

Southcoast Health Cancer Center 2018 Annual Report



2018 Annual Public Reporting of Outcomes

Colorectal Prevention

Incidence - Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States.

Risk factors within the community - The 2017 Community Needs Assessment indicated that social determinants of health are preventing many residents from preventive and comprehensive care. Department of Public Health cancer data and interviews with regional medical providers indicate that the colorectal cancer death rate on the South Coast is much higher than the state average due to these factors. Residents are diagnosed at a much later stage of colorectal cancer and the death rate is higher. Statistics also indicate that screening rates for colon cancer are lower than the state average (nearly 50 percent of residents do not undergo screening colonoscopy and almost 80% do not undergo regular fecal occult blood test. Source Mass CHIP)

Lecture: Dr. Victor Pricolo, MD, Southcoast Health's Chief of General and Colorectal Surgery, gave an overview on colorectal cancer on November 6, 2018 at the Immigrants Assistance Center in New Bedford, Ma.

Survey – a survey was offered pre & post lecture to measure the participant's knowledge of colon cancer. The survey was offered in both English and Portuguese.

	PRE-survey		POST-survey	
	TRUE	FALSE	TRUE	FALSE
1. Most colorectal cancers are preventable?	13	5	20	1
2. Most colorectal cancers run in the family?	7	8	3	17
3. Most colorectal cancers cause symptoms?	6	11	1	20

Survey results showed improvement of the participant's knowledge of the topic and confidence to respond. Less questions were left blank in the post-survey.

DECEMBER 2018 Senior Scope 5

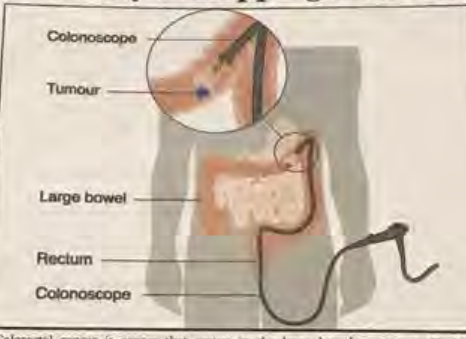
Your Health

Prevention is key to stopping colorectal cancer

Colorectal cancer, one of the most common forms of cancer in the United States, also happens to be one of the most preventable types of cancer. The key to prevention, however, rests largely on your willingness to be screened.

Victor Pricolo, MD, Southcoast Health's Chief of General and Colorectal Surgery, gave an overview on colorectal cancer on Nov. 6 during a bilingual presentation at the Immigrants' Assistance Center in New Bedford. He urged the audience to have regular medical exams.

Colorectal cancer — cancer of the colon or rectum, which is located at the digestive tract's lower end — is the third most common type of cancer in the United States. For women, it's after breast and lung cancer; for men, it follows lung and prostate cancer. Approximately 30,000 new cases of the disease are diagnosed each year. This type of cancer typically begins as clumps of noncancerous cells called polyps that form along the digestive tract. There are several causes of colorectal cancer. A slim minority of — roughly six percent — are hereditary, meaning you acquired them from your family. This is a genetic distinction because the rest of the cases are caused by "bad luck." When cells divide, which is



Colorectal cancer is cancer that occurs in the large bowel or rectum. During a colonoscopy, a doctor passes a colonoscope through your anus and into your rectum and large bowel. (Source: Cancer Research UK/Wikimedia Commons)

large intestine. The procedure will take about 30 to 60 minutes.

Pricolo said there are alternatives to the often derided high-volume laxative used to prepare for a colonoscopy. There are smaller volume doses, for instance. There is medication you can take prior to the cleanse to minimize nausea.

There are non-invasive alternatives to colonoscopies as well. One test checks for blood in the stool. Another, called Cologuard, looks for abnormal cells in your stool. X-rays and CAT scans of the colon can also detect polyps.

However, none of these alternative screening methods prevent cancer because these exams will not remove polyps. If polyps are detected during these non-invasive tests, a colonoscopy will be needed afterward.

If you have a family history of colorectal cancer, you should be screened at age 35 or 40. If you do not have a family history, you should have your first colonoscopy at age 45. If that sounds like a young age to have a baseline colonoscopy, that's because patient data has revealed that instances of colorectal cancer are occurring at younger


to meat that has been "transformed through salting, curing, fermentation, smoking, or other processes to enhance flavor or improve preservation," according to WHO. This includes bacon, ham, luncheon meat, pâtés and canned meat.

However, Pricolo said the overwhelming majority of colorectal cancer cases are caused by "bad luck." When cells divide, which is

Pricolo said most cancers develop from normal, healthy cells to cancerous cells, making cancer challenging to stop in its tracks. Polyps, however, can take years to develop into colorectal cancer, meaning the growths can be removed before they become cancerous.

Colonoscopies are the most common exam for colorectal cancer. Pricolo said

Sessão informativa sobre cancro do cólon



O Centro de Assistência ao Imigrante levou a efeito, no passado dia 06 de novembro, uma sessão informativa sobre prevenção do cancro do cólon, numa sessão conduzida pelo médico cirurgião Victor Pricolo, do Southcoast Health, tendo respondido a diversas questões colocadas pela audiência. Na foto, o médico dirigindo-se aos presentes.

Esta foi mais uma iniciativa das várias que o C.A.I. vem promovendo ao longo do ano, no sentido de prestar um serviço útil e gratuito à comunidade.

Head & Neck Screening

Smoking is much more prevalent among Southcoast adults as compared to incidence of this behavior statewide. More than a quarter of adults in the region are current smokers, compared to less than twenty percent statewide. Smoking is most prevalent in New Bedford, where 31.8% of adults are current smokers.

Risk Factors

- Tobacco: cigarettes, snuff, pipes, chewing tobacco, cigars
- Alcohol: excessive consumption
- HPV: sexually transmitted infection with human papillomavirus

Signs and symptoms

- Lump or sore in mouth or throat
- Hoarseness or change in voice
- Swallowing problems or pain
- Bleeding: nose, mouth or throat

Community screening event: On April 17, 2018 head and neck cancer screenings were offered to the community. The event was held on the New Bedford waterfront to make it easier for our target audience, the great number of fishermen working on the waterfront and are current smokers.

Process:

- Participants are evaluated by medical professional during the event.
- If an abnormality is noted, the participant is referred for further evaluation by an ENT.
- Tracking continues until the participant is found to have a diagnosis.

40 participants examined:

- 2 – Required immediate consultation with Southcoast ENT.
 - 1- No follow-up due to insurance application. No office visits/encounters on file.
 - 1- Pituitary gland benign neoplasm
- 2 – Referred to Southcoast ENT for further head and neck evaluation.
 - Oral ulcer – no answer to phone call attempts/patient is not on file
 - Central node on bottom lip – virus
- 1 – Referred to dermatologist.
 - Problem subsided on its own. Canker sore
- 35 – Normal findings. Routine follow-up with primary care physician

Resources - Head and Neck Cancer Alliance & American Cancer Society

Oral Head & Neck Cancer Is Not a Rare Disease

Oral Head & Neck Cancer is the 6th

*Approx 50,000/year in U.S. excluding thyroid

*Approx 105,000/year in U.S. including thyroid

Did You Know They Had Head & Neck Cancer?

Presidents of the United States

Ulysses S. Grant & Grover Cleveland

Athletes

George Herman "Babe" Ruth

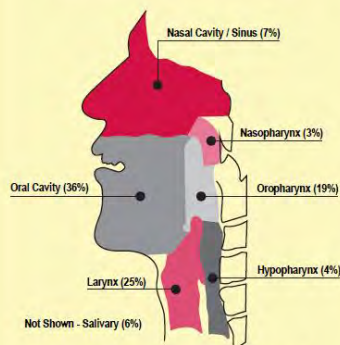
Musicians

George Harrison, Sammy Davis Jr. & Peter Tork

Actors, Celebrities & Others

Michael Douglas, Roger Ebert, Sigmund Freud,

Humphrey Bogart & William Rehnquist



Distribution of Head & Neck Cancers by Subsite

Resources to learn more about Oral, Head and Neck Cancer

National Cancer Institute

www.cancer.gov/cancertopics/types/head-and-neck

Head & Neck Cancer ALLIANCE

www.headandneck.org

American Cancer Society

www.cancer.org/index

American Head & Neck Society

www.ahns.info/index.php

Oral Cancer Foundation

www.oralcancerfoundation.org

Support for People with Oral Head

& Neck Cancer (SPOHNC)

www.spo-hnc.org



HEAD AND NECK CANCER
ALLIANCE

Contact Us

Head and Neck Cancer Alliance
(HNCA)

info@headandneck.org

(866) 792-4622

www.headandneck.org

Head & Neck Cancer

A Fact and Self-Exam Guide



HEAD AND NECK CANCER
ALLIANCE

Oral Head & Neck Cancer Facts

Risk Factors

- **Tobacco:** cigarettes, snuff, pipes, chewing tobacco, snus, cigars
- **Alcohol:** excessive consumption
- **HPV:** sexually transmitted infection with human papillomavirus

Signs and symptoms

- Lump or sore in mouth or throat
- Hoarseness or change in voice
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What Can I Do To Protect Myself?

- Stop using Tobacco
- Use Alcohol in moderation
- If 26 years old or younger consult your physician about vaccines for the Human Papillomavirus (HPV)
- Perform monthly self exams
- Regularly visit your dentist or physician. Ask that they perform an oral head & neck exam.



Oral Head & Neck Self Exam

Follow the four steps below and look for abnormal, irregular or discolored areas. Compare one side to the other for symmetry.

1

Check neck for lumps



2

Look at lips and cheeks



3

Bite gently; look at gums



4

Open mouth



Look at tongue (top, bottom, sides), back of throat, roof of mouth, and under tongue using a flashlight and mirror.

If you discover abnormal, irregular or discolored areas or lumps that are different on one side compared to the other, contact your health care provider or dentist.