Go

President & First Lady

Vice President & Mrs. Gore

Record of Progress

The Briefing Room

Gateway to Government

Contacting the White House

White House for Kids

White House History

White House Tours

First Lady Hillary Rodham Clinton Remarks at the Colon Cancer Event

9/10/98

I am delighted to have all of you here...

We want to send out a loud and powerful message to the American people. Colon cancer is the second most deadly cancer there is, claiming more than 50,000 lives every year. But it is a disease we can fight and we can beat if it is detected early. Today we come together to launch a national effort to raise public awareness and promote early detection of this terrible, but preventable disease. We are here, quite simply, to help save lives. And I am delighted to have all of you taking part in this very important effort.

I am pleased that we have members of Congress here. I am very grateful for the Congressional support on this particular issue. None of us would be here today, or be so far along in our efforts to combat colon cancer, without the bravery, commitment and leadership of many people in this room.

I would like to give a very special welcome to Katie Couric, who has endured such a deep personal loss. We are all indebted to her for bringing national attention to the issue of colon cancer. And I know Katie has been joined by her family, and Jay's family, and whenever you face any kind of challenge in life, family is often who you turn to, and I know how important that has been to Katie and her daughters, and I am very grateful that all of you could be here for this set of announcements.

I also want to thank Ellen Levine, the editor-in-chief of Good Housekeeping. I told Ellen

September 1998

Playboard/Kaboom Playground Partnership Event

Vital Voices Conference, Belfast

Colon Cancer Event

Foster Care/Destination Future 98 Conference

United Jewish Appeal Lion of Judah Conference

Dedication of the New Peace Corps Building

Ed Muskie Award

Congressional Black Caucus on U.S. Engagement in Africa

Hurricane Relief Announcement Puerto Rico

First Ladies Conference in Santiago, Chile

Power of the Arts in Education

United Jewish Appeal Lion of Judah Conference

before I came in, that a few weeks ago in Moscow I participated in a women's round table sponsored by the Russian counterpart of Good Housekeeping. Good Housekeeping is working very hard to get good information to women so they can make good decisions about their lives, and this is another example of this effort to combat colon cancer.

One of the major forces behind this event today has been the National Colorectal Cancer Round table which has been building coalitions of professionals, advocates and voluntary organizations, each of which raises awareness about the benefits of early detection. I want to thank Dr Bernard Levine for his strong leadership as the chair of that coalition.

I also want to say a very special word of welcome to the many cancer survivors and their families who are here with us today. They are living proof that early detection saves lives. And to the many volunteers and advocates who work day in and day out to help us lead longer and healthier lives.

And I want to thank our corporate partners who play a critical role in helping us spread the word about colon cancer. It is fitting that we would begin our program here this afternoon by hearing from someone who has committed her life to improving the health and welfare of America's families. I have worked with her for many many years. We both served on the board of the Children's Defense Fund, and I have relished the opportunity to work with her over the last five and a half years. She has been a key player in almost every social challenge facing this country today, and has worked toward solutions. Her national pastimes are very impressive, not on the ball field, although she did play a lot of ball, but in the record books of our nation's health. Thanks to her tireless leadership, we have a lot to show for the work we have done in the last five and a half years.

From infant mortality being at an all time low to immunizations being at an all time high, to the National Plan for Breast Cancer, to teen births dropping - there is a long list that she has worked on with the President and many of us to improve the lives of Americans. It is my pleasure to introduce my friend, and the Secretary of the Department of Health and Human Services, Donna Shalala....

Thank you Katie. Thanks for using your considerable influence by making it clear that this is not just an event today, it is the beginning of a crusade. It is the beginning, we hope, of a successful national effort that will not only increase awareness, but save lives. And we hope that everyone here, and everyone that will hear about this event will look for a way to participate and contribute to our efforts to make colon cancer something that every American hears about.

According to a new survey by the Gallup organization, that is being released today, nearly 50% of Americans over 50, those considered most at risk, but not exclusively at risk, 50% of that group has never been screened for this disease. We also know that although the cancer occurs equally in men and women, women are even less likely to be screened. Minorities are even less likely to undergo screening. So, we just have a lot of work ahead of us doing whatever needs to be done.

I hope that because we have been here at the White House here today, we have tried to give heart to people who care about their loved ones who have suffered throughout this disease, and understand there is no room left for excuses or embarrassment. Please, don't be embarrassed. Don't put off the test. Do what you can for yourself and your families.

There are survivors here today. Some of them have already been mentioned. Joan Foster is with us. She had a family history of colon cancer and she sought screening. In 1983, a polyp was discovered and removed. Since 1985 she has had periodic screenings that have been normal. Kathy Hochhauser, worried about her cancer during a screening - she has reached her five year survival period. Bob Williams discovered a cancerous polyp after a test, he is now retired and drives cancer patients to their treatments and volunteers at one of the local cancer associations.

We want as best as we can to build our strength to have as much dramatic impact as possible of what this disease does to people every single day. So we are not just here for awareness. We have some announcements to make such as the Public Service Announcement that brought people together to try

and create infrastructure for this crusade.

At the federal level, I am pleased to announce the important new $10 million HHS grant from the National Cancer Institute and the Gastrointestinal Program Project in Seattle. This money will help scientists identify new ways of determining who is at risk. At Katie said, we need different kinds of test, we need less invasive test, we need cheaper test, we need to have tests we can take anywhere, anytime - mobile clinics - however we can do it to reach as many people as possible. So I want to thank HHS and Secretary Shalala for helping us to begin the process of learning how to do that.

We also have a great deal of cooperation from the private sector as well. This PSA that we just saw is only one tool of trying to get the word out, and I am very grateful for it and for the commitment by NEC and Good Housekeeping to run versions of it. But others in the private sector are also chipping in.

American Airlines have placed a printed version of the printed PSA in its in-flight magazine, reaching as many as 2 million Americans a year. Kellogg Company USA will print public service messages on its cereal packages. American Greetings will create a prescription insert about prevention and early detection, and the National Association of Chain Drugstores will distribute that insert through their pharmacies. Other companies such as Bristol-Myers Squibb, Zeneca Pharmaceuticals, Olympus America, Smith Kline Diagnostics, General Motors and Eli Lilly have also committed to raise awareness about colon cancer among their workers.

These programs, because they are aiding people in their workplace and their communities will make a very real difference in the health and welfare not only of employees, but of the general public, and I really applaud all of these efforts. I am also pleased to announce that the American Digestive Health Foundation, a member of the round table, is launching an internet chat room on colorectal cancer, which will give consumers, cancer patients, family members, survivors and those at risk a new source of important information, and a safe place to engage in real live discussions about the issues they are concerned about.

I also want to take a moment to highlight an event that is going to take place here in Washington September 25 and 26-the largest single rally ever to focus attention on the devastating problem of cancer in America - all cancers - that affect someone we know in this room and beyond. I hope that many of you and all those who hear about this event will participate.

But you know the real hard work depends on our scientists, our physicians, our researchers and others getting the tools they need. Secretary Shalala mentioned it, Katie Couric referred to it - sitting up in the Congress right now, are proposals from this Administration to substantially increase the amount of money we are spending on cancer research. It is added to an already increased base. We are at the breakthrough point of learning about so many different kinds of cancers. I would urge anyone who cares about cancer and its devastating impacts on people in our country, to urge the members of Congress to do what needs to be done to pass the appropriation, to get the money available so that cancer researchers and scientists can do what they need to do on our behalf.

I also want to emphasize a point that Katie made. Just as with breast cancer, the highest risk group are people over fifty, and that risk increases as we age. But just as with breast cancer, there are many victims of colon cancer under fifty. So this is a strong plea, that anyone with cancer in their family, and I would not limit it to colon cancer - anyone who is in any way at high risk - anyone who has ever had problems associated with the colon or the rectum - I would urge you to urge them to have a screening. And as we have done many times in this room before, I would urge all Americans to advocate for the coverage by their insurance companies for these tests. It is unacceptable.

We know we have a tough fight in this crusade against us. But we also know there are many markers on this road that you have traveled that show we can make progress together. I thank you for bringing your stories, your concern and your expertise to us here this afternoon. I especially thank Katie and her family. And I urge all of us not only to make this a national priority, but a personal

priority, and let's pull together, let's make this crusade successful.

President and First Lady | Vice President and Mrs. Gore
Record of Progress | The Briefing Room
Gateway to Government | Contacting the White House
White House for Kids | White House History
White House Tours | Help | Text Only

Privacy Statement

September 8, 1998

PROMOTING PREVENTION AND EARLY DETECTION OF COLORECTAL CANCER

DATE:	**September 10, 1998**
TIME:	**3:00 pm**
LOCATION:	**The East Room,**
	The White House
FROM:	**Jennifer Klein**
	Neera Tanden

I. PURPOSE

To raise awareness about colon cancer and the importance of early detection through proper screening. You will announce a series of initiatives to prevent colon cancer. You will also release a new survey reporting that only half of all Americans over 50 are screened for colon cancer and that most Americans are not aware of the importance of early detection and prevention.

II. BACKGROUND

Overview:
You will make a series of announcements designed to raise awareness of colon cancer and to promote prevention. Your involvement in this event will spotlight a disease that has had little attention in the past. This event arose, in part, from the interest of Katie Couric, anchor of the "Today Show," and Ellen Levine, Editor-in-Chief of "Good Housekeeping"; and Katie Couric, Anchor for the "Today Show."

As part of its own efforts to raise awareness, "Good Housekeeping" Magazine is initiating a colon cancer awareness campaign in its October issue. The magazine, in collaboration with Katie Couric, is featuring a medical report on how women can prevent colon cancer. "Good Housekeeping" will also suggest that private insurance companies cover colonoscopy screening tests for people over age 50.

"The Today Show" will present a week-long in-depth series, "Confronting Colon Cancer," that will offer a comprehensive look colon cancer, starting Monday, September 14th. Katie Couric will host the five-part series that will cover a variety of topics, including: what colon cancer is, how it can be prevented, and the various screening methods and post-operative treatments available. The series will close with a discussion of new therapies and an exploration into the possibility of a cure in the future.

NEW ANNOUNCEMENTS:

Health and Human Services Grant

You will announce an $8 million grant by the National Cancer Institute to the Seattle Gastrointestinal Program Project for research aimed at preventing, diagnosing and treating colon cancer. The grant will help scientists identify new ways of monitoring people at risk for colon cancer and test new strategies to reduce their cancer risk. The grant will also be used to develop more sensitive and precise ways of screening colon cancer than those available today.

Colon Cancer Roundtable

You will also announce an unprecedented private and public sector partnership to promote greater awareness of colon cancer -- the National Colorectal Cancer Roundtable. Group members include the Centers for Disease Control, the American Cancer Society, and the American Digestive Health Foundation. [See attachment on Roundtable] This organization has recently been formed to promote prevention, and is particularly focused on educating physicians and other health professionals on the importance of screening and early detection.

National Survey Highlights the Need For Early Detection

You will announce the results of a new national survey that reveals that nearly half of adults aged 50 and older -- the age group considered at highest risk for developing colon cancer -- have not been screened for the disease. According to the survey, 47 percent of the people over 50 who had never told by a medical professional to be tested. Forty-nine percent of women were never screened compared to 36 percent of men. Also, non-whites were less likely to have been screened than whites. The majority of adults surveyed believed that early detection was beneficial, but many did not know what they could do to help prevent colorectal cancer. The poll was conducted by the Gallup Organization for the Colorectal Cancer Roundtable and surveyed 1,062 adults aged 50 and over.

Public Service Announcements

The Colorectal Cancer Roundtable sponsored a public service announcement campaign as part of their new initiative to promote prevention and early detection of colorectal cancer. You are featured in the announcement that urges all Americans over the age of 50 to be screened for colorectal cancer. Dr. Levin will introduce the PSA as part of his remarks. NBC has already committed to airing the PSA, possibly on the "Today Show," and the print version will appear in the January issue of "Good Housekeeping."

Colorectal Cancer Chat Room

You will also announce a new Internet "chatroom" that will allow consumers, patients, family members, survivors, and people at high risk for the disease to engage in live discussions of issues relating to colorectal cancer. Doctors and other experts will be available on line to answer questions about this disease. The website address is www.gastro.org/adhf.html, and will be sponsored by the American Digestive Health Foundation, a member of the Colorectal Cancer Roundtable.

Private Sector Partnerships

You will also announce new commitments by the private sector to help increase awareness about the importance of colorectal cancer prevention and early detection.

- American Airlines will publish the public service announcement on colon cancer in its in-flight magazine, *American* Way, where it may reach approximately two million travelers in the U. S. and abroad.
- The Kellogg Company will promote colon cancer prevention and early detection by printing public service messages on five million packages of All Bran and Bran Buds cereals.
- The National Association of Chain Drug Stores will distribute an insert created by American Greetings about prevention and early detection to all of its pharmacies and pharmacists.
- Bristol-Myers Squibb Oncology has provided a $100,000 grant to the Better Health Foundation to develop a colon cancer workplace awareness program that it will initiate at all of its work sites.
- Olympus America, Inc., will sponsor an education program on colon cancer that will be sent to the administrators of retirement communities all across the country.
- General Motors will publish an article in its newsletter to encourage its 2 million employees to research information relating to preventing, detecting and understanding colorectal cancer.
- Other private industries included in the partnership are Beckman Coulter/ SmithKline Diagnostics, Eli Lilly and Company, and Zeneca Pharmaceuticals, all of whom have committed to raise awareness among their employees.

BACKGROUND ON COLON CANCER

Colon cancer, which is often described as colon cancer in the medical community, is the number one non-tobacco-related cancer killer; more than 50,000 Americans die each year from the disease. For both men and women, it is the third most common cancer, and 130,000 Americans contract the disease each year. Men and women over the age of 50 have the greatest risk of developing colon cancer. However, it is preventable and curable when detected early; in fact, a patient whose cancer is detected early has more than a 90 percent chance of survival.

In addition, the nature of colon cancer makes it especially difficult to detect. Most colon cancers are "silent" tumors; they grow slowly and often do not produce any noticeable symptoms until they reach a large size. Recent studies show that screening can reduce a person's risk of colon cancer by as much as 90%. Currently, the CDC recommends screening for colon cancers, especially for those individuals over the age of 50. There are three tests used in screening for colon cancer. The fecal occult blood testing (FOBT) is least invasive and costs as little as $10. Two more thorough and invasive screening methods, the flexible sigmoidoscopy and colonoscopy, can cost as much as $2,000; and, unfortunately, many insurance companies do not cover the cost of these tests.

Administration Accomplishments

Under the 1997 Balanced Budget Act, Medicare covers the FOBT, flexible sigmoidoscopy and screening colonoscopy for high-risk individuals; this benefit became available for 37.3 million

Americans on January 1, 1998. The Secretary of HHS was also given authority to allow Medicare coverage of other screening tests as they become available.

According to the National Cancer Institute and the Center For Disease Control and Prevention, the federal government appropriated roughly $99 million for colon cancer research and $2.5 million for prevention in 1997. In comparison, the government allocated $332.9 million on breast cancer research, $145 million on breast cancer prevention and $123.3 million on lung cancer research in 1997.

III. PARTICIPANTS

Meet and Greet
Nestor Kowalsky, Central Regional Medical Director, American Airlines
Deborah Dingell, General Motors Industry
Karen Kafer, Director, Communications, Kellogg USA
Janine Nessit, Better Health Foundation (on behalf of Bristol Myers Squibb Oncology)
Louis Costentio, Vice President, Endoscope Division Manager, Olympus America
James Schlicht, Vice President, Government Relations, Zeneca Pharmaceuticals
William Pelzer, Jr, President, SmithKline Diagnostics, Beckman Coulter, Inc.
Gregory Larkin, MD, Director, Corporate Health Services, Eli Lily
Deborah Hohit, Director, Public Affairs, Eli Lily
Phillip Schnieder, National Association of Chain Drug Stores
Jill Froula, American Greeting
Amy Manela, Program Director, American Digestive Health Foundation
Gerald L. Woollam, MD, American Cancer Society, (Dr. Woollam will present you with a small glass award you that will be engraved "to Hillary Rodham Clinton for her outstanding work in cancer, September 10, 1998")
Dr. Bernard Levin, Vice President, MD Anderson Cancer Center
Ellen Levine, Editor-in-Chief of "Good Housekeeping"

Speaking Program Participants
-First Lady Hillary Rodham Clinton
-Secretary Donna Shalala
-Bernard Levin, MD, chair, National Colorectal Cancer Roundtable
-Ellen Levine, Editor-in-Chief of Good Housekeeping
-Katie Couric, co-anchor of the Today Show

Audience
Amongst the 180 guests in the audience, 4 reporters have accepted: Matt Lauer (NBC), David Bloom (NBC), Tamara Jones (Wash Post) and Barbara Harrison (WRC/DC).

This event will be broadcast live on the Internet on the American Cancer Society website.

IV. SEQUENCE OF EVENTS

- The First Lady joins Katie Couric in a private meeting in the Red Room.
- The First Lady then takes part in a meet and greet in the Blue Room with corporate representatives and panel participants.
- The First Lady proceeds to the speaking program in the East Room.
- The First Lady introduces Secretary Donna Shalala.
- Secretary Shalala makes brief remarks and introduces Dr. Bernard Levin
- Dr. Bernard Levin makes brief remarks, shows the PSA, and introduces Ellen Levine.
- Ellen Levine, Editor-in-Chief of Good Housekeeping, makes brief remarks and introduces Katie Couric.
- Katie Couric makes brief remarks and introduces the First Lady.
- The First Lady makes remarks and then welcomes the audience to join her for a reception in the Grand Foyer.

V. REMARKS

Provided by Christy Macy.

TO: **THE FIRST LADY**

WHAT: THE COLON CANCER PREVENTION EVENT

WHEN: THURSDAY, SEPTEMBER 10, 1998

WHERE: EVENT: EAST ROOM
RECEPTION: GRAND FOYER

NOTES: APPROX. 180 GUESTS/OPEN PRESS/ BUSINESS ATTIRE

FROM: CAPRICIA PENAVIC MARSHALL, LAURA SCHWARTZ

3:00 p.m. **THE FIRST LADY** arrives at the elevator on the State Floor and is briefed.
Contact: Jennifer Klein/Neera Tanden

3:05 p.m. **THE FIRST LADY** proceeds to the Red Room for a private meet with Katie Couric and family.

Red Room Participants
Katie Couric
Katie's parents, Mr. and Mrs. John Couric
Katie's brother and sister-in-law, John and Marilyn Couric
Jay Monahan's sisters, Claire Myers, Barbara Monahan and Sally Monahan

3:15 p.m. **THE FIRST LADY** proceeds to the Blue Room to meet event participants and corporate commitment representatives (see attached).
Note: THE FIRST LADY will be presented with an award from Dr. Gerald Woollam, president-elect of the American Cancer Society on behalf of the American Cancer Society.

Blue Room Participants

Event Participants:
Secretary Shalala
Ellen Levine, Editor-In-Chief of Good Housekeeping Magazine
Katie Couric, NBC Today Show Anchor
Dr. Bernard Levin, Chairman of the Colon Cancer Roundtable

Corporate Representatives:
Nestor Kowalsky, Central Regional Medical Director, American Airlines
Deborah Dingell, General Motors Industry
Karen Kafer, Director, Communications, Kellogg USA
Janine Nessit, Better Health Foundation (on behalf of Bristol Myers Squibb Oncology)
Louis Costentio, Vice President, Endoscope Division Manager, Olympus America
James Schlicht, Vice President, Government Relations, Zeneca Pharmaceuticals
William Pelzer, Jr, President, SmithKline Diagnostics, Beckman Coulter, Inc.
Gregory Larkin, MD, Director, Corporate Health Services, Eli Lily
Deborah Hohit, Director, Public Affairs, Eli Lily
Phillip Schnieder, National Association of Chain Drug Stores
Jill Froula, American Greeting
Amy Manela, Program Director, American Digestive Health Foundation
Gerald L. Woollam, MD, American Cancer Society

Colon Cancer Roundtable:
Carole Anikis
Amy Minella

Colon Cancer Survivor:
Barbara Barrie, Actress

3:25 p.m. **THE FIRST LADY** is announced into the East Room accompanied by Secretary Donna Shalala, Good Housekeeping Editor-In-Chief Ellen Levine, NBC Today Show Anchor Katie Couric and Chairman of the Colon Cancer Roundtable Dr. Bernard Levin.

PROGRAM BEGINS
Note: The event will be available live on the America Cancer Society's and Colon Cancer Roundtable's websites.

THE FIRST LADY briefly welcomes guests to the White House and introduces Secretary Shalala.

Secretary Shalala makes remarks and introduces Dr. Bernard Levin.

Dr. Bernard Levin makes remarks, introduces the PSA and Ellen Levine.

Ellen Levine makes remarks and introduces Katie Couric.

Katie Couric makes remarks and introduces **THE FIRST LADY.**

THE FIRST LADY returns to the podium to make substantive remarks.

4:00ish p.m. The program concludes and **THE FIRST LADY** invites guests to a reception in the Grand Foyer proceeds to Blue Room for receiving line.

NOTE: Guests move from the East Room, through the Green, into the Blue and out the Red and into a reception in the Grand Foyer.

Following the receiving line, **THE FIRST LADY** has the option to mingle with guests in the Grand Foyer or depart to the Residence.

BERNARD LEVIN, MD
Gastroenterologist

Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health Foundation℠ (ADHF℠), Dr. Levin serves as co-chair of the Digestive Health Initiative℠'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.

ELLEN LEVINE

EDITOR-IN-CHIEF

In October 1994, Ellen Levine made publishing history when she became the first woman to be named Editor-in-Chief of *Good Housekeeping* since the magazine was founded in 1885. Before her appointment to the top post at the flagship publication of Hearst Magazines, she served as Editor-In-Chief of two other major women's magazines: *Redbook* (1990-1994) and *Woman's Day* (1982-1990), and as a Senior Editor of *Cosmopolitan* (1976-1982). While at *Woman's Day*, Ms. Levine was also Senior Vice President of Hachette Magazines, Inc.

She makes frequent appearances on national talk shows and news programs, and is the author of numerous books and articles. Ms. Levine's work has appeared in many publications, including *The New York Times*. She began her journalism career at *The Record* in Hackensack, NJ, following her graduation from Wellesley College.

Ms. Levine served two terms as President of the American Society of Magazine Editors (ASME), from 1994-1996.

She was appointed a member of the U.S. Attorney General's Commission on Pornography and filed a minority dissent. As a result of her work on the commission, the American Society of Journalists and Authors presented her with an award in 1986 for courage in the pursuit of truth. And in 1987, she was similarly honored by the Atlantic Coast Independent Distributors, Inc., for distinguished service defending the First Amendment of the U.S. Constitution.

Throughout her career, Ms. Levine has been cited by many organizations. In 1989, she received the Matrix Award for exceptional achievement, one of the communication industry's most prestigious honors. She has also been recognized by the American Health Foundation (1996); received the Writer's Hall of Fame Award for her lifestyle coverage in 1981; served as a delegate at the International Women's Media Foundation meeting in Prague, Czech Republic; and was elected to the YMCA's Academy of Women Achievers in 1982. Similar citations have been bestowed upon Ms. Levine by the New Jersey State Federation of Women's Clubs; Douglass College of Rutgers University; the East Bergen Business and Professional Women's Club; Columbia University School of Nursing, which awarded Ms. Levine a Second Century Award for Excellence in Health Care in 1997; and the Birmingham (AL) Southern College for outstanding achievement.

Ms. Levine currently serves on the Board of Directors of the National Alliance of Breast Cancer Organizations; Lifetime Television's Board of Directors; the Covenant House Board of Directors; the Christopher Reeve Foundation Board of Directors.

Ms. Levine resides with her husband, a physician, in New York City. They have two sons.

###

3/98

NBC

KATIE COURIC

Co-Anchor, NBC News' *Today*

Contributing Anchor, *Dateline NBC*

Katie Couric has been co-anchor of *Today* since April 5, 1991. She joined the program in June 1990 as its first national correspondent and then served as substitute co-anchor from February 1991 until becoming permanent co-anchor. She is also a contributing anchor for *Dateline NBC*.

Since joining NBC News in July 1989 as deputy Pentagon correspondent, Couric has conducted a number of newsworthy interviews. Her 1996 interview with Bob Dole and his wife, Elizabeth, made headlines concerning Dole's stance on whether tobacco is addictive. Couric also conducted the first television interview of Hillary Rodham Clinton as first lady; the farewell interview of Joint Chiefs of Staff General Colin Powell; Anita Hill's first television interview concerning her allegations of sexual harassment against Clarence Thomas; and General Norman Schwarzkopf's first interview after the Persian Gulf War. In June 1992, Couric conducted a two-hour interview with undeclared presidential candidate H. Ross Perot, which included viewer call-ins. In October of the same year, after an interview with First Lady Barbara Bush at the White House for the 200th anniversary of the building, Couric conducted a 20-minute impromptu interview with President Bush.

More recently, Couric co-anchored *Today* from San Diego during the 1996 Republican National Convention and from Atlanta during the Centennial Olympic Games. She also contributed reports for NBC Sports' prime-time coverage of the Games. Four years earlier, she co-anchored NBC's prime-time coverage of the national elections and, during the summer, she co-hosted (with Dick Enberg) NBC's morning coverage of the Summer Olympics in Barcelona. Couric has also hosted a number of prime-time programs and specials for NBC, including *Everybody's Business: America's Children* (December 1995).

From 1987 to 1989, she was a general-assignment reporter at WRC-TV, the NBC Television Station in Washington, D.C. While there, she won an Emmy and an Associated Press Award for her work. From 1984 to 1986, she was a general-assignment reporter at WTVJ in Miami. In addition to covering crime, drugs and immigration issues, she wrote and produced an award-winning series on child pornography. She began her career as a desk assistant for the ABC News bureau in her native Washington, D.C., in 1979. In 1980 she joined CNN as an assignment editor. She moved to Atlanta as an associate producer and later became the producer of a two-hour news and information program. She eventually became a political correspondent.

Couric has won two Emmys, an Associated Press Award, a National Headliner Award and, from the Society of Professional Journalists, the Sigma Delta Chi award. She has also received the Washington Journalism Review award as Best in the Business and been named one of *Glamour* magazine's Women of the Year.

Couric graduated with honors from the University of Virginia. She lives in New York with her daughters, Elinor Tully Monahan and Caroline Couric Monahan.

1998

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health Foundation[SM]
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
Association of State and Territorial Directors of Health Promotion and Public Health Education
Centers for Disease Control and Prevention
Collaborative Group of the Americas on Inherited Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus and Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center

OCTOBER 1998 $1.95

GoodHousekeeping

CONTEST! Win a New Wardrobe

Gained Back Those Pounds? Lose Them For Good

KITCHEN MAKEOVERS Great Looks You Can Afford

AIR BAG DANGERS How To Keep Your Family Safe

Do You Talk To Yourself? When It Helps

BEST EVER PASTA RECIPES

KIDS' HEALTH Update on Unsafe Medicines, New Vaccines, and More

INTERVIEW

Katie's Wish

Speaking out in her husband's memory...what she desperately wants you to know

PLUS: Other stories of courage. *And* real hope in the battle to beat colon cancer.

http://goodhousekeeping.com

08345 10 0 754714 0 $1.95

Katie's Crusade

Still coming to terms with her husband's death from colon cancer, the Today *show's* Katie Couric *is speaking out in his memory. What she wants you to know could save your life.*

BY JOANNA POWELL

In her handsome corner office at New York City's Rockefeller Center, Katie Couric is trying to get on with her life. Dressed in a baby-blue tailored suit and heavy makeup from her morning duties as cohost of NBC's *Today* show, she's both poised and funny as she gives a rare interview. First, she takes time for a bit of girl talk about shoes. Then she turns serious as the subject moves to her recent loss.

Despite her courageous front, Katie's voice cracks often during our conversation, and her eyes well up with tears. It has been just a few months since the death of her husband, TV legal analyst Jay Monahan, who at 42, lost a swift, brutal fight with colon cancer. As a newly single mother with two small children (Ellie, 7, and Carrie, 2½), Katie is still reeling from the shock.

But in her search for solace, she has found some touchstones. In one corner of her office there is a small antique chest of drawers that was a birthday gift from her husband the year before he died. Once a scientist's display cabinet, it is filled with delicate eggs of various wild birds. Even though some of the eggs have already broken, Katie has protectively made a handwritten sign that reads FRAGILE and taped it to the front of the chest. "I'm just so afraid it might get damaged," she says. "It means so much to me."

What also means a lot to Katie is her decision to turn her grief into action—by launching a fight to raise awareness about colon cancer. It is to that end that she is anchoring a five-part series about the disease on the *Today* show from September 14 to 18. And it is why, for this interview, she agreed to talk intimately about her loss—and her ongoing effort to understand it.

Joanna Powell: You've been very private since your husband died. Why are you speaking out now?

Katie Couric: Colon cancer has taken a huge personal toll on my life. Now I'd like to help educate others about this disease. I want everyone to understand that women as well as men get colon cancer. Young people as well as old people get it. And frankly, very few people take advantage of the preventive tools that exist. Too many Americans don't get tested because they don't want to talk about that part of their body.

How can we break the stigma of this?

We have to use the words, say them. *Colon. Rectum. Bowels.* The more matter of fact you are with the language, the more it helps. You can't be squeamish about it. It might cost you your life. For the *Today* show's series on colon cancer, we interviewed a Yale-educated doctor who was going to give a talk on colon cancer at the Yale Club in New York City. He was asked to change the subject of his talk to make it more palatable. People educated at a university like Yale cannot deal with colon cancer? I just couldn't believe it.

Katie with husband Jay in 1995.

"We had no idea what was going on in his body. This cancer *is so insidious."*

What do you want people to be especially aware of?

People need to know that colon cancer can strike the young. My husband was barely 42 years old. My executive producer, Jeff Zucker, got it, and he was only 31. Fortunately, he survived. Last weekend, I ran into a farmer I know out in the country. Jay and I always bought produce from him. When I saw him, he said, "I'm so sorry about Jay. You know I lost my fiancée five years ago to colon cancer." I asked how old she was, and he said, "Thirty-eight." I can't tell you how many people wrote to me whose husbands or wives were taken by this disease at very young ages. At least 13,000 new cases each year involve people under 50.

Does having lost a loved one to cancer make you terrified of developing the disease yourself?

Terrified is probably too strong a word. But it certainly makes me feel vulnerable. My husband was trim, healthy, had never smoked a cigarette. It makes me feel vulnerable for everyone, not just for myself. It's very frightening.

How did you keep going after Jay's death?

As hard as it is for everybody who faces a tragedy in their lives, you really don't have much of a choice. You can stay in bed every day, or for weeks or months at a time, or you can just keep going. Children force you to keep going. You don't have the luxury of putting your head in the sand. My children are a tremendous source of comfort, tremendously motivating for me. Because I have responsibilities. It's not just financial. It's being there for them because they are children.

How was Jay's cancer discovered?

He was already very sick when doctors diagnosed it in April 1997. He had no symptoms. Jay was tired, but we thought it was because he was flying back and forth to California for his job [as a TV legal analyst]. And we had two small children bringing every bug in America into the house. We had no idea what was going on in his body. This cancer is so insidious.

What are the lessons to be learned?

For one, that there are often very few symptoms until it's too late. I'm not saying everyone in America is walking around with colon cancer, but everyone needs to know that it is a possibility. And they need to rule it out. The only way to be really safe is to be tested. I'd like for people to become more aware of colonoscopy, an exam that allows a doctor to check the colon for abnormalities, and to decide with their doctors whether one is warranted.

Do you think there's anything doctors know now that might have made a difference in saving Jay's life?

My husband's mom, who is now in her 60s, has ovarian cancer—it was diagnosed about three years ago. His grandmother died of breast cancer. There is a growing body of thought that these glandular cancers—breast, ovarian, uterine, prostate, and colon—may be related, that there is perhaps, a genetic link. If we had known this, Jay might have been screened for colon cancer. I now certainly believe you should think long and hard about an *early* colonoscopy, not only if your aunt or grandmother or other relative has colon

cancer, but also if any of these glandular cancers exist in your family. I firmly believe you have to be your own best advocate. We're hearing now that everyone 50 and up should have a colonoscopy regardless of risk factors or symptoms. But all the doctors I know—and I know a lot of them—say they had or will get a colonoscopy by their fortieth birthday. That ought to tell you something.

Problem is, even if you have a family history of colon cancer, doctors often recommend you be screened by a flexible sigmoidoscopy, not a colonoscopy.

Flexible sigmoidoscopy is effective for only the lower third to half of the colon. My feeling is if you really want to be sure, getting a flex sig is like getting a mammogram on one breast.

After your husband found out he had colon cancer, what did you do to fight the disease?

I can share some of my personal experience, but I want to be careful not to invade my husband's privacy or dignity in any way. Immediately after he received his diagnosis, I began to amass a lot of information on treatment, clinical trials, and experimental drugs. I was extremely frustrated to discover there's no single source for learning about the various experimental treatments for your specific disease. Pharmaceutical and biotech companies are highly competitive and sometimes secretive about the kinds of tests they're doing. The technology is changing at breakneck speed. And it's hard to find sources that are in plain English, not medicalese. It was very troubling to me. Here I was, a reporter. I've spent the last 20 years researching and investigating. But when it came to tracking down information that could potentially save a life, I hit one obstacle after another. I'm heartened to hear that the National Cancer Institute has just implemented a new Web site clearinghouse, so some of this information is easier to access...but I definitely think more could be done.

Do you find it frustrating that cancer is still the No. 2 killer in this country after heart disease?

Incredibly. It's been more than 25 years since Richard Nixon declared war on cancer. And while there have been tremendous strides, the first-line chemotherapy treatment for colon cancer is a drug that was developed in the 1950's. I hope that more money—government and private—can be devoted to cancer research. If we can put *Sojourner* on Mars, we can come up with something that keeps cancer from destroying so many lives.

How do you feel about the body's ability to "beat cancer"? Is it possible? People talk a lot about fighting it psychologically.

I think you have to have hope and a fighting spirit. On the other hand, this idea that people who survive cancer are stronger willed or more motivated or have a greater desire to live is really unfair to people who don't beat it. I think cancer, frankly, comes down to biology and luck. The cemeteries are full of people who wanted to live more than anything and couldn't.

"Little things help—*like having my husband's money clip in my purse. And being in a room where he spent time.*"

It's a very confusing concept—the idea that if you fight hard enough you can cure yourself.

I'm thrilled for people who beat it, because I know they've been to hell and back. But to imply that they are mentally superior to those who don't beat it is just plain wrong.

The other part of your story is surviving the grief after losing your husband. Is there anything that's been especially helpful in your life in the past months?

Talking to other women who have been through similar circumstances. Nobody else really understands. I didn't before it happened to me. As empathetic as friends and family want to be, it's just such a lonely, painful experience. It's very meaningful to have someone who can relate to an earth-shattering event in the same way you do.

Do you have any advice to parents with young children who have lost a loved one?

I'd hate to profess to be an expert. It's definitely baptism by fire when you're in a situation like this. Every child is different, every parent is different, every situation is different. But I do think you need to be very proactive in helping your children through an ordeal like this. And you need to do everything you can to keep them healthy and whole. You can't think that they are just children and they won't be affected, or they'll get over it, or children are resilient. Some of that is true, but I think you have to very consciously take steps to make sure that they're going to get through it and continue to fly in the healthiest way possible. Talk to your child's teachers; talk honestly with children about the death in an age-appropriate way. Parents can't just forget about it and hope their kids will be okay.

What should you do to keep the loved one's memory alive?

You can't schedule a child's grief. You really have to have a good sense of what's right for your child; you can't force-feed your child. I try to talk about Jay in a very natural way, because he comes up all the time. Yet I don't try to sit with my child in some kind of artificial environment, and have her discuss things with me that maybe she's not ready to talk about. I think you have to pick up cues from them. The other day my daughter Carrie was on her play telephone telling me, "Mom, it's Daddy calling from heaven." It was heartbreaking, but I wanted to explore it with her, so we started talking. She's only 2½, but I didn't want to just ignore her and what she was saying. It's an awful lot for grown-ups to handle their own pain and loss, but they can't forget about the children. They're going through it too. It's very easy in a situation like this to feel completely and utterly overwhelmed. But I think parents have a real responsibility to pull it together for their children.

Has your mother been helpful to you during this ordeal?

Oh, yes. I'm very close to my parents. I went through a period when I was just impossible to deal with. Because I was just so, so upset and angry and furious with the world. Talk about unconditional love. They've always been there for me.

What about friends? How have they responded?

I think this is really important. A lot of people are at a loss when it comes to helping friends feel better. A lot of people pull back because they don't want to be invasive or intrusive.

Or say the wrong things.

Or say the wrong things. It's painful for a lot of people because it reminds them of their own mortality. But when someone you care about is going through something as traumatic as this, you can't stop trying to get in—even if they push you away, initially, because they're so knocked off their foundation and their world has just fallen apart. If they push you away and you really care—push back. Keep trying. When you're going through it, you're scared all the time. I had one friend who wrote me a card every week and called me every week, and I never called her back. But I'm so grateful that she kept trying. I'll

never forget that. And the people who weren't there and didn't keep on trying, I'll [illegible]forget that either.

W[illegible] the cards say?

Just [illegible]inking about you," "I'm here if you need me." That was a very reassuring, comforting thing. I think of the book *Tuesdays with Morrie* (about a college professor dying of Lou Gehrig's disease and his relationship with a former student). He talked about how you're in this dreamlike state and you can't understand how people are just going on with their lives, chatting and going to the grocery store, and pushing baby strollers. That life is going on swimmingly for everyone else.

I think when people acknowledge that life has changed in a horrible way for you, it's very reassuring. I used to say I saw the world through cancer-colored glasses. Everything just looks very different. It's like B.C. and A.C.–Before Cancer and After Cancer. You see references to death on commercials; you see a man being buried in a car, and it's not a big joke. It's terrifying. When death is a distinct possibility in your life, these things are not funny. Even hearing cartoon characters say, "Drop dead." I remember looking at a magazine cover on summer pleasures, and thinking, *Wow, I wish that's all I cared about: what I was going to do this summer, what movies I was going to see.* I think it's important to acknowledge that someone's world has taken a gut-wrenching turn.

Is there any place or item that you shared with Jay that now offers comfort?

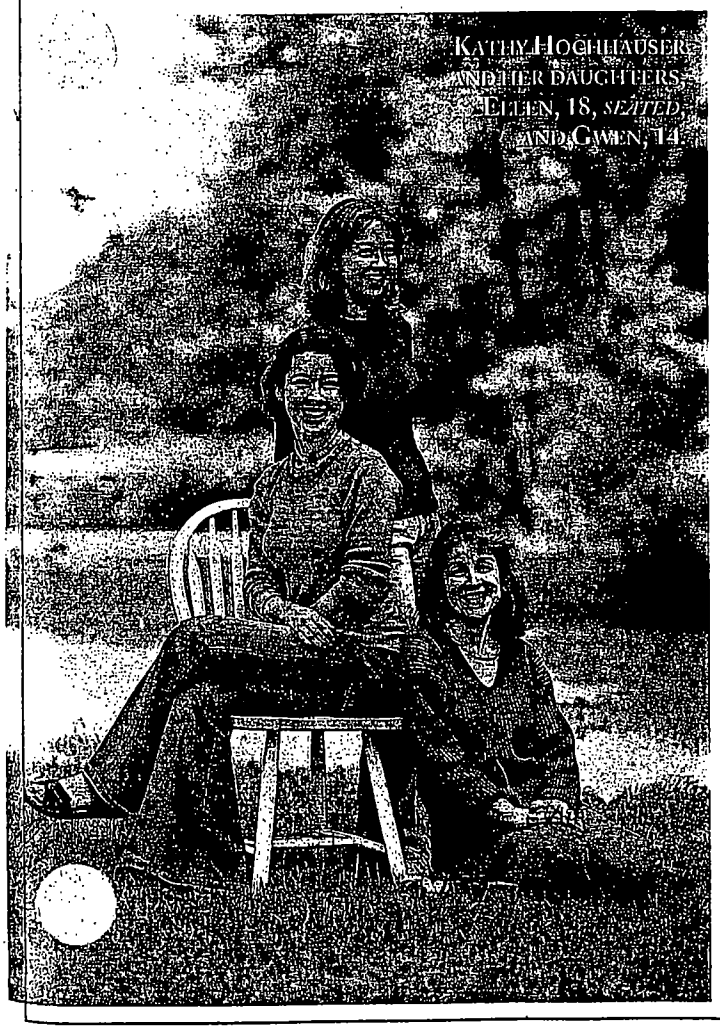
Nothing really comforts me, I'm sorry to report. It's only been months since my husband died. And, frankly, I still can't believe it. When I think about it, it just permeates every cell in my body. You can forget about it temporarily. But then the grief comes like a huge wave and like a horrible invasion of your heart and soul.

Little things help me–like having my husband's money clip in my purse. And just being in a room where he spent a lot of time. But I don't have any sort of ritual or supercomforting place. I'm still looking for that. My husband had a collection of historic military pieces, particularly from the Civil War, at our house in the country and I go into that room and look at the things he loved–which, of course, I didn't appreciate as much when he was living. That's a very special place for me. I find that talking about him to those people who cared about him and miss him is really helpful. Sometimes when you lose someone, other people just want it to be in the past and not talk about it. I appreciate having people say how much they cared about him and miss him too.

Are you still close to his family?

Yes. Jay was one of seven children, and I often speak to his siblings as well as to his parents. They're all wonderful. I also like to talk to other people who knew him well and were profoundly affected by him. Someone sent me a letter telling me about Jay's experience in the Navy. I just got his transcripts from college and read his guidance counselor's recommendation and his entrance essay. It was very revealing. He wrote things that I didn't know about him. It's nice to have, but sometimes so hard to read. *(continued on page 188)*

The Stories of Three Families Left Behind



KATHY HOCHHAUSER AND HER DAUGHTERS ELLEN, 18, *SEATED*, AND GWEN, 14

"He Never Lost His Spirit"

In 1993, Kathy Hochhauser and her husband, Ken, were feeling hopeful about their future together. The parents of two daughters—Ellen, 12 at the time, and Gwen, 9—they were strong-willed people whose marriage had been troubled; the couple were in counseling. But now they were trying to put the bad times behind them.

Then, one day, Ken, a 45-year-old accountant at a computer company in Framingham, MA, noticed blood in his stool. "I urged him to go to the doctor, but he put it off for a few months," says Kathy, now 50, a public school secretary. When he finally had a colonoscopy, an examination of the colon, the news wasn't good: A tumor was found. Ken had surgery immediately, but the cancer had already spread to his liver. Although he would get chemotherapy and radiation—including an experimental drug—the doctors indicated that he didn't have long to live.

"He was a fighter; he was going to prove them wrong," recalls Kathy. And he did. For three years after the surgery, he lived life to the fullest. "He'd be nauseated after a chemotherapy session, but he'd insist on playing basketball," says Kathy. And he rallied enough to attend Gwen's bat mitzvah in November 1996. "He even found the strength to dance with me," says Kathy.

She and Ken grew closer than they had ever been. Kathy drove him to and from treatments and nursed him through the long nights. "He never lost his spirit," she reports. "Two weeks before he died, I asked him if there was anything I could get for him, and he grinned and said, 'A pastrami sandwich.' I went to the deli right away."

On July 3, 1997, Ken, at age 49, lost his battle against colon cancer. Kathy had grieved a lot during the years she cared for Ken, but now she couldn't stop thinking about what could have been done to save her young husband's life. For 25 years, Ken had suffered from chronic bowel problems, and Kathy now says she wishes he'd been screened earlier. "If only one person reads this and goes for a checkup," she says, "none of what we went through will have been in vain." —*Sondra Forsyth*

CHELSIE SHERER, 7, AND HER FATHER, TRIPP, 37

"She Was a Real Good Mom"

Chelsie Sherer, a 7-year-old who loves to swim and watch videos, seems like a typical second grader. But those close to her know she's wrestling with a terrible trauma: the loss of her mother. In 1996, at age 28, Lisa Sherer died of a rare, genetic form of colon cancer, leaving behind her only child and her husband, Tripp, a dental technician.

Chelsie was not yet 3 when Lisa first got sick in 1993. She passed a lot of blood one day and was rushed to the emergency room. It turned out she had familial polyposis, a condition in which thousands of polyps grow on the colon, and her polyps were malignant. She was given a year and a half to live. The doctors told Tripp that the polyps start out benign but if not removed almost always become malignant by the time the person is 40. Tripp recalled that Lisa frequently had diarrhea and lacked stamina. When he asked her about it, she told him she had received a diagnosis of a spastic colon when she was a teenager. No formal testing had been done; if it had, the condition could have been detected sooner.

Though Lisa didn't know of any relatives with familial polyposis, Tripp worried that she might have passed it on to Chelsie, so he arranged to have her tested. Sure enough, Chelsie had the condition. "But we caught it early enough; her polyps were still precancerous," says Tripp. However, doctors had to remove Chelsie's entire large intestine to protect her from cancer.

Lisa was so ill that, at first, Tripp didn't tell her that Chelsie had inherited her condition and undergone surgery. But three months before Lisa died, Tripp decided she should know: "She was extremely upset, but I said the way I saw it, she gave Chelsie life, and now she was saving Chelsie's life. After that, I asked her if she wanted to renew our vows. She said yes." The ceremony was performed at Lisa's bedside on May 12, 1996. Two weeks later, she died.

Today, Lisa's framed photograph sits on the dresser in the bedroom she and Tripp once shared. "Sometimes I go into Daddy's room and look at my mom's picture," says Chelsie. "She was a real good mom." —*S.F.*

"I Wish I Could See Him Again"

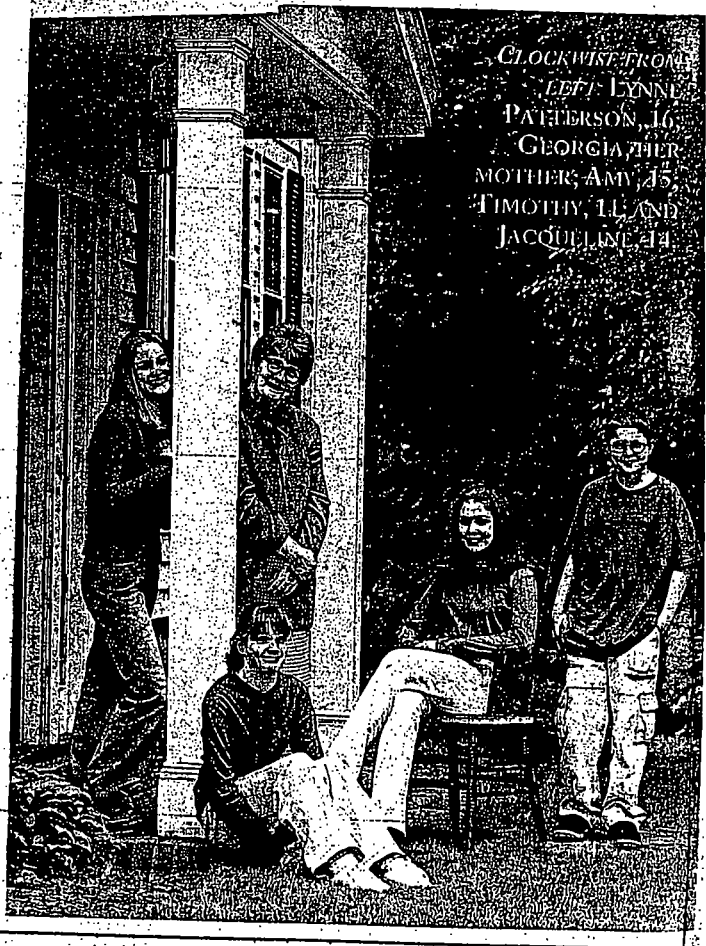
Last Christmas, not long after she turned 16, Lynne Patterson's father, Michael, gave her a 1989 Volkswagen and two promises. First, as a mechanic, he'd keep the vehicle in top shape. Second, he'd help her get her license. But Michael, 50, of Medford, MA, wouldn't live long enough to celebrate that rite of passage with his oldest daughter.

On February 6, he was admitted to the hospital with a fever of 103°F. Tests showed that Michael seemed to be losing blood, so a CT scan was performed. It revealed a mass in his abdomen. Surgery turned up a malignancy on his colon—as well as 14 other tumors. The prognosis? At most, several months for Michael to spend with his wife, Georgia, and Lynne and her three siblings: Amy, 15; Jacqueline, 14; and Timothy, 11.

"I couldn't believe it," says Lynne. "The doctors said the tumor must have taken at least five years to get that big, but my dad hadn't seemed sick at all." Michael did experience some rectal bleeding—the No. 1 sign of colon cancer. At first it was some slight spotting. Then, by October 1997, the bleeding had become pronounced, so Michael went to the doctor. His physician found a hemorrhoid and suggested that Michael have a colon-cancer test, which he postponed. Georgia now wishes she and Michael had paid more attention to those earlier symptoms.

Despite the grim prognosis, Lynne thought she'd have at least one more summer with her father. "We had always been really close," she says. "Ever since I was a little girl, our family had traveled to Maine in July. My dad would wake me up at five in the morning, so the two of us could walk to the bakery to get pastries hot from the oven. I pictured us walking together again."

It wasn't to be. By February 14, Michael had developed complications from the surgery, and four days later, he was gone. "It's still hard to accept," says Lynne. "Something in the house will break, and I'll think, *Oh, Dad will fix that.* I wish I could see him again, even just one more time, to tell him I love him and to hear him say that he loves me." —*S.F.*



CLOCKWISE FROM LEFT: LYNNE PATTERSON, 16; GEORGIA, HER MOTHER; AMY, 15; TIMOTHY, 11; AND JACQUELINE, 14

The Preventable Cancer

The right testing for colon cancer can save your life. What every woman needs to know. by Lisa Collier Cool

It's the second most deadly cancer, killing more people each year than breast or prostate cancer. Yet colon cancer doesn't receive nearly as much attention. That's partly because no one likes to talk about the body parts involved: namely, the large intestine, made up of the colon, a six-foot-long tube that removes water from digested food and expels solid waste; and the rectum, the last six to eight inches of the large intestine. What's more, no celebrity has gone public with a first-person account of the disease to raise awareness, as former First Lady Betty Ford did for breast cancer and General Norman Schwarzkopf did for prostate cancer.

Many women assume colon cancer strikes mostly the elderly—or men. But [illegible] are seeing younger and younger [illegible]s with the disease, some of whom develop the illness early because of a genetic predisposition. And the cancer actually kills more women—mainly because they don't get screened as frequently as men. This year, about 67,000 women—and 64,600 men—will develop colon cancer, and 28,600 women and 27,900 men will die from it, according to the American Cancer Society (ACS).

The good news: With the right screening, the disease—technically known as colorectal cancer—can actually be prevented. "Widespread screening could save at least thirty-thousand lives a year, but sadly, very few get it," says John Bond, M.D., chief of gastroenterology at Veterans Affairs Medical Center in Minneapolis. More than half of women age 50 and over are now checked for breast cancer, but only about 24 percent of women age 50 and over have had their colon examined in the past five years, according to the Centers for Disease Control and Prevention in Atlanta. Many of us put off testing, fearing it may be embarrassing or uncomfortable. But there's [illegible] of blame to go around: Some doc[illegible]n't tell us to get screened—and [illegible] insurance companies won't pay for the best testing.

Three years ago, when the American Digestive Health Foundation polled adults age 50 and over—the group with the highest rate of colon tumors—an astonishing 61 percent of women said their doctors had never advised *any* kind of screening. Many primary-care doctors aren't educated about the tremendous benefits of testing, according to Albert Palitz, M.D., director of the colorectal cancer prevention program at Kaiser Permanente, a large California-based health maintenance organization. "Only in the last five years have studies provided clear evidence that screening can prevent death," he notes. However, the ACS has supported colon-cancer screening for nearly two decades, issuing new guidelines last year (see "Rating the Screening Tests," page 190).

What makes the screening shortfall so troublesome is that colon cancer often produces no symptoms in its early stages, when it is 90 percent curable. If not detected, it typically goes unnoticed until it has spread beyond the intestines—at which point the five-year survival rate is less than 60 percent.

The Best Protection

Colon-cancer experts agree that the "gold standard" of screening is colonoscopy, a 15- to 20-minute test in which the entire colon is checked for tumors using a lighted flexible tube with a cameralike device at one *(continued on page 188)*

The Gold-Standard 20-Minute Test: One Woman's Story

Not long ago, I saw something alarming in the toilet. "This isn't good," I said out loud, staring at the bloody stool I discovered. I'm 52, and my mother has a history of colon polyps. So I made an appointment with William Coll, M.D., a local gastroenterologist, who helped me arrive at an obvious conclusion: I needed to have my colon checked for cancer. I was scared, so I elected, as advised by Dr. Coll, to have a colonoscopy, which would enable him to inspect my entire colon.

In the 24 hours before the procedure, I needed to cleanse and flush my colon so that Dr. Coll's view would be unobstructed. My diet was restricted to clear liquids and chilled bouillon. But that wasn't all. I was ordered to take one and a half ounces of a fizzy laxative potion mixed with eight ounces of water, once at 11:00 A.M. and again at 6:00 P.M. Dr. Coll recommended that I stay home after the first dose (which I did). It made perfect sense: This nasty-tasting salty, lemony drink gave me cramps and diarrhea almost immediately, and I found myself in the bathroom at 20-minute intervals throughout the day. I was not only crampy and crabby but also lightheaded and weak—probably dehydrated, Dr. Coll said. He also told me that all of these reactions were to be expected.

The next morning, at 8:30 A.M., I went to Sharon Hospital in Connecticut. I got undressed, put on a cotton gown, and was instructed to lie on a stretcher. A nurse explained that the colonoscope, a thin, lighted probe with a cameralike device at one end, would be threaded into my colon. Air would be injected into my intestines so the doctor would have a good view, and that would produce a gassy, uncomfortable feeling. Sedation would be necessary. I was told that there would be no discomfort when the probe was slowly retracted, so I asked to be awakened midprocedure. I wanted to see for myself what was going on inside.

Dr. Coll used intravenous Demerol (a sedative-and painkiller) and Versed (another sedative) to knock me out during the first part of the procedure. Then, I got a drug that would wake me up. When I opened my eyes, the scope, now about four feet up my innards, displayed interior shots of my colon on a monitor only a few feet away. Inside this strange labyrinth of pink-gold crinkles and folds were two tiny polyps, six millimeters in diameter, which Dr. Coll removed. Also revealed were two tiny hemorrhoids that had ruptured and were deemed the cause of my dramatic bowel movement.

Afterward, I dozed lightly in the recovery room. I was a little woozy, but my stomach felt fine. In fact, I was hungry. I fantasized about breaking my fast with barbecued spareribs and garlic mashed potatoes, a dream that became a reality that evening. I returned to work, spunky as ever, the next morning.

A few days later, I learned that the polyps were benign. I was glad I'd had the colonoscopy—and relieved when Dr. Coll told me that the type of polyps he'd removed never becomes cancerous. So I don't have to have another colonoscopy for seven to ten years.

—Maxine Paetro

KATIE COURIC

(continued from page 127)

Do you share them with your daughters?
I'm putting together a book of all the letters people have written about Jay, so that my girls feel like they know a lot about their father and what an outstanding person he was. I'm also writing them a letter all about our courtship—and how we met and why I fell in love with him. The idea is that when they're older they can read about him and appreciate him. I've asked people to write to my girls, and I've received the most beautiful letters.

Do the letters make you feel better, or is it all a painful exercise?
It's definitely painful, but part of the process. I think it will ultimately help. But for now it reminds me how much I miss him. Some of the letters I just can't read. Someday I will.

When you first went back on the *Today* show following Jay's death, you wore his wedding ring around your neck on a chain. Lately, you haven't been wearing it. Why did you stop?
The safety chain broke. I didn't stop for any symbolic reason. I just worry that without the safety clasp, I would lose it. It made me too nervous. And now I'm not sure if I'll wear it again. It's a very outward symbol of one's grief, and I wore it because it made me feel very close to him, by touching it. It was a hard decision: whether he should wear the ring—or I should. I didn't know what to do. All of my friends told me it was okay for me to keep it. And I found a lot of solace in it. I don't think he would mind.

Has throwing yourself back into work helped you cope?
You do what you have to do. I have children to support. And kids just automatically make you stronger. Work was a way for me to keep going while Jay was sick. For two hours I could distract myself, and I think it serves the same purpose now.

What is your advice to couples who have been spared a life-threatening illness?
Cherish each day. Get under the covers with your kids on a Saturday morning. And even if your spouse drives you crazy sometimes, remember what made you fall in love to begin with. My daughter is obsessed with *The Wizard of Oz*, and there's one thing that Dorothy says toward the end of the movie that always affects me so much: "If I ever go looking for my heart's desire again, I won't look any further than my own backyard." ★

COLON CANCER

(continued from page 129)

end. The device transmits images of the colon to a video screen, which the doctor watches throughout the procedure. Any polyps that are discovered can be removed during the test. Colonoscopy finds 97 percent of colon tumors, and the ACS now recommends it for *everyone* age 50 and over.

The unique advantage of colonoscopy is that it's the only cancer test that can actually *prevent* malignancy. "There's a very strong argument that people who have this test regularly will never, ever get colon cancer, which means it's much better for preventing this disease than mammograms are for breast cancer," says Robert J. Mayer, M.D., director of the Center for Gastrointestinal Oncology at the Dana Farber Cancer Institute in Boston. That's because virtually all colon cancers begin as mushroom-shaped or flat premalignant growths called polyps. "About five to ten percent may become cancerous, so if they're found and removed during colonoscopy, you probably won't get cancer," explains Jose Guillem, M.D., associate attending colorectal surgeon at Memorial Sloan-Kettering Cancer Center in New York City.

It appears that one colonoscopy is enough to protect people at average risk for an entire decade, because polyps grow very slowly, taking about five to seven years to become the size of a pencil eraser, and up to seven more years to turn cancerous.

Elizabeth Ely, 55, an interior decorator in New York City, is grateful that she had a colonoscopy, because it saved her life. Although she didn't have a family history of colon cancer or any symptoms (in fact, she felt great, she says), her doctor encouraged her to get tested because of her age. Last March, a colonoscopy revealed a malignant rectal tumor. "I was absolutely shocked," she recalls. "I never believed anything would be wrong with me. I've always been well." She had surgery to remove the tumor, and was relieved to learn that it was an early-stage cancer. She was deemed cured after the operation. "I'm very lucky," says Ely. "Now I'm telling my clients, friends, and relatives to have the test if they're fifty or over."

Another, more famous survivor: former President Ronald Reagan, who had part of his intestines removed in 1985 after doctors discovered a malignant tumor through colonoscopy.

YOUR RISK AND YOUR AGE

Your chance of getting colon cancer increases dramatically as you get older. Check this chart against your age to pinpoint your risk of developing the disease, which strikes at an average age of 66:

Ages	A Woman's Risk	A Man's Risk
Birth to 39	1 in 2,000	1 in 1,667
40 to 59	1 in 147	1 in 114
60 to 79	1 in 31	1 in 24

Source: American Cancer Society, Cancer Facts & Figures, 1998

What's Your Life Worth?

Despite the lifesaving power of colonoscopy, Medicare and a number of other health plans won't pay for it. "This is unjust to the American public," says Michael D. Moseson, M.D., a clinical as-

YOUR RISK AND YOUR FAMILY HISTORY

A person who has no cancer in her family has a one in 17 chance of developing colon cancer over a lifetime. That risk increases if your relatives have had certain kinds of cancers. If you fall into any of the categories listed below, you should get a colonoscopy (total exam of the colon) by age 40, or ten years before the youngest age at which a family member received a diagnosis of colon cancer. If there are several cases of colon cancer in your family, consider getting a genetic test at a major cancer center to check for an inherited syndrome. Testing, which can cost anywhere from $250 to $2,400, can help determine the age and frequency at which you need to be screened.

1. You have a distant relative—an uncle, aunt, or grandparent—who has/had colon cancer. *Your risk:* 1.5 in 17
2. You have an immediate family member—a parent, sibling, or child—who has/had colon cancer. *Your risk:* 2 or 3 in 17
3. You have two or more immediate family members who have/had colon cancer, or have one relative who developed the disease before age 50. *Your risk:* 3 or 4 in 17
4. You have one or more immediate *or* distant relatives who have/had breast, ovarian, uterine, or prostate cancer. *Your risk:* 1.5 in 17

—L.C.C.