

HEALTHY OUTCOMES

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COLORECTAL CANCER
AWARENESS
MONTH

2017-2018 Flu Season Alert Update

by Gregory Cherpes MD, ODP Medical Director

The Office of Developmental Programs is re-issuing this Health Alert due to the high number of flu cases that are being reported nationally. The Centers for Disease Control and Prevention (CDC) are reporting that this year's flu season is now more intense than any since 2009. Despite the late date, it is still being recommended that Americans get the flu shot if they have not done so.

What do I need to know for the 2017-2018 flu season?

Get immunized against the flu annually. The CDC recommends those who are aged 6 months and older get a flu shot each year. However, it is especially important that some people who are at risk for complications get immunized. These include:

- People who have certain medical conditions including asthma, diabetes, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney

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5 Myths About Colorectal Cancer

In many cases, colorectal cancer can be prevented. It is also one of the leading causes of cancer death in the US. Don't let common myths stop you from getting the life-saving screening tests you need, when you need them.

Myth: *Colorectal cancer is a man's disease.*

Truth: Colorectal cancer is almost as common among women as men. Each year in the US, about 71,000 men and 64,000 women are diagnosed with colorectal cancer.

Myth: *Colorectal cancer cannot be prevented.*

Truth: In many cases, colorectal cancer can be prevented. Colorectal cancer almost always starts with a small growth called a polyp. If the polyp is found early, it can be removed – stopping colorectal cancer before it starts.

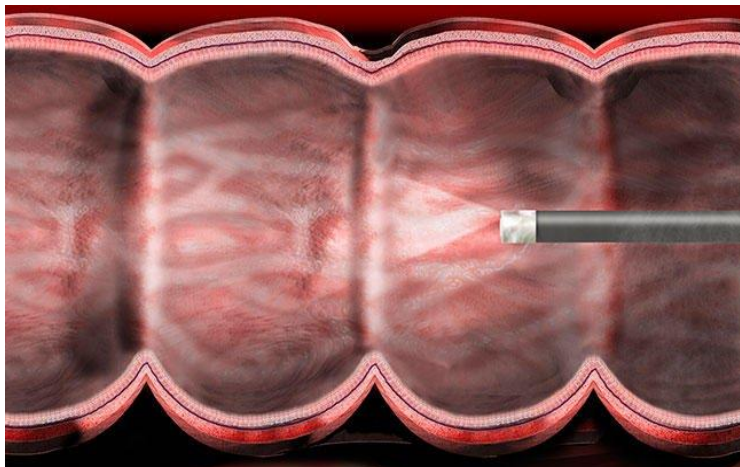
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Do You Need a COLONOSCOPY?

by Berkeley Wellness

Screening for colorectal cancer—that is, cancers of the colon (large intestine) and rectum—is a proven lifesaver. This is partly due to the fact that this is one cancer which screening can actually prevent, since it can lead to the detection and removal of polyps, some of which may progress to cancer.

So why are anywhere from one-third to one-half of Americans over 50 not getting the recommended tests for colorectal cancer? One reason this screening rate lags behind



those for some other cancers may be an overemphasis on colonoscopy as the screening test of choice in this country.

For years many experts, organizations and media spokespeople have promoted colonoscopy as the

best colorectal screening test. As a result, it has become the most frequently used screening test for colorectal cancer in the US. Most doctors today do not even discuss alternatives with their patients.

Offering only colonoscopies discourages some people from getting tested, since they may dread the bowel-cleansing prep (clear liquid diet, strong laxatives and high fluid intake), are scared or embarrassed about the procedure itself, worry about potential complications and/or can't afford its high price. Medicare and private insurance cover colonoscopy and other screening tests, but that leaves out uninsured people, who are only half as likely to be screened for colorectal cancer as the insured.

Colonoscopy is a good test, though not perfect. You should know your other screening options as well.

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Did You Know... with regular screenings, colorectal cancer is preventable. Studies show that regular screening could prevent 1/3 of colorectal cancer deaths in the U.S.




**PennState
Harrisburg**

777 West Harrisburg Pike
Middletown

ADMISSION IS FREE!



Saturday, April 7, 2018 1 to 5 p.m.

Meet experts and learn about various life skills and resources for individuals with disabilities:

- DRIVING PROGRAMS
- EMPLOYMENT
- HAND CYCLING
- ORTHOTICS AND PROSTHETICS
- RETURNING TO SCHOOL
- SERVICE DOGS
- WINTER SPORTS

AND MORE!

Participate in adaptive sports and recreation demonstrations:

- QUAD RUGBY
- SCUBA
- SLED HOCKEY
- TAI CHI
- WHEELCHAIR DANCING
- WHEELCHAIR FENCING
- TOPSOCCER (ADAPTED SOCCER)

AND MORE!



PARTICIPATE IN A RESEARCH SURVEY
USE THE QR CODE OR
GO TO
bit.ly/RecFest2018Survey

Registration is required. To register, go to bit.ly/RecFestReg, call 717-531-0003 extension 289318 or email nlokey@pennstatehealth.psu.edu.



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Did You Know... Age is the #1 risk factor for colorectal cancer. 90% of cases appear in men and women 50 years old or older, and the risk for developing this cancer increases with age.

A New Screening Test for Colon Cancer

By Berkeley Wellness

Cologuard is a stool test that screens for colorectal cancer and advanced adenomas

(polyps at higher risk for becoming cancer) two ways: by checking for DNA markers and by looking for hemoglobin from blood in the stool via a fecal immunochemical test (FIT). Available by prescription, it was approved by the FDA in 2014 for screening people over 50 at average risk for colorectal cancer. As with other stool tests, you use a kit at home to collect a stool sample and mail it to a lab for analysis. If you get a positive result, you'll need to have a colonoscopy to confirm (or refute) the findings and remove any polyps or cancer that may be present. The FDA and Medicare have cleared the test to be repeated every three years, though there's no published research showing that this is the optimal screening interval.

It's good to have this as another screening option, since one-third of Americans have not been screened as recommended. Some of them may be attracted by Cologuard's genetic underpinnings and direct-to-consumer advertising. But it's not known how Cologuard (that is, FIT-DNA test) compares to the other colorectal cancer screening tests in terms of saving lives and minimizing over-diagnosis and overtreatment, since it is new and there has been less research on it. The other recommended screening tests are colonoscopy (usually every 10 years), annual stool tests for blood (notably FIT, which is most accurate), and sigmoidoscopy (usually every five years, along with stool tests every three years).

Unanswered questions about Cologuard

The only published study on Cologuard screening for the general population was a large clinical trial in the *New England Journal of Medicine* in 2014. It gave Cologuard a boost when it found that the test detected more cancers and advanced adenomas than one-time use of FIT. There were some caveats, however. Cologuard produced more than twice as many false positives as FIT; such false alarms lead to more unnecessary colonoscopies and needless anxiety. And for about 6 percent of people undertaking Cologuard testing, the stool samples they sent in could not be analyzed (compared to just 0.3 percent of those using FIT). Most likely this was because the stool collection procedure for Cologuard is more complicated than for FIT and harder to do correctly.

Moreover, the study's comparison between Cologuard and FIT was not really fair, since it's recommended that FIT be done annually, not just once every three years like Cologuard. A longer-term study comparing Cologuard every three years to FIT screening repeated annually would have more real-world relevance.

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Did You Know... There are warning signs for colorectal cancer, but not EARLY warning signs.



Spring Day of Learning

May 10, 2018

Shiloh Church of Christ, 512 Bloom Street, Danville, PA. Registration begins at 8:30 p.m. Sessions begin promptly at 9 a.m., to conclude at 3:45 p.m. Topics include *Risk Factors and Remediation for Falls in People with Intellectual and Developmental Disabilities*, *Pennsylvania Medical Marijuana Program Overview* and *Our Health Management and Prevention of GI Conditions*. To register, email Lesley at lgmurphy@geisinger.edu. Include your name, title, organization and email address. Registration deadline is May 1, 2018. ■

MENTAL HEALTH FIRST AID

September 14, 2018

Shiloh Church of Christ, 512, Bloom Street, Danville, PA. ***There is a limit of 30 participants.*** Session is from 8:30 a.m. to 5:30 p.m. There is no registration fee – funded by the Pennsylvania Department of Human Services - ODP.

Mental Health First Aid (MHFA) is an 8-hour training course designed to give members of the public skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

Target audience (must live or work in PA):

- Individuals providing supports and services to individuals with mental health disorders/intellectual disabilities
- Family members of individuals receiving support services
- Other community members.

Registration Instructions to be announced at a later date.



FALL DAY OF LEARNING

Behavioral Health Assessment and Medications for Individuals with IDD

Presented by Dr. Gregory Cherpes, MD
Medical Director of the Office of
Developmental Programs

October 11, 2018

Trinity United Methodist Church, 306 Lombard Avenue, Danville, PA. 9 a.m. to 2:30 p.m. Registration begins at 8:30 a.m.

To register, email Lesley at lgmurphy@geisinger.edu. Include your name, title, organization and email address. Registration deadline is October 1, 2018. ■

Did You Know... Many lifestyle-related factors are directly linked to colorectal cancer risk. Obesity not only increases your risk of having colorectal cancer by 30% but it also increases the likelihood of poor treatment outcomes and complications.

Flu Season Alert...

(Continued from page 1)

disorders, metabolic disorders, liver disorders, and morbid obesity

- Pregnant women
- People 65 years and older
- People who have a weakened immune system
- People who live with or care for others who are at high risk of developing serious complications

Do I need a flu vaccine every year?

Yes. A flu vaccine is needed every year because flu viruses are constantly changing. The flu vaccine is formulated each year to keep up with the flu viruses as they change. There are different types of vaccines available and your healthcare provider can recommend what is best. The nasal spray vaccine ***is not*** recommended for use this flu season.

Is there treatment if I get sick with the flu?

Yes. If you get sick, there are drugs that can treat flu illness. They are called antiviral drugs and they can make your illness milder and help you feel better faster. They can also prevent serious flu-related complications, like pneumonia.



Can I do anything else to help prevent the flu?

Yes. In addition to getting the flu vaccine, you can help prevent the spread of influenza. You can practice good personal hygiene: wash your hands frequently, cough or sneeze into your elbow, and stay away from people if you or they are ill.

Do I have the flu or a cold?

The flu and the common cold have similar symptoms. Symptoms such as fever, body aches, tiredness, and cough are more common and intense with the flu. Flu symptoms include:

- A 100°F or higher fever or feeling feverish (not everyone with the flu has a fever)
- A cough and/or sore throat
- A runny or stuffy nose
- Headaches and/or body aches
- Chills
- Fatigue
- Nausea, vomiting, and/or diarrhea (most common in children)

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Did You Know... People with a first-degree relative (parent, sibling, offspring) who has colorectal cancer have two to three times risk of developing this disease.

Flu Season Alert...

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If these symptoms are present, contact your health care practitioner to determine the best course of treatment.

What are the emergency warning signs of the flu sickness?

In Children:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In addition to the signs above, get medical help right away for any infant who has any of these signs:

- Being unable to eat
- Has trouble breathing
- Has no tears when crying
- Significantly fewer wet diapers than normal

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms that improve but then return with fever and worse cough



Where can I get more information about flu?

The CDC has a wealth of information about flu and preventing flu. Their website, listed below, contains posters and fact sheets that you can use to spread the word about preventing flu. Likewise, the PA Department of Health's website on influenza is an excellent resource. For information about where to get a flu shot, you can contact your health care provider or your local Department of Health regional office. Many pharmacies give flu shots for a small cost, but find out first if your health insurance will cover it. The websites below have a flu vaccine finder... simply enter your zip code to find a flu vaccine location near you. ■

Resources

<http://www.flu.gov>

<http://www.cdc.gov/flu>

Get the
FLU  **SHOT**
not the flu!

Did you know... your risk of colorectal cancer increases if you have type 2 diabetes; inflammatory bowel disease, including ulcerative colitis or Crohn's disease; or having an inherited syndrome like Familial adenomatous polyposis or Lynch Syndrome.

5 Myths About Colorectal Cancer...

(Continued from page 1)

These tests can find polyps: colonoscopy, flexible sigmoidoscopy, double-contrast barium enema, or CT colonography (virtual colonoscopy). Talk to your health care provider about which test is best for you.

Myth: *African Americans are not at risk for colorectal cancer.*

Truth: African-American men and women are diagnosed with and die from colorectal cancer at higher rates than men and women of any other US racial or ethnic group. The reason for this is not yet understood.

Myth: *Age doesn't matter when it comes to getting colorectal cancer.*

Truth: Most colorectal cancers are found in people age 50 and older. For this reason, the American Cancer Society recommends you start getting checked for this cancer when you're 50. People who are at a higher risk for colorectal cancer – such as those who have colon or rectal cancer in their families – may need to start testing when they are younger.

Myth: *It's better not to get tested for colorectal cancer because it's deadly anyway.*

Truth: Colorectal cancer is often highly treatable. If it's found and treated early (while it's small and before it has spread), the 5-year relative survival rate is about 90%. But because many people are not getting tested the way they should, only about 4 out of 10 are diagnosed at this early stage when treatment is most likely to be successful. ■



Do You Need a Colonoscopy?...

(Continued from page 2)

Colonoscopy: strengths and weaknesses

Colonoscopy examines the colon via a flexible scope that transmits the images to a video screen while the patient is sedated. The claim that it is the best screening option has been based on assumptions and expectations about what it can do—allow a doctor to examine the entire colon and rectum and remove polyps during the procedure.

But colonoscopy's superiority has never been proven in randomized con-

trolled trials comparing its effectiveness to other tests.

Other kinds of studies have suggested that colonoscopy (typically done every 10 years if no cancer or polyps are found) doesn't save more lives than sigmoidoscopy, which examines only the lower part of the colon and is usually done every five years.

Last February, a major study on colonoscopy was published in the *New England Journal of Medicine*. It confirmed that colonoscopy, by detecting and re-

moving polyps, can prevent cancer and save lives. In fact, it cut the death rate from the disease by half.

But the study was not a randomized controlled study, did not look at colonoscopy as a screening test for the general public and didn't compare it to stool tests or sigmoidoscopy. It included only people with polyps, some of which were detected by these other tests.

One problem with colonoscopy is that it's less

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Did you know...

Regular colorectal cancer screenings typically begin at age 50.

Do You Need a Colonoscopy?...

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effective in detecting polyps and cancer in the right side of the colon (the upper portion, including the ascending colon and cecum) than the left side. This is because many polyps and cancers in the right side are flat, pale and difficult to identify and remove completely. Also, bowel cleansing may be less complete in the right side of the colon, making detection more difficult there.

Other factors can also reduce colonoscopy's accuracy. For instance, it tends to be less accurate when done comparatively quickly, by less experienced doctors (typically those who are not gastroenterologists) and/or when patients don't prep adequately to empty the colon.

In addition, though colorectal cancer starts in certain adenomas and other polyps, the vast majority of polyps detected and removed (including most adenomas) are harmless. It's estimated that 30 to 50 percent of Americans over 50 have or will develop adenomas, and that between one and 10 percent of these polyps will progress to cancer in five to 10 years.

Finally, colonoscopy poses a small—but not insignificant—risk of serious complications such as bleeding or colon perforation.

Sigmoidoscopy has

some advantages over colonoscopy.

It costs only a fraction as much, is quicker and can be done well by primary care doctors. The prep is simpler, and sedation is usually not needed. But it too misses some cancers, especially since it can't examine the upper portion of the colon. And if suspicious polyps are found, you'll need a colonoscopy to remove them and check the upper colon.

Starting with stool

Not too long ago, annual stool tests were the primary way to screen for colorectal cancer in the U.S. In most countries they still are. Called fecal occult blood tests (FOBT), they detect hidden ("occult") blood in stool, a possible sign of colorectal cancer. Your doctor gives you a kit to take home; you then provide one to three stool samples to be analyzed, depending on the type of FOBT. You'll be referred for a colonoscopy if blood is detected. The standard stool tests are called guaiac tests, named for the compound used on the test cards. The early versions have increasingly been replaced by more sensitive guaiac tests. However, they still often produce false-posi-



tive results because of blood that comes from something besides polyps or cancer; certain foods or medications (even vitamin C) can

also throw off the results. And they miss some advanced polyps and cancers, especially those that don't bleed or do so intermittently. That's why screening should be done every year—repeated testing provides multiple opportunities to identify advanced polyps before they become malignant and early cancers before they become life-threatening.

A 2010 review paper in *Gastroenterology* concluded that annual highly sensitive FOBT is indeed effective at identifying colon cancer and reducing deaths from it. Because it is inexpensive, more people can afford FOBT, so it may save more lives than colonoscopy, according to some analyses. But FOBT is most effective only if people are compliant—take the test annually and do the follow-up tests when necessary.

A more advanced form of FOBT is the fecal immunochemical test (FIT), which is superior in several ways. For one thing, it requires only one stool sample. It is more accu-

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Do You Need a Colonoscopy...

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ate than standard FOBT because it identifies antigens in blood that may be in the stool, and it can't be thrown off by food or medication. And it only detects blood originating in the colon or rectum.

What's more, the processing and reading of the test can be automated for quality assurance. Used primarily in Europe, Australia, Japan and Israel, FIT is being used more and more in the US, even though it is more expensive than standard stool tests.

Discuss the screening options with your doctor. Colonoscopy is not the only test—which is fortunate, since there aren't enough skilled practitioners to screen all eligible people. Nor is it necessarily the best. All the tests have strengths and weaknesses, which you and your doctor need to weigh. ■



A MATTER OF BALANCE: *Managing Concerns About Falls*

Weekly, April 9 – May 29

Who should attend? Anyone who is concerned about falls, is interested in improving balance, flexibility and strength, has fallen in the past or has restricted activities because of falling concerns.

What will you learn? Everyone who attends the program will learn to view falls as controllable, set goals for increasing activity, make changes to reduce fall risks at home, and exercise to increase strength and balance.

Where can you attend the program? At The Meadows at Maria Joseph Continuing Care Community, Mondays, April 9th to May 21st (the last class will be on Tuesday, May 29th due to Memorial Day). The class is from 10:30 a.m. to 12:30 p.m.

Registration is required. Call the Geisinger Health Plan wellness team at 866-415-7138. ■

Shamrock Shake Smoothie

Our healthy take on the classic Shamrock Shake uses fresh spinach and juicy kiwi to achieve the fun and festive color we all love. Using fresh mint makes this smoothie extra minty and refreshing.

- 1 frozen large banana, sliced
- 1 cup spinach
- ½ cup low-fat vanilla yogurt
- ½ cup low-fat milk
- ⅓ cup packed fresh mint leaves, plus more for garnish
- 4 ice cubes
- Kiwi slices for garnish

Combine banana, spinach, yogurt, milk, mint and ice in a blender. Blend until smooth.

If you like, cut kiwi slices into shamrock shapes and thread onto a skewer. Serve the smoothie garnished with the kiwi and mint, if desired.



Do You Need a Colonoscopy...

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What's more, the processing and reading of the test can be automated for quality assurance. Used primarily in Europe, Australia, Japan and Israel, FIT is being used more and more in the U.S., even though it is more expensive than standard stool tests.

Discuss the screening options with your doctor. Colonoscopy is not the only test—which is fortunate, since there aren't enough skilled practitioners to screen all eligible people. Nor is it necessarily the best. All the tests have strengths and weaknesses, which you and your doctor need to weigh. Here are the options:

- **Colonoscopy every 10 years** unless polyps have been found or you are at high risk, in which case more frequent testing will be needed. Despite that standard guideline, many people, especially those over 65, have colonoscopies repeated in less than seven years, even though there is no clear reason for them to repeat the exam that soon, according to a study in the *Archives of Internal Medicine* last year.
- **Sigmoidoscopy every five years** along with stool tests (preferably FIT) every three years.
- **Annual stool tests.** Ask your doctor about FIT, or at least make sure you're getting a highly sensitive FOBT.
- **People at elevated risk** or with a history of polyps and/or colon cancer should have colonoscopies—and perhaps FIT during the intervals.

Your doctor should consider your personal preferences. For instance, some people want to steer clear of colonoscopy because of its prep, invasiveness and/or cost. Others prefer colonoscopy because it usually needs to be done only once a decade rather than every year like stool tests, and it allows for the removal of polyps, if present.

You can stop being screened after 75 if you've always had normal results and have no symptoms. All screening should stop after age 85, according to federal guidelines. With increasing age, the benefits of screening decline, while the risks from sigmoidoscopy and especially colonoscopy increase.

Bottom line: Everybody age 50 to 75 should be screened for colorectal cancer, whichever test they use. People at high risk—notably those with a family history, a known genetic risk, inflammatory bowel disease or certain other disorders—should start earlier. ■

Make Changes Today for a Healthy Tomorrow

The National Diabetes Prevention Program begins with once-a-week sessions for 16 weeks, followed by 6 monthly sessions. Trained lifestyle coaches will help you lose weight, increase your physical activity and teach you how to make healthy choices. Participants are given support to reduce their risk or delay the onset of type 2 diabetes.

To qualify for this program, you must be 18 years of age or older and have pre-diabetes or be at risk for developing diabetes. This program, sponsored by the *Geisinger Health Plan*, is open to the public at no cost.

Join us at the Pauline House, 1136 Chestnut Street, Kulpmont, PA on Wednesdays from 2 to 3 p.m. beginning April 11, 2018 until August 15, 2018.

Registration is required. Call the Geisinger Health Plan wellness team at 866-415-7138 today! ■

New Screening Test...

(Continued from page 4)

Cologuard costs 20 to 30 times more than FIT—as much as \$650. Medicare covers it, but many private insurers do not.

In its updated draft guidelines for colorectal cancer, released in October 2015, the influential U.S. Preventive Services Task Force said there is insufficient evidence to recommend Cologuard for routine screening, citing "greater uncertainty" about its "net benefits." However, the final guidelines, published in June 2016, include it among the screening options, with the caveats that it may result in "more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test" and that "at present, evidence is lacking to establish the optimal frequency of screening with the FIT-DNA test."

There still is no "best" screening test for colorectal cancer. The key is just to get screened, period. ■



cologuard

UPCOMING PPC MEETINGS

The April Meeting has been cancelled.

The next meeting will be **June 26, 2018** from 10 am to 12 noon at the Northumberland County Human Services Building, 217 N. Center St., Sunbury, PA in the second floor conference room.

The guest speaker will be **Andrea Layton**, Outreach & Resource Specialist from ASERT (Autism Services, Education, Resources and Training). ASERT is a statewide initiative funded by the Bureau of Autism Services (BAS), Office of Developmental Programs (ODP), PA Department of Human Services. ASERT is a key component of the BAS's strategy for supporting individuals with autism and their families throughout the commonwealth. ■

Farewell to Spring's Day of Wellness and Fall's Health and Wellness Fairs

On behalf of the HCQU, we would like to take this opportunity to announce the discontinuation of both the Schuylkill County Spring Day of Wellness and the CMSU Fall Health and Wellness event. For more than a decade we have proudly participated in both collaborative events. The longevity of these community programs was largely due to the ongoing support of vendors and participants. Thank you all for partnering with us to promote wellness to people outside of traditional health care settings.

Moving forward, the HCQU has begun to explore educational and community health promotion activities that we can contribute to as vendors. We believe we can play an important role in improving health outcomes in our Central Region in addition to communicating the valuable role of the HCQU. We welcome the opportunity to network with other agencies so please feel free to notify the HCQU of upcoming events at 570-271-7240 or lmurphy@geisinger.edu.