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Rebecca (Grunza) Collins

When Rebecca (Grunza) Collins, 43, noticed blood in her stool in February 2010, she was not overly concerned. She enjoyed an active, healthful lifestyle, exercising five days a week, caring for two young daughters and working two days a week as a gastroenterology nurse at an endoscopy center in Connecticut. Also, there was virtually no history of cancer in her family.

Rebecca mentioned the symptom to one of the physicians at the center, who thought it was nothing serious but suggested that Rebecca undergo a flexible sigmoidoscopy, an exam to inspect the lower part of the colon. Rebecca instead opted for a colonoscopy, which examines the entire colon and is more thorough. She had it performed at the center where she worked.

“When I woke up from the colonoscopy, everybody I work with was standing around me, so I knew something was wrong” she recalls. “My gastroenterologist told me she had found a cancerous growth in the rectum that needed to be surgically removed. I was shocked that this was happening to me.” A CT scan the next day suggested the cancer might have spread to a lymph node. Rebecca scheduled appointments with a local oncologist and a surgeon for the next week.

A Second Opinion Makes the Difference

“The surgeon told me I would need five weeks of chemotherapy and radiation to shrink the tumor before I could have surgery,” Rebecca says. The surgeon also told her she would need a temporary ileostomy, a procedure that brings a section of the small intestine out through a surgical opening in the abdominal wall. Intestinal waste comes out through this opening and is collected into a plastic pouch attached to the skin.

Fortunately, just before meeting with these physicians in Connecticut, Rebecca had decided that she also wanted to see a surgeon at Memorial Sloan Kettering for a second opinion. The referral specialist on Memorial Sloan Kettering’s Physician Referral Service, Maureen McEvoy, scheduled an appointment for Rebecca with colorectal surgeon José Guillem. “Maureen was wonderful,” Rebecca says. “She called me several times, saying ’I want the slides sent here, I want the medical reports faxed here.’ If she had not received something, she would call back to remind me. She made sure all the necessary information was there for Dr. Guillem when I came in.”

When Rebecca met with Dr. Guillem at Memorial Sloan Kettering, he performed a flexible sigmoidoscopy and found that the growth was not actually in the rectum but a bit higher.

“I diagnosed it as a rectosigmoid cancer, meaning it was located at the juncture where the lowest part of the colon, the sigmoid colon, meets the top of the rectum,” Dr. Guillem says. “This was fortunate because the cancer was high enough — above the narrow confines of the bony pelvis — that it could be removed more easily.”

> “I was confident that Dr. Guillem knew what he was doing; there was no hesitation. I just put myself in his hands and trusted him.”

After the procedure, he sat with Rebecca and told her he wanted to do surgery as soon as possible. “I was really surprised because I expected him to say I needed five weeks of chemo and radiation before anything could be done,” Rebecca says. “But Dr. Guillem said, ’You don’t need any of that. I can get to this surgically right away.’”

There was an opening on Dr. Guillem’s surgical schedule in less than two weeks, and Rebecca decided on the spot to have the operation at Memorial Sloan Kettering. “I was confident that Dr. Guillem knew what he was doing; there was no hesitation,” she says. “I’ve been working with surgeons for 20 years, and you get an idea of who knows what they’re doing and who doesn’t. With Dr. Guillem, I could tell after talking to him for ten minutes. I just put myself in his hands and trusted him.”

A Successful Surgery

A Successful Surgery

Exactly three weeks after the colonoscopy that brought Rebecca distressing news, Dr. Guillem removed her tumor through laparoscopic surgery, a minimally invasive technique using a thin, lighted tube with a video camera and other tools at its tip. The procedure requires only small incisions in the abdomen, often in the belly button. Dr. Guillem removed the cancerous portion of the colon and then attached the two ends of healthy colon together.

“When I woke up, Dr. Guillem told me everything went well, and that I did not need an ileostomy bag,” Rebecca recalls. “I joked, ’You know I’m in love with you now.’ He laughed and said, ’OK, I gotta go.’” Maintaining quality of life is a high priority for Memorial Sloan Kettering’s doctors, who have refined techniques for minimizing the side effects that may accompany some procedures.

Rebecca recuperated for four days before being discharged to go back home. “The hospital stay was wonderful — everybody was great,” she says. “A medical fellow visited and talked with me every morning, and Dr. Guillem saw me as well.” Rebecca had requested an epidural for the surgery and experienced virtually no pain from the operation. “When they removed the epidural two days after the surgery, I took half a Percocet [pain medication] and nothing else while I was there.”

Addressing the Side Effects of Chemotherapy

The next week, Dr. Guillem called with the news that two of the pelvic lymph nodes he had removed during surgery were found by pathologists to have cancer cells, which meant Rebecca would need chemotherapy. Although she wanted to receive the chemotherapy in Connecticut, she consulted with Memorial Sloan Kettering medical oncologist Neil Segal for a second opinion.

“Even though he knew I wasn’t going to be receiving treatment from him, Dr. Segal and his assistant spent 90 minutes with me,” Rebecca says. “He explained that he would have given me the same chemo that I would receive near home, so I felt comfortable with my decision. He also went over the side effects so I had an idea of what to expect.”

The chemotherapy regimen Rebecca was given is called FOLFOX, a combination therapy in which the drug oxaliplatin is given with 5-fluorouracil and leucovorin every other week for 24 weeks. The oxaliplatin and leucovorin were given over a two-hour period through intravenous lines, and the 5-FU was administered through a portable pump over two days. “I felt bad for about three days — mainly tired and nauseated — and then I felt fine until the next treatment,” she says. “But I didn’t lose my hair like with other types of chemo, so most people couldn’t even tell I was a cancer patient.”

The chemotherapy went fine for three months, until Rebecca had an allergic reaction to oxaliplatin in August 2010. She consulted with Dr. Segal, who recommended that she alter her regimen to receive only 5-FU for her remaining treatments. Around the same time, Rebecca also began having symptoms of peripheral neuropathy; specifically, tingling and numbness in her hands and feet. Dr. Segal suggested acupuncture to alleviate this side effect, so in October she began receiving weekly acupuncture treatments in Connecticut.

Follow-up sigmoidoscopies by Dr. Guillem and CT scans in Connecticut — both done first in July 2010 and then in January 2011 — showed no signs of disease. As a precaution, Rebecca will have yearly CT scans for the next five years and a colonoscopy every two years. Dr. Guillem says Rebecca’s long-term prognosis is good.

“There Is Hope”

Rebecca has become a strong advocate of colonoscopies, speaking often to others about their importance. She also hopes to volunteer in some capacity to help people with colorectal cancer, especially those undergoing chemotherapy who want advice about dealing with symptoms.

“For other people diagnosed with cancer, my experience shows that there is hope, if you get the right treatment and the right person doing the surgery,” she says. “I felt confident because I was being treated at a center where all they do is cancer.”

In addition to the expert care provided by Memorial Sloan Kettering’s specialists, Rebecca also received vital assistance from family, friends, and coworkers. “I could not have done it without them,” she says. “Everyone was so supportive and understanding as they helped me through this difficult period.”

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