Research Explores Colon Cancer Prevention

It’s a disease that people have an aversion to discussing. There’s an even greater aversion to its screening exam. Not the case for Dr. Michael Wargovich. At 50 years old, the professor of pathology has no qualms about scheduling the routine colonoscopy that’s recommended at his age. “The test is indispensable. Colon cancer is the most preventable of cancers,” he said.

Dr. Wargovich’s plans encompass far more than a proactive approach to his own health. As the Director for Basic Research at the Palmetto Health South Carolina Cancer Center, (a comprehensive cancer program staffed by personnel from the University of South Carolina, the USC School of Medicine, Palmetto Health Richland and Palmetto Health Baptist), his research is dedicated to chemoprevention, examining a broad range of natural and pharmaceutical substances for their effectiveness in preventing cancer. Colon cancer is one of his particular interests.

His current work includes a study on the role of anti-inflammatory medications in decreasing the risk of colon cancer. Dr. Wargovich’s research follows numerous studies that indicate regular use of over-the-counter pain relievers (with the exception of acetaminophen) lower the likelihood of developing colon cancer. “These drugs were not created for that purpose, yet we’re finding they have powerful effects in cancer prevention. It’s absolutely stunning,” he said. Yet he cautions that research needs to continue before physicians start prescribing anti-inflammatory drugs on a widespread basis as a cancer preventative. “We potentially have a weapon here, but the side effects make it just too dangerous to use right now,” he said, citing statistics on the number of people who seek medical attention for toxicity from overuse of pain relievers.

Another approach to cancer prevention took Dr. Wargovich and his wife, Joan Cunningham, (an epidemiologist at the University of South Carolina Arnold School of Public Health) on two trips in the past year to the western coast of Africa. While his wife’s work there focused on breast cancer in African women, his interest was in traditional African medicinal plants that have been used for common ailments such as fever relief and menstrual cramps. The plants will be studied for cancer preventive properties in the project, which represents the first collaboration between the Republic of Guinea and any university in the United States. "The idea is to do this in a...
Breast cancer is the most common malignancy in women and the second leading cause of cancer death. And while men are not excluded from developing the disease, their minuscule numbers pale in comparison to the disturbing statistic that one in every eight women will be diagnosed with breast cancer in her lifetime.

Fortunately a breast cancer diagnosis today is one that offers increased treatment modalities and improved prognosis for women. Dr. Vijaya Korrapati, a clinical assistant professor in the Department of Internal Medicine’s Division of Hematology/Oncology, is encouraged by the range of resources available to oncologists. “Initially everyone concentrated on surgery, yet we’re using all sorts of treatments now—surgery, chemotherapy, radiation, hormone therapy, and immunotherapy,” she said.

Dr. Korrapati is particularly excited about recent developments with antibodies. “There are a number of antibody treatments coming out that will offer very targeted treatment with a very low side effect profile,” she said. Chemotherapy is a poison, but a dumb poison,” she explained. “Chemo can’t tell a good cell from a cancerous cell. With targeted treatment you get the same benefits, but with fewer side effects.”

Joining physicians and medical institutions nationwide, Dr. Korrapati is participating in a National Cancer Institute-sponsored breast cancer prevention study. The Study of Tamoxifen and Raloxifene (commonly known as the STAR trial) will compare the effectiveness of the drugs tamoxifen and raloxifene, taken over a five-year period, in reducing the occurrence of breast cancer. Physicians and participants, postmenopausal women who are at high risk for breast cancer, will not know which of the two drugs was taken until the end of the study. The women will receive follow-up medical exams for at least seven years.

While the STAR study may prove to enhance future breast cancer prevention efforts, Dr. Korrapati also stresses routine preventive measures, such as self-breast exams and mammograms, to aid early diagnosis. “The survival curve dramatically changes once the cancer spreads from the breast to the lymph nodes. That’s what we want to avoid,” she said. As Dr. Korrapati treats patients with breast cancer, she’s disturbed by a common misconception that these women are incapacitated by the process. Fifty-year-old Lillian Brown was quite the contrary as she underwent chemotherapy and radiation after having a lumpectomy in 1998. “I’d schedule the radiation treatments close to lunch time and go home for a long lunch afterwards. Other than that, I continued to work every day,” the Columbia resident said. Dr. Korrapati added, “Most of the time women tolerate treatment very well. The picture of a completely bald woman who is nauseous all the time is just not usually the case. That’s...
GENETICS AND CANCER:
DISCOVERING THE RISK

Their work began with just a handful of families. Some six years later the number of patients referred to them annually exceeds a couple hundred. Yet Dr. Robert Young, director of Cancer and Research Genetics, based in the Department of Obstetrics and Gynecology, describes the inception of the Cancer Genetics Program not as a carefully crafted plan, but rather “something that just happened.”

The time was the mid 1990s. A 20-year veteran at the School of Medicine, Dr. Young already had the establishment of USC’s comprehensive prenatal/pediatrics genetic program to his credit. Then he shifted gears in his research and began looking at ovarian cancer. Around this same time on the national scene, cancer researchers announced the identification of BRCA1 and BRCA2, two inherited gene mutations that put women at increased risk of developing breast and ovarian cancer. Locally, Dr. Young began attending weekly breast cancer conferences at which cases were presented and treatment options discussed. He recalls his initial presence among the oncologists, radiologists, pathologists, and surgeons. “In the beginning they didn’t know who I was and I’d just keep my mouth shut. Then slowly I started asking, ‘Is there any family history of cancer in this situation?’”

Over time the physicians began asking for Dr. Young’s input at the breast cancer conferences. Another development occurred as well. He recalls his initial presence among the oncologists, radiologists, pathologists, and surgeons. “In the beginning they didn’t know who I was and I’d just keep my mouth shut. Then slowly I started asking, ‘Is there any family history of cancer in this situation?’”

Karen Brooks estimates that half of her patients already have a cancer diagnosis. They’re looking to learn if their heredity increases the risk of other cancers in themselves or the development of cancer in close relatives. The other half are unaffected by cancer, but have a number of family members who are. They also want to ascertain the potential genetic impact. The first step Brooks takes is to create a pedigree or a family medical tree by compiling health histories of at least three generations of relatives. The task of piecing together the incidence of cancer in families can be a challenging one. “Sometimes people can get the information and sometimes they can’t,” said Brooks, who explains that written diagnostic records or pathology reports are preferred for the most accurate accounting. She also finds that, “some patients have done their detective work and come in with their mother’s medical records from 1965.”

The process continues with a cancer risk assessment, in which Brooks looks for a pattern of potentially related cancers, such as breast cancer and ovarian cancer or colon cancer and uterine cancer, which tend to run together in families. If such a pattern is established, patients may choose to undergo genetic testing. “I explore with patients their reasons for wanting the genetic testing done. Many people tell me that they want to know for their relatives’ sake – their children, siblings etc.,” Brooks said. The information revealed from the blood test may influence any number of decisions on how patients decide to address their health risks. “For example, someone with a

When A Rare Cancer Strikes A Child

For many years he was the only doctor in South Carolina who could help their children. So when a rare bone or soft tissue tumor was suspected in a child, parents brought their offspring to Columbia from every corner of the state and even from cities in Georgia and North Carolina. The physician whose expertise they sought was Dr. John Eady, who provided the sole orthopaedic surgical oncology service in the state.

And while an additional orthopaedic surgeon in Greenville now serves oncology patients, Dr. Eady, professor and chair, Department of Orthopaedic Surgery, still handles the majority of the cases. It’s a part of his practice that has held particular relevance for him throughout the course of his career.

Extremely low in incidence, bone and soft tissue cancers only affect about 2,700 children per year in the United States. “There are just 100 of us in the country who deal with these tumors,” Dr. Eady said. Yet he stops short of touting the role he plays in the children’s care. “The real heroes are the oncologists – Dr. McRedmond and Dr. Neuberg – and their crew that follow up with these kids with their chemotherapy needs,” he said.

Dr. Eady surgically removes the tumors, which are most commonly found in the bones of the arms, legs and pelvis. Over the years he has been pleased to see the advances that have allowed him to save as much of children’s limbs as possible in the process. “Limb salvage surgery has come into its own the past 15 to 20 years and is now the preferred way to manage limbs of children with bone and soft tissue tumors,” he said.

After surgery, Dr. Eady’s patients undergo chemotherapy for approximately a year. Citing an 80 percent five-year survival rate, Dr. Eady said, “The great thing is that these kids are surviving. Compared to a 20 percent rate in 1970, it’s a miracle.” He credits the radically improved prognosis to the development of a successful chemotherapy protocol in the mid-1970s. Take his patients ten years past their treatment and they don’t fare as well, dropping down to a 60 percent survival rate. “Yet that is oceans better than how it was before the mid-seventies era,” he said.

Because development of another tumor is always a threat, Dr. Eady follows his pediatric patients long after they have left childhood behind. He explained, “You have to keep looking for second tumors because no one knows for certain who will have another tumor and who won’t. Through these long-term relationships he has forged lasting bonds. “I am sort of their second parent,” he said. “One patient who lives in Washington state even sent me a birth announcement for each of her children.”

Though his residents question how he can handle such somber health threats to such young patients, Dr. Eady views his work in another light. “If you win with these kids, you win really big as they go on to live successful lives.”

“The great thing is that these kids are surviving...” -- John Eady, M.D.
They ranged from smartly dressed senior citizens to college students casually garbed in cut-offs and flip-flops. Representing a variety of ages and stages in life, the men and women filling the rows in the auditorium had a common agenda that night. All were in attendance for a session of the School of Medicine’s Mini-Med School.

“Do you ever remember being afraid in school?” Dr. Richard Harding, chair, Department of Neuropsychiatry and Behavioral Science, and the evening’s speaker, prefaced his address with a question. Speaking on the topic of “Are Our School Children Safe?” he said, “When I was a kid it never entered my wildest imagination that there could be guns, knives or bombs in middle school or high school.” Yet as Dr. Harding detailed in a one-hour presentation, violence, even deadly violence, is a very real threat for today’s children and a serious public health problem.

“It gives us the opportunity to showcase the fine quality of the school.”
Carol McMahon, M.D.

Dr. Harding was not originally slated as a speaker, but called on as a replacement for Dr. Donna Schwartz-Watts, an associate professor in his department who got tied up providing medical testimony in a court case. His ease with taking over her lecture and the audience’s interested queries during the 30-minute question and answer period proved the evening to be quite a success despite the change in speakers.

“Are Our School Children Safe?” was one of six sessions offered in the 2003 Mini-Med School. An educational outreach program for

the community, USC’s Mini-Med School provides Midlands residents with an opportunity to learn about timely health and social issues. This is the third year that the free program has been held on the School of Medicine campus, offering such topics as “Colon Cancer Screening - A Movie You Don’t Want To Miss,” “What Everybody Needs To Know About Their Body,” and “What’s That Pain I Feel - Gallbladder, Appendix Or What?” Participants are welcome to pick and choose from the selection of classes, held on six consecutive Tuesday nights in the fall, or register for them all. “Not only are there people who attend all the sessions, but some who have come all three years,” said Director of Development DyAnne Dunham, whose office coordinates the program.

In offering the Mini-Med School, the School of Medicine is in company with over 70 medical schools, universities, research institutions and hospitals in more than 35 states across the nation. The local program has become so popular that it’s not unusual for the classes to fill to the limit that the auditorium will hold.

Retiree Kay White attended the Mini-Med School for her second consecutive year. “At my age you experience or foresee a lot of medical problems. This is a way to learn more about health outside the doctor’s office,” she said. Dr. Carol McMahon, assistant dean for Minority Affairs and assistant professor, Department of Pathology and Microbiology, served with Dr. Jamee Lucas as a 2003 Mini-Med School dean. She sees White’s interest in educating herself as a growing trend. “People are hungry for information about ways they can improve their own health and thereby their lives,” she said.

Feeding the public’s quest for information is a task the Mini-Med School takes seriously, putting considerable thought into the specific selections to be offered and the faculty chosen to deliver them. “We knew that to be successful we needed timely, inter-
He makes a point of knowing what’s the latest on Cartoon Network and who won the Spring Valley football game on Friday night. For Dr. Ronnie Neuberg, Game Boy cartridges aren’t frivolous; not when they’re so intriguing to his patients. “If we don’t connect with kids, then we can’t be as effective,” said the associate professor of pediatrics and director, Division of Hematology/Oncology.

Whenever Dr. Neuberg meets a new patient, he promptly introduces himself to that patient, whether he’s greeting a ten-year-old boy or a five-year-old girl. “The first thing I do is talk to the child, and parents really like that,” he said. “We don’t wear white coats and rarely wear neckties,” he added, describing the relaxed demeanor of himself and Dr. Kevin McRemond, the other oncologist in the Department of Pediatrics.

Dr. Neuberg is well versed with the unique terrain that accompanies the niche he has chosen in medicine. “With a child you are treating the family and many times the whole community as well. A physician wouldn’t have contact with the co-workers of an adult who’s sick, yet we hear from classmates and teachers and siblings and grandparents of sick children,” he said. In fact, it was that extended involvement that helped him combine his initial interest in working with families with a subspecialty in pediatrics. “Pediatric oncology provided the best of both worlds for me: I could have the opportunity to take care of the whole family, yet it wasn’t such a broad field of medicine. It was something I could get my arms around,” he said.

The Chapmans were one of many families that Dr. Neuberg has embraced over the years. What started as a pain in 11-year-old Melissa’s chest suddenly turned the sixth grader’s life upside down. Initial medical exams suggested a pulled muscle, and then pneumonia was diagnosed. Yet the pain wasn’t going away. When her parents found out that there was a malignant tumor growing in her chest wall, it came as a complete surprise. “I was thinking that maybe Melissa had some type of oddball bug that just didn’t respond to antibiotics. It came completely out of left field,” Chapman’s mother, Elizabeth, said of the diagnosis. “Your heart kind of sinks,” said her dad, Kenneth, of the unexpected news.

The Chapmans soon learned that Melissa had a rare type of tumor and that surgery was on the immediate agenda. Though sobered by a 75 percent cure rate that still left room for fears, the Chapmans were immediately put at ease by the two pediatric oncologists at the School of Medicine. “We knew right away that they had good rapport with kids when they introduced themselves as Dr. Ron and Dr. Kevin,” said Elizabeth. The Chapmans also appreciated the accessibility of the physicians to address the seemingly endless questions that parents can have about their child’s disease. “Parents want availability and consistency, and they need their concerns to be heard. They also want to be armed with information about the disease and the treatment and what’s going on with their child,” Dr. Neuberg said.

With today’s Internet savvy parents, many conduct their own research after their child is diagnosed with cancer. Dr. Neuberg cautions that the glut of available information can become confusing to navigate. Because the Children’s Center for Cancer and Blood Disorders at
I feel I can give something back,” she said. Dr. Neuberg revels in seeing patients like Melissa who are excited about pursuing their goals. “That’s what we’re here for – to see these kids go on,” he said.

Unfortunately all of his patients do not survive their cancer, and Dr. Neuberg concedes that, “There is no easy way to deal with a child dying.” When one of his patients dies, he turns to his faith to sustain him. “I believe that the children are fine; it’s the rest of us who are left behind to handle the grief,” he said.

He’s also bolstered by the fact that a growing majority (about 78 percent) can be cured. As he works with very sick children day after day, Dr. Neuberg remains in awe of how they handle the difficult tests and treatments they have to endure. “A four-year-old can get a spinal tap and then jump off the table, give you a hug, and run off to play,” he said. And as much as he educates about cancer, he learns even more from the youngsters in his care. “They give me a lot of strength and courage and perspective on life,” he said.

“Kids need me to be strong to not cave into their wishes when they are concerned about the side effects of therapy. I know that the biggest side effect is not curing the cancer.” – Dr. Ronnie Neuberg

Despite the humor, Dr. Neuberg is well aware that his patients understand the seriousness of their struggle. “Yet when they have faced and beaten cancer, they know that they have done the hardest thing they will ever have to do in their lives. They have this confidence that they can move on,” said Dr. Neuberg.

Three and one-half years after Melissa completed treatment, the junior at Chapin High looks back at her own fight with cancer. “In some ways it’s kind of sad that I had to grow up so fast,” she acknowledged, her maturity obvious in the poised way she conducts herself. “I just wish people would open their eyes and spend more time with the people they love. You never know what may happen the next day,” she said.

“Melissa is a great young woman with a terrific attitude,” Dr. Neuberg said of the teen, who is an energetic volunteer with the American Cancer Society along with other typical high school activities. She’s also found her direction in life: pediatric oncology. “That’s where I want to be. It’s how I feel I can give something back,” she said. Dr. Neuberg revels in seeing patients like Melissa who are excited about pursuing their goals. “That’s what we’re here for – to see these kids go on,” he said.

Unfortunately all of his patients do not survive their cancer, and Dr. Neuberg concedes that, “There is no easy way to deal with a child dying.” When one of his patients dies, he turns to his faith to sustain him. “I believe that the children are fine; it’s the rest of us who are left behind to handle the grief,” he said. He’s also bolstered by the fact that a growing majority (about 78 percent) can be cured.

As Melissa and her family endured three surgeries and 18 months of chemotherapy, they found the two oncologists to be a comfortable constant throughout the ordeal. “They were upbeat and joked around a lot, yet were always assuring us that they were going to help us through this,” said Ken. “Kids need a light environment,” added Dr. Neuberg. “It doesn’t have to be all gloom and doom,” he said.

As he works with very sick children day after day, Dr. Neuberg remains in awe of how they handle the difficult tests and treatments they have to endure. “A four-year-old can get a spinal tap and then jump off the table, give you a hug, and run off to play,” he said. And as much as he educates about cancer, he learns even more from the youngsters in his care. “They give me a lot of strength and courage and perspective on life,” he said.
Clinical Faculty Appointments
Since July 1, 2003

Department of Family and Preventive Medicine

Thomas D. Armsey, II, M.D.
Associate Professor of Clinical Family and Preventive Medicine

Rachel E. Hall, M.D.
Instructor of Clinical Family and Preventive Medicine

Department of Internal Medicine

Ali Abbas Rizvi, M.D.
Associate Professor of Clinical Internal Medicine

Department of Neuropsychiatry and Behavioral Science

Mark S. Butkus, LMSW
Clinical Instructor of Neuropsychiatry and Behavioral Science

Colon Cancer Research (From Page 1)

very respectful way. They have a long culture of traditional medicinal healers, and we don’t want that culture destroyed," Dr. Wargovich said.

Noting that plants are the core resources for many anti-inflammatory drugs, Dr. Wargovich is also investigating the preventive value of a variety of biological substances, including the ginseng root and turmeric, a spice used in Indian cooking. Another area of focus is on the anti-inflammatory mechanism of green tea, which varies from its American counterpart in that it has not been dried out in the sun, which turns it into the black or brown tea leaves consumed in this country. "It’s been known for some time that Asians have a reduced risk of many of the common forms of cancer that strike in the United States," he explained. "The persistent consumption of green tea (four or five cups a day in Asia) seems to be associated with reduced risks for many cancers, especially digestive cancers," he said.

As Dr. Wargovich continues to delve into various avenues of cancer prevention, he knows that there are years more of study ahead on prevention. "There are no quick promises and no quick fixes in cancer research. The overriding philosophy is that we need something that works to prevent cancer and is safe in the long term," he added.

Congratulations to Marcia Shue, University Primary Care, who was presented with the Member of the Year Award by the South Carolina Medical Management Association.

Dean’s Awards Bestowed

Congratulations are also in order for the 2003 Dean’s Awards recipients: Rachel Peters, Department of Pediatrics; Morris Blachman, Ph.D., Continuing Medical Education; and Richard A. Hoppmann, M.D., Office of Medical Education and Academic Affairs.

Managed Care Credentialing Update

Clinical Faculty Appointments
Since July 1, 2003

Department of Family and Preventive Medicine

Thomas D. Armsey, II, M.D.
Associate Professor of Clinical Family and Preventive Medicine

Rachel E. Hall, M.D.
Instructor of Clinical Family and Preventive Medicine

Department of Internal Medicine

Ali Abbas Rizvi, M.D.
Associate Professor of Clinical Internal Medicine

Department of Neuropsychiatry and Behavioral Science

Mark S. Butkus, LMSW
Clinical Instructor of Neuropsychiatry and Behavioral Science

Julius G. Freeman, Jr., M.D.
Clinical Assistant Professor of Neuropsychiatry and Behavioral Science

Richard L. Frierson, M.D.
Clinical Associate Professor of Neuropsychiatry and Behavioral Science

Sandy Hyre, R.N.
Clinical Assistant Professor of Neuropsychiatry and Behavioral Science

Raymond J. Olszewski, Jr., LMSW, AFSW
Clinical Instructor of Neuropsychiatry and Behavioral Science

Department of OB/GYN

Carol L. Alan, M.D.
Instructor of Clinical Obstetrics and Gynecology

Department of Surgery

Gale N. Coston, Ed.D.
Research Professor of Surgery

The next quarterly credentialing meeting will be held on March 15 at 11 a.m. in Conference Room A at Two Medical Park.
The lights will be dimmed and strains of soft music will float through the air. Around the room, a group of women will relax comfortably in reclining lawn chairs. Then the acupuncturist will insert the needles.

Each of the women will have more in common than the ten needles that will be placed in specific locations on her body. Each will also currently be undergoing chemotherapy or radiation therapy for breast cancer. Their acupuncture treatments will be part of a new study by Dr. Ken Phillips, associate professor, USC College of Nursing, and Dr. Greg Hand, associate professor, Arnold School of Public Health. Funded by a $15,000 grant from the South Carolina Cancer Center, the research project will look at the impact of acupuncture on improving both the side effects from cancer treatment and patient adherence in taking medications.

Although a number of studies have been conducted on acupuncture’s use with nausea, this is the first effort to focus on all of the symptoms associated with breast cancer treatment. Having done similar research with HIV patients, Dr. Phillips and Dr. Hand found that acupuncture improved sleep quality and decreased pain in one study and decreased oral lesions in the other. “We think that stress contributes to the other symptoms,” said Dr. Phillips. The same principle will be applied to the breast cancer study. “We’re going to be looking at the relationship of the side effects to the immune system response in these women. We believe that if we can decrease anxiety and depression we can help stimulate the immune system,” he explained.

By decreasing side effects, Dr. Phillips and Dr. Hand hope to accomplish their other objective at the same time. “One of the reasons that cancer patients stop taking their medications is because of side effects such as a dry mouth and nausea. If we can decrease the side effects we hope to improve adherence to taking the medications,” Phillips said.

The two professors are working in conjunction with two other health care professionals in Columbia: oncologist Rosemary Lambert-Falls and acupuncturist William Skelton. The study will consist of two acupuncture sessions per week for a period of five weeks. “We do acupuncture differently than most people,” said Phillips, explaining that administering the treatments in a group setting is a cost effective manner of providing the intervention. While a total of 30 women will receive the acupuncture treatments, the other half of the women involved in the study will be placed in a control group. The control group will experience the same number of sessions in a relaxed setting without use of the acupuncture.

Acupuncture Study To Examine Its Role In Symptom Relief

Phillips is optimistic about the use of acupuncture despite its mixed reviews within the medical community. “Some physicians believe in it and some just tolerate it because their patients want it. Yet acupuncture has been around for 5,000 years,” he said. For breast cancer patients in the Midlands, he’s hopeful that this ancient form of Chinese medicine can reduce their symptoms and help them tolerate chemotherapy and radiation better.

Participants are still being accepted for the study. Potential participants need to be currently receiving chemotherapy, radiation or both; cannot have progressed to Stage IV breast cancer; and have at least three months of life expectancy. For more information, contact Ken Phillips, Principal Investigator, at 777-7635 or West Dudgeon at 777-3778.
colon cancer mutation may want to have more frequent colonoscopies and start them at an earlier age,” Karen said.

**Genetic Mutation**

When the presence of a BRCA gene mutation is established, it dramatically increases a woman’s likelihood of developing breast cancer. “We know that if you live to be 50, you have up to a 50 percent chance of getting the disease; if you live to be 70, you have up to a 70 percent chance. You could have a mammogram in January and develop the cancer in February; we just don’t know when you will get it,” explained Dr. Young. Armed with this information, some women start on a chemoprevention medication such as tamoxifen. Others elect to have a mastectomy as a preventive measure, known as a risk reduction mastectomy. “I seem to have more and more patients coming in who say, ‘Yes, I would consider having both my breasts removed if I have a mutated gene,’” Brooks said.

Uncovering a significant risk of cancer is not without significant emotional impact, and part of Brooks’ job is helping patients maneuver through that rocky terrain. “I encourage patients to bring a support person when they come in for test results, especially if it’s going to be an emotionally charged situation,” she said.

While the majority of Brooks’ patients (a total of 240 in 2003) are referred because of a family history of breast cancer, a small but growing number come to her because of colon cancer and other types of cancers. She and Dr. Young now attend a monthly gastrointestinal tumor board, and envision that referrals from colorectal surgeons and gastroenterologists will be on a steady increase. “We figure that there are about 160 patients a year with a colon cancer history in the Midlands that we’re not seeing right now,” said Dr. Young.

He added, “We have come a tremendous way in educating physicians on the role of family history,” he said, which reflects in the growth of the Cancer Genetics Program.

Providing education on the role of genetics and cancer has been an important component of Dr. Young and Brooks’ work. A staple of presentations that Brooks makes to medical personnel and community groups is the 3-2-1 Principle. “If three individuals in a family are affected with the same or related malignancy, if two are first degree relatives (such as siblings or a parent and a child), and if one is diagnosed prior to age 50, then that family should minimally seek the advice of a genetic professional,” she explains to groups.

As cancer research continues, the Cancer Genetics Program is likely to continue to expand. “We are just at the very beginning of our knowledge base. Genes are going to be identified that predispose or contribute to lung, prostate, skin and other cancers. It’s inevitable,” Dr. Young said. For families with cancer in their family tree that could mean more access to information which could help safeguard the health of generations to come. “Our patients seem to be very proactive; they want to do something to help themselves and their families. It’s very inspiring,” Brooks said.

---

**The 3-2-1 Principle**

“If three individuals in a family are affected with the same or related malignancy, if two are first degree relatives (such as siblings or a parent and a child), and if one is diagnosed prior to age 50, then that family should minimally seek the advice of a genetic professional.” — Karen Brooks
They want to quit. They’ve tried to quit. Yet somehow they always find themselves buying another pack of Salem Lights or Virginia Slims Menthols and lighting up again.

Fortunately, for residents of Richland, Lexington and Fairfield counties there is an innovative resource to help them kick the habit. Developed by the Department of Family and Preventive Medicine, “Quit While You’re Ahead” is a free smoking cessation program that combines medical intervention with a class setting to provide the motivation and education that smokers need to quit.

Before participants attend the six sessions over a three-week period, each undergoes a physical exam by Dr. Gary Ewing, associate professor and co-director of the program. Free prescriptions of Zyban or nicotine replacement therapy are offered, with the majority of the participants choosing to use one of the two medications.

“The whole goal is to transform the way people think about a cigarette,” said Phil Michels, Ph.D., full professor and the program’s other co-director. Instructors dole out information in small increments, allowing participants to digest and discuss the facts they learn about smoking and its long-term consequences. “People link smoking with pleasurable experiences like drinking coffee, and view it as a friend even though it’s killing them,” said Dr. Ewing.

According to the American Cancer Society, tobacco smoking is thought to be responsible for eight out of ten cases of lung cancer, with lung cancer being the leading cause of cancer death for both sexes. Smoking is also linked to other types of cancers, including those of the mouth and bladder. “There is nothing you could do to reduce the rate of cancer more than to attack the smoking issue,” said Dr. Ewing.

The appeal of smoking is undermined when participants experience the smell of a jar full of old cigarette butts, watch a film about smokers with throat and neck cancer, and examine a diseased lung displayed in a Ziploc bag. Between sessions participants are asked to complete homework assignments that continue the thought process they started in class. “We’re trying to get smokers to take a good look and see that there really is nothing that they want from a cigarette,” Dr. Michels said.

By the tenth day after class has begun, participants are expected to stop smoking, an objective that between 75 and 85 percent of them achieve. When temptation gets overwhelming, classmates are encouraged to call on each other for help. “As with any behavioral change, when you have other people around doing the same thing the success rate goes up dramatically,” said Dr. Ewing. Follow-up surveys done six to 18 months after the completion of the course find 50 percent of graduates still abstaining, a rate that is two and one-half times more effective than the national average for smoking cessation programs. A maintenance program is available on Thursday nights to help any former participant who is still struggling. “We do everything we can to help them stop,” said Dr. Ewing. He added, “When anyone quits, it makes our day – and makes their life.”

To register, call 296-CARE. New classes start every month. “Quit While You’re Ahead” is also offered on-site at businesses for groups of ten or more employees.
Mini-Med School
Continued From Page 5

For three years growing numbers of Midlands residents have attended the Mini-Med School sessions at the University of South Carolina School of Medicine campus.

Participants’ comments on feedback sheets indicate a high level of satisfaction with the program. "We get a lot of compliments on how well it is organized," said Dunham, who readily hands over credit to her staff, Debbie Truluck and Susan Greer, who plan and carry out the myriad of arrangements for the Mini-Med School. "It’s a six-month process from the time we identify our deans to the end of the last session in which participants receive graduation certificates and T-shirts," she said.

While Mini-Med School participants enjoy a learning experience in a relaxed environment, the School of Medicine embraces a successful mode of community outreach. "If we can provide local residents with resources to make them better informed health consumers, then it’s a win-win for everyone," said Dr. Platt. "We get to provide a public service and they get to learn about the medical school as well," he said.

Topics Presented At The 2003 Mini-Med School:

Sports Medicine: Staying Safe In An Active Lifestyle  
A Skin Deep Guide To Rejuvenation

Diabetes: Too Sweet For Your Own Good!  
You And Your Lifestyle: Do’s And Don’ts

Are Our School Children Safe?  
Bioterrorism: Emerging Threats

Connections is published two times a year by University Specialty Clinics to enhance connections among member physicians. Comments and suggestions for articles are welcomed.

Larry Faulkner, M.D.  
Vice President for Medical Affairs and Dean, University of South Carolina School of Medicine

Loretta O. Cafferty  
Director of Operations, Office of Clinical Affairs  
Phone: 803.255.3400  
Fax: 803.255.3420  
E-Mail: loretta@sc.edu  
jhubbard@gw.mp.sc.edu

Diane J. Epperly  
Connections Editor  
surreyracewriter@sbcglobal.net

Contributing Photographers:  
Bryan Cox, Jennifer Land

University Specialty Clinics
Office of Clinical Affairs
University of South Carolina School of Medicine
Fifteen Medical Park, Suite 300
Columbia, SC 29203

Website: www.med.sc.edu/specialtyclinics