

Running for Life (After Cancer Takes it Away)

— BY BRIAN CHANDLER —

Melinda (Mindy) Conklin of Richmond knows what it's like to have sleepless nights. The mother of two, who lost her husband to colon cancer on Jan. 20, 2011, remembers wondering night after night why her husband Rich was diagnosed with cancer and why he had to die so young.

"It just didn't make sense," Conklin recalls, noting that colon cancer screenings aren't even recommended until age 50, yet her husband was only 43 when he died. Rich had always been healthy and active, even coaching the Clover Hill High School football team.

"A screening (colonoscopy) at age 30 would have saved his life," she adds, "but we didn't think it was necessary."

RAISING AWARENESS

Now, two and a half years after her husband's death, Conklin still has some sleepless nights, but she rests easier knowing that she has turned tragedy into something great.

"After Rich passed, I was extremely passionate about talking about his cancer and how important it is to be screened, all in the effort to help save lives," she says. "I found out quickly that there are currently no colon cancer awareness events in Richmond, and I felt like I could help change that."

That's when Conklin decided to create a local nonprofit called Hitting Cancer Below the Belt (HCB2), a volunteer organization that offers participatory community events to provide education of and awareness for cancer prevention, while creating an atmosphere of hope and encouragement for survivors, caregivers and the loved ones left with the emotional scars.

HCB2 focuses solely on awareness and prevention of cancers that affect people below the belt: colon, prostate, ovarian, and uterine cancers.

Through prayer, she says, and support from family and community members, HCB2 took shape and became official in late 2012. Conklin and the organization's volunteers are currently gearing up for the first-ever colon cancer awareness event in Richmond: the Boxer Brief Battle.

The event will be a 5k (three mile) run on Sat., June 8. The course will start at Rocketts Landing in a remodeled and up-and-coming area of Richmond, and will wind through the area offering scenic views of the James River and the city's skyline.

Proceeds from the event will benefit the American Cancer Society and the organization Access Now, which provides preventative screenings, colon cancer research and advocacy.

"This is something that has to be done," Conklin says. "I would be losing sleep every single night if I weren't creating an organization and event like this that makes a difference. More than

a dozen people have come up to me with stories like, 'My wife has been bugging me to get a colonoscopy, and I'm going to go get one now because of you and your passion.' Those are the stories that tell me we are making a difference and what we hope will happen through the Boxer Brief Battle – but at a much larger level."

CAUSES AND PREVENTION OF COLON CANCER

Today, there isn't a good understanding as to what causes colon cancer, but Andrew J. Vorenberg, M.D., F.A.C.S. with Colon Rectal Specialists in Richmond, says environmental factors and genetic factors can contribute to the cancer. What is certain is that high-fiber diets, exercising, not smoking, and avoiding fatty foods, are proven ways to decrease your risks of colon cancer.

However, there are a few key ways that death from the disease is being reduced.

"The real reduction can be tied to better awareness, screenings and earlier detection, as well as better chemotherapy," Dr. Vorenberg says. "Colorectal polyps turn into cancerous polyps if they are not identified and removed. The bottom line is that screenings need to take place earlier to find these polyps before they become cancerous."

In most cases, there's one contributing factor preventing individuals from getting screenings. "That's an easy one – it's fear," Dr. Vorenberg notes. "Fear of the dreaded bowl prep is probably the number-one reason why patients don't get the procedure (colonoscopy) done earlier. They worry about gagging while drinking the liquid. They worry about the diarrhea, but these will be the least of your worries if you end up with cancer. The trade-off should be considered. I can say from a personal experience that a colonoscopy is not that bad."

In the "old days" (up until about five years ago) patients had to drink a gallon of water mixed with a prescription that would cause the individual's bowels to be cleaned out, preparing them for a colonoscopy. Today, however, individuals can take a combination of 32 pills via mouth, and drink only 64 ounces (or a half-gallon) of water, to prepare for the procedure.

The fear of anesthesia is also a contributing factor to not having colonoscopies done, according to Dr. Vorenberg. But the anesthetic used today has reduced side effects and doesn't leave the individual with what is considered an anesthesia hangover.

THE MOST COMMON TYPE OF CANCER IN THE U.S.

Despite these advances in the colonoscopy procedure, colon cancer continues to be the second-most common cancer in the United States and the second leading cause of cancer death in the country.

In Virginia, only about 65 percent of individuals over the age of

50 are being screened for the cancer, according to Dr. Vorenberg and statistics provided by Colon Rectal Specialists. This ranks the Commonwealth in the middle-third of the country for preventative screenings. The disease is not gender specific, either, with about 50 percent of cancers being found in men and 50 percent in women.

However, there is a 95 percent survival rate if you catch colon cancer early enough.

A colonoscopy should typically be done by age 50, unless there's a history of the disease in your family, or if other symptoms such as bleeding or abdominal pain exist. Even then, it might be hard to determine when a colonoscopy is needed – like the case of Rich Conklin, since he was diagnosed with colon cancer at age 41. It's best to consult with your doctor and make a decision for when screenings should begin based on as much evidence as possible.

The procedure is a test that allows the doctor to examine the inner lining of the large intestine or the rectum and colon. A thin, flexible tube called a colonoscope is used for the examination, which occurs while the patient is under anesthesia. The procedure detects ulcers, colon polyps, tumors, and areas of inflammation or bleeding. If polyps are found, they are usually removed and biopsied to determine if they are cancerous.

MEDARVA'S ROLE IN FIGHTING COLON CANCER

One of the first groups to make a commitment to the first-annual Boxer Brief Battle was Medarva Healthcare and its foundation. Many company executives, staff, and board members knew that supporting an awareness event like this in the Richmond community was something that had to be done.

"There isn't enough education in our own community in regards to colon cancer prevention – and this is one reason why we felt it was important to support this effort through the participation of our staff and by donating our resources," says BOARD MEMBER. "The Medarva Foundation strives to support programs that result in the betterment of the health and wellbeing of the greater Richmond community. This event makes perfect sense and almost everyone knows someone who has been affected by colon cancer."

A handful of other local businesses and organizations are also sponsoring and supporting the Boxer Brief Battle, which will highlight recovery as well. Event participants who have recovered from a cancer diagnosis are not only inspirational but allow the event to celebrate recovery, Conklin says.

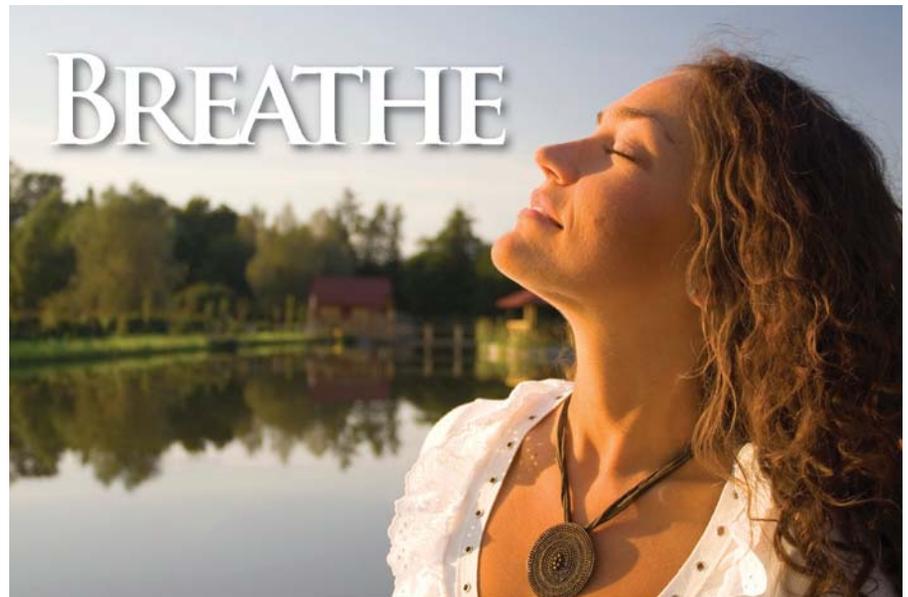
The top-three men and top-three women colon cancer survivors will be recognized at the event. Anyone who would like to be eligible for an award and recognition should alert the orga-

nization during their registration process. Wheelchair and physically-challenged participants are also welcome to attend, and there will be no charge for their participation.

Anyone attending the event should be sure to hang around after the event for fun, informative and inspirational festivities. For more information on the race, visit hcb2.org



Brian Chandler is a former newspaper reporter and is now the president of Commonwealth Public Relations. He often writes about health care topics and trends and his firm assists Medarva with its public relations efforts. Contact him at bchandler@commonwealth-pr.com.



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