

# Colon Cancer Patient Sends Message of Hope

(NAPSA)—As an active 44-year-old working a strenuous job in construction, Chris Galipeau was in seemingly good health. But because he rarely went to the doctor, Chris had no idea that cancer had been developing in his colon for years. By the time Chris sought medical attention, he had advanced colorectal cancer and had to begin intense chemotherapy and radiation treatment. Chris also endured surgery to remove 18 inches of his colon, but his cancer was persistent and spread to his liver and lungs.

“I knew the symptoms I was experiencing weren’t good, but I never thought it could be cancer,” said Chris. “I have always taken care of my health and didn’t think cancer was something I had to worry about this early in life.”

The American Cancer Society reports that colorectal cancer, commonly referred to as colon cancer, is the second-leading cause of cancer-related deaths in the United States, with only lung cancer affecting more Americans.

Proper diet, exercise and regular screenings help make colon cancer one of the most preventable forms of the disease. Colon cancer, while potentially fatal, is also one of the most treatable forms of cancer when caught early. But for those who are diagnosed, there are many treatment options.

Chris was fortunate enough, however, to be a candidate for a recent advancement in metastatic colorectal cancer treatment. After Chris’s cancer spread to his liver and lungs, his physician decided to treat him with a combination of traditional chemotherapy and a targeted therapy called Avastin™

(bevacizumab), which attacks the blood vessels that feed cancer tumors. Today, Chris is doing well.

“From the moment I found out I had colorectal cancer, I was determined not to feel defeated by my diagnosis. Luckily, I had tre-

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mendous support from a wonderful team of doctors and nurses,” said Chris. “I can’t stress enough how important it is for people to take control of their health and talk to their doctors about colorectal cancer screening, early detection and which treatment options are right for them.”

In the past, patients with metastatic colorectal cancer typically had surgery followed by either chemotherapy or radiation. Today, there are cancer treatments often referred to as targeted therapies, such as Avastin. Avastin is not chemotherapy, but it is given in combination with chemotherapy. Avastin, using a process called anti-angiogenesis, attacks the blood vessels that feed cancerous tumors the oxygen and other nutrients they need to grow. By preventing the growth of new blood vessels, Avastin helps “starve” the cancerous tumor.

In a Phase III trial of patients with metastatic colorectal cancer, on average those who received Avastin plus chemotherapy as a first-line treatment survived approximately five months longer

than patients who received chemotherapy alone.

Avastin therapy has been associated with side effects. Serious side effects occur rarely, but can include gastrointestinal perforation, wound healing complications, hemorrhage, arterial thromboembolic events, hypertensive crisis, nephrotic syndrome, and congestive heart failure. Common side effects can include high blood pressure, tiredness, diarrhea, decreased white blood cells and pain. Patients should always consult their health care professional regarding the benefits and risks of therapy.

For a copy of the full prescribing information for Avastin, including Boxed Warnings, please call 1-800-821-8590 or visit [www.avastin.com](http://www.avastin.com).

Risk factors for colon cancer can include a family history of the disease, a personal history of colon cancer, intestinal polyps or chronic inflammatory bowel disease, obesity, a high-fat diet and being age 50 or older. While symptoms may include changes in bowel habits, abdominal discomfort, vomiting, fatigue, blood in the stool or unexplained weight loss, many people with the disease are diagnosed without any symptoms.

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