

# seniorclass

Baystate  Health

ADVANCING CARE. ENHANCING LIVES.



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# Virtual Events

## Baystate Health Senior Class

is a FREE loyalty program dedicated to health and wellness. The program is open to men and women ages 55 and over.

### Questions?

Email [Sue.Fontaine@BaystateHealth.org](mailto:Sue.Fontaine@BaystateHealth.org) or call

**Baystate Franklin Medical Center**  
413-773-2433

**Baystate Mary Lane Outpatient Center**  
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## Baystate Health

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Baystate Health is a leading not-for-profit health system with the charitable mission of improving the health of the people in our communities every day, with quality and compassion.

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Visit [BaystateHealth.org/SeniorClass](http://BaystateHealth.org/SeniorClass) to receive monthly email updates and the quarterly publication. It's Free!

Already a member and would like to receive the monthly email or need to make changes to your membership, visit [BaystateHealth.org/SeniorClass](http://BaystateHealth.org/SeniorClass)

## How To Relieve A Tension Headache

Wednesday, February 8, 6-7 p.m.



*James Otis, MD*

Tension headaches are the most common kind of headache. Not surprising since stress is one of the triggers and many of us experience stress. Join Dr. James Otis, neurologist, Baystate Neurology, for a discussion about tension headaches, causes and triggers, how they are diagnosed, how to get relief and when to see a doctor.

## Impact of Daylight-Saving Time on Sleep and Health

Tuesday, February 28, 6-7 p.m.



*Karin Johnson, MD*

Most people think daylight-saving time only affects us around the transitions. Learn how daylight-saving time affects sleep and health in the long term and how to lessen those impacts. Join Dr. Karin Johnson, chief, Baystate Sleep Medicine, & professor of neurology at UMass Chan Medical School-Baystate, for a discussion about body clocks and the four elements of healthy sleep: duration, quality, timing, regularity, and how they impact overall health and brain function.

## Missed a Virtual Event?



Watch recorded events anytime at [BaystateHealth.org/SeniorClass](http://BaystateHealth.org/SeniorClass).

To register for any of the virtual events visit [BaystateHealth.org/SeniorClass](http://BaystateHealth.org/SeniorClass) and scroll to the bottom of the page or visit [BaystateHealth.org/Events](http://BaystateHealth.org/Events).

### Questions?

Email [Sue.Fontaine@BaystateHealth.org](mailto:Sue.Fontaine@BaystateHealth.org) or call 413-794-5200.



Use cellphone camera, and click the pop-up

## Being Diagnosed with Colon Cancer, Now What?

Thursday, March 2, 6-7 p.m.



Daniel Fish, MD

The test came back positive for colon cancer. But what does that mean for treatments and how is the cancer diagnosed? Join Dr. Daniel Fish, colorectal surgeon, Baystate General Surgery, for a discussion about colon and rectal cancer, the different interventions needed and the latest treatment options. There will be time for questions and answers.

## It Can Happen To Anybody: Colorectal Cancer

Thursday, March 9, 6-7 p.m.



Holly Sheldon, MD



Ziad Kutayli, MD

During COVID-19 a lot of us put off the colonoscopies but early detection is key to being cancer free. Join colorectal surgeons, Dr. Holly Sheldon, and Dr. Ziad Kutayli,

Baystate General Surgery, for a discussion about colon and rectum cancers, how to nip the cancers early with the latest tests, screenings and research. There will be time for questions and answers.

## Why Can't I Sleep?

Thursday, March 23, 6-7 p.m.



Eva Mok, MD

Having trouble sleeping? It's a common problem. Join Dr. Eva Mok, adult and pediatric sleep specialist, Baystate Sleep Medicine, for a discussion about sleep problems people experience, such as snoring, sleep apnea, and other things that impact sleep, as well as ways to get a good night's rest.

## Want to make a lasting impact?

Join with others in the community to create a legacy gift to support the area of Baystate Health that matters the most to you, including the new Rays of Hope endowment established to celebrate its 30th anniversary.

## Stress Incontinence, Solutions to Stop the Leak

Wednesday, April 19, 6-7 p.m.



Deepali Maheshwari, MD

A type of urinary incontinence, and the most common form in women of all ages, stress incontinence can be both a physical condition and cause for emotional stress. Join Dr. Deepali Maheshwari, urogynecologist, Baystate Urogynecology, for a discussion about the causes, symptoms, and treatments, including surgical and non-surgical options, for stress incontinence.

## Wound Care

Tuesday, April 25, 6-7 p.m.



Thomas Canto, MD

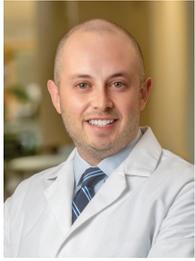
Our medicine cabinets may contain a box of band-aids and an ointment but what are the correct ways to care for wounds when they just will not heal. Join Dr. Thomas Canto, surgeon, Baystate General Surgery, for a discussion about wound care, how wounds are evaluated and treated, when to call a doctor, as well as advanced treatment options for chronic wounds. There will be time for questions and answers.



**We're here to help!** To explore ideas or for a free Will Guide, reach out to Kylie Johnson at 413-794-7789, [Kylie.Johnson@BaystateHealth.org](mailto:Kylie.Johnson@BaystateHealth.org), or visit [PlanMyGift.BaystateHealth.org](http://PlanMyGift.BaystateHealth.org).

# Why Does My Knee Hurt?

## An orthopedic surgeon explains 2 common causes



Colin Cooper, MD

If you suffer with frequent or chronic knee pain, you're in good company.

According to Dr. Colin Cooper with New England Orthopedic Surgeons, knee pain is the second most

common reasons people go to see a doctor (FYI, skin disorders is number one).

"The largest joint in the body, your knee is vulnerable to injury and damage due to repeated stress," says Cooper. "With every step you take, your knee takes on 3-6 times your body weight. It's really no wonder that, over time, the structures of the knee can start to break down."

### Anatomy of the knee

Knowing the anatomy of the knee can be helpful in understanding what might be causing pain.

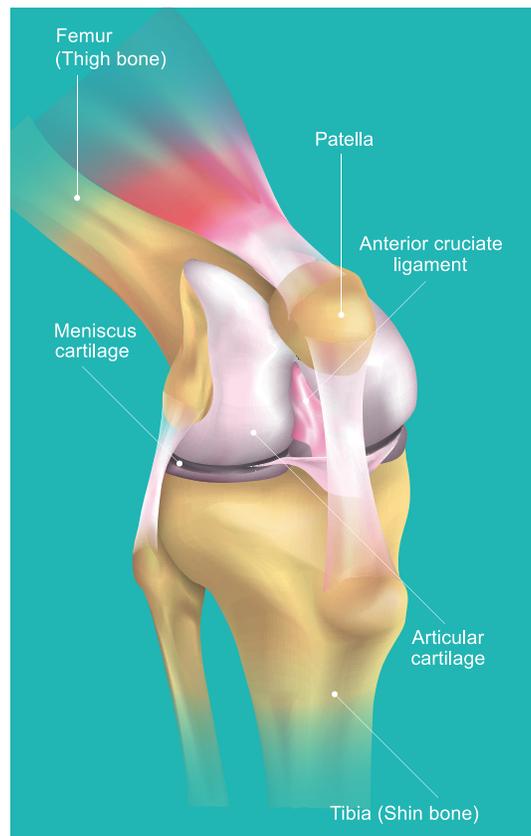
The knee is comprised of bones, cartilage, ligaments, tendons, and other tissues. Here's a quick look at each:

- **Bones:** these include the femur (thigh bone), patella (kneecap), and tibia (shin bone).
- **Cartilage:** there are two types found in the knee.
  - Articular cartilage forms a smooth layer over the ends of bones which allows them to glide smoothly over each other when the knee is in motion.
  - Meniscus is a rubbery, c-shaped pad of cartilage that acts as a shock absorber between your shin and thigh bones.
- **Ligaments:** these are the short bands of elastic tissue that holds the knee together and provide stability.
- **Tendons:** these connect the knee bones to the leg muscles that move the knee joint.

While pain can be experienced in any part of the knee, the most common causes of pain are related to aging, injury, or repeated stress on the knee. Although sprained or strained ligaments and tendonitis are quite common, Dr. Cooper says the most frequently diagnosed causes of knee pain are osteoarthritis and tears of or injury to the meniscus.

### OSTEOARTHRITIS SYMPTOMS AND RISK FACTORS

Osteoarthritis (OA) is the most common type of arthritis that affects the knee. OA is a degenerative process where the articular cartilage in the joint gradually wears away; in severe cases, you can lose all the cartilage causing the bones to painfully rub against each other. Without the cushion and shock absorption that cartilage provides, natural movements and even standing can become difficult.



Most frequently diagnosed in middle-age and older adults, signs of OA include:

- Pain or aching
- Decreased range of motion
- Stiffness
- Swelling

Dr. Cooper says, "In the early stages, these symptoms may come and go, often being more apparent with shifts in the weather. As the disease progresses, the intensity of pain tends to increase while the range of motion decreases."

The greatest risk factor for developing OA—or any kind of arthritis—says Dr. Cooper, is age. "As many as 75 percent of adults aged 65 and older reporting persistent pain from arthritis. Because of the weight-bearing nature of our knees and the daily use they get throughout our lives, the wear and tear take a toll."

### Other risk factors for OA include:

- **Gender:** Women are 40 percent more likely to develop knee osteoarthritis than men.
- **Obesity:** The more weight you carry on your knees, the more likely arthritis is to develop.
- **Joint injuries and overuse:** Injury or overuse, such as knee bending and repetitive stress on a joint, can damage a joint and increase the risk of developing OA.
- **Family history:** People who have family members with OA are more likely to develop OA.
- **Bone deformities:** often occurring because of damage to or erosion of the cartilage in the knee, bone deformities such as bone spurs can increase the risk of developing OA.
- **Certain metabolic diseases**

## Osteoarthritis Diagnosis and Treatment

Diagnosing OA typically involves a physical exam, imaging, and lab tests.

“In addition to asking about overall health and family history,” says Dr. Cooper, “I’ll examine the knee looking for swelling, tenderness, and flexibility. Depending upon what’s learned, an x-ray may be ordered to determine the extent of the OA and to rule out other causes of pain.”

While there’s no cure for OA, very often symptoms can be successfully managed. The first course of action is cold therapy and painkillers. Prescription and over-the-counter medications such as acetaminophen and nonsteroidal anti-inflammatory medicines (NSAIDs) (like aspirin, ibuprofen, or naproxen) can be taken in pill form or as a topical cream. Dr. Cooper cautions, “NSAIDs can be very effective but long-term use can lead to serious side effects include stomach pain, heart burn, ulcers, and bleeding. With the exception of aspirin, NSAIDs may also increase the risk of heart attack and stroke. If you have a heart condition or history of stroke, be sure to speak to your doctor before taking them.”

In cases where NSAIDs are ineffective, cortisone injections may be used to reduce swelling. But like NSAIDs, Dr. Cooper notes, cortisone is not without risk. “Injection can only be given a maximum of 3 to 4 times per year as too much cortisone may cause further damage to the knee. And because it can elevate blood sugar and blood pressure, cortisone is not an option for everyone.”

Two more recent injection options for OA of the knee include Hyaluronic Acid and Platelet Rich Plasma (PRP).

Dr. Cooper explains, “Hyaluronic acid is a naturally occurring gel-like fluid found in the knee that acts as a lubricant. The idea is to ‘replenish’ the fluid in the knee to create better movement. It can be safely paired with cortisone but does require insurance approval.”

PRP, which is not covered by insurance and can run \$500-1000, involves drawing a patient’s blood and putting it in a

centrifuge to concentrate the platelet-rich plasma. The plasma contains proteins that are thought to be helpful in healing injuries. Injected into the knee, PRP can provide relief to mild- to moderate-grade OA of the knee.

In cases where the noted treatments fail to bring relief, a full knee replacement may be recommended.

## MENISCUS TEAR OR DAMAGE

Injuries to the meniscus are very common, often resulting from an acute injury usually occurring during an activity that causes you to forcefully twist or rotate your knee. However, tears to the meniscus may also be the result of the aging and the wearing down of meniscal cartilage. This type of tear, referred to as a degenerative meniscus tear occurs gradually, often with no symptoms.

### Torn Meniscus Symptoms

The most common symptoms including:

- Swelling
- Difficulty bending and straightening the leg
- Sensation of the knee giving way
- A feeling that your knee is locked or catching
- Inability to bear weight on the knee
- Pronounced limping

Meniscus tears can happen to anyone at any age but people who participate in contact sports like football as well as noncontact sports, such as soccer and volleyball, that involve a lot of quick turns and jumping are at greatest risk of injury. Very often, patients experience a popping sensation at the time of injury. And because the meniscus weakens with age, older athletes and adults with OA of the knees are also at special risk for injury.

Both acute injury and degenerative tears may vary in degrees from partial to full. In most cases, a tear can be identified through a physical exam. Your doctor might move your knee and leg into different positions, watch you walk, and ask you to squat to help pinpoint the cause of your signs and symptoms.

“Typically, an examine is followed with some imaging, most often an MRI that will provide images of both hard and soft tissue in the knee,” says Dr. Cooper. “The type of tear revealed dictates the best treatment option. In some cases, a tear can heal on its own while more serious tears may require surgery.”

## Torn Meniscus Treatment

In the case of a minor injury, conservative treatment options—such as rest, ice, and medication—are often enough to relieve the pain of a minor injury and allow for healing. As with OA, prescription and over the counter NSAIDs should not be used long-term due to potential side effects.

Surgical repairs are performed on an outpatient basis with patients able to walk on crutches immediately after. Recovering typically takes several weeks with regularly icing of the area and use of prescribed pain medication. Physical therapy may or may not be recommended as part of the recovery.

## Preventing OA and meniscus injuries

Both OA and tears to the meniscus are a result of using your knees. While you can’t fully prevent either from occurring, there are steps you can take to reduce your risks.

These include:

- Maintain a healthy body weight that doesn’t overstress your knees
- Strengthen the muscles that support and stabilize your knee
- Work up slowly to more intense exercise activity
- Wear a knee brace if you know your knee is unstable or weak
- Wear appropriate footwear for whatever activity you’re doing

**Baystate Health’s orthopedic surgeons treat conditions from osteoporosis to arthritis, joint pain, and hip and knee problems. Learn more at [Baystate Health.org/Services/Orthopedics](https://www.baystatehealth.org/Services/Orthopedics)**



Use cellphone camera, and click the pop-up

# ARE NAPS GOOD FOR YOU?

Whether it's a power nap or a more luxurious, longer snooze, napping is popular. About 4 out of 5 adults (80.7%) in the United States reported taking at least one nap of 10 minutes or more in the past three months, according to a survey from the Sleep Foundation and sleep app Sleep Cycle. Baystate Health sleep medicine neurologist, Dr. Karin Johnson, shares information about the benefits of napping, napping concerns, and napping as you get older.

## Why is sleep important?

"A good night's sleep is still the best way to clear toxins away from the brain, create energy and strengthen our immune system," Dr. Johnson says.

## Are naps good for adults?

It all depends on why you're napping. Dr. Johnson says naps can be beneficial but, in some cases, they signal an underlying health issue.

Let's start with when naps are good. The Center for Disease Control recommends adults get seven or more hours of sleep a night. If you simply didn't have time to get enough sleep, a short nap can improve your alertness, memory, problem-solving speed, focus and productivity. On top of that, naps help you relax which may decrease stress and irritability.

Another good reason to nap is to prevent drowsy driving. Dr. Johnson says pulling over for a short nap (less than 30 minutes) is much more likely to prevent a micro sleep on the road than opening windows or singing. Basically, this kind of nap can save your life.

Keep in mind that if you sleep for more than 30 minutes, you may feel groggy when you wake up and need extra time to feel sharp again. According to the Sleep Foundation, this is because after about a half hour of napping, people move into a deeper stage of sleep that may take more time to wake up from.

## When do naps become unhealthy?

The rejuvenating power of a nap may seem dazzling but certain types of naps are a cause for concern.

Napping is unhealthy if it makes it difficult for a person to fall asleep or stay asleep at night.

If you sleep at least seven hours at night but still need naps on a regular basis, it could be due to a sleep disorder such as:

- Obstructive sleep apnea
- Depression
- Coronary heart disease
- Cancer

If you need frequent naps, long naps or never feel well rested on a regular basis, Dr. Johnson recommends seeing your primary care provider to be sure you're healthy and get treatment or a referral to a sleep specialist if needed.

Learn about sleep disorders such as sleep apnea, narcolepsy, and hypersomnia.

## How to prevent unintentional naps

If you regularly fall asleep without meaning to in the late afternoon or evening, such as after work or while watching TV around dinner time, Dr. Johnson recommends breaking the cycle.

Plan a short, regular midday nap to prevent crashing on the couch later.

If you stop dozing off late in the day, you'll get better sleep at night and might be able to quit napping.

Other people may benefit from continuing short naps to improve afternoon alertness as long as it isn't affecting nighttime sleep.

## Do people nap more as they age?

"Due to age-related changes in circadian rhythms, which affect when we sleep, adults over age 60 may sleep less at night, wake up earlier, and take more naps," Dr. Johnson says.

She adds that as we age, we're also likely to develop chronic, often painful conditions and take medicines which may disrupt nighttime sleep. A nap can help recharge your body and mind after a poor night's sleep. If naps don't help you, Dr. Johnson recommends talking with your primary care provider.

## 3 TIPS FOR THE BEST NAP

How adults can take naps that rejuvenate.



**Time:** Nap in the late morning or early afternoon to avoid disrupting nighttime sleep



**Length:** Nap for <30 minutes to avoid feeling groggy afterwards



**Where:** Nap in a dark, cool, quiet, comfy place

>> If you use a CPAP (continuous positive airway pressure) machine to treat sleep apnea at night, use it for naps too.

zzz



For more information visit [BaystateHealth.org/Sleep](https://www.baystatehealth.org/Sleep).



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# HEART & VASCULAR

## 2023 Virtual Lecture Series

Join us for all or part of the free virtual series to learn about the latest advances in heart and vascular care. There will be time for questions and answers.



Siavash Saadat, MD

**SUNDAY | FEBRUARY 5 | 12 - 1 PM**

**Siavash Saadat, MD** – Cardiac Surgeon

**From Arteries to Afib:  
With New Advancements, Is Cardiac Surgery The Answer?**

Join Dr. Saadat as he discusses the latest advancements in cardiac surgery.



Brian Wasserman, MD

**SUNDAY | FEBRUARY 12 | 12 - 1 PM**

**Brian Wasserman, MD** – Cardiac Imaging

**Advanced Cardiac Imaging: Beyond Echo and Nuclear Tests**

Dr. Wasserman will discuss the latest testing available to evaluate chest pain, heart disease, and other heart related issues.



Hazel Marecki, MD

**SUNDAY | FEBRUARY 19 | 12 - 1 PM**

**Hazel Marecki, MD** – Vascular Surgeon

**Pain In My Legs: Do I Need To Talk To a Vascular Doctor?**

Join Dr. Marecki as she talks about updates in vascular care and the latest procedures in vascular surgery.



Elizabeth Jarry, CNP

**SUNDAY | FEBRUARY 26 | 12 - 1 PM**

**Elizabeth Jarry, CNP** – Cardiology

**Watching Your Blood Pressure, Blood Sugar, Cholesterol  
And Weight, What's The Big Deal? Don't Wait For Symptoms**

Learn about cardiac risk factors and how they relate to metabolic syndrome with Elizabeth Jarry, CNP.

**>> To register, visit: [BaystateHealth.org/Heart](https://BaystateHealth.org/Heart)**



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CS14439

# IS IT FORGETFULNESS OR SOMETHING MORE?

## LEARN THE SIGNS OF ALZHEIMER'S AND DEMENTIA



Stuart Anfang, MD

Where did I leave my keys? What's that woman's name again? Why did I come into this room?

Lapses in memory, such as misplacing items or forgetting a word or name, are a normal part of aging. But when changes in memory begin to interfere with daily living (for example, you can't find your way home when driving), it could mean that there's more at work than the passage of time.

### UNDERSTANDING DEMENTIA AND ALZHEIMER'S

According to Dr. Stuart Anfang, chief, Division of Adult Psychiatry, Baystate Behavioral Health, "Dementia is a general term for a decline in cognitive skills including memory, thinking, and reasoning. Alzheimer's disease is the most common cause of dementia. In fact, 60%-80% of people with dementia have Alzheimer's. But there are as many as 50 other causes of dementia."

While dementia and Alzheimer's are not a normal part of aging, an estimated 5.8 million Americans are afflicted by the conditions.

"All dementia," he explains, "is caused by damage to brain cells. Causes range from a history of head injuries, mini-strokes or other events that cause vascular changes in the brain, Parkinson's Disease, long-time alcohol use, traumatic brain injury, infections of the central nervous system, HIV, tumors, thyroid conditions, and, of course, Alzheimer's disease."

Dr. Anfang notes that "The greatest risk factor for developing Alzheimer's is increasing age. Most people with Alzheimer's are 65 and older. Changes typically begin in the part of the brain that affects learning, making it difficult for people to remember new information. As it progresses, symptoms get increasingly severe and include disorientation, confusion—especially about time and place—mood and behavior changes, and, in late-stages, individuals lose the ability to carry on a conversation and respond to their environment."

Unlike many other forms of dementia in which the causes are understood and, in some cases, reversible, the cause of Alzheimer's is not clear, and the damage done to the brain as the disease progresses are irreversible.

### 10 EARLY SIGNS AND SYMPTOMS OF ALZHEIMER'S

The 10 most common warning signs include:

#### 1. Memory loss that disrupts daily life

One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, repeatedly asking the same question, or increasingly relying on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

#### 2. Challenges in planning or solving problems

Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

#### 3. Difficulty completing familiar tasks

People living with Alzheimer's disease often find it hard to complete routine tasks. Sometimes they may have trouble driving to a familiar location, organizing a grocery list, or remembering the rules of a favorite game.

#### **4. Confusion with time or place**

Losing track of dates, seasons and the passage of time is common for some people with Alzheimer's. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

#### **5. Trouble understanding visual images and spatial relationships**

Vision problems may be a sign of Alzheimer's for some people. They may also have problems judging distance and determining color or contrast, which can cause issues with driving.

#### **6. New problems with words in speaking or writing**

People living with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue, or they may repeat themselves. They may struggle with vocabulary, have trouble naming a familiar object or use the wrong name.

#### **7. Misplacing things and losing the ability to retrace steps**

A person living with Alzheimer's may put things in unusual places, such as car keys in the refrigerator. They may lose things and be unable to go back over their steps to find them again. As the disease progresses, they may accuse others of stealing.

#### **8. Decreased poor judgment**

Individuals may experience changes in judgment or decision-making. They may fall victim to a scam, not manage money well, pay less attention to personal grooming or may have trouble caring for a pet.

#### **9. Withdrawal from work or social activities**

A person living with Alzheimer's may experience changes in the ability to hold or follow a conversation. As a result, he or she may withdraw from hobbies, social activities, or other engagements such as church or book clubs. They may have trouble keeping up while watching sports or television.

#### **10. Changes in mood and personality**

Individuals living with Alzheimer's may experience mood and personality changes. They may be easily upset in both common and new situations and may appear fearful or suspicious.

People with one or more of these 10 warning signs should see a doctor to find the cause. Early diagnosis gives them a chance to seek treatment and plan for the future.

## **DIAGNOSING DEMENTIA AND ALZHEIMER'S**

If you're concerned about a loved one's cognitive skills or behavior, contact their primary care doctor. As it turns out, lots of things can cause memory issues including vitamin deficiencies, infections, depression, sleep apnea, issues with the thyroid, and even some prescription and over-the-counter medicines can cause dementia-like symptoms. It's important to share with the provider what you or others have noticed and whether the change has been sudden or gradual. Be sure to bring a complete list of current medications and be honest about any alcohol or drug use.

The doctor may conduct a brief mental status exam and may order blood work to rule out other causes like those noted above. In some cases, imaging may be recommended to look for any signs of a stroke or other structural problems.

Depending upon the findings, patients may be referred to a Memory Disorder Program, like the one found at Baystate, or may be prescribed medications to address the specific type of dementia diagnosed.

"Getting a diagnosis is the most important part of addressing dementia," says Dr. Anfang. "Early diagnosis increases the chances of successfully treating reversible conditions that cause dementia. There are practical advantages as well. The sooner the patient and family know the diagnosis, the more time there is to make future arrangements, handle financial and legal matters and establish a support network."



**If you don't have a primary care provider, call 413-794-5412 or visit [BaystateHealth.org/Primary-Care](https://www.baystatehealth.org/Primary-Care)**



Use cellphone camera, and click the pop-up

# AT-HOME COLORECTAL CANCER SCREENING — HOW TO KNOW WHAT’S BEST FOR YOU



Harbir Sawhney, MD

**Colorectal cancer is the second leading cause of cancer death in the United States. Every year, 50,000 deaths occur due to colon cancer, but it is one of the most treatable forms of cancer if detected early.**

“The COVID-19 pandemic has caused many people to delay important screenings or delay visiting their healthcare provider,” said Dr. Harbir Sawhney, gastroenterologist at Baystate Gastroenterology- Palmer. “But health screenings are vital to good health.”

Colorectal cancer screenings are important because they can find precancerous polyps and abnormal growths, and in many cases can prevent the disease from developing.

“A colonoscopy is considered the gold standard for testing for colorectal cancer. The procedure not only detects colon cancers with about 98% accuracy, but it allows doctors to remove precancerous and cancerous polyps during the procedure,” said Dr. Sawhney. “While a colonoscopy is one of the most sensitive tests available for colon cancer screening, there are several other screening tests for colorectal cancer. Each patient should talk to their primary care provider about the pros and cons of each test and which is right for them.”

## AT-HOME COLON CANCER TESTS

### STOOL-BASED TESTS

These tests look at the stool (feces) for possible signs of colorectal cancer or polyps. They are typically done at home, so many people find them easier than tests like a colonoscopy. But these tests need to be done more often, and if the result from one of these stool tests is positive (abnormal), you will still need a colonoscopy to see if you have cancer.

### FECAL OCCULT BLOOD TEST

The guaiac-based fecal occult blood test (gFOBT) uses the chemical guaiac to detect blood in the stool. It is done once a year. For this test, you receive a test kit from your healthcare provider. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood. How often: This screening test is done once a year.

### FIT TEST

A fecal immunochemical test (FIT) uses antibodies to detect blood in the stool. How often: It is also done once a year in the same way as a gFOBT test.

### COLOGUARD (FIT-DNA TEST)

The FIT- DNA test, also referred to as a stool DNA test, combines the FIT with a test that detects altered DNA in the stool. For this test, you collect an entire bowel movement and send it to a lab where it is checked for cancer cells. How often: a FIT-DNA test should be done every three years.

Cologuard is a stool DNA test that detects DNA mutations and detects precancer and cancer, if present, from a full stool sample. It is a non-invasive test that can be done from home and then mailed out to a lab for analysis. If you’re taking the Cologuard test, you will receive a home screening kit that includes all that you need to collect a stool sample.

How Often: A Cologuard test is recommended every 3 years and not all Cologuard tests are covered by insurance.

### WHAT TO DO

To do at-home colon cancer screening, you’ll need a prescription from your doctor. You’ll collect the sample at home with the prescribed kit, then mail it off to the prescribing doctor (or a lab). When the analysis is complete, your doctor will go over the results with you.



“

A colonoscopy is considered the gold standard for testing for colorectal cancer. The procedure not only detects colon cancers with about 98% accuracy, but it allows doctors to remove precancerous and cancerous polyps during the procedure.

”

- Harbir Sawhney, MD

## VISUAL (STRUCTURAL) COLON CANCER TESTS

These tests look at the inside of the colon and rectum for any abnormal areas that might be cancer or polyps. These tests can be done less often than stool-based tests, but they require more preparation ahead of time, and can have some risks not seen with stool-based tests.

### FLEXIBLE SIGMOIDOSCOPY

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon. How often: Every 5 years, or every 10 years with a FIT every year.

### COLONOSCOPY

This is like flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube that has a small video camera on the end to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy is also used as a follow-up test if anything unusual is found during one of the other screening tests. How often: Every 10 years (for people who don't have an increased risk of colorectal cancer).

“If any of the stool screening tests result in a positive finding, that is if hidden blood is found, a colonoscopy will need to be done to investigate further,” said Dr. Sawhney.

“Although blood in the stool can be from cancer or polyps, it can also be from other causes, such as ulcers, hemorrhoids, or other conditions.”

Screening for colon cancer is an important step in the prevention of colon cancer. Talk to your primary care provider about the pros and cons of each test and which is right for you.



## LEARN MORE ABOUT COLON CANCER SCREENING

Colorectal cancer is the second leading cause of cancer-related deaths in U.S. adults. But it's also among the most treatable cancers when it's caught early. **Learn more about colorectal cancer screening at [BaystateHealth.org/Colon](https://www.baystatehealth.org/Colon).**



Use cellphone camera, and click the pop-up



## An Easy Way to **Schedule Your Next Mammogram**

Baystate Health offers mammogram online self-scheduling for your convenience. **Just go to [baystatehealth.org/mammo](https://baystatehealth.org/mammo) for easy step-by-step instructions.** Select a convenient location, pick an appointment that works for you, and you're done! Mammograms save lives. Self-schedule your appointment today.

Use cellphone camera, and click the pop-up



Online self-scheduling is only available for screening mammograms. Patients requiring any other breast imaging, including follow-ups or diagnostic mammograms, should call (413) 794-2222.