

Title:

A Mother's Battle With Advanced Colon Cancer

Word Count:

610

Summary:

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Keywords:

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Article Body:

In the fall of 2003, Bridget Beranek, a 44-year-old wife and mother of two young girls, was gearing up for a busy holiday season filled with family functions, parties and shopping. So when she began to lose her appetite and energy, Bridget initially chalked it up to holiday stress.

When the New Year came and went, but Bridget's symptoms were still present, she knew it was more than stress. After several visits to her primary care physician, Bridget saw an internist, and underwent a colonoscopy. In March 2004, she was diagnosed with stage IV colorectal cancer that had spread to her liver.

"I know it sounds cliché, but I couldn't believe this was happening to me," said Bridget. "Scheduling a colonoscopy was not a priority for me because I was under 50 and lived a healthy lifestyle. I ate right, didn't drink or smoke, and went regularly for a mammogram. One thing I learned from this experience is that colon cancer is a disease more people, especially women, need to be better informed about."

The American Cancer Society reports that colorectal cancer, commonly referred to as colon cancer, is the second-leading cause of cancer-related death in the United States, second only to lung cancer. It is also the third most common cancer diagnosed in both men and women.

Risk factors for colon cancer include a family or personal history of the disease, intestinal polyps or chronic inflammatory bowel disease, obesity, a high-fat diet, and being age 50 or older. Symptoms may include changes in bowel

habits, abdominal discomfort, vomiting, fatigue, blood in the stool or unexplained weight loss, though many people are diagnosed without any symptoms.

The Centers for Disease Control and Prevention (CDC) recommends men and women over age 50 who have an average risk for colon cancer receive screening. Higher-risk patients, such as those with a family history of the disease, should talk with their physicians about when they should begin screening.

Fortunately for Bridget, a new treatment for metastatic colorectal cancer had just been approved by the FDA, only weeks before her diagnosis. Her oncologist decided to treat her with a combination of traditional chemotherapy and a targeted therapy called Avastin® (bevacizumab). Though she occasionally has side effects such as fatigue, Bridget's cancer has responded to the treatment and she is doing well. She is thankful to be able to spend time with her husband and daughters, and to practice her favorite hobby, photography.

Typically, metastatic colorectal cancer patients undergo surgery followed by chemotherapy. Today's targeted therapies, which are designed to attack cancer cells in a more specific way than chemotherapy, provide an additional tool for doctors to use in treating this disease. Avastin, for example, is an angiogenesis inhibitor, which means it interferes with the blood vessels that feed cancer tumors, to help prevent tumors from growing and spreading to other parts of the body. Avastin is approved for use in combination with intravenous 5-fluorouracil-based chemotherapy for first-line treatment of patients with metastatic colorectal cancer.

It is important to keep in mind that Avastin has been associated with side effects in colorectal cancer. Serious side effects occur rarely, but can include gastrointestinal perforation and slow or incomplete wound healing and blood clot complications. Other more common side effects seen in clinical trials include nosebleeds, high blood pressure, proteinuria (too much protein in the urine, which may be a sign of kidney damage), weakness, pain, diarrhea, and a reduced white blood cell count.

Because everyone is different, it is not possible to predict what side effects an individual may experience. If you have questions about side effects or treatment with Avastin, talk to your doctor or another member of the health-care team.