


DIGESTIVE DISEASES SPECIALIST

DIGESTIVE MEDICAL SERVICES INC.

Laurence K. Entsuah M.D.
 Board Certified Gastroenterologist
 Fellowship Training: Georgetown University Hospital and National Institutes of Health

Accepting New Patients Compassionate and Caring Specialist in Digestive Disorders




- | | | |
|--------------------|-------------------|-----------------------------------|
| Diarrhea | Peptic Ulcer | Lactose Intolerance |
| Bloating /Gas | Hepatitis | Bleeding from the Digestive Tract |
| Gastritis | Hiatal Hernia | Irritable Bowel Syndrome (IBS) |
| Gallstones | Abdominal Pain | Fecal Incontinence Hemorrhoids |
| Loss of Appetite | Diverticulosis | Heartburn/Acid Reflux (GERD) |
| Diverticulitis | Constipation | Rectal & Small bowel Cancers |
| Crohn's Disease | Anorectic Abscess | Anal Fissure Colon Cancer |
| Ulcerative Colitis | Esophageal Cancer | Vomiting Nausea |
| Stomach Cancer | Pancreatitis | Difficulty Swallowing |

Procedures:

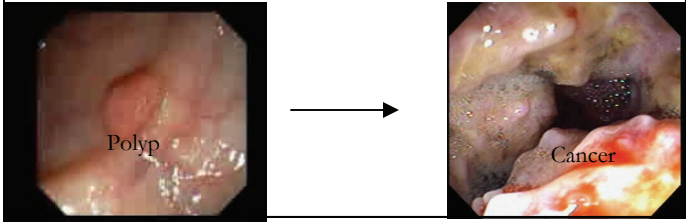
- Colonoscopy (diagnostic & colon cancer screening)
- Endoscopy, Pill Camera Endoscopy
- Office based Breath Testing for Helicobacter Pylori

COLON CANCER

Colorectal cancer, often referred to as simply colon cancer, is the second leading cause of cancer death in the United States. Colorectal cancer is the third most common cancer found in men and women in the US. The risk of colorectal cancer increases with age; more than 90 percent of cases are diagnosed in persons aged 50 and over. Persons also at increased risk include having personal or family history of colorectal cancer or polyps, and inflammatory bowel disease. Other risk factors are smoking, physical inactivity, alcohol consumption, high-fat and/or low intake of fiber like fruits and vegetables.

Surviving colon cancer could depend on your race. African-American men are 44 percent more likely to die from colon cancer than white men, and African-American women, 46 percent more likely to die than white women. Half of all colon cancer deaths could be prevented with early detection. A colon cancer screening called colonoscopy, allows doctors to find, remove and prevent polyps before becoming cancer.

- 2nd leading cancer death in the U.S.A.
- 55,000 Americans die yearly
- **85% colon cancer victims are symptom free**
- Not all rectal bleedings are from hemorrhoids
- **Screening starts at age 45 for African Americans**
- Removing polyps prevents colon cancer
- Colonoscopy every 5-10 years can remove polyps.
- 5 year survival less than 5% for advanced colon cancer
- **Call and schedule for your colonoscopy**
- **Special offers available for the uninsured**
- **1-866-681-9575**

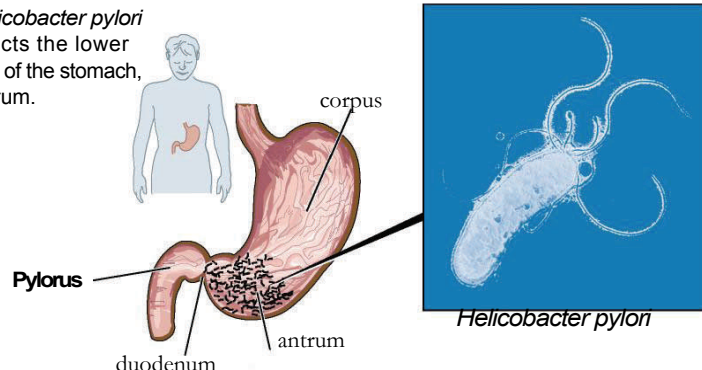


Helicobacter Pylori (H. pylori)

Bacteria that resides in the stomach.
 Oral-fecal transmission.
 Leading cause of peptic ulcer, gastritis and stomach cancer
 90%- 95% of Africans harbor H. Pylori
 Eradicating it with antibiotics can prevent peptic ulcer and cancer
 Get tested for H. pylori with a simple breath test at the offices.

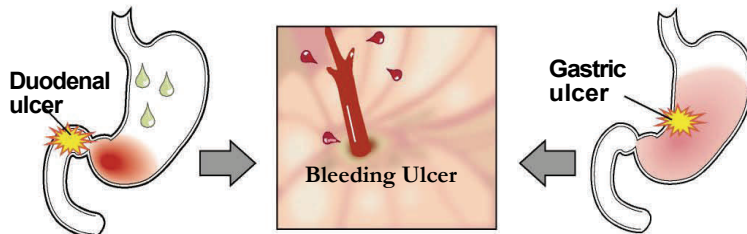
Infection

Helicobacter pylori infects the lower part of the stomach, antrum.



Ulcer

Gastric inflammation may lead to duodenal or gastric ulcer. Severe complications include bleeding ulcer and perforated ulcer.



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 Reynoldsburg, Ohio 43068.

Westerville Office

477 Cooper Road, Suite 230
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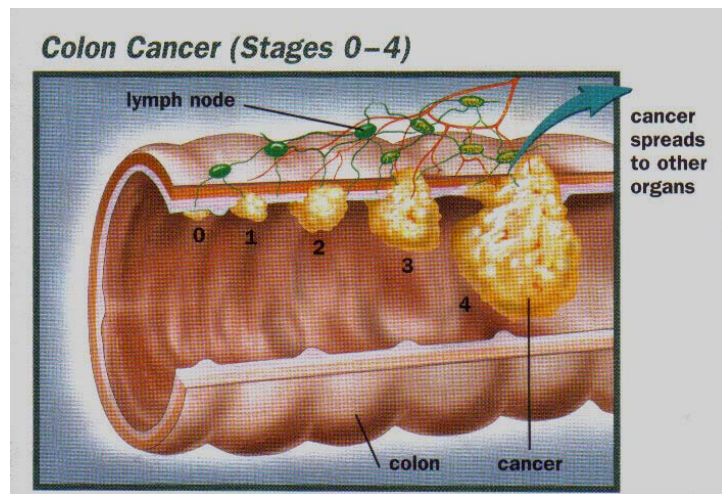
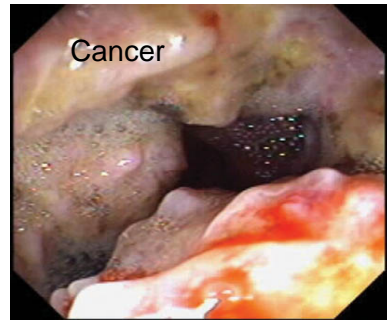
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Colon Cancer – Staging and Prognosis



● Stage	TNM	5 year Survival
0	carcinoma in situ	100%
1	Mucosa and submucosa	90-95%
2	Muscularis through the serosa	75-80%
3	Regional lymph nodes	40%
4	Distant metastases	5%

5% year survival rate for colon cancer means the percent of people who survive colon cancer for five years at a particular stage of the disease. For example, the 5-year survival rate for stage 4 of colon cancer is 5%; this means that 5 out of 100 people initially diagnosed with colon cancer at stage 4 would be alive after 5 years. Survival rate does not indicate if a cancer is cured or if treatment is completed.

The above 5 year survival rates for colon show vividly the better chances of surviving if the disease is diagnosed early. This is the whole essence of colon cancer screening.

Colon Cancer

Colorectal cancer, often referred to as simply colon cancer, is the second leading cause of cancer death in the United States. Not counting skin cancers, colorectal cancer is the third most common cancer found in men and women in the U.S. Thanks in large part to colorectal cancer screening, the death rate from colorectal cancer has been going down for the past two decades. Treatments have improved as well. As a result, there are around 1 million survivors of colorectal cancer in the U.S.

Beginning at 50, adults at average risk should have one of the following: 1) fecal occult blood test (FOBT) every year, or 2) flexible sigmoidoscopy every 5 years, or 3) FOBT every year and flexible sigmoidoscopy every 5 years, 4) double-contrast barium enema every 5 years, or 5) **colonoscopy every 10 years** (preferred by the American College of Gastroenterology - ACG). A digital rectal exam should be done at the same time as sigmoidoscopy, colonoscopy, or double-contrast barium enema. People at increased or high risk should talk with a doctor about a different testing schedule.

The risk of colorectal cancer increases with age; more than 90 percent of cases are diagnosed in persons aged 50 and over. Persons also at increased risk have personal or family history of colorectal cancer or polyps, and inflammatory bowel disease. Other possible risk factors include smoking, physical inactivity, high-fat and/or low-fiber diet, alcohol consumption, as well as low intake of fruits and vegetables.

Screening is necessary to detect colorectal cancer in its early stages. Advanced disease may cause rectal bleeding, pain, blood in the stool, a change in bowel habits and cramping pain in the lower abdomen.

Surgery is the most common form of treatment for colorectal cancer, and for cancers that have not spread, it is frequently curative. Chemotherapy, or chemotherapy plus radiation are given before or after surgery to most patients whose cancer has deeply perforated the bowel wall or has spread to the lymph nodes.

Colon cancer is one of the most common forms of cancer in this country and surviving it could depend on your race. African-American men are 44 percent more likely to die from colon cancer than white men, and African-American women, 46 percent more likely to die than white women.

The American Cancer Society and the 2008 practice guidelines of ACG recommend African-Americans to start colon cancer screening at age 45.

Half of all colon cancer deaths could be prevented with early detection. A colon cancer screening, or colonoscopy, allows doctors to remove polyps before they become deadly cancers.

Ellen La Voun

Ellen is a 39-year-old colorectal cancer survivor. She was diagnosed in March 2004, and is the proud mother of a 10-year-old son.



Crawford Clay

Crawford, 46, was diagnosed with colon cancer when he was 43, the same week his father, who was 76, received the same diagnosis. He and his wife Andrea have been married for 19 years and have two daughters, ages 9 and 11.



Tom Clay

Tom, father of Crawford Clay, was diagnosed with colon cancer the same week that his son was also diagnosed in 2004. He was 76 at the time. A retired salesman, Tom and his wife of 53 years have four children and nine grandchildren.

**Sandy White**

Sandy, 51, was diagnosed with colon cancer at age 37. She works in human resources at Allstate and she has two children and a granddaughter.



Gordon Cole

Gordon, 57, was diagnosed at the age of 54 with stage 4 colon cancer. Gordon is a real estate appraiser, and also volunteers his time helping others with cancer. He and his wife of 37 years have two grown daughters.



Elizabeth Garvey

Elizabeth is a project manager in healthcare clinical information systems, and a 5-year survivor of rectal cancer. She is 57 years old.



Lisette Goddard

Lisette, 58, is a 2-year colon cancer survivor. She has three sons.



Nathaniel Barrell

Nathaniel, 31, was diagnosed with colon cancer at age 30. He is an analyst for the government of the State of California and the single father of an 8-year-old girl.



JoEllen DeLuca

JoEllen, 60, was diagnosed with colon cancer at age 54. She is a retired reading specialist and has a 26-year-old son, Johnny, who teaches in Thailand.



Katarina Kouzoukas

Katarina, 38, is the mother of 2-year-old twins and works in marketing for Morgan Stanley. She was diagnosed with colon cancer in 2006. She volunteers her time with the Colon Cancer Alliance hosting chats for other survivors with young children.



Rob Rosenberg

Rob, a 43-year-old freelance editor, was diagnosed with rectal cancer in December 2004.



Naomi Butts

Naomi, 39, is a 4-year colorectal cancer survivor and works as a client service associate for a financial firm. She is a wife and the mother of two children, ages 8 and 12.



Mary Beth Rendell

Mary Beth, left, turned 44 on March 13, 2007. She was diagnosed with colon cancer in 2004, and since then has traveled to promote both the "Relay for Life" and "Heroes of Hope" events.



Fred Thompson

Fred was first diagnosed with colorectal cancer at age 28. He is now 32 years old and works as a civil litigation attorney.



Pati Lanning

Pati, 56, was diagnosed with colon cancer at age 47. She is the mother of two adult children and also serves as Chat Coordinator for the Colon Cancer Alliance.



Rob Michelson

Rob Michelson was diagnosed with rectal cancer in 2004. He is Director of Regulatory Systems at the New York Stock Exchange and has three sons. Rob is 40 years old.



Patricia Phillips

Patricia, right, now 62, was diagnosed recently with colon cancer. After a successful surgery, she is currently undergoing treatment. Patricia is a nurse, an animal lover and avid horseback rider.



Cornelius Breaux, Sr.

Cornelius was diagnosed with stage 4 colon cancer in December, 2006. He has two children and works as a freight car inspector. Cornelius is 59 years old.



Donna Safer

Donna, 53, was diagnosed with colon cancer at age 36. She was formerly an accountant employed by a division of The New York Times Company, and has one 12-year-old daughter, who is adopted due to her family's hereditary colon cancer condition.



Colon-Rectal Cancer – Summary

- **Frequency**
2nd leading cancer death in both men & women in the U.S.A.
55,000 Americans die yearly
- **Risk factors**
Age
Family history of colon cancer or polyps
Personal medical history of;
 Polyps
 Crohn's disease and ulcerative colitis
- **Symptoms**
85% colon cancer victims are symptom free
Weight loss and anemia
Change in bowel habit
Rectal bleeding – not all rectal bleeding is from hemorrhoids
Lower abdominal pain or bloating
Change in size or shape of the stool
- **Diagnosis**
Colonoscopy
Biopsy
CT scan
- **Treatment**
Surgery
Radiation
Chemotherapy
- **Screening**
Annual stool guaiac test starting at age 50
Flexible sigmoidoscopy every 5 years starting at 50
Colonoscopy every 10 years starting at age 50 or 10 years before index family case of colon polyp or colon cancer
Colonoscopy starts at age 45 for African Americans
Removing polyps prevents colon cancer
- **Prevention**
Low fat diet
High fiber diet
Normal weight
Antioxidants: vitamin A, C, beta carotene
Less red meat
- **Prognosis**
5 year survival less than 5% for metastatic disease

Provide treatment for:

Diarrhea	Peptic Ulcer	Heartburn/Acid Reflux (GERD)
Bloating	Flatulence	Bleeding from the Digestive Tract
Gastritis	Hiatal Hernia	Irritable Bowel Disease (IBS)
Nausea	Loss of Appetite	Lactose Intolerance
Vomiting	Diverticulitis	Abdominal pain
Diverticulosis	Crohn's Disease	Difficulty Swallowing
Hemorrhoids	Colitis	Anorectal Abscess
Anal Fissure	Colon Cancer	Ulcerative Colitis
Stomach Cancer		Esophageal Cancer
Fecal Incontinence		Small Bowel Cancers
Hepatitis	Pancreatitis	Rectal Cancer
Constipation	Gallstones	Weight Loss

Procedures:

Colonoscopy (screening and diagnostic and therapeutic)

Endoscopy (diagnostic and therapeutic)

Pill Camera Endoscopy



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COLON CANCER SCREENING

*Insurance companies pay for
screening Colonoscopy.*

*Insurance companies expect
you to be screened.*

*Call 1-866-681-9575
for your appointment.*