

BUCKS COUNTY Courier Times

Survivor shows importance of early screening for colon cancer

By Kelly Kultys

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Shawn Ryan, of Evesham, New Jersey, went to get a colonoscopy when he turned 50, following the advice of the medical community to get screened early. However, the results of that procedure altered the next few years of his life.

Shawn Ryan followed the medical community's advice and went for a colonoscopy screening in November 2015, shortly after he turned 50.

"He did the right thing by coming in to get the colonoscopy, so we met to set that up," said Dr. Avi Galler, a colon and rectal surgeon at Virtua hospitals in Mount Holly and Voorhees. "What we weren't expecting were the findings at the time of the colonoscopy."

"When I woke up (from the anesthesia), Dr. Galler told me there was definitely a problem," Ryan recalled. "They needed to transfer me to the hospital and do another procedure to find out the extent of the problem. They determined that I had colon cancer and it needed to be surgically removed."

Ryan, of Evesham, New Jersey, broke the news to his wife and three sons, then scheduled surgery.

Based on the mass inside Ryan's colon, Galler knew immediately that they needed to act quickly.

He decided to use a robotics procedure, a more advanced version of a laparoscopic, to remove the cancer and give Ryan a chance at a full recovery.

"With Shawn, with the identification of this large mass, 20 years ago he would have been taken right to the operating room and have it cut out, and he'd have a (colostomy) bag. And then when he recovers from that, (there's) the possibility of reversing (using the bag) so he does go back, but that's then two surgeries," Galler explained.

With the robotics approach, Galler said they made very small incisions and removed the cancer. With the help of a stent, Galler was able to help Ryan avoid having a colostomy bag and leave the hospital in under five days.

"I think I was in the hospital three or four days. But it took a good month to recuperate from the surgery, and then we started chemotherapy for the next six months," Ryan said.

He's suffered a few side effects from the chemotherapy, such as neuropathy in his feet, but besides that, now over two years removed from the surgery, his life is relatively back to normal.

"It took a few months to get back into the swing of things," he said. "You appreciate life a little bit more, especially with my kids. Everything's important; you can't miss much. But I'm still active. Nothing has changed other than really my diet maybe and trying to be healthier."

One of the lucky ones

Ryan is one of the lucky ones. According to the **American Cancer Society**, colorectal cancer, which includes both colon and rectal cancers, is the third most-common cancer diagnosed in men and women in the country.

In 2018, the society anticipates, there will be 97,220 new cases of colon cancer and 43,020 cases of rectal cancer.

It's also expected to cause about 50,630 deaths in 2018, making it the third-leading cause of cancer-related deaths, according to the society.

"The death rate (the number of deaths per 100,000 people per year) from colorectal cancer has been dropping in both men and women for several decades," the American Cancer Society said in a statement. Medical experts attribute the decrease to advancements in screening and preventative care.

But the advancements are useless unless people actually get screened, like Ryan did.

"(A colonoscopy) certainly has proven itself to decrease the number of deaths from colon cancer," said Donna Tweed, administrative director for the Endoscopy Center of Bucks County, in Newtown Township.

Tweed and Galler said the recommended age of going for the procedure is traditionally 50, unless there are other risk factors.

Galler said colon cancer tends to be a "disease of older people." Often, a diagnosis comes after a person, usually in his 60s or 70s, has shown more advanced symptoms, which makes the cancer harder to treat. He said if a person gets a colonoscopy at 50, many times doctors can detect polyps, also known as growths in the colon, before they turn cancerous.

"But yet, if you do have a family history, then you should get it done, I always say, 10 years before that family member is diagnosed. So all of (Shawn's) children should start getting it done around 40," Galler said.

Tweed said her office sees patients attempt to avoid colonoscopies because they are nervous about the preparation and worried about the cost.

According to the American Cancer Society, the Affordable Care Act requires insurers to cover colorectal cancer screening tests, but some plans that were in place before it was passed in 2010 — “grandfathered plans” — don’t have to abide by those regulations.

There’s also concern over what the colonoscopy or other types of screening will find.

“The fear of the unknown — are they going to find something?” is another common worry Tweed said.

But Galler and Tweed said it’s better to get it done and detect a problem early rather than wait until it’s too late.

Spreading awareness

That’s a main reason why Tweed and her employees are working with primary care doctors who refer patients to her center this month, which is National Colorectal Cancer Awareness Month, to give them better information about why patients should get screened. They’re handing out information packets, brochures and flyers to let people know the importance of early screening.

Some of those physicians also will participate in the **“Get Your Rear in Gear” Run/Walk** in Philadelphia on Saturday, March 24. The fundraising efforts will go to the Colon Cancer Coalition to provide education, prevention and patient support programs.

The American Cancer Society estimates that there are over 1 million survivors of colorectal cancer nationwide.

Ryan is grateful he can count himself among them.

“It was very life-changing,” he said. “It definitely changes everything, your whole perspective on life.”

Although “cancer” is a scary word, Galler said with advancements in the medical field and earlier detection, more patients will become survivors.

“There’s no better time in the history of the world to have cancer, because we have the most modern techniques, the most modern medicines,” he said. “Our chemotherapy is up-to-date, our radiation is up-to-date. We just know the most we’ve ever known about cancer, so we can give you everything you need.”



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