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**Up Close And Personal With Someone Who Has Lived With Colorectal Cancer**

**By News Canada**

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by: **News Canada**

(NC)—Imagine being 41 years old and being told by your family physician that you have colorectal cancer and that it has spread to other areas of your body. Treatment will involve surgery, radiation and chemotherapy.

Automatically your mind is racing with all sorts of questions – Am I going to die? How am I going to tell my family? What will the surgery involve? What is chemotherapy and radiation exactly? How bad will the side effects of these therapies be? How do I cope with colorectal cancer?

"Finding out you have colorectal cancer or any other type of cancer is never easy and will inevitably bring about many changes," says Bunnie Schwartz, Founder and Co-Director of The National Colorectal Cancer Campaign, a not-for-profit organization dedicated to raising public awareness and funding for vital research for this deadly disease. "However, having a positive attitude and taking control of your illness will help you to cope better and will allow you to regain a sense of power over your life," she adds.

Bunnie lost her husband, Howard, last year to colorectal cancer. He was only 47 years old. She also lost her sister to the disease a few years ago. Nevertheless, she emphasizes the fact that her husband never stopped living. He changed his life and adapted to leading a life with colorectal cancer. Bunnie is dedicated to increasing awareness about this disease and candidly answers questions about colorectal cancer and how it affected her family. Her organization raises funds for this disease through their annual gala dinner and walk/run. This year the gala will be held on March 29th and the walk/run will take place on June 1st.

Q. How old was Howard when he was first diagnosed with colorectal cancer and did he have any symptoms?

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A. Howard was 41 years old when he was first diagnosed. He went to the doctor because he had traces of blood in his stool. After an initial rectal exam, our family doctor sent him to a specialist who discovered a tumor. Two weeks later he had his first of many surgeries to come.

Q. How did it change your family's life?

A. Mainly, we realized that the time we had together was extremely precious and could not be taken for granted. We tried to always smile and to remember what was important in our life. We refused to let this disease take over our lives. We did not want our home to be considered a "sick" house, especially for our children. We continued to lead as normal a life as possible. Our children invited their friends over, we went for long walks, ordered dinner in instead of going out, took day trips instead of week long ones, and rented movies instead of going to the theatre. One night, I remember the children and I all drinking "power" juice shakes to support Howard. We all laughed afterwards about how bad they tasted.

Q. Did Howard continue to work and what was his daily routine like?

A. After his first two surgeries, Howard continued to go to work and some days he worked from home. However, after his third surgery he could no longer go to work and was at home alone for almost a year and a half. He became more proficient at using the computer, he took a lot of walks with our dog in the park, and cleaned the house when he could. He wanted to do as much as possible and appreciated every day he had with his family and friends.

Q. In addition to the surgery, did he have to undergo radiation or chemotherapy?

A. Yes. In addition to four major surgeries he also had to have five years of radiation therapy and numerous cycles of Camptosar®, a chemotherapy agent that he took alone and in combination with another drug.

Q. Do you believe the surgery, radiation and chemotherapy treatments helped to prolong Howard's life?

A. Yes, I definitely think that without these treatments Howard would have only survived one or two years, and they allowed him to lead a better quality of life. In addition to medical treatments, we also changed Howard's diet to include more vegetables and fruits, and food low in fat

Q. If there is one thing you could tell people about this disease, what would it be?

A. Colorectal cancer is preventable and curable if caught early enough. It's important to know the risk factors and to get screened if you are 50 years of age or older, or at increased risk for the disease. If you think you are at risk, take action and talk to your doctor immediately.

For more information on colorectal cancer, contact the Canadian Cancer Society toll free at 1-888-939-3333 or visit the web site at

. Other excellent resources you can contact are

The National Colorectal Cancer Campaign at

or by calling 905-731-2035

and the Colorectal Cancer Association of Canada web site at

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## **Fact Or Fiction – The Truth About Colorectal Cancer**

### **By News Canada**

Colorectal Cancer is a disease that only affects older men.

**FICTION:** It can affect anyone, men or women equally. Men and women 50 years or older are at greater risk for the disease.

Colorectal Cancer is usually curable.

**FACT:** It is usually curable when detected early. More than 90 percent of patients with localized cancer confirmed to the colon or rectum are alive five years after initial diagnosis.

Getting tested is necessary for individuals who have symptoms.

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**FACT:** Men and women age 50 or older should get screened regularly for colorectal cancer. Unfortunately, symptoms for this disease are often silent and therefore it is important to get screened regularly even if you have no symptoms. About 75 percent of all new cases of colorectal cancer occur in individuals with no known risk factors for the disease.

I cannot do anything about being diagnosed with colorectal cancer.

**FICTION:** Colorectal cancer is highly preventable. Some preventative measures include eating a diet rich in fruits and vegetables and low in fat, regular exercise, moderate alcohol consumption, and no smoking. In addition, it is extremely important to get screened for colorectal cancer after the age of 50. Screening can help to identify colorectal cancer in its early stages or before it even begins.

There really are no treatment options for colorectal cancer.

**FICTION:** Treatment will depend on the type, grade and stage of the cancer. Management of the disease may include surgery and radiation in the earlier stages of the disease, and chemotherapy options such as Camptosar®, Xeloda® or 5-fluorouracil (5-FU) are generally used in the later stages of the disease when the cancer has spread to other areas of the body.

No two individuals respond the same to therapy, but there is evidence to demonstrate that one or all of these treatment options can effectively aid people living with colorectal cancer.

I can have a good quality of life if diagnosed with colorectal cancer.

**FACT:** Many people diagnosed with colorectal cancer can have a good quality of life. There are effective treatment options, support groups, and supportive care to help cancer patients cope with the side effects of treatment, as well as the emotional and everyday concerns of living with this disease.

For more information on colorectal cancer, contact the Canadian Cancer Society toll free at

1-888-939-3333 or visit the web site at [www.cancer.ca](http://www.cancer.ca). Other excellent resources include the Colorectal Cancer Association of Canada web site at [www.ccac-acc.ca](http://www.ccac-acc.ca) or The National Colorectal Cancer Campaign at

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