexual health, mental health, clinical trials, and more.



Read the stories and submit your own at

FightCRC.org/Stories.

# **Show More Support**

# **Hope & Relentless Care Packs** 539.99

These care packages are designed to bring comfort, support, and encouragement for someone facing the difficulties of a cancer diagnosis. Contents include a copy of *Your Guide in the Fight*, a long sleeve shirt, earbuds, lotions, fuzzy socks, a book, bath accessories, and more.



A perfect gift for your favorite survivor or caregiver! This pack includes Fight CRC branded swag to wear when you're hosting an awareness event, distributing resources, or if you're simply wanting to start conversations about your story. Contents include a tote, mug, buttons, hat, t-shirt, bracelets, patch, face mask, and pin.



Purchase these Care Packs and see more apparel, merch, and resources at **store.fightcrc.org**.



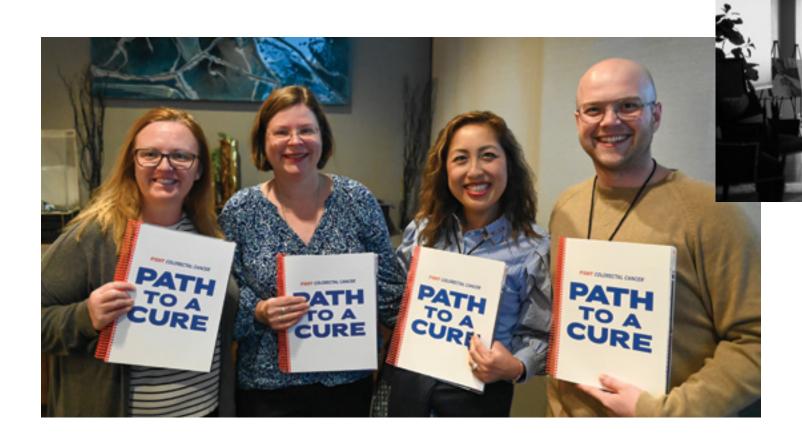




# PUSH FOR MORE SCREENING

Do you or a loved one need a low-cost or free colorectal cancer screening? Here are a few resources to look into.

- State Health Departments: usa.gov/state-health
- Federally Qualified Health
   Centers (FQHC): findahealthcenter.hrsa.gov
- Rural Health Clinics (RHC):
  cms.gov (search for rural health clinics)
- Free Clinics: nafcclinics.org/find-clinic
- Local Hospitals: Sometimes they'll sponsor events and give away free screening tests
- CDC's Colorectal Cancer Control Program (CRCCP): cdc.gov/cancer/crccp/contact.htm
- ColonoscopyAssist: colonoscopyassist.com



# PATH TO A CURE

"You hear about big studies and what they mean to patients.
What's so cool about Path to a Cure is that this is preclinical...this is before studies actually get made... and you have all these people in the same room who are going to put together these amazing studies. We're on the ground floor."

# Curt Pesmen, stage III survivor and research advocate

Colorectal cancer can't be wished away. But it can be fought — with science, wisdom, and support. As a community, we are unsatisfied with the lack of scientific breakthroughs and progress. The overall survival rate for people with colorectal cancer has not budged, and the treatment pipeline has stagnated.

# Lives are on the line, and we don't have time to wait.

While the rest of the world has been fighting a pandemic, Fight Colorectal Cancer has been developing our Path to a Cure to push the science for colorectal cancer and strengthen advocacy efforts, keeping patients' real needs at the core of everything we do.

"The Path to a Cure Report is the first of its kind, pushing us to collaborate and align our efforts in all areas of colorectal cancer."

- Anjee Davis, MPPA, President, Fight CRC

# **THINK TANK**

In December 2021, we hosted our first Path to a Cure Think Tank with a group of more than 30 healthcare leaders, scientists, and patients. A global group of thought leaders convened to discuss what it's going to take to advance colorectal cancer research, and the role advocacy and policy play. Recognizing that no single organization or individual can cure colorectal cancer alone, we agreed: It's going to take all of us.

# Research **SPOTLIGHT**



# THE REPORT

Synthesizing the next steps that resulted from conversations surrounding the Think Tank, the Path to a Cure Report outlines a plan and approach to keep us moving forward. The report highlights critical areas of research; care for patients; the role of policy; and the need for addressing the continuum of care from prevention to survivorship. It shows gaps and where the community needs to focus. The Path to a Cure Report puts our goals into writing, while keeping the patient at the heart of what we do.

"As a GI medical oncologist, it's really nice to see this holistic, comprehensive plan come together and really move the needle forward. I feel like I have a good idea of the medical and scientific gaps we need to fill, but this plan takes into account things like prevention, diagnosis, treatment, awareness — even policy. These are all things that as physicians, we don't always see or think about. It's nice to see one comprehensive document."

## - Chris Lieu, MD

We're not grasping at straws. We're not looking at new shiny things. We're ready to stick to the plan, so we can get to better patient outcomes and reduce latestage disease. We're ready to present the plan, so more research gets funded and more studies developed.

# We won't stop until we find a cure.

"Going through a dedicated process with subject matter experts to define actionable steps to a cure is the least we can do for the patient, survivor, and caregiver community."

- Andrea (Andi) Dwyer, lead author of the Path to a Cure Report and advisor to **Fight CRC Research and Patient Education** 

We've just taken our first few steps along our Path to a Cure, and we are gearing up for more. Ready to join us?



Learn more and become a strategic partner at **FightCRC.org/Path**.









# PUSHING THE LIMITS

# Stop. Quit. Give up.

These words don't exist in the vocabularies of colorectal cancer survivors Ben Moon and Teri Griege.

As athletes, they haven't let anything — including stage III and stage IV cancer, respectively — get in their ways. As the Fight CRC community begins to train for this summer's Climb for a Cure, these two relentless champions share how they stay motivated to keep going, continue pushing limits, and not give up on hope.

# **BEN MOON**

Stage III Survivor

Living on the road in his van with his dog, Denali, when his symptoms hit: Moon passed out by a campfire while at Joshua Tree with his friends. The 27 year old shrugged it off; he'd recently started his adventure photography career, climbing and surfing for Patagonia, and he assumed he wasn't eating enough meat. Blood in his stool appeared a day later, and he knew something wasn't right. A friend urged him to not ignore it.

"She said, 'You know, Ben, you could have colon cancer. You need to get checked out right away.' So I looked it up and the first question was, 'Are you over 50?' I ignored everything else below that on the page."

For the next two years, Moon blew off the fatigue, gas, bloating, and blood despite the discomfort that was slowing down the elite mountain climber. Fortunately, another friend noticed his struggles and urged him to see a nurse practitioner. Medical teams quickly ran multiple tests and performed a colonoscopy, which revealed a tumor and ended up saving his life.

Moon underwent chemotherapy, radiation, and surgery — leaving him with a permanent ostomy. But, he continued to live in his van while on treatment and stayed as active as his body allowed, appreciating the comfort and motivation of his furry friend Denali.

Although Moon faced some days when he wanted to do nothing, his community and love of the outdoors kept him moving. Whether he was mountain biking, mountain climbing, or surfing, Moon didn't give up.

Today, he is a 17-year cancer survivor and continues to inspire others.

# You are very resilient — where did you find the strength to keep going, especially after surgeries and treatment?

When you're diagnosed with cancer, you have two choices. One is to give up, and the other is to fight and do your best. My career at the time was as an adventure photographer, so I was dependent on getting out there. I had to get outside and follow athletes to photograph them. I had to be in as good of shape, or better, to stay ahead of them. I knew I had to get back out there and just do it. It was also for my mental health — I needed to be outside. I need to be active in order to feel steady. To this day, being in the ocean grounds me.

What would your pep talk be to others who want to be active with a permanent colostomy, but they're afraid?

When I first shared about my ostomy on social media and began connecting with others who have them, I was terrified, but it's something I've gotten the most feedback about. I discovered that a lot of other people with ostomies stopped doing a lot of stuff. Dating. Going on runs. People said they stopped doing things because they feared having an accident. I was shocked because I didn't feel like I had a choice to slow down or stop doing things. My job and life depended on it.

I had an ostomy mentor: He was a 65- or 70-year-old golfer. At first, I didn't think we had much in common, but he shared about irrigation, which completely gave me control. I am able to irrigate and that helped me regain a part of my life. I also found Cymed



Ben Moon, Stage III Survivor. Photo by Sophie Kuller.

ostomy supplies, which are made for people who stay active. I think that's one of the barriers for ostomates — finding supplies they can depend on and feel confident and comfortable wearing. These products actually feel good to wear and don't look so clinical.

I would tell other ostomates to start out small. I always have a couple of extra bags and some type of emergency kit. There will be accidents. Check your ego and be humble. Be open and honest with others about what you're going through. If someone doesn't want to be with you because of your ostomy, why would you want to be with them? It's a great filter.



# What gives you hope?

Being outside and seeing how nature continues on. I live right by the ocean in Oregon, and watching how things are constantly changing — the seasons in the tides, the birds that migrate through here, and the eagles that fly — these kinds of things give me hope. I feel like hope is a necessary ingredient for survival. If we lose hope, we don't have anything left to live for.



# What do you want more of?

First of all, I want more awareness for patients who are under 50 those in their 20s and 30s - awareness of both symptoms and also how to get screened. I also want to see the process of cancer treatments humanized: for patients to be in the hospital and feel like they're actually being cared for. It's hard to shift an entire system, but I feel like the support that really kept me grounded and balanced came from both Eastern and Western medicine. And last, I think we need more awareness and education around ostomies. They can create such a barrier for people who are trying to get back to living their lives.



# **BOOK CLUB**

Read Ben's story in his book *Denali: A Man, a Dog, and the Friendship* of a Lifetime (Penguin Books, 2020)



# Badass. That's the best way to describe Fight CRC Board Member and Stage IV Survivor Teri Griege.

Many learned Griege's inspiring story after her triumphant race at the 2011 Ironman® World Championship in Kailua-Kona, Hawaii. The crowd stood in awe as the 50-year-old endurance athlete crossed the finish line, despite her body having been ravaged by colon cancer. Her goal was to complete the race, and she let nothing — not surgery, chemotherapy, radiation, setbacks, and injuries stop her.

Since 2009, Griege has been fighting stage IV cancer, determined to not only beat the disease but to inspire people along the way. In addition to offering support to her local St. Louis community, she has jumped into national advocacy and offered vision and hope to Fight CRC as a board member. Griege is passionate about fundraising for research and recruiting more leaders who can help the organization grow. Additionally, she's one of Fight CRC's biggest and loudest cheerleaders who coaches each advocate she meets to find and define their "why," and to stay plugged into community.

"When I was first diagnosed, I thought I could do it by myself but in the first 72 hours, I realized that fighting cancer wasn't something I could do alone," she said. "Community and asking for help, allowing people to help me, and helping others was important to me from the very start."

Today, Griege is a 12-year survivor who continues to push her limits. In fact, last summer she completed the 29029 Challenge — a climb that's the equivalent of Mount Everest — because she wanted to do something epic to celebrate turning 60 and also raise awareness.

Whether she's on the top of a mountain, at the finish line of a triathlon, or meeting everyone in the room at a Fight CRC event, Griege keeps going to not only push herself, but to support others.

# Why do you love Climb for a Cure?

Climb for a Cure exposed me to hiking. When you experience something hard with others, like climbing a mountain with people, everyone takes a little bit of the load, and you don't have to carry it all alone. That's why community matters so much.

# 2 You talk about finding your "why" a lot — what's your "why"?

We've all lost so many to this disease. I have to make something good out of this bad. Having the opportunity to be a part of Fight CRC — to be physically able to raise awareness — it drives me, gives me energy, gives me the passion to put one step in front of the other to keep moving forward. In this community are people who are my "why" — why I do the things I do. It's not just about the relentless champions we've lost: It's the loved ones they've left behind. It's for us to raise awareness and get money for research and advocacy and changing legislation. It becomes so much bigger than what I originally ever anticipated.

# The 29029 Challenge looked incredible. Why did you choose to do it?

I was looking for something epic to do to celebrate turning 60.

I wanted to raise awareness around colorectal cancer. Somebody posted about this 29029 Challenge, which is the equivalent of summiting Mount Everest elevation-wise, on social media. I thought, "It's a climb. I can parlay it around Fight CRC's Climb for a Cure." The lightbulb went off.

When I climbed that mountain and shared my "why" — one step in front of another — and other people did too, we shared the burden. Everyone took it on and encouraged one another. There's nothing like feeling down and wondering if you can take another step, and someone says, "Come on, I'll help you." I didn't realize the level of intensity the 29029 Challenge would be. But, as fate would have it,



a woman who had seen my story earlier that morning tapped me on the shoulder and told me one of her dearest friend's sons was fighting colorectal cancer. Right then and there, it brought me back to my "why" and that I can do hard things.

# What do you hope people take away from your story and example?

I'm willing to go to any length, step outside of my comfort zone, and be the encourager and cheerleader. I want to say, "I did it. You can do it, too. Come be a badass with me. Let's do this together!"





# We Must

# DEMAND MORE

Each year, at least one of our "asks" of policymakers at Call-on Congress is to increase funding for colorectal cancer research.

It makes sense, right? More money and more research is a good thing. But what does more federal funding for colorectal cancer research really mean? Let's dig in a little deeper.

The United States government, and more specifically, the National Institutes of Health (NIH), is the largest public funder of medical research in the world.

In fiscal year 2021, the NIH's budget clocked in at just under \$43 billion.

That budget gets spread across many different cancers and countless other diseases, and it has led to the development of groundbreaking treatments and even cures. So understandably, everyone wants an everincreasing slice of the pie.

# How much funding does CRC get?

Colorectal cancer typically receives somewhere between \$200 million and \$250 million each year. That sounds like a lot of money — and it is but when you compare it to other cancers, such as breast cancer, it becomes clear that colorectal cancer has some catching up to do.

And this is true across the various federal agencies that fund medical research.

The Department of **Defense spends hundreds** of millions of dollars on cancer research each year, but despite colorectal cancer being the secondleading cause of cancer death for men and women. it is the only cancer amongst the top five cancer killers not to have its own research program.

We must advocate for this and more.

# Impact on **Clinical Trials**

Suneel Kamath, MD, a GI oncologist at Cleveland Clinic, has done extensive research on these funding disparities and explains that it goes beyond just research budgets.

"We linked underfunding directly to fewer clinical trials, and our worry is this will slow the pace of advancement in treating these diseases," said Dr. Kamath.

The good news is: We can change this. As Dr. Kamath went on to explain, "Our data suggest that more dollars will lead to more clinical trials and in turn, to better outcomes."

# The Role of Advocacy

Advocacy helped other cancers increase their funding and establish research programs, and advocacy will help us in the colorectal cancer community do the same. It may not be easy, and it likely won't happen overnight, but we must demand more.

This means we must consistently engage members of Congress, build relationships, and develop champions. We need our elected officials to understand that change is needed NOW, not in 10 years. We need to get gritty, and we need to get loud.

Call-on Congress is a great place to start this conversation. I hope you'll join us this March. You can be sure that in the weeks and months that follow, we will help you continue to advocate. We believe change is possible. Together, let's demand more.



#### **BE AN ADVOCATE**

See page 32 for details and visit CallonCongress.org.



MOLLY MCDONNELL is Fight CRC's **Director of Advocacy** 

#### **FOLLOW MOLLY!**

@MollyFightCRC



# **COLORECTAL CANCER**

# SYMPTOMS

Knowing the symptoms of colorectal cancer and understanding your risks may prevent this cancer from happening to you, or help you catch it as early as possible.

Some early stages of colorectal cancer may not show any signs. If you have any signs or symptoms of colorectal cancer, you need to tell a doctor. ASAP.



RECTAL BLEEDING
OR BLOOD
IN THE STOOL



ONGOING CHANGES IN BOWEL HABITS



STOOLS THAT ARE NARROWER THAN USUAL



GAS PAINS, bloating, a feeling of fullness, or abdominal cramps

**FREQUENT** 



WEIGHT LOSS for no known reason



FEELING VERY TIRED (weakness and fatigue)



NO SYMPTO<u>MS</u>

# FUNDING Research

Across the spectrum of health care, biomedical research is the engine that drives innovation and new treatments that ultimately benefit patients.

Whether we are talking about the incredible effort to create a vaccine in the midst of a pandemic or improving the care of cancer patients, research sponsored by different organizations has led to vast improvements in patient care over a variety of diseases through the past few years. This means treatments are more effective and also less toxic as measured by many different metrics.

Colorectal cancer could be considered a "poster child" for the innovation that has been driven by biomedical research and led to new treatments across the continuum of both early disease and metastatic cancer. Although we have not yet cured this deadly disease, we have made some significant progress in the past 20 years. The future could not be brighter.

# How does research get funded?

In general, research is funded by various grant submission processes. Researchers from around the world submit their best and brightest ideas to various funding agencies. Those are generally evaluated by a panel of experts in that area who rank the submissions to determine which ones should get funded. These submissions are usually scored in areas of significance, innovation, methods, the investigator, and the research environment. By taking all of these areas into consideration, the groups that fund biomedical research can then prioritize projects for funding.

If we flashback to 20 years ago, the research budgets of many organizations and the federal government were high enough that approximately 25% of submitted projects got funded. Since that time, however, there have been significant budget cuts in both government and non-government entities earmarked for research. This means grant funding has gone down substantially in real-world dollars. Only the top 8%-10% of research projects will now get funded. Unfortunately, the process is very competitive, and many great ideas or projects with promise ultimately do not get funded. Although this has been addressed to some degree with programs like the Cancer Moonshot<sup>SM</sup> program, the gap has not been made up. It is certainly a high priority of many organizations, including Fight CRC, to prioritize increases in government and non-government research funding.

# Who funds research?

By far, the major funding source for cancer research is the National Cancer Institute (NCI), which is one of the distinct institutes within the National Institutes of Health. In fiscal year 2019, the NCI's budget was approximately \$6 billion, with 42% of that funding dedicated to research grants. This translated into support for more than 4,900 unique research projects. The research funded by the NCI includes projects that spanned the entire spectrum of cancer disease, such as early diagnosis and detection, new treatments, and health and patient-related quality-of-life initiatives. There is also a strong emphasis on closing healthcare disparities across cancer types, which is relevant to nearly every type of tumor.

Cancer research is also funded, albeit to a somewhat lesser degree, by both industry and philanthropy. There are many organizations that have progressed cancer research. These include many local, regional, and national organizations. The involvement of highly visible spokespeople and campaigns involving celebrities and sports figures (e.g., Stand Up To Cancer) has made an impact.

# Why should patients/loved ones get involved?

There are no better advocates and people who appreciate the impact of cancer research than patients and their families. It is very important for researchers to have partnerships with patients and caregivers when considering research projects and ideas, as it provides doctors and scientists with a real-world perspective. By involving patients and their caregivers in research, we can focus and understand first-hand how their lives are impacted not only by colorectal cancer but the treatment and side effects as well.

# How do donations made to organizations like Fight CRC impact the bigger picture?

Fight CRC is an incredibly effective organization that amplifies patient voices and advocates for issues that push toward policy change. By meeting with members of Congress, the National Institutes of Health, and the federal government at large, Fight CRC helps shape what happens with money allocated to cancer research. Furthermore, Fight CRC's educational platforms and patient advocacy efforts are extremely important in educating patients and directly helping them find clinical trials.

# Does the \$10 I give toward research really make a difference?

Every dollar makes a huge difference. When many people make a contribution, the impact gets expanded exponentially. Furthermore, when people donate to research, it's because they fervently believe in a cause. These are the people who provide a voice and platform and can drive colorectal cancer research as priority through their advocacy.



# RYAN C. FIELDS, MD

Chief, Surgical Oncology, Co-Leader, Solid Tumor Therapeutics Program at the Alvin J. Siteman Comprehensive Cancer Center, Washington University School of Medicine

# Upcoming Events

# **Call-on Congress 2022**

# CALL \*ON\* CONGRESS

You can imagine a world without colorectal cancer. Or you can fight for one.

From March 13–18, 2022, Fight CRC will be sponsoring the first-ever installation honoring the colorectal cancer community on the National Mall in Washington, D.C. This flag installation, United in Blue, is a tribute to our

community and it represents our desire for more research, more treatment options, more funding, and more lives saved. The installation is a visual representation of more than 27,400 people under the age of 50 estimated to be diagnosed with colorectal cancer in 2030.



Submit a name and message to display in honor or memory of a loved one at **FightCRC.org/UnitedinBlue**.

On March 17, advocates will have virtual meetings with members of Congress to share stories and urge them to do MORE.



Visit **CallonCongress.org** for details and to register.

# Guide in the Fight Meetups

## **SECOND AND FOURTH TUESDAYS**

Whether you have just been diagnosed, are receiving treatment, or are supporting someone who is facing colorectal cancer, Fight CRC's meetups are a safe and reliable place to talk to people who have similar experiences to yours while learning about resources available to you from Fight CRC and partners alike. These free online gatherings are for people affected by colorectal cancer seeking access to resources and peer-to-peer support.





Register at **FightCRC.org/Meetups**.

THANK YOU TO OUR BEYOND BLUE SPONSORS!









# Climb for a Cure

Climb in one of 11 locations or create vour own!

# August 6 or 7



For many, cancer is the biggest mountain they face. Climb for a Cure empowers advocates to connect with one

another and push themselves to achieve a physical goal. Climb for a Cure is a fundraising event for colorectal cancer research and a program designed to encourage advocates to prioritize health and wellness.



Make plans to join us in 2022. Check

FightCRC.org/Climb for updates and to sign up!

# Time to Flexa

# **#StrongArmSelfie**

This March, Colorectal Cancer Awareness Month, show your support by snapping a #StrongArmSelfie.

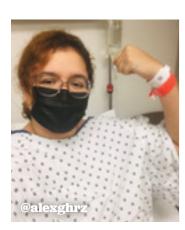
Each post, retweet, or share of a #StrongArmSelfie sends \$1 to Fight CRC!

# **Here's How it Works**

Take a "selfie" while flexing your best "strong arm" pose. (If someone takes the picture for you, that's OK too.) Then, post it to social media using the hashtag **#StrongArmSelfie** and tag us **@FightCRC** so we can share!



2022 Ambassador Ryan Shadle is flexing after running the Chicago Marathon.



2016 Ambassador Alex Hernandez is flexing after her colonoscopy.

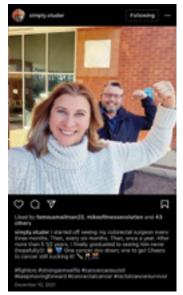




Advocate Jeremy Echols is flexing to raise awareness during March, Colorectal Cancer Awareness Month.



2021 Ambassador Courtney Maurer is flexing to raise awareness about this shocking statistic.





2019 Ambassador Jennifer Ganser is flexing as a volunteer at a local holiday event to raise awareness!





@FightCRC





Fight CRC's Climb for

Groups



a Cure ADVOCATES



Cancer @fightcrc

Colorectal

at Fight Colorectal Cancer

# "Our advocacy community is impatient. They need us to make progress faster. This is not a passive environment; it's an active one."

- RICHARD M. GOLDBERG, MD, INTERNATIONAL LEADER IN GASTROINTESTINAL CANCER TREATMENT AND RESEARCH, AND A FIGHT CRC BOARD MEMBER

Your support is essential as we relentlessly fight for informed patient support, impactful policy change, and breakthrough research endeavors.

ONLINE	give.fightcrc.org or email rebecca@fightcrc.org		
CHECK	Address your check to "Fight Colorectal Cancer" and mail to 134 Park Central Square #210, Springfield, MO 65806		
CALL	(703) 548-1225 x10		
STOCK & ESTATE	To learn about setting up estate planning and stock giving, please contact Michell Baker at (703) 407-7534 or <b>michell@fightcrc.org</b>		
SHOP	shop.fightcrc.org		
IN-KIND	To donate products for our events and care packages, contact Natalie Keiser at (703) 548-1225 x17 or <b>natalie@fightcrc.org</b>		
EMPLOYER MATCHING PROGRAM	Thousands of companies participate in employee matching programs. To learn more about how you can get your employer to match your donation, visit <b>FightCRC.org/Ways-to-Give</b> .		

Fight Colorectal Cancer is a 501(c)(3) organization and contributions are tax deductible to the extent allowed by law. Fight Colorectal Cancer has received high rankings for our streamlined, outstanding financial processes from several groups who watch for proper oversight of donations. To view our 990 reports, visit FightCRC.org/Donate







# Relentless

Since retiring from his role at West Virginia University Cancer Institute (WVUCI) in 2019, Richard M. Goldberg, MD, an international leader in gastrointestinal cancer treatment and research, has found even more ways to provide leadership to the cancer community.

In addition to serving on several national scientific committees and consulting, Dr. Goldberg is part of Fight Colorectal Cancer's Board of Directors. As one of our most engaged volunteers (one who happened to run the trial known as N9741 that led to the licensing of oxaliplatin in the U.S. for the treatment of colorectal cancer), Dr. Goldberg has been pivotal to our Path to a Cure Report, and he's strategically helped Fight CRC catalyze groundbreaking conversations with global leaders (see page 24). Seeing cancer as an opportunity to unite in a world that wants to divide, Dr. Goldberg is a relentless champion who is helping his peers empathize with patients facing the urgency of needing more treatment options, and he's helping lead the way to finding a cure.





# Over the Top

Elizabeth and Phillip Jordan were one of tens of thousands of couples whose wedding was affected by COVID-19.

Just days before their big day, family members tested positive and the couple made the hard decision to cancel their wedding and reception plans. The couple swiftly changed course and had a small, intimate ceremony in Colorado. Their wedding venue, Greenhouse — Two Rivers in Springfield, Missouri, had been gracious with cancellation policies and credited the Jordans, encouraging them to reschedule their event for a later date. However, Elizabeth, Fight CRC's Marketing Manager, had a different idea. She and her husband Phillip decided to donate the venue to Fight CRC so it could be used to raise awareness and funds during a special fundraising event, A Night with the Stars, last December.

"Our wedding, although not what we'd planned, ended up being everything we could have dreamed of. Like the resilient cancer survivors and caregivers I work with, we took an unfortunate circumstance in our lives and found a way to use it for an amazing cause."

#### ELIZABETH JORDAN

The inspirational night recognized Fight CRC's President Anjee Davis' 10-year anniversary of working with Fight CRC, commended research advocates and medical professionals whose efforts are getting people back to being screened, and celebrated the survivors, caregivers, and loved ones in the room while raising nearly \$20,000.



IF YOU'VE BEEN DIAGNOSED WITH COLORECTAL

cancer, you'll want to start planning your treatment right away. In this fight, it's important to arm yourself with as much information as you can about the treatment options available to you! Knowing your colorectal cancer biomarkers can help your doctor identify the best treatment for YOUR cancer.

Discover more about biomarkers and biomarker testing by visiting *FightCRC.org/Biomarked*.

FIGHT COLORECTAL CANCER

> ENCO Property and Biomarker Testing

UPDATED CONTENT!

Get your free copy at FightCRC.org/Biomarked