

Colon cancer doesn't have to be deadly

Colorectal cancer (commonly referred to as colon cancer) can be easily prevented, but it remains the second leading cause of cancer deaths in the United States. In Michigan, 5,100 will be diagnosed with colon cancer this year, and 2,000 will die. Nationally, 147,000 will be diagnosed and 57,000 will die. Yet according to the American Cancer Society, the nation's leading voluntary health organization, colon cancer doesn't have to be as deadly. While many Americans resist the idea of getting screened for the disease, reliable testing options currently exist to find

and remove precancerous colon polyps before they develop into a serious health problem if only people would use them.

"Colon cancer testing can actually prevent the disease from occurring," said Mary A. Simmonds, MD, PA, CI, national volunteer president of the American Cancer Society. "We could see a huge improvement in colon cancer prevention and survival if all people 50 and older, plus those at increased risk would talk with their doctors and get tested."

Preventing colon cancer altogether through testing is the ideal outcome, but early detec-

tion of the disease also yields important health benefits.

Nationally, people whose colon cancers are found at an early stage through testing have five-year survival rates of 90 percent. However, only 37 percent of colon cancers are detected in the earliest stages. Of those whose cancers are found at late stage, the five-year survival rate is less than 10 percent.

"With colon cancer testing, we can see parallels with where Pap testing was 50 years ago," said Durado D. Brooks, MD, MPH, director of colon cancer programs at the American Cancer Society's National

Home Office. "Once Pap testing became widely discussed and implemented, the results in preventing cervical cancers were evident. Likewise, we could expect the same success with colon cancer if doctors openly discuss the subject with their patients and urge them to get tested."

"To boost colon cancer testing rates and eliminate the taboo associated with the disease, the American Cancer Society is extending its successful colon cancer awareness campaign developed with the Advertising Council and Campbell-Ewald. The ads feature Polyp Man™,

a pesky character in a conspicuous red suit who grabs viewers' attention to get across the simple truth: Colon cancer. Get the test. Get the polyp. Get the cure."

In time for National Colorectal Cancer Awareness Month in March, new ads were developed to reach African Americans and Hispanic/Latino Americans two population groups who especially need to hear the life-saving message. African Americans have the highest death rate from colon cancer of any racial or ethnic group in the U.S. And Hispanics/Latinos often face cultural and lan-

guage barriers to health information.

Both men and women are at risk for colon cancer. Personal risk varies, so your doctor can help you make informed decisions about when to begin testing and the most appropriate testing method for you. Factors associated with increased risk for colon cancer, as well as information on prevention, early detection, and treatment of the disease, can be found on the American Cancer Society's Web site at www.cancer.org or by calling the Society's Cancer Information Center at (800) ACS-2345.

Radiation treatment eases chest pain

Physicians from Radiation Oncology and the Cardiac Catheterization Lab at Oakwood Hospital & Medical Center (OHMC) are joining forces to fight heart disease. They are using new technology from the Guidant Corp. called the GALLIUM® Intravascular Radiotherapy or Brachytherapy System to deliver a low dose of beta radiation to prevent coronary arteries from closing.

So far, more than 30 Oakwood cardiac patients and thousands of other people nationwide have received the treatment. The procedure is only approved for patients who have already had a stent (a tube scaffold made of metal mesh which opens a vessel) close inside their chest.

The radiation does not actually open the blocked artery, but prevents the growth of new tissue inside the stent, and therefore stops the narrowing of the artery. This technology has been clinically proven to be safe and effective in treating recurring blockage in the coronary artery after stent implantation.

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The Brachytherapy procedure is usually performed immediately after an angioplasty. A specialized catheter with a balloon, called a centering catheter, is guided to the treatment site. A wire containing the radiation is placed inside the balloon.

This radioactive source is never in direct contact with the artery or the patient's blood. An exact dose of radiation is delivered to the treatment site. After a few seconds, the physician removes the radioactive source and catheter. No radiation remains in the body after the procedure. In fact, the amount of radiation the patient receives is less than the amount administered during a regular chest X-ray.

The entire outpatient procedure, including the angioplasty, takes about an hour.

Brachytherapy has been used to treat diseases such as cancer for many decades. Its use in coronary artery disease is relatively new. The first procedure took place in 1996. Studies show patients who have undergone Brachytherapy are half as likely to need repeat angioplasty within nine months of the radiation procedure.

Oakwood Hospital & Medical Center has received honors for its cardiovascular programs. The echocardiography lab was honored by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories.

Echocardiographic testing aids in the detection and management of many types of heart disease. Oakwood's Cardiac Rehabilitation also received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation. It recognizes programs reviewed by a national board that meet outlined essential requirements for standards of care.

Don't make shoveling a marathon event

Warning: Think twice before you pick up that snow shovel.

The American Heart Association cautions that if you haven't been physically active, you should be extremely cautious when lifting a heavy shovel piled high with snow. The combination of sudden physical exertion and the cold increases the heart's workload. It's natural for blood vessels to temporarily narrow in cold weather. The cold can even be more dangerous if vessels are already narrowed due to fatty deposits. Too much strain on the heart during these conditions can result in a heart attack or even sudden cardiac arrest.

"Researchers have found that the heart rate and blood pressure responses to shoveling heavy wet snow often approached and exceeded the same responses during maximum exercise testing," said Dr. Barry Franklin, director of cardiac Rehabilitation at William Beaumont Hospital and official spokesperson for the American Heart Association.

"Within two minutes, most subjects had already exceeded their upper heart rate limit for aerobic exercise training. It is no wonder that each year many middle aged and older individuals experience cardiovascular complications during snow shoveling," he added.

Hypothermia is an additional danger that should be guarded against.

Hypothermia is a drop in body temperature to a subnormal level. It is potentially fatal. Symptoms are slowed breathing and heartbeat, lack of coordination, confusion and drowsiness.

Here are some tips from the American Heart Association for individuals who shovel snow:

■ Wear several layers of clothing instead of one heavy layer.

■ Put on a hat or scarf because most body heat is lost through the top of the head.

■ Protect ears and hands from frostbite.

■ Don't hesitate to take breaks while shoveling.

Before you make the decision to shovel snow, the American Heart Association strongly recommends consulting with your physician. If you experience any of the following signs of a heart attack, you should contact 9-1-1 immediately:

■ Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting for more than a few minutes, or goes away and comes back.

■ Pain spreading to shoulders, arms or neck.

■ Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath.

For more information, contact the American Heart Association at (800) AHA-USA1 or visit www.americanheart.org.

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"Thinking ahead and preparing ourselves for the risks that we may encounter," said Hinkle. "If it's done within reason, it probably makes sense for most people to do something that they feel prepares them for trouble, even though they may never need it."

Many of Dubosh's counselors try to frame the war issues in a

context their clients understand. They often talk about it in terms of a family conflict, with different members playing different roles.

"Sometimes when you give them a (familial) framework, it gives them more control," said Dubosh, adding that it reduces fear and helps them to be less reactive.

Hinkle also advises anxious citizens to be selective about the information they're exposed to on a daily basis. "A constant stream of information from the televi-

sion, radio or Internet is not necessary and probably causes much more harm than good," he said.

Although Gray worries about her brother and sister-in-law, both of whom have sons eligible for the draft, she lives her life as usual, perhaps even with more optimism.

"I think everything about me has changed because of almost losing my husband. I look at the war the same way...with hope. Maybe we won't have to go to war. I'm still hoping we'll just get it all together."

"When I see stuff that's scary," says Matthew, "I'll go to my mom and dad because I know that they'll always have a solution to it and tell me if it's gonna be good or not."

For more information, visit the following Web sites:

■ U-M Your Child: Talking to your kids about war and terrorism, <http://www.med.umich.edu/tli/br/yourchild/terror.htm>

■ Health Topics A to Z: The Anxious Child

http://www.med.umich.edu/tli/br/ps/pa_anxious_aac.htm

■ Department of Homeland Security, <http://www.ready.gov>

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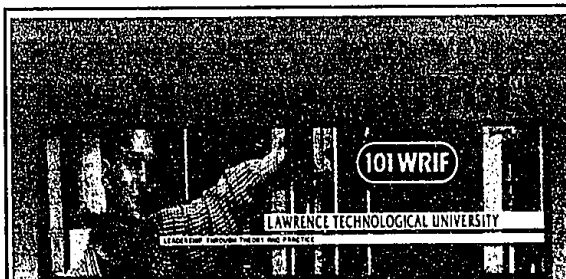
likely related to the parents' anxiousness or changes in routine."

Developing a family preparedness plan is always recommended, but now more than ever officials are urging parents to do so. Felt believes planning is a good way to begin the process of discussion and communication. She says a plan shouldn't be seen as an anxious response to a terrible event but rather a judicious,

thoughtful response to times when families may become separated.

Overall, the burden really is on parents to be calm, collected and thoughtful, Felt says. "If we show our anxiety, that will raise anxiety in our children; so thinking through priorities and what you want to discuss before you enter the discussion is really important," she continues.

"And if nothing else, we can always tell our children that we will be there for them, that we love them, and that we will do our best to keep things the same for them," she stresses.



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