Like most cancers, early diagnosis and treatment can be the difference between life and death for those with colorectal cancer. March is the seventh annual National Colorectal Cancer Awareness Month and a good time to schedule a screening that could help check for the disease - or allow for a better prognosis.

Colorectal cancer is the second most common cancer affecting both men and women, second only to lung cancer, said Susan Rawl, PhD, RN, Assistant Dean for Research, Center for Research & Scholarship, Indiana University School of Nursing and scientist with the Walther Cancer Institute.

The good news is that colorectal cancer is curable if we find it early - more than 90 percent of people diagnosed with the early stage of colorectal cancer will live five years or longer, Rawl explained. The bad news is that only four of 10 (or 39 percent) of colorectal cancers are diagnosed in the early stages.

The American Cancer Society suggests screenings beginning at age 50 for men and women with an average risk of colorectal cancer. Those screenings include:

- Fecal occult or stool blood test every year.
- Sigmoidoscopy every five years.
- Fecal occult or stool blood test every year and sigmoidoscopy every five years.
- Double contrast barium enema every five years.
- Colonoscopy every 10 years.

People who have a higher than average risk of developing colorectal cancer include those who:

- Have a family history or personal history of colon cancer or polyps.
- Suffer from inflammatory bowel diseases such as ulcerative colitis or Crohn’s Disease.
- Have hereditary colon cancer syndromes.

People who are at a higher risk should be screened earlier and more frequently using the colonoscopy as the preferred test, said Dr. Rawl.

Patients who are concerned about developing colorectal cancer because of hereditary or genetic factors should discuss those concerns with their physician to determine if earlier screenings are appropriate, and if so, when to undergo a screening.

The American Cancer Society suggests screenings beginning at age 50 for men and women with an average risk of colorectal cancer.

People who experience one or more of these symptoms should talk with their doctor:

While the disease is curable if detected early, Dr. Rawl says current medical evidence does not suggest that colorectal cancer can be prevented with a certain diet or lifestyle.

While it is not clear what causes colorectal cancer, several factors are thought to play a role. These may include diet, lifestyle, genetics and environmental factors, Dr. Rawl said. There is some evidence that certain behaviors may lower a person’s risk for developing colorectal cancer, including adhering to a diet high in fruits, vegetables and fiber and low in fat and red meat. The use of supplements including calcium, folic acid and selenium are currently being studied.

If colorectal cancer is diagnosed, there are several treatment options depending on how early the disease is detected. Rawl says surgery is generally the first step - and maybe the only step - if the cancer is found very early. If the cancer is found at a later stage, chemotherapy and radiation can be part of the treatment plan.

Rawl said patients who receive an early diagnosis have an excellent prognosis.

Those patients can live a very long and healthy life if they are diagnosed early. Rawl said. That’s why screening is so very important. I know of people who were diagnosed 15 and 20 years ago. It’s just important to have people participate in regular colon screenings so we can find the precursors of cancer - the polyps - and remove them before they have the chance to turn into cancer.

While any diagnosis of cancer is frightening, colorectal cancer is very treatable if detected early. They key to preventing or curing this type of cancer is early detection, and screenings are an easy way to detect and fight this type of cancer, Rawl said.

The American Cancer Institute lists the following as symptoms of colorectal cancer:

- A change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days.
- A feeling of needing to have a bowel movement that doesn’t go away after doing so.
- Bleeding from the rectum or blood in the stool (often, though, the stool will look normal).
- Cramping pain in the lower stomach or steady stomach pain.
- Weakness and tiredness.

NATIONAL COLORECTAL CANCER AWARENESS MONTH IS REMINDER TO SCHEDULE ANNUAL SCREENING

THE AMERICAN CANCER SOCIETY SUGGESTS SCREENINGS BEGINNING AT AGE 50 FOR MEN AND WOMEN WITH AN AVERAGE RISK OF COLORECTAL CANCER.

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IN MEMORIAM -

Captain John N. Montgomery

Long time donor and volunteer, Captain John N. Montgomery, passed away on December 29, 2005. John supported WCI by volunteering to help with special events and mailings and serving as a member of the Campaign Task Force committee. The Walther family extends its thoughts and prayers to John’s family. He will be missed by many!
A diagnosis of cancer can change lives in an instant. It happened that way for Dr. Joseph Edward Walther. When he learned his wife had cancer, he began the transformation of his work with the ultimate goal of eliminating cancer as a cause of suffering and death. The Walther Cancer Institute is the realization of that goal and the legacy of his vision as a physician, a researcher, a husband and a philanthropist.

Dr. Walther, 93, died Dec. 10, 2005, a full 20 years after he established the Walther Cancer Institute. The Institute was a new beginning for Dr. Walther and offered a wellspring of hope and opportunity for patients with cancer and for physicians and researchers.

“I have never known a physician who contributed more to the good health of his patients and at the same time demonstrated extraordinary talent and expertise in corporate and finance management,” said Danny Danielson, a member of the Board of Directors of Walther Cancer Institute. “It has been a privilege and an honor to have first been a patient, then a business associate and a friend, of Dr. Walther for more than 50 years.”

From the beginning, Dr. Walther positioned the Walther Cancer Institute as a collaborative organization where physicians, researchers and clinicians could work together to achieve his vision of a world without cancer. Dr. Walther understood that many of the ideas about the causes of cancer were often too risky for traditional university or hospital research projects. The mission at Walther Cancer Institute was to provide funding to scientists and researchers with the best ideas, regardless of their university affiliation. Dr. Walther believed his initial funding could be used to leverage additional federal funding and generate the data that federal agencies require for financial support.

Fred Haslam, Executive Vice President of the Walther Cancer Institute, said Dr. Walther was ahead of his time with his vision of collaborative research efforts.

“More than 20 years ago, Dr. Walther foresaw the synergistic potential of encouraging scientists from varying disciplines and institutions to work together to eliminate cancer as a cause of suffering and death,” said Haslam. “This collaborative approach to research has now emerged as a goal of larger organizations such as the National Cancer Institute and is the modus operandi of Indiana’s BioCrossroads initiative.”

It was Dr. Walther’s belief that the Institute should follow three paths in seeking cures for cancer: laboratory research for clues at the cellular and molecular levels; clinical research to transform the laboratory research into effective forms of treatment; and behavioral research to look at the physical, emotional and psychological issues faced by patients with cancer and those who provide care and support for them.

Dr.-Walther was a focused man who always believed he and others like him could make a difference in the world as he found it. When confronted with the reality of cancer in his own family he was determined to make a difference in the effort to eliminate cancer. In a way, he was an optimist, even in the face of the death of his wife. He believed cancer could be eliminated and that he, through the Walther Cancer Institute, could help do it.

- Leonard J. Belley
President, Regenstrief Foundation Inc.

The Walther Cancer Institute has been a major factor contributing to the quality of the work going on at the Indiana University School of Medicine. It has also had a major impact on Purdue University and it has broadened and enriched the scientific work going on at the University of Notre Dame and the University of Michigan. I had the chance to get to know Joe pretty well; he was amazing by any measure, not only because of what he accomplished, but for all the things he stood for: He was a man of great energy, great ambition and great personal integrity.

- Jack Dixon
Professor of Pharmacology, Celulor and Molecular Medicine, & Chemistry and Biochemistry, University of California, San Diego.

With the passing of Dr. Walther, Indiana lost one of its most dedicated and visionary leaders of academic medicine. He was interested in promoting much more effective supportive care for cancer patients. He was interested in stimulating the major universities in Indiana to develop exemplary cancer research, both in the laboratory and the clinic. More recently he was working on melding those together with each other and with compassionate care. I will miss him, but Indiana will continue to feel the benefits he created for a long time to come.

- Dr. John Durant
Walther Cancer Institute Consulting Medical Director

Among the many blessings my husband Jim and I have received in our lives was having a friend like Smokey. We are so grateful to have been included as two of his many, many friends. We will treasure the memories of all the good times we shared, especially his 90th birthday celebration, which we had here at our home.

- Mary Beth Foxworthy
Walther Cancer Institute volunteer and donor

Joseph E. Walther, M.D., was a man of vision and caring and I will greatly miss him. I consider him a mentor not because he taught me how to do research or how to be a scientific director, but because of his confidence in me, which made me want to succeed at a higher level. He was a man of few words, but those words had meaning and power. It was his actions, rather than words, that spoke most clearly. Dr. Walther’s philosophy was to choose the right people, give them what they needed and let them loose with a minimum of oversight. This philosophy worked, and society in general is the beneficiary of the important information produced by the Walther Cancer Institute.

- Hal E. Bромmell, Ph.D.
Scientific Director, Walther Oncology Center
Indiana University School of Medicine

As far back as the 1950s, Dr. Walther advocated to his patients a healthy lifestyle consisting of a daily diet made up of fruit, vegetables and lean meat combined with an hour of daily exercise, such as jogging, bicycling, etc. I was a patient at that time, and have continued that regime for over 45 years, celebrating my 86th birthday last month.

- Danny Danielson
Walther Cancer Institute Board of Directors
Dr. Walther was one of a rare breed who sought to make a difference in the world and succeeded. When I first met him over two decades ago when the Walther Cancer Institute was created, he told me that he wanted to create a Cancer Center without walls. This was a high risk venture, to assist in the funding of a cooperative group of this nature, to which no private foundation has ever supported. Long before the Biocrossroads initiative was conceived, his vision led the Walther Cancer Institute Board of Directors to assist in program development that enhanced the reputation and collaboration of Indiana University, Purdue University and the University of Notre Dame. The fingerprints of Dr. Walther are clearly found on scores of successful young and senior physicians and scientists from these and other fine universities, who share with me a debt of gratitude for a life well-lived. For a man who did not invest in bricks and mortar, he built a legacy that will indeed stand the test of time.

- Patrick Loehrer, Sr., MD
Associate Director for Clinical Research at the IU Cancer Center and co-founder of the Hoosier Oncology Group
(an affiliate organization of the Walther Cancer Institute)

Joe Walther was a remarkable man, physician, creator, friend and philanthropist. His establishment of the Walther Cancer Institute has had a profound effect on cancer research in Indiana. He believed that cooperation between good universities, schools and departments was an important approach to successful research. Indiana University, Purdue University and the University of Notre Dame, among others, have adopted his approach and much cancer research has advanced the goal of cures. He will be missed.

- Glenn Irwin, Jr., MD
Member, Walther Cancer Institute
Board of Directors

More than 20 years ago, Dr. Walther foresaw the synergistic potential of encouraging scientists from varying disciplines and institutions to work together to eliminate cancer as a cause of suffering and death.
Institute funding leads to new treatment for breast cancer

A few years ago, Dr. George W. Sledge Jr. wanted to play a hunch.

He’d come up with a new concept to treat breast cancer, but he lacked the funding necessary to launch the initial research. And that’s when Walther Cancer Institute stepped in to provide him with the financial support he needed.

With the Institute’s financial backing, Sledge was able to buy the necessary laboratory supplies and hire a lab technician to begin preliminary clinical studies, which focused on his idea of combining two chemotherapy drugs to treat advanced breast cancer. Sledge is the Ballve Lantero professor of oncology at the Indiana University School of Medicine and a member of Hoosier Oncology Group, an Institute subsidiary.

Sledge, who focuses much of his research on this potentially deadly disease, knew that it was critical to find new ways to treat advanced breast cancer because existing treatments often were plagued by drug failure and toxicity.

Specifically, Sledge wanted to determine whether combining Avastin (bevacizumab) with another chemotherapy drug, Taxol (paclitaxel), would result in a combination that would attack tumors directly without causing the side effects of normal chemotherapy. The trial was targeted at cancer patients who had not received treatment for breast cancer that had spread to other parts of the body.

After a series of further clinical trials, results indicated that Avastin, in combination with Taxol, effectively slowed the growth of untreated recurrent or metastasized breast tumors. Avastin is a monoclonal antibody that specifically targets tumors and prevents their progression by starving them of the blood they need to grow. Avastin is designed to work with traditional chemotherapy drugs known as taxanes, which attack the structural elements of cancer and prevent them from multiplying.

Sledge’s study was the first to find a benefit of anti-angiogenic therapy in patients with breast cancer and represents a major step forward in the treatment of patients with advanced cases.

“This is a case where a modest investment resulted in finding significant changes in the treatment of breast cancer,” Sledge said.

The results of these trials showed that this treatment “has surpassed” every new chemotherapy treatment that’s been approved for use in at least the last decade to treat advanced breast cancer and improve the time that patients have remained in remission, he added.

This is a case where a modest investment resulted in finding significant changes in the treatment of breast cancer.

Without the Institute’s early support, Sledge noted, this discovery might not have been possible because others were reluctant to provide funding for a study that wasn’t considered “high science.”

“The end result is that funding from Walther Cancer Institute allows investigators to follow their minds, to follow their hunches (on) science that will make a difference in patients’ lives,” he said.

Sledge predicted that by using this new combination of drugs to treat breast cancer, “it may improve survival of patients with advanced breast cancer substantially. Early data is trending toward patients living longer.”
From the Hoosier heartland to the Sør-Trøndelag region of Norway, research conducted by the Walther Cancer Institute helps save lives every day.

In Norway, a fisherman named Knut Syrstad benefited from cancer treatment advice from Dr. Lawrence Einhorn, director of Walther Cancer Institute’s Clinical Research Program and a Distinguished Professor of Medicine at the Indiana University School of Medicine. Knut’s friends and colleagues recently made a $10,000 donation to the Institute to further Dr. Einhorn’s research.

Because we received the donation during our current fund-raising campaign, the Walther Cancer Foundation will match the donation with an additional $10,000, which will also be designated for Dr. Einhorn’s clinical research, said Fred Haslam, Executive Vice President of Walther Cancer Institute. Mr. Syrstad’s story is quite inspiring, and the donation from his friends in the United States and around the world is much appreciated.

Knut received treatment advice from Dr. Einhorn in 2004 from a contact in the spey fishing community. A robust outdoorsman, Knut and his twin brother, Trond, give two-handed spey casting lessons on the Orkla River in the Sør-Trøndelag region of Norway. Spey casting is a technique popular with fly fishermen and Knut is a world-recognized expert in the sport of Atlantic Salmon fishing and Scandinavian style two-handed spey casting.

The donation from the fly fishermen was spearheaded by Donna O’Sullivan, a member of the spey casting community who met Knut at a California spey casting event in April, 2004. She became acquainted with Knut and made plans to attend his spey casting clinic in Norway in July of 2004.

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When I saw Knut in July of 2004 he was very sick and had already undergone some treatment, O’Sullivan said. By this time he’d lost 50 pounds and was looking very drawn. The treatment was very rough on Knut - at one point he had stopped breathing and nearly died.

O’Sullivan soon began fund-raising efforts in the United States with the support of the global spey fishing community, assisting Knut’s Norwegian friends who already had started a campaign to raise funds towards Knut’s cancer treatment in the USA.

My husband died of cancer in September of 2000, and I felt like I needed to do something to help Knut, O’Sullivan said. Knut was only 34, and he and his twin brother reminded me of my husband who also enjoyed fly fishing, O’Sullivan said. When my husband died, I felt so helpless in the fight against cancer.

The spey fishermen in the United States, Scotland, Ireland, Canada and Japan responded to fund-raising initiatives and raised the $10,000.

Thanks to Dr. Einhorn’s expert cancer treatment advice, Knut underwent treatment in Norway, has recovered and has been healthy since August 2004, O’Sullivan said. Knut and all his friends would like to donate these funds to further Dr. Einhorn’s cancer research which hopefully will save many more from cancer.

Dr. Einhorn has directed Walther Clinical Oncology Research initiatives at the Indiana University School of Medicine since the program’s inception in 1986.