Greetings!

As we all shake off the winter chill and damp, let’s mark the new season with the latest edition of CORE News. We welcome spring with a look back, as well as a view to the future.

Recently, Fred Hutch celebrated its 40th anniversary with a community block party (see photo). Hard to believe, but soon the CORE Studies project will reach its own milestone: 20 years of colon cancer prevention research! Without your help, we couldn’t share what we’ve learned in colorectal cancer studies like the ones you’ll read about in this newsletter.

This month, we’ll discuss how the CORE Studies’ work on the presence and importance of certain variations in colorectal cancer. We’ve also included a powerful profile of a study participant who’s on a mission to increase public awareness of this disease. When she’s not raising funds for research, she’s urging friends and family to use the number one method of preventing colorectal cancer.

Your many personal contributions are the energy that powers scientific understanding of colon cancer as well as its prevention. You and your fellow study participants make the CORE Studies a vital part of the world’s largest single resource for colorectal cancer research. We offer our deepest gratitude for your generosity!

Sincerely,

Polly A. Newcomb, PhD, MPH
Principal Investigator
Janelle Hill: Finding her purpose

Janelle Hill’s mission in life is now perfectly clear to her, so much so that sometimes she gets teased about it. She tells a story about a good friend who made it a priority to schedule his colonoscopy after his 50th birthday. Janelle laughs as she quotes her friend: “I did it because I knew you would not let it go. I was afraid of you.”

But she doesn’t mind. Janelle has found her purpose as a colon cancer awareness advocate. She chairs the Colon Cancer Alliance’s Arizona chapter, organizing fundraising 5k runs and visiting communities with poor access to health care. Janelle has also been a CORE Studies participant since 2007, and we’re grateful for her participation and her continued colon cancer advocacy. Janelle was diagnosed with colon cancer at a tough time in her life: she was caring for her ill parents, both of whom had cancer, as well as her three children. Janelle had felt some stomach pain while taking care of her parents. But Hill’s doctor assumed she was too young to have colon cancer, so she was prescribed a stomach acid-reducing medication and sent on her way.

Then in September of 2004, everything converged: Janelle had her colon cancer tumor removed, her father died a day after her 36th birthday, and her mother died three months after that. But Janelle and her husband still had their children to take care of, the youngest being only ten months old. Janelle says she couldn’t talk about her illness for five years after that. “If I talked about it,” she remembers, “that made it real.” Finally, she opened up about her experience at a colon cancer awareness event, and realized she had found her purpose: sharing her story to help others with colon cancer.

Part of Janelle’s advocacy includes helping Arizona health professionals with information about spotting colon cancer in patients under 50. She updates doctors with patient-centered resources, such as the Colon Cancer Alliance’s Blue Hope Financial Assistance Program. The grant program can provide financial help to cover the cost of colonoscopies or cancer treatment, using a sliding scale based on income.

This mission to help prevent colon cancer is one reason why Janelle doesn’t let her loved ones off the hook when it comes to cancer screening. Remember that friend of hers who had his colonoscopy because of Janelle’s persistence? During the exam, the doctor found polyps – one of which was cancerous. Maybe it’s a good idea to know a cancer awareness advocate who’s willing to keep bugging you to get screened.

SCREENING TIPS FOR PEOPLE UNDER 50

Colon cancer rarely displays obvious symptoms, particularly in its early stages when it’s most curable. This dilemma is especially true for patients younger than 50 years old. Advocate Janelle Hill offers these suggestions:

- Find yourself a primary care doctor, if you don’t already have one. This is the doctor most likely to spot any cancer symptoms during a regular physical exam.
- During your annual physical, be sure to have blood tests done to check for anemia, which can be a warning sign of colon cancer.
- Eat lots of fiber, fruit and vegetables in your diet, and don’t forget to drink lots of water.
- Start a conversation with your relatives about your family health history. This is also a great way to model healthy behavior to your kids.
- Try to make it easy for loved ones to get screened: urge them to schedule a colonoscopy, or offer to drive them to and from their appointment.

As Janelle puts it, “If you can remember to schedule an oil change, you can remember to schedule a colonoscopy.”

You may have participated in this smaller study that includes data from many of our Seattle CORE Studies participants

Phipps AI, Limburg PJ, Baron JA, Burnett-Hartman AN, Weisenberger DJ, Laird PW, Sinicrope FA, Rosty C, Buchanan DD, Potter JD, Newcomb PA. Association between molecular subtypes of colorectal cancer and patient survival. PMC4274235

**Background:** Colorectal cancer (CRC) can develop in various ways, on the molecular level. It’s suspected that certain subtypes of CRC may be responsible for these variations. (Think of it as being similar to breast cancer, which appears to have three subtypes that can determine how aggressively that cancer spreads.)

Scientists in this study tested CRC tumor samples, some collected from CORE Studies participants. They looked for one or more cancer characteristics in each tumor. The researchers hoped to find out if a group of tumor characteristics seem to influence a person’s longevity.

**Findings:** The study scientists grouped participants’ tumors into by five characteristic-groups. They found if people have tumors of a certain characteristic-group, these people indeed have lower than usual longevity.

**Impact:** This study shows there are specific types of colorectal cancer, and those types can result in different health outcomes.

**The take-away:** In the future, these tumor variations may lead to development of more personalized treatment options. A doctor may prescribe a more specific chemotherapy regimen for a person with a particular tumor type, for example.

For a more complete list of publications by CCFRC researchers, please see our local website: [www.fredhutch.or/corestudies](http://www.fredhutch.or/corestudies). You can also visit the cohort website at [http://coloncfr.org](http://coloncfr.org).