BEYOND BLUE

F!GHT COLORECTAL CANCER
VOLUME 20 • ISSUE 1

No Alcohol, *No Problem:* Our Favorite Mocktail Recipes

STORIES OF STRENGTH AND ADVOCACY

Meet the Ambassadors

WHY YOU NEED AN ESTATE PLAN *(Yes, You!)*

FACT OR CRAP? *Second Opinions*

Volume 20, Issue 1 **Spring 2025**

Contents

We're proud to partner with artist and cancer survivor Chelsey Gomez (@ohyouresotough) to create this powerful graphic, shedding light on the common—yet often challenging—comments patients hear after a cancer diagnosis.

Featured

ON THE COVER: In memory of **Chris Ganser**, one of the founders of Climb for a Cure. This marks the 10th year for our annual event. Learn more at **FightCRC.org/Climb**.

Disclaimer The information and services provided by Fight Colorectal Cancer (Fight CRC) are for general informational purposes only and are not intended to be substitutes for professional medical advice, diagnoses, or treatment. If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room. Fight CRC does not endorse any specific physicians, products, or treatments for any condition. Fight CRC's educational resources are based off U.S. guidelines with advice from our medical advisors, and we are not affiliated with any one hospital or provider. Always check with your health care team for personalized treatment plans.

Dear Friends,

On March 11, we celebrated 20 years of hope, advocacy, and impact. In 2005, our founder Nancy Roach, alongside a group of passionate advocates, sparked a movement rooted in courage, resilience, and an unwavering commitment to saving lives.

Two decades later, we stand stronger, bolder, and more determined than ever. But our fight is far from over.

I have been privileged to witness incredible milestones. We've championed policies that have expanded screening access, supported groundbreaking research that is transforming care, and empowered patients to demand the best treatment possible. Thanks to your support, we've connected with thousands of individuals, making sure they feel seen, heard, and supported in their darkest moments. These victories are worth celebrating, but they also fuel the work that lies ahead.

As we mark 20 years of hope, I am inspired not only by what we've accomplished but by our vision for the future. By 2030, Fight CRC is committed to driving down incidence rates, increasing screening rates, and reducing mortality. We have a clear roadmap to get there.

- Advance a global, patient-centered research agenda to prioritize breakthroughs in screening and treatment.
- Secure evidence-based policies that ensure high-quality care is accessible to everyone.
- Educate and activate a powerful community of advocates who won't stop until we end this disease.

One statistic that drives me every day is that every 10 minutes, colorectal cancer takes another life. This is a daily reminder of why we must demand more. More research. More answers. More time. Time to create memories, explore treatments, and live fully.

As we look to the future, I invite you to stand with us. Together, let's demand more.

FOLLOW ANJEE!

@anjeedavis

SINCERELY,

Anjee Davis

ANJEE DAVIS
CEO, FIGHT COLORECTAL CANCER

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.

MEET THE AMBASSADORS

Each year, Fight CRC selects individuals to become ambassadors and share their stories to put a "face" to the disease. Here's our 2025 Ambassadors! Read their stories in our Champion Stories Hub at FightCRC.org/Stories and watch their interviews at youtube.com/fightcrc.

Amy Jensen

STAGE III RECTAL CANCER

Diagnosed at age 41 • *Michigan*

More Explorin' Time!

"After treatments and a recurrence, I'm now on chemo and immunotherapy. As a Fight CRC Ambassador, I educate others, advocate for screenings, and push for better treatment options. I'm dedicated to making a difference and raising our voices for change."

Antonio Dionizio

Caregiver for his father, a stage III colon cancer survivor • *Connecticut*

More Living Time!

"I got involved to make a difference and a positive change. Whether my advocacy helps 1 or 1,000 people, my goal is to continue to advocate until I'm 'BLUE' in the face."

Cindy Wright

STAGE III COLON CANCER

Diagnosed at age 64 • *Texas*

More Family Time!

"In August 2023, a routine colonoscopy revealed I had stage III colon cancer, even though I'd only ever experienced lifelong constipation. Surgery and chemo followed, and with the unwavering support of my family, my faith, and an incredible medical team, I've reached NED. Along the way, I've learned so much about the rise in young-onset colorectal cancer and feel a strong calling to raise awareness."

Skylee Tinker

STAGE III COLON CANCER

Diagnosed at age 49 • *Missouri*

More YaYa Time!

"As a stage III colon cancer survivor, I am committed to this fight and helping, however I can. We need answers as to why more people are being diagnosed with colorectal cancer. Education, advocacy, and research are so important to saving lives."

Laken Dilday

Caregiver for her mom Skylee • *Missouri*

More Celebration Time!

"A routine screening saved my mom's life. There are so many people who are eligible to be screened, but have not. I advocate for them, I advocate for those still in the fight, and I advocate on behalf of friends and loved ones we've lost to colorectal cancer. How many lives must be lost in order to be heard?"

Jenna White

Lost her brother to stage III colorectal cancer, he was diagnosed when he was 24 years old • *Texas*

More Family Time!

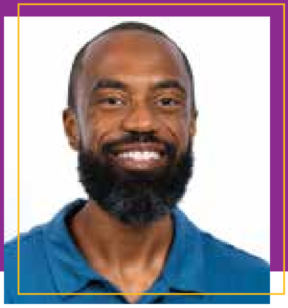
"My brother Evan was diagnosed with stage III colon cancer when he was 24. After courageously battling this disease for four years, he passed away a week before his 29th birthday. Evan served as an ambassador and was passionate about raising awareness about the rise in cases among young people. I'm here to share Evan's story and continue his fight."

Jennifer French

Lost her wife to stage IV colorectal cancer, she was diagnosed when she was 32 years old • *California*

More Time on this Earth!

"Attending Call on Congress was a healing step for me, and now, as a Fight CRC Ambassador, I hope to bring awareness to colon cancer in the LGBTQ community and support caregivers, so no one feels alone."



Jeremy Echols

STAGE IV COLON CANCER
Diagnosed at age 33 • *Texas*

More Family Time!

"I never thought I would be diagnosed with stage IV colorectal cancer in my early thirties. I'm committed to help raise awareness and make a difference. More young people continue to get diagnosed and we need to know why."

Kasia Orzechowska

STAGE IV COLON CANCER
Diagnosed at age 40 • *Florida*

More Hope Time!

"I share my story to show others they're not alone. Fight CRC made me feel like I belonged, and now I want to spread that support, give hope, and push for colorectal cancer to be a priority. I want medical professionals to take women's concerns seriously."

Zakela Mickens

Lost her brother to stage IV colon cancer when he was 27 years old • *Florida*

More Bonding Time!

"I never imagined I'd champion a cause like this, but I feel it's my purpose. I often think about how the roles could have been reversed, and that my big brother's journey could have easily been given to me. My experience as his caregiver changed my life for the better, forever! I'm here in his honor to help others."

Wendy Harpp

STAGE III RECTAL CANCER
Diagnosed at age 55 • Florida

More Family & Advocacy Time!

"I knew when my treatment ended and I went from fighter to survivor, I needed to advocate for policy change, new treatments, and new trials. It terrifies me that so many young people are dying from CRC. We must do better. It's not okay that CRC is the No. 2 leading cause of cancer deaths in the U.S. Together we can change this!"

Jimena Gaytan

Lost her mom to stage IV colorectal cancer at 10 years old • *Texas*

More Family Time!

"She was mine and my sister's hero. She faced her cancer with grit, jokes, and music, fighting for every precious moment she had left."

CiNease Freeman

STAGE III RECTAL CANCER
Diagnosed at age 28 • *Virginia*

More Free Time!

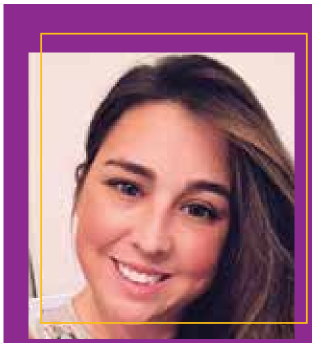
"I'm dedicated to this fight and determined to make a difference. We need to understand why more young people are being diagnosed, and I'm here to educate others and rally support for this urgent cause."

Markham F. Rollins IV

STAGE IV COLON CANCER
Diagnosed at age 37 • *Connecticut*

More Family Time!

"I'm fighting to increase research and awareness into the ever-growing number of early onset CRC diagnoses. Having been diagnosed with stage IV at 37, it was something that was not on my radar. With awareness, availability of screenings at a younger age, and early detection, my cancer may have been discovered at a lesser stage or while it was still a pre-cancerous polyp."



Kayla Marie Campbell

FOREVER FIGHTER
1990-2024 • *Michigan*

Passed away from the disease when she was 33 years old.

"Young people are dying; we need more."
- Kayla Campbell, stage IV fighter

JUST DIAGNOSED

YOUR GUIDE IN THE FIGHT

2 Sides to Every Story

In 2023, life changed for Skylee Tinker and Laken Dilday. After a routine colonoscopy, Skylee woke up to the news she had stage III colorectal cancer. Her daughter, Laken, jumped in right away as caregiver, and she has been with her mom every step of the way. Today, Skylee has no evidence of disease, and both of them have become fierce advocates. Their story shows how survivors and caregivers can have similar yet different experiences when someone is diagnosed.

WHAT WAS YOUR INITIAL REACTION WHEN YOU HEARD, "IT'S CANCER"?

Skylee: Shock and disbelief. I first read my cancer diagnosis on the portal. "This doesn't happen to me; it happens to everyone else." But then, my family came rushing to the forefront of my mind. What would this mean for them?

Laken: Fix it. I didn't process it emotionally; instead, I focused on what needed to be done to get us through the surgery, chemo, and everything else. My mom's diagnosis came while I was four months pregnant, so balancing my own life changes with hers was overwhelming.

WHAT KIND OF SUPPORT AND COMMUNICATION DID YOU NEED?

Skylee: My family and my faith were my anchors. Prayer gave me strength, and my family's unwavering support carried me through the hardest moments. I didn't fully realize how much I needed their presence until it was there.

Laken: I leaned on my faith too, but I didn't stop to think of myself as needing support. I was so focused on showing up for Mom that I delayed my breakdowns. Strength, to me, was just continuing to be there.

DID YOU FACE ANY PRACTICAL CHALLENGES?

Skylee: The biggest challenge in the early weeks was not knowing what I needed to know. Being part of Fight CRC now, I see so many questions I wish I would have asked. Juggling my own needs with my family's needs was a constant struggle.

Laken: The hardest part was navigating everyone else's emotions. My dad's immediate response was to get screened, while my brother couldn't talk about it. Managing family dynamics while keeping my focus on Mom's healing was a delicate balancing act.

HOW DID YOU MANAGE DAILY LIFE?

Skylee: Chemo weeks were a blur. I needed Laken or another caregiver to help me remember symptoms and details for my appointments. On my off-weeks, I worked part-time, trying to hold on to normalcy.

Laken: Early on, I attended Mom's appointments, often balancing them with my own as a pregnant woman. Later, when my son was born, I couldn't go to the last few treatments. But we stayed connected through Facetime during her chemo sessions.

WHAT DO YOU THINK LOOKING BACK ON WHEN YOU WERE FIRST DIAGNOSED?

Skylee: I wish I'd known the mental toll cancer would take—on me and my family. The physical aspects of treatment fade, but the mental challenges linger. People often think ringing the bell means everything goes back to normal, but that's far from the truth.

Laken: I learned caregiving isn't just about doing; it's about being present. Strength comes from showing up. I also wish I'd known about the community that's out there waiting to help, both for survivors and caregivers. Even now, I know there are parts of Mom's journey I'll never fully understand but being there is enough.

Patients and caregivers facing colorectal cancer need a guide in the fight. Let us help walk you through a diagnosis. Get started at ***FightCRC.org/Guide****.*

FACT or CRAP Second Opinions

Seeking a second opinion can feel like added stress during an already stressful time, but it's important! Here's what's fact versus crap about second opinions.

"Getting a second opinion will only delay my treatment without giving me other options."

CRAP

While it may take time to seek a second opinion, it may make you aware of options you weren't aware of or provide a different course of action that aligns better with your treatment goals.

"Seeking a second opinion will offend my doctor or negatively impact our relationship."

CRAP

Your physician should be a professional and encourage your desire to seek a second opinion.

Doctors know patients can benefit from getting multiple opinions.

If your physician does not recommend a second opinion, remember that you are ultimately in control and can choose your doctors.

"I may have to undergo additional tests or scans as part of the second opinion process."

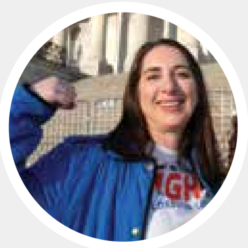
FACT

Your current physician will have ordered all the tests and scans they feel are necessary to treat you, but other doctors may notice missed opportunities or prefer different types of tests when providing a treatment recommendation. This is especially true if you're seeking a second opinion from a specialist or a physician at a large, academic hospital. More tests and scans mean more information, which can provide the best possible treatment options for your situation.

"I can choose to ignore a second opinion and proceed with my original treatment plan."

FACT

Your treatment decisions are yours to make, and you are free to disregard a second opinion to go with your original plan. If you don't like your first or second opinion, you can seek a third or fourth.



"I absolutely sought a second opinion. If I went with my first opinion, my life would be drastically different today."

MARISA MADDOX
Stage III Rectal
Cancer Survivor

"I got three opinions who all gave me different treatment options. I chose the doctor who told me I was not just a number to him."

ALLISON ROSEN
Stage II Colorectal
Cancer Survivor

Need help getting started with a second opinion?
Check out ProviderFinder.FightCRC.org.

What is LARS?

Low anterior resection, or LAR, is a type of surgery commonly used to treat rectal cancer.

The surgery aims to remove only the tissues containing cancer cells, leaving healthy tissue behind. Unfortunately, due to the proximity of nerves, muscles, and other structures, a side effect called "LARS" can occur.

COMMON SIGNS OF LARS:

- Frequency or urgency of stools, or clustering of stools (multiple bowel movements in a short time period)
- Fecal incontinence
- Constipation
- Increased gas
- Abdominal pain
- Urinary or sexual side effects due to nerve damage

While not everyone may experience LARS, those who do report lower quality of life and symptoms that interfere with daily living.

HOW DO I AVOID OR TREAT LARS?

Avoiding LARS may not be possible, however, if you are experiencing symptoms, there are some steps you can take to reduce the severity of the side effects.

PELVIC FLOOR PHYSICAL THERAPY

Consult with a physical therapist before your surgery, if possible. There are special exercises and techniques that can help strengthen your pelvic floor, which may reduce some side effects. Physical therapy can help you train your muscles and utilize biofeedback techniques to help you normalize your bowel function. Physical therapy after surgery can help you recover and regain function and control.

MEDICATIONS

Many patients swear by fiber supplements and Imodium®. If you take Imodium, you'll likely need double or triple the dosage on the back of the bottle. *(Consult your physician before use.)*

DIET CHANGES

Making changes to how and when you eat may help. Eat smaller, more frequent meals. Avoid foods that cause excess gas, such as carbonated beverages, dairy, nuts, and some vegetables, such as cabbage and broccoli. Avoid fried and spicy foods.

IRRIGATION

Many patients swear by irrigating. This can be done using medical devices (like Coloplast's Peristeen Plus), or by supplies you can find on Amazon, Walmart, etc.

The Facebook group "Living with Lower Anterior Resection Syndrome" is full of people who live with LARS and have shared how they irrigate and what they use.

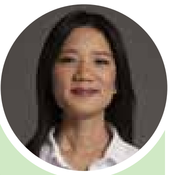
STRESS MANAGEMENT

Stress triggers LARS, so finding ways to meditate, rest, and manage your anxiety will help reduce flare-ups and the need for dramatic life changes.

We won't sugar coat it: LARS is uncomfortable and challenging. But it's manageable with trial and error, and with support.

Pro Tips

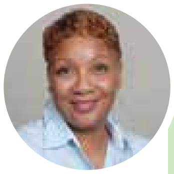
Biomarker Testing



Phuong Gallagher

KRAS mutant HER2 negative MSS/ pMMR, BRAF positive

I was KRAS wild type initially, and my biomarkers allowed me to be on cetuximab for some time with a lengthy period of stability. Once I became KRAS mutant, we saw progression on a scan, and I was taken off the drug because it had become ineffective. My biomarkers also determined that chemo was more appropriate for my treatment plan than immunotherapy. However, with the landscape of immunotherapies changing, I am able to be on an immunotherapy drug through a clinical trial despite being KRAS mutant.



Wenora Johnson

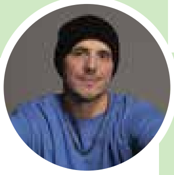
MSI-H (MSH2 mutation)

As a Lynch syndrome patient, the presence of biomarkers like MSI-H mutations significantly influences my treatment plan. For example, my yearly (and sometimes every six months) surveillance plan includes blood work, colonoscopies, scans, and visiting my entire health care team – which currently includes my PCP, gynecologist, dermatologist, cardiologist, GI specialist, and oncologist. Biomarkers also play a critical role in ongoing monitoring and risk management to ensure early detection of recurrences or other cancers associated with my Lynch syndrome diagnosis.

Amy Jensen

RAS wild type RAF mutated MSI stable (MSS) BRAF positive (D594G, APC and TP53 mutated)

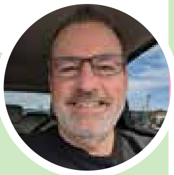
My biomarkers impacted my treatment plan by telling my doctors what treatment options were available to me. I think they can be tough for newly diagnosed patients because when I was originally diagnosed, I didn't know what biomarkers were, and they weren't discussed with me. While I had some genetic testing done to see if I would be prone to other cancers in my life, it wasn't until after my recurrence that a biopsy of my tumor was analyzed and gave the doctors additional information on ways to treat my cancer. Ask your doctor if they tested your biomarkers, and if they haven't, ask if they can! Ask what your biomarkers mean to you. And to be completely honest, even with what I know about biomarkers, it is still confusing!



J.J. Singleton

MSI-H

Finding out my biomarkers helped me with my treatment because usually MSI-H tumors respond to immunotherapy, and that allowed me to get on an immunotherapy clinical trial.



Tim McDonald

MSS, KRAS, BRAF, and NRAS wild type, with p10 deletion

Biomarkers impacted the selection of my chemo (and not immunotherapy) and also made me eligible for a liver transplant. Having MSS made it more likely that I would be a strong candidate.

QUESTIONS TO *ASK CHATCRC*

How can I learn more about my biomarkers?

ChatCRC is Fight CRC's chatbot that provides instant information for colorectal cancer resources & support. Start chatting by visiting **Chatbot.FightCRC.org, or simply text 318-242-8272.*

The Best Advice I Received During Treatment Was...

In moments of uncertainty, the right words can be a lifeline. Here's a collection of advice—both practical and deeply inspiring—shared by members of our Instagram community. These are the voices of people who have navigated the challenges of treatment and come out stronger, offering guidance from the heart.

Always ask for 2nd opinion, because every oncologist has a different approach or perspective to your case!! You can always learn something new about your case with different doctors!

@cordovaariel_

Go to therapy!

@stephanielex

Ask for a bag of fluids when you finish an infusion. They can pump it in quickly and it will help you feel better. You'll think you're drinking enough water but you're not!

@kkuster

Never let anyone tell you how long you have to live.

@christiandringa

Eat, sleep, drink, hydrate, move - every day you can!

@ccndoc

Don't look up information on Google. Instead go to your oncology team with questions. Remember, Google gives answers based on general information. Your oncology team gives you answers based on your specific case.

@corher1964

Give yourself grace!

@sydneystonershelton

You are your biggest advocate. If something doesn't sit right with you... question it.

@jodyslc1

Get a bidet attachment from Amazon. Truly the greatest help.

@kimberle_dharma

Stay positive. Those who stay positive and focus on one day at a time, have the best overall results with treatment.

@justkelly.marie

How about you?

We want to hear from you! Share your story and words of wisdom to inspire others. Submit your story and advice at FightCRC.org/Story or tag us on social media (@FightCRC)! Let's keep the conversation going.

You will have bad days, period, and that's okay. Understanding that allowed me to keep my head high instead of dwelling.

@papabearsing

Jess *and her NIH Clinical Trial*

Jess Fox was diagnosed with stage IV colorectal cancer at age 44 on December 16, 2022. Sudden symptoms hit her while she was traveling overseas in Colombia to celebrate her husband's birthday: severe abdominal cramping, constipation, and a distended stomach. Upon returning to the U.S., she went to the ER and was diagnosed with cancer within three hours. It had already spread to her liver, lungs, and possibly an ovary. She was shocked, especially as a fitness coach who had always prioritized healthy living. Emergency surgery followed, and she began chemotherapy two weeks later. Despite ongoing treatments, she experienced tumor progression and began exploring other options.

After posting on social media asking for recommendations for a GI-specific oncologist, her online community connected Jess with a doctor at Duke University who mentioned a tumor-infiltrating lymphocyte (TIL) therapy at the National Institutes of Health (NIH). She was intrigued, and the doctor introduced her to the team of investigators at the NIH running the trial.

She submitted scans and medical records only to be told she wasn't eligible. Later, when her liver lesions grew, she did qualify, but she was told her lesions needed to grow larger for surgery—a surreal situation where she had to let her cancer progress. In July 2024, she re-submitted her medical reports to the NIH and was accepted into the clinical trial. In August 2024, following surgery at the NIH, her TIL cells began growing, and in December 2024, she received her first infusion. Unfortunately in March 2025, she received crushing news that the treatment did not work. She told her followers, "It's part of the nature of the trial, it doesn't always work." Yet amidst the disappointment, she's had a revival of hope.

Q: WHAT CHALLENGES HAVE YOU FACED DURING THIS PROCESS?

Waiting has been the hardest part. I had to wait for the cancer to grow so I could be ready for treatment, which is nerve-wracking. I've also had to travel to the NIH (from Ohio to Maryland), sometimes having long hospital stays, but they've been supportive and covered travel and lodging costs, which has eased the financial burden.

Q: ANY ADVICE FOR OTHERS CONSIDERING CLINICAL TRIALS?

Advocate for yourself. Don't hesitate to use your network and social media to find resources. Clinical trials don't only offer potential benefits for current patients, but also for future patients because they advance future treatments. Be prepared for ups and downs but remember the importance of contributing to something larger than yourself.

Q: HOW ARE YOU STAYING POSITIVE THROUGH THIS JOURNEY?

Staying active helps—I go to the gym and maintain a healthy lifestyle. Sharing my journey through my Substack blog allows me to process and connect with others. My goal is to live life fully, despite the challenges, and help others navigate this path.

Follow Jess' journey and get real-time updates on her trial at ***jessicafox.substack.com.***

Looking for clinical trials? Explore Fight CRC's Clinical Trial Finder to discover opportunities that might be right for you. Visit **TrialFinder.FightCRC.org.**

Skin Toxicity

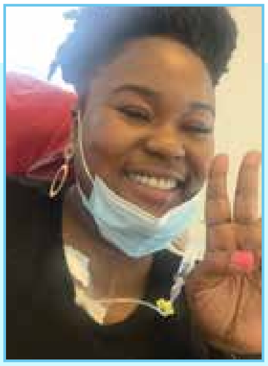
Any and all medications you take for any illness may come with side effects, including those used to treat colorectal cancer. One unique side effect associated with some treatments is known as skin toxicity.

WHAT IS SKIN TOXICITY?

Skin toxicity is a catch-all term for a variety of skin issues that may arise when a patient is prescribed a specific type of medication known as epidermal growth factor receptor inhibitors (or EGFR-i).

EGFR-i medications target a specific protein found on the surface of cancer cells known as EGFR. EGFR-i medications block these receptors, which can help slow down or stop cancer cells from growing and dividing. Unfortunately, EGFR proteins are also found on skin cells, so the medication impacts the skin as well as the cancer.

Skin toxicity is present in up to 90% of patients who are taking an EGFR inhibitor, such as cetuximab and panitumumab. It shows up as a red, raised rash primarily on the upper chest, neck, and face; it somewhat resembles acne. The rash is uncomfortable and can lead to broken skin and potential bacterial infections. While the rash may be an unavoidable consequence of your prescribed medication, there are some things you can do to prevent and/or relieve your symptoms.



CiNease Freeman, stage III rectal cancer survivor, recommends CeraVe Healing Ointment:

> ***"This is a lifesaver! My oncologist recommended it to me, and I would just put some on after showering..."***

What to do

Speak to your physician about whether or not you will be prescribed an EGFR-i. Ask how to proactively prepare for the rash, and any steps you can take to prevent it or lessen the severity. Some commonly prescribed treatments include:

- ***Topical steroids to reduce inflammation***
- ***Oral antibiotics to prevent infection***

Many patients use over-the-counter products to manage the rash.

- ***Heavy emollient creams, such as Eucerin® or CeraVe®***
- ***Oatmeal baths***
- ***Unscented shampoos, soaps, lotions, and detergents. (Avoid hot baths/showers)***

To learn more about skin toxicity and ways to manage it, visit ***FightCRC.org/skintox***

Pro Tips

Showing Support

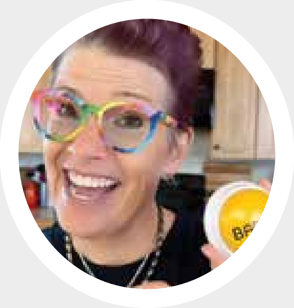
Support—during and after a colorectal cancer diagnosis—can make all the difference.

Here's what survivors said support looks like to them.

ANGE TRIP

Stage IV Colon Cancer Survivor

When I was diagnosed in early 2023 with stage IV colon cancer, our world was rocked. I suppose the best support was from our friends who simply showed up. They showed up to help with an apartment move; showed up to help on chemo days; showed up with goodies to put weight on my emaciated body. I got cards - sooooo many cards. All these things meant the world to me and frankly still do.



CC

Stage IIIB Rectal Cancer Survivor

Send random texts whenever they're on your mind and don't expect a response.

WENDY HARPP

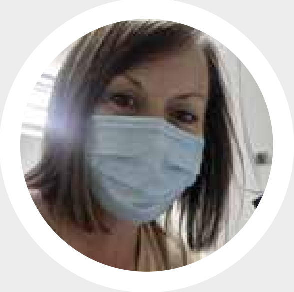
Stage III Colorectal Cancer Survivor

Listen, let them cry, hug them, just be present.

PJ CARLISLE

Stage IIIB Colorectal Cancer Survivor

I was in treatment during a pandemic, so a lot of people dropped out when we were shut down… which I understand now. Send gift cards for dinners, cleaning, sitting at treatment, helping with kids or housework. Prayers! Let the cancer patient be sad, mad, upset, etc. Toxic positivity does not help! Cancer is a category 5 storm. Don't impose your feelings on someone with cancer.



SHANNON GARDNER

Stage IV Colorectal Cancer Survivor

Just show up.

Show Support!

Check out the Fight CRC store for care packages and swag to show someone you care. ***Store.FightCRC.org***

The Buzz about Mocktails

Tropical Sparkler

- **1.5 oz pineapple juice**
- **1 oz mango juice**
- **1/2 oz fresh lime juice**
- **4 oz ginger beer (can increase/decrease to taste)**

In a cocktail shaker, combine pineapple, mango, and lime juices with crushed ice. Shake vigorously and pour into a high ball glass. Top with ginger beer and top off with more ice, if needed. Garnish with a pineapple wedge or mango slice and mint, if you're feeling fancy.

Fauxjito

- **Handful of fresh mint leaves, with or without stems (the stems have a lot of flavor)**
- **1 whole lime, quartered**
- **2 oz non-alcoholic rum (optional)**
- **½ - 1 tablespoon white sugar, or agave syrup, to taste**
- **Club soda or sparkling water, to top**

In a tall glass, combine the mint leaves, quartered lime, sugar, and non-alcoholic rum (if using). Muddle this mixture until the limes have released their juice and the sugar has dissolved. Fill glass with ice, and top with club soda. Stir with a mixing spoon and enjoy.

Consuming alcohol has been shown to increase your risk for several types of cancer, including colorectal cancer. Drinking alcohol, of any kind (even red wine), increases your cancer risk in a variety of ways, including:

- ***Altering levels of multiple hormones in your body***
- ***Increasing oxidative stress, which can damage DNA, leading to cancer***
- ***Increasing absorption of other carcinogens, such as those found in cigarette smoke***

While you'd likely be hard-pressed to find a physician who recommends drinking alcohol, we also recognize that drinking is a common activity for adults, and one that is socially acceptable, or even encouraged (depending on the time of year and who your friends are!).

Fight CRC encourages you to be mindful about how much and how often you drink. We stand by the research community and echo that the only way to avoid this carcinogen is by avoiding alcohol all together. However, we also acknowledge many people enjoy drinking. In that case, we encourage moderation, which is no more than two drinks a day for men and one drink a day for women.

If you're considering going dry, the good news is there are some fun alternatives. Mocktails are alcohol-free options that taste like a cocktail. Try mixing one the next time you're hanging out with friends, desiring something besides water, or needing to scratch that "cocktail itch" without opening a bottle.

Cheers!

MOCKTAIL TIPS:

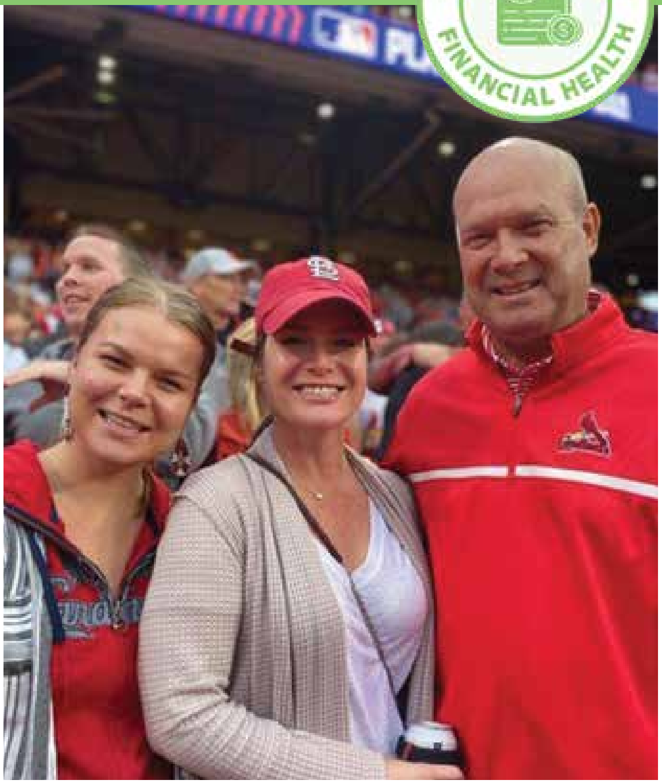
- There are numerous alcohol-free "spirits" available, and the availability of these continues to increase. If you aren't sure what you're looking for, ask a liquor store employee for help! Some brands to look for include Ritual and Lyre. Alcohol-free spirits can make your mocktail taste more authentic but are not needed.
- Mocktails containing citrus are best shaken, mocktails without can be stirred.
- Ice is your friend. Counterintuitively, adding more ice to your drink will slow down dilution, however, too much ice in an alcohol-free mocktail can create a slushy of sorts. Try to find the balance that works for you.

DID YOU MAKE A MOCKTAIL?

Show us on social, tag ***@FightCRC*** and flex a ***#StrongArmSelfie*** with your creation!

THE STRATTONS' SUCCESSFUL INSURANCE APPEAL

For families affected by cancer, navigating the complexities of insurance can be as challenging as the disease itself. Erin Stratton, a caregiver, successfully overturned multiple insurance denials to secure live-saving care for her dad, a stage IV patient.



WHERE IT BEGAN

Ed's journey began in 2019 with a stage IV colorectal cancer diagnosis. In 2023, after many years of treatment, he was declared no evidence of disease. However, complications arose, leading to Ed's need for a liver transplant. While his insurance plan had covered most of his treatments, the insurance company initially denied coverage for the liver transplant because it was "not medically necessary."

NOT BACKING DOWN

That denial wasn't the first — or the last. Erin and Ed received four separate denial letters in just over a month, including one from an independent medical reviewer, which is typically the final step in an appeal process. Each time, Ed's medical team submitted detailed appeals, including supporting clinical data and peer-reviewed studies. Still, the denials persisted.

Unlike many families, the Strattons had deep knowledge of insurance systems — and Erin wasn't about to stop. They pushed past the standard approval process and turned to outside help. With the support of Ed's doctors, advocacy resources like Claimable (Claimable.com), and strategic pressure beyond the typical appeals structure, they reached the insurer's executive leadership team. That final push led to a reversal of the decision, and Ed's liver transplant was ultimately covered.

3 TIPS FOR NAVIGATING APPEALS

THROUGH THIS EXPERIENCE, ERIN OFFERS THESE TIPS FOR NAVIGATING APPEALS:

1. **UNDERSTAND THE DETAILS:**

   Thoroughly review denial letters to ensure the insurer's claims align with your medical reality.

2. **LEVERAGE YOUR NETWORK:**

   Seek help from professionals, advocacy groups, and even your legislators.

3. **STAY PERSISTENT:**

   Don't accept a denial as the final word. Many appeals are successful after just one submission.

> *"Never let anyone tell you it's impossible. Fight for every piece of care—it's worth it." -Erin Stratton*
>
> *Caregiver who fought for an insurance appeal and was granted coverage*

WHY YOU NEED
An Estate Plan

Estate planning is a crucial step in securing your legacy and ensuring your loved ones are protected. However, the process of working with a lawyer, financial advisor, (and your family members!) can seem daunting. In fact, you may find yourself ignoring the task all together. But, don't wait until it's too late!

Why You Need a Plan

During a Fight CRC webinar, licensed attorney David Healy explained why estate planning is critical for everyone, and especially those facing cancer.

Many assume estate planning is optional, but as Mr. Healy emphasized, ***"Everyone has an estate plan—if you don't create one, the state does it for you."***

WATCH THE WEBINAR AND GET MORE RESOURCES FOR LEGAL AID AND ESTATE PLANNING.

And before you think estate planning is only for the rich, think again! If you have any type of property: house, vehicles/boats, personal articles… you need a plan for how this should be handled when you pass away. The same goes for any accounts you hold, from bank accounts to retirement funds. Check your beneficiary information on everything you own. This is an important first step you can take on your own. Once you have this in place, consider what next steps are needed based on your beneficiaries and your wishes.

Unfortunately, when you don't have an official, legal plan in place, your assets will go into what's called "probate," which can overlook your personal wishes, leaving your family vulnerable to unnecessary stress, cost, and disputes. Proper planning avoids lengthy court processes and ensures your stuff and your money get distributed as you desire.

Plan Components

Estate planning is about more than dividing assets; it's about safeguarding your legacy and providing peace of mind for those you love.

1. Trusts vs. Wills: While wills are better than no plan, they often require probate—a lengthy and public process. Trusts, however, provide more control, privacy, and efficiency, protecting assets from unnecessary taxes, creditors, or disputes.

2. Power of Attorney: Establishing financial and medical power of attorney is essential. These documents authorize trusted individuals to make critical decisions on your behalf, avoiding legal complications in emergencies.

> *"Spend a little today or a lot tomorrow."*
> ***—David Healy, Attorney at Law***

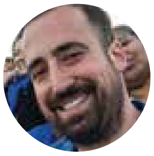
3. Updates: Estate plans are not "set it and forget it." Laws and personal circumstances change. Regular updates ensure your plans remain legally valid and aligned with your goals.

4. Don't DIY: DIY tools like online forms can lead to costly errors. Poorly drafted documents can result in legal complications. Use professional guidance to ensure your intentions are met.

5. Legal counsel: For families managing assets across state lines or internationally, working with specialized legal counsel is vital. Likewise, addressing medical debt and Medicaid eligibility during planning can prevent financial burdens for beneficiaries.

Pro Tips

Relationships After Cancer



BEN WHITE

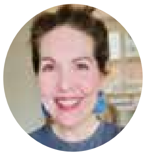
Stage III Survivor

Before my diagnosis, I was pretty focused on chasing my dreams. I lived thousands of miles away from my family and friends, and I missed weddings, holidays, and a lot of important moments. When I was diagnosed, I didn't have a single caregiver, like a partner, to lean on, but despite my years of distance, my parents, my siblings, and my friends never hesitated to step up. After cancer, I don't take these relationships for granted anymore. My family and friends are the most important thing to me. While I didn't know my wife during my diagnosis and treatment, the emphasis on the importance of quality time that I discovered after my cancer diagnosis is the foundation we have built our shared lives on.

DAAD ABIGHANEM

Stage IV Survivor

Relationships were more difficult. Most people can't relate to the trauma of living through AND surviving cancer.



BETHANY SMITH

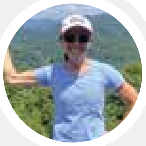
Stage III Survivor

There are people in my life, including some lifelong friends and family, who will never understand my feelings around cancer, what I experienced or the challenges after treatment, no matter how much I share. And that's OK! So I've learned to lean into the connections I have with fellow survivors - we absolutely need each other!

HEATHER BYRNE

Stage III Survivor

Some relationships feel forced; they don't know how to talk with me about normal things besides cancer.



BONNIE WARD

Stage IIIB Survivor

People will say statements like, "They have a cure but they wouldn't make money off it." That one sticks with me because not only is it personal, they are saying they don't think I had to go through all the pain and suffering, then and that I continue to deal with 14 years later. It's an uneducated/uninformed point of view. But sadly I've been told that more than once. I've naturally drawn away from people who believe this.

QUESTIONS TO ASK CHATCRC

I need some relationship advice for someone with cancer.

ChatCRC is Fight CRC's chatbot that provides instant information about colorectal cancer resources & support. Start chatting by visiting **Chatbot.FightCRC.org or text 318-242-8272.*

WE NEED YOU!

HERE'S HOW TO BECOME A RELENTLESS CHAMPION WITH FIGHT CRC TODAY.

FIRST: JOIN COMMUNITY OF CHAMPIONS

The best way to get involved is to start by joining our Community of Champions! This is where our most engaged advocates connect, find opportunities, and take action together. Whether you're new to advocacy or a long-time champion, this is your hub for resources, events, and impact.

NEXT: GET INVOLVED

★ Gratitude Champion

Make an impact in just a few minutes each month! Volunteer to write thank you notes to our generous donors. Each month, we'll send you a list of recipients along with everything you need.

★ Social Media Champion

Help advocate and raise awareness on social media by sharing our messages, engaging with new members in our **Community of Champions**, and amplifying key initiatives. We'll send you ready-to-share posts each month to help you make a difference with just a few clicks.

★ Resource Champion

Want to spread awareness in your community? As a **Resource Champion**, you'll receive ***Beyond Blue*** magazine twice a year, along with a box of Fight CRC's latest resources and materials. Your role? Share them with local clinics, support groups, and individuals impacted by colorectal cancer. Help us get vital information into the right hands!

★ Host an Event

Ready to take action in a big way? Whether you're hosting a small gathering, organizing a local fundraiser, or planning an event where you'd like to raise awareness, **Fight CRC is here to help**. We provide resources, support, and guidance to ensure your event is impactful and meaningful.

★ Climb for a Cure – July 2025

Join us for our annual **Climb for a Cure**, where we take on mountains together to show our collective strength. The 2025 Climb will take place in **Colorado Springs, Colorado** on **July 19, 2025**.

CLINIC RESOURCES

Fight CRC offers a wide library of free resources covering various topics patients and caregivers face, and we offer bulk resources to clinics and volunteers needing supplies for education and awareness events. Many print resources are available in English, Spanish, and Chinese.

SUBSCRIBE TO BEYOND BLUE

Beyond Blue is written for patients and caregivers—by patients and caregivers. It is published each fall and spring, and is mailed to homes and clinics for FREE.

Scan to subscribe or request free resources, or email Zac Getty at Zac@FightCRC.org.

THANK YOU TO OUR BEYOND BLUE SPONSORS!

Takeda

MERCK

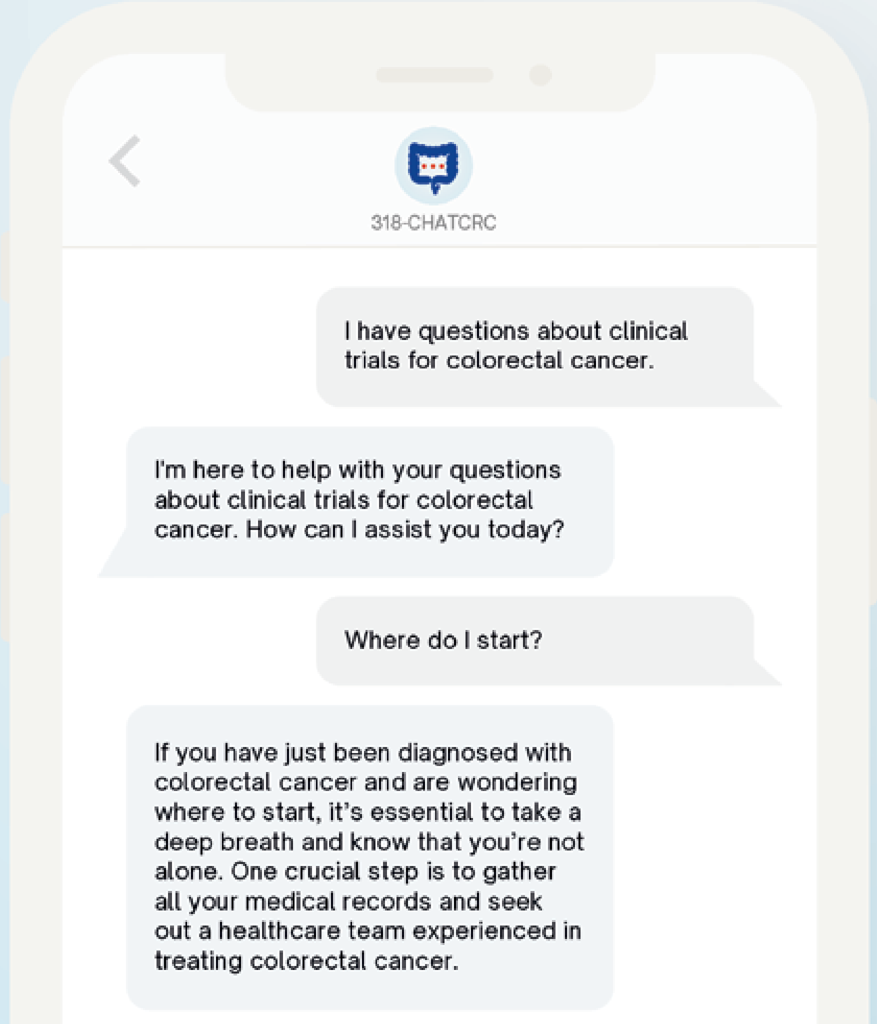
F!GHT COLORECTAL CANCER
134 PARK CENTRAL SQUARE #210
SPRINGFIELD, MO 65806

Got Questions? Text us 24/7.

(OR VISIT CHATBOT.FIGHTCRC.ORG)

318-242-8272

Text us from anywhere—the doctor's office, your car, or even the toilet. (Yes, seriously).



I have questions about clinical trials for colorectal cancer.

I'm here to help with your questions about clinical trials for colorectal cancer. How can I assist you today?

Where do I start?

If you have just been diagnosed with colorectal cancer and are wondering where to start, it's essential to take a deep breath and know that you're not alone. One crucial step is to gather all your medical records and seek out a healthcare team experienced in treating colorectal cancer.

Save Our Number!

Name
ChatCRC

Number
318-242-8272

Website
chatbot.fightcrc.org