WINTER 2021

Cleveland Clinic

Family Matters

INFORMATION FOR PEOPLE WITH COLORECTAL CANCER IN THEIR FAMILIES
Published by the Sanford R. Weiss, MD Center for Hereditary Colorectal Neoplasia

MESSAGE FROM THE NEW DIRECTOR OF THE WEISS CENTER **DAVID LISKA, MD:**

I came to the Cleveland Clinic seven years ago to complete my surgical training at the top Colorectal Surgery department in the world. I had the privilege of being mentored by many great surgeons, including Dr. Matthew Kalady and Dr. James Church, the previous directors and founder of the Weiss Center. I am thrilled to now be taking over as the new director. Since our registry was founded by Dr. David Jagelman in 1979, we have been steadfastly committed to our mission of preventing hereditary colorectal cancer, while placing great emphasis on maximizing the quality of life of our patients. Being entrusted with the care of the patients and families enrolled in our hereditary registry is an immense honor and responsibility and epitomizes to me the reason for why I chose colorectal surgery as my career. When choosing a specialty, I sought out a field where there was a need for clinical and technical expertise that would directly impact the well-being and survival of my patients. I have also always enjoyed working as part of a multidisciplinary-team of experts motivated by the desire to improve patient outcomes and also advance the field through cutting-edge research. As many of our families have experienced first-hand, hereditary colorectal cancer conditions are relatively rare, meaning that most physicians (even those specialized in gastroenterology or colorectal surgery)

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Florida woman road trips to Cleveland for specialized hereditary colorectal surgery

Roadtrip! That's all one of the Fahey siblings needs to say before they pack their bags and book a hotel. Kara, 27, lives in Orlando, Florida, and Ryan, 30, lives in Atlanta, Georgia. Road trips give them a chance to explore the world and hang out together — two things they love to do.

Growing up, the Faheys always went on yearly family vacations — probably what led them to their love of travel. Kara was always sick with stomach issues but her parents thought she just wanted attention. Before a family vacation when Kara was about 8 years old, she complained she didn't feel good. Her mom waved it off and said she'd be fine.

While on the road in South Carolina, Kara ended up needing emergency medical attention. The physician noticed spots on her lips and talked to her parents about her other medical complaints. He put the pieces together and diagnosed Kara with Peutz-Jeghers Syndrome (PJS). She required immediate surgery.

PJS is a hereditary disease — Kara's mother and grandfather had PJS and later Ryan was diagnosed. It's characterized by benign polyps in the stomach, small bowel, colon, rectum, lungs, nose and bladder; and dark colored spots on the lips, mouth, eyes, nose, hands, feet, genitals and anus. The polyps in the small bowel can cause intestinal

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Florida woman road trips to Cleveland for specialized hereditary colorectal surgery

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blockages, which if not treated promptly, can lead to intestinal perforation or gangrene, requiring a bowel resection.

Like Kara, this is commonly how children are initially diagnosed with PJS. "It was good to know that something was actually wrong and I wasn't complaining for no reason," remembers Kara.

Those with PJS also have an increased risk for certain cancers, including breast, pancreatic, colorectal, ovarian, testicular and lung.

> *"Kara is a great example of the patients we treat. She's a bright young woman with a positive outlook who's seeking exceptional care from a center of excellence. She's taking control of her health to treat PJS."*

Through the years, Kara would still feel sick and had recurrent polyp-related bowel obstructions with gangrene. She had six surgeries, mostly to remove polyps but also to remove a very large portion of her small intestine due to gangrene. She didn't have a particular doctor following her medical issues, just whomever she saw at the time.

Kara, an occupational therapist, moved to Orlando from Bradenton, Florida, for a new job. Her physician in Orlando removed polyps regularly, but he didn't really know how to properly treat PJS and suggested she seek medical care at The Sanford R. Weiss, MD, Center for Hereditary Colorectal Neoplasia (The Weiss Center) at Cleveland Clinic — a registry and center of excellence in treating hereditary colorectal cancer syndromes like PJS.

After doing a bit of internet research, Kara made an appointment to see a specialist at The Weiss Center in May 2019. "It was the first time in my life that I could receive care by physicians who specialize in treating PJS and at a hospital that provides a continuum of care for the disease," says Kara.

Kara had various appointments and tests in order for physicians to get a clear picture of her case. Intestinal scans showed a multitude of polyps that needed to be removed.

She returned to The Weiss Center in July 2019 to have the polyps removed via endoscopy — a procedure that uses a long flexible tube with a camera attached; it is inserted through the mouth. Unable to reach all of the polyps that way, the physician did a balloon-assisted enteroscopy — which uses an endoscope with balloons that inflate and deflate to access hard to reach areas. Due to scar tissue from Kara's previous surgeries, the gastroenterologist was still not able to reach all of the polyps, so a different route was needed.

"We work as a team at The Weiss Center. I collaborated on the next part of Kara's medical journey with Dr. Amit Bhatt, the gastroenterologist who had done the balloon-assisted enteroscopy. We decided that a clean-sweep procedure — a term coined by Dr. James Church, the founder of the Weiss Center — would be the best route to eliminate the polyps," says David Liska, MD, a colorectal surgeon and director of The Weiss Center at Cleveland Clinic.

In November of 2019, Kara and Ryan traveled to Cleveland for the clean sweep procedure. "I was confident in what my doctors were going to do. I wasn't nervous at all," recalls Kara.

During the six-hour surgery, after loosening all the adhesions from her previous surgeries, more than 110 polyps in her small intestine were removed.

A MESSAGE FROM **DR. LISKA**

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are not familiar with some of the intricacies involved in their care. I am privileged to lead a multidisciplinary team of caregivers with unmatched expertise in hereditary colorectal cancer conditions, allowing us to provide exceptional and compassionate care to all our patients and families and to advance the field through innovative research and education. I hope to be meeting many of you in person soon, in the meantime, wishing each of you a healthy and happy 2021!

David Liska

"We were surprised at the extreme amount of polyps we found in the short small intestine that Kara has remaining. All were removed to prevent obstruction, need for emergency surgery and to decrease cancer risk. With me manually guiding the endoscope through the intestine, Dr. Bhatt was now able to remove all polyps without us having to resect any of Kara's bowel. Considering the short amount of intestine remaining, this is extremely important to maintain her nutritional status and quality of life," explains Dr. Liska.

Kara also received necessary cancer screenings since PJS predisposes to certain cancers.

"The Weiss Center provides coordination of care for patients with hereditary colorectal disorders who are also at high risk for other cancers and medical issues. Our patients have access to experts and multidisciplinary teams whose goal is to treat them in order to prevent cancer while maintaining or improving their quality of life," says Dr. Liska. "Kara is a great example of the patients we treat. She's a bright young woman with a positive outlook who's seeking exceptional care from a center of excellence. She's taking control of her health to treat PJS."

Kara comes to Cleveland Clinic for checkups and screenings every six to twelve months. Ryan has had preventative PJS care at The Weiss Center too. While in Cleveland, the siblings explore different areas and sites around the city and look for hidden gems. They even found their new favorite pizza spot in downtown Cleveland — Pizza 216.

"Drs. Liska and Bhatt make a great team. Their knowledge of PJS is comforting to me," says Kara. "I'm receiving exceptional care at a Center that specializes in my disease; the doctors there make me feel normal. I've never felt that way since my PJS diagnosis."

NCCN Guidelines Peutz-Jeghers Syndrome

SITE	% LIFETIME RISK	SCREENING PROCEDURE AND INTERVAL	INITIATION AGE (Y)
Breast	45% - 50%	Mammogram and breast MRI Annual Clinical Breast exam every 6 month	~25 years
Colon	39%	Colonoscopy every 2-3 years	~ Late teens
Stomach	29%	Upper endoscopy every 2-3 years	~ Late teens
Small Intestine	13%	Small bowel visualization (CT or MRI enterography or video capsule endoscopy baseline at 8-10 y with follow up interval based on findings but at least by 18, then every 2-3 years, though this may be individualized, or with syndrome)	~8 – 10 years
Pancreas	11% - 36%	Magnetic resonance cholangiopancreatography with contact or endoscopic ultrasound every 1-2 years	~30 -35 years
Ovary Cervix Uterus	18% - 21% 10% 9%	Pelvis examination and Pap smear annually Consider trans-vaginal ultrasound	~18 – 20 years
Testes		Annual testicular exam and observation for feminizing changes	~ 10 years
Lung	15% - 17%	Provide education about symptoms and smoking cessation No other specific recommendations have been made	

Siblings find strength in their faith

Growing up a year apart, siblings Catherine and Paul Alex were always close, but a shared familial adenomatous polyposis, or FAP, diagnosis has definitely brought them closer.

FAP is a rare disease where precancerous polyps develop in the large intestine when patients are in their teens or early 20s. Without treatment, patients have a nearly 100 percent lifetime risk of colorectal cancer.

The disease, which is caused by mutations in the APC gene, is the same one that affected their father, who died at the age of 48 due to complications from chemotherapy.

Growing up in Boise, Idaho, they knew their dad had problems with his colon, including having his colon removed when he was 38. But it wasn't until later that he — and Catherine and Paul — learned he had FAP.

Catherine and Paul, now 23 and 22 years old, were in their early teens when their parents explained FAP to them. Soon after, they went for genetic testing and both came back positive.

After learning their results, they say they didn't really do much about it — until about 3 years ago when Paul's doctor in Boise recommended he get a colonoscopy. "After seeing the results and the number of polyps I had, my doctors advised we take the whole colon out," says Paul.

A close family friend, who works as a physician at Cleveland Clinic, suggested they get a second opinion at the Sanford R. Weiss, MD Center for Hereditary Colorectal Neoplasia in Cleveland Clinic's Digestive Disease & Surgery Institute. During their visit, they met the multidisciplinary team who would care for them, including registry coordinator Lisa LaGuardia, RN, colorectal surgeons: James Church, MD and Matthew Kalady, MD, and gastroenterologists: Carol Burke, MD, and Amit Bhatt, MD.

Catherine and Paul Alex

"It's a gift and a blessing that we have doctors who really care about us and who want to know about us and our lives,"

"It made me feel really good knowing there was going to be a team of doctors and nurses who are going to be with me and who are going to make the best decisions on my behalf," says Catherine.

Paul says that initial visit was the first

time he was really educated about the disease and what he needed to do, and he was happy to hear they didn't feel a major surgery was necessary yet.

Since then, Catherine says they have come to appreciate more than just the clinical care the team provides. "It's a gift and a blessing that we have doctors who really care about us and who want to know about us and our lives," she says. More than that, she says it's a miracle.

In December 2018, before they came to Cleveland Clinic, Catherine, Paul, their mother and younger brother went to Lourdes, France, to pray for a miracle.

"I hoped the miracle would be that we would both be healed of FAP and the consequences of it," says Catherine. "I realize now that Paul and I did get a miracle, just not in the form of physical healing. To say that you have an incredible team of doctors and nurses whom you know and trust with your life is, unfortunately, not a blessing everyone has. But in Paul and my case, it's the miracle we prayed for."

Throughout their journey, Catherine and Paul have found strength in their faith. Catherine now lives in Summerville, Mass., and serves as a missionary on the MIT campus as part of the Fellowship of Catholic University Students or FOCUS. Paul, who is in Boise, is applying to join a monastery to become a monk. He hopes to enter in the summer of 2021.

You can't control what's going to happen in the future and that's OK. You still have the present. Life is still good."

Paul Alex

"I always wanted to become a priest," says Paul. "But it wasn't really until my diagnosis that I started to be drawn to the life of a monk. With our illness, there is worry. There's anxiety about what could happen in the future. It makes us put more to the Lord, and I grew in my relationship with God because of it. And that inspired me to live a life completely dedicated to God."

After learning she had FAP, Catherine says she never really talk about it with anyone. It wasn't until she met and became friends with FOCUS missionaries in college that she opened up about her diagnosis — and the experience changed her.

"I never intended to be missionary," says Catherine. "But with what I've been through with my family and my own diagnosis, I wouldn't be able to be present in the moment if not for the missionaries I met. I thought about how they have changed my life, and I realized I wanted to be able to do the same for others."

Today, Catherine and Paul travel to Cleveland Clinic once a year for screenings. Despite their busy schedules, they do what they can to make the visit together.

A lot has changed from when they first heard about their diagnosis. Catherine wishes she knew then what she knows now. "You can't control what's going to happen in the future and that's OK," she says. "You still have the present. Life is still good."

An Open Letter to All Americans Aged 35 to 49

Dear "Inbetweeners",

James Church, MD

David Liska, MD

The recent death of Chadwick Boseman is a call to action for all Americans in the "inbetween" years… between 35 and 49. This is a time of life where academic promise is fulfilled, where careers flourish, when reputations are made and when families are at their most active. It is not a time of life when people think of colon and rectal cancer, unless this common disease strikes parents or grandparents. Boseman was only 43 when he died, 4 years after his diagnosis with colon and rectal cancer. The relevance of this tragedy to you is that it is representative of a trend that has been noticed for years…an increase in the incidence of colorectal cancer in patients under age 50.

Colorectal cancer is common. It is the third most common cancer and the second most common cause of cancer death. However colorectal cancer is also very curable if diagnosed at an early stage, and most importantly it is preventable. You see, all colorectal cancers begin in a precancerous polyp, and it takes an average of 10 years for a small precancerous polyp to become malignant. These are 10 years of opportunity; opportunity to prevent the cancer by removal of the polyp. Through colonoscopy, precancerous polyps can be found and quite simply removed. If screening continues at appropriate intervals, colorectal cancer will never happen. However, approximately 10% of the around 140,000 colorectal cancers diagnosed in America each year are found in patients under the age of 50… 14,000 cases. Like Boseman, these patients are not screened. Their unsuspected cancers grow until they cause symptoms, at which time they are often advanced. The trend to an increasing incidence of colorectal cancer in the young is disturbing and frustrating. We are writing this letter to alert you to the risk, and to advise you what to do about it.

After more than 10 years of puzzling by some of the brightest minds in the business we still don't know why colorectal cancer rates are increasing in the young. We know why the rate is decreasing in older patients…because they are getting colonoscopy. Why are young patients not getting colonoscopy? Because it is not approved or recommended for those under 45. Why it is not approved for those under age 45? Because the actual numbers getting cancer at that age are too small to make universal screening colonoscopy worthwhile. So what can you inbetweeners do about this growing concern? Here are our suggestions.

1. Determine your risk for colorectal cancer.

Some people are more at risk for colorectal cancer than others. The strongest risk factor is a family history of the disease. A high proportion of patients who get colorectal cancer at a young age either have an inherited syndrome of colorectal cancer or a strong family history of it. Therefore find out if colorectal cancer or precancerous (adenomatous) polyps run in your family, and the details of those relatives that had it. They younger they were when they were diagnosed, the higher your risk. Talk to your family doctor about the family history.

Patients with chronic inflammatory bowel disease like ulcerative colitis or Crohn's disease are also at an increased risk of colorectal cancer. Specialists in these diseases will recommend appropriate screening.

2. Live a healthy lifestyle

Lifestyle factors that increase colorectal cancer risk include a low fiber diet, a diet rich in red meat, and a diet that lacks fresh fruit and vegetables. If your diet is like this, change. A diet that is good for your colon is also good for your heart. Obesity also increases risk for colorectal cancer, as does a life without regular physical activity. Watch your weight, get up and exercise. Don't smoke. Although these factors may not turn out to have a major impact on colorectal cancer risk, and (so far) there is no direct evidence that they account for the increasing risk in the young, living a healthy life is beneficial in many ways.

3. Don't ignore symptoms

Most colorectal cancers in young patients occur on the left side of the colon, and particularly in the rectum. Because stool is solid here, because the colon is at its narrowest and because the contractions of the bowel are strongest, the cancers often cause rectal bleeding, cramping, and constipation. Rectal bleeding is never normal, but in young patients it is often blamed on hemorrhoids and not even investigated. Big mistake!!! Always get checked out if you notice bleeding during or after a bowel movement. Never assume its "just hemorrhoids". Abdominal cramps and constipation are also quite common and usually due to dietary indiscretions (not enough fiber), or irritable bowel. However if these symptoms show no signs of going away after a few days, see your doctor and get a colonoscopy. There have been many examples of patients who present with these symptoms but because of their young age they don't get a colonoscopy for many months; and by then it is too late. The cancer has spread and it is incurable.

So, dear "in betweeners", the actual odds of you developing colorectal cancer are small, but all the evidence points to the fact that they are increasing. We don't know why, but we do know how you can minimize your risk and reduce the impact of the cancer by finding it as early as possible. Check out your family tree, live a healthy life, and pay attention to persistent symptoms.

With our kind regards

James Church and David Liska
The Weiss Center for Hereditary Colorectal Neoplasia
Department of Colorectal Surgery
Digestive Disease and Surgery Institute
Cleveland Clinic

Trial Updates

By Dr. Mankaney and Dr. Carol Burke

The Weiss Center's primary aim in caring for patients with hereditary cancer syndromes is to reduce the risk of cancer and optimally to prevent cancer. This requires a multidisciplinary approach that involves our team of experts, medications, surveillance, counseling, and surgery. Part of our mission also includes research to learn more about these rare hereditary syndromes and affords you the opportunity to participate. Clinical research trials may have a two-fold benefit for both you and your care givers – access to novel research medications and close follow up while in the study for you, and more knowledge on effectiveness and safety of new treatment of your condition for your medical team. Through research, we hope to learn more about your medical condition and hope to be able to find safe and effective treatments to change the course of disease. The Weiss Center would like to thank the many patients that have and continue to participate in research at the Cleveland Clinic.

We are excited to share results of a phase 3 study led by Dr. Carol Burke, MD, and recently published in the New England Journal of Medicine on the combination of sulindac and eflornithine versus either of those medications alone, in FAP. As you know, many research studies traditionally target a single molecular pathway with one drug, but in this study, two different pathways to polyp and cancer growth were targeted. Individuals received either both drugs or one drug alone. The primary results of the trial did not show a difference in the time to the first FAP related event in the duodenum, colon, rectum or pouch in a patient as a whole. However, no patient who received both drugs required a colon surgery or excision of a large polyp, while those in the single drug arms did. Importantly, there was no difference in side-effect between the combination arm of the study and the single arms of the study. The sponsor of the study is working with the FDA to determine if they combination of drugs could be approved for use in FAP. If you would like a copy of the publication please let Lisa LaGuardia RN or Margaret O'Malley know and we will send it to you.

Below are updates on our other research studies in FAP and more are coming in 2021:

Many of you participated in the study "Phase II Trial of Weekly Erlotinib Dosing to Reduce Duodenal Polyp Burden Associated with Familial Adenomatous Polyposis". This study has completed enrollment and is closed. The trial results will be analyzed soon and we anticipate results in 2021.

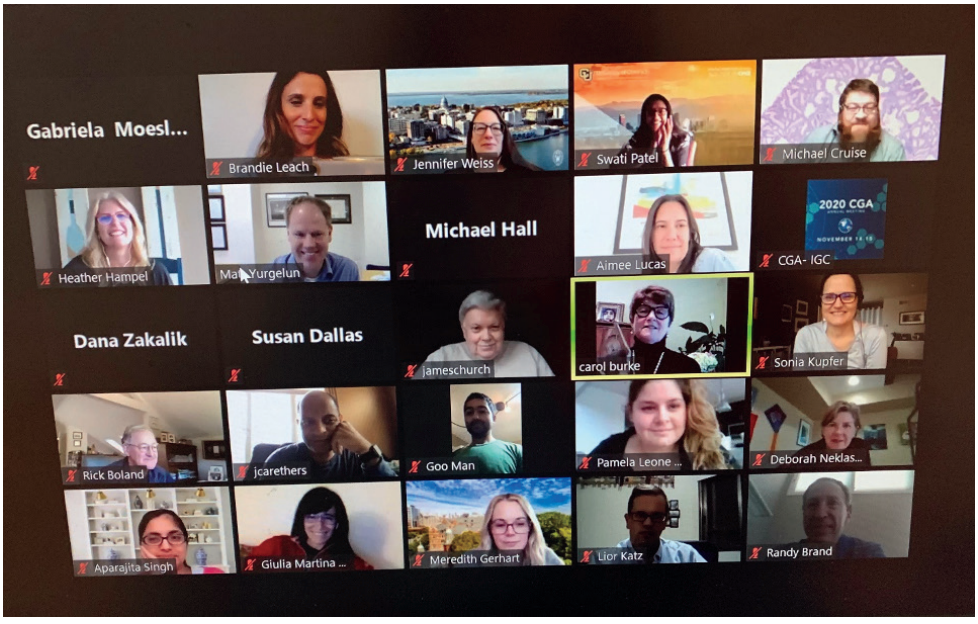
We are currently enrolling patients in the following study "A Study of Guselkumab in Participants with Familial Adenomatous Polyposis".

We will soon be enrolling patient in the study "Trial of eRapa to Prevent Progression in Familial Adenomatous Polyposis Patients under Active Surveillance"

Our clinical research trial coordinators are Deanne Nash RN (216.445.0953) and Jennifer Welsh 216.444.5028. If you have questions about a trial please don't hesitate to contact them.

Dr. Carol Burke receives a Lifetime Achievement Award from the Collaborative Group of the Americas on Inherited Gastrointestinal Cancer.

The Collaborative Group of the Americas on Inherited Gastrointestinal Cancer (CGA-IGC) is a national, multidisciplinary medical professional society made up of healthcare providers who research and diagnose and care for individuals with hereditary cancer conditions. Every year CGA-IGC selects a member to honor with the Lifetime Achievement Award. This year's recipient was Dr. Carol Burke. She received her award during the annual CGA-IGC meeting, which was held virtually, on November 14-15. As part of her award presentation, Dr. Burke gave the Randall Burt Lecture on "30 Years of Lessons Learned in Understanding Gastric Neoplasia in FAP." Join us in congratulating Dr. Burke!



Q. Some of our patients experience fatigue due to medical conditions, anxiety or depression that goes beyond ordinary tiredness. What tips can you offer to people coping with fatigue?

A: Below are helpful tips for handling fatigue.

1. Don't "chase" fatigue: As with pain, if you wait until symptom is severe, it's harder to get it back under control. Plan for short breaks so that you can extend your active time without depleting yourself.

2. Light exercise is less fatiguing than no exercise: It may seem counterintuitive, but exercise provides an energizing effect as long as you don't overdo it.

3. "If you can't do a lot, do a little": Reduced expectations can actually help you do more. You may feel too fatigued to do a sinkful of dishes, and so none of them get done. However, if you have enough energy to wash two mugs, you might add a couple of forks and maybe a plate. Making progress can give you a little boost in mood that keeps your fatigue from overwhelming you.

4. Put a good day within reach: You may focus on what you used to be able to do, which may lower your mood and drain what energy you do have. Pick a goal for the day that makes you stretch a little without overdoing it, and you can end the day on a good note.

Is a support group right for you?

Karen Hurley, Ph.D.

You may be wondering, as you try to decide about a surgery or find the words to talk about genetic testing with a relative, is there anybody out there who gets it? The challenges of living with hereditary colorectal cancer lie outside most people's everyday experience, so that even those who are trying hard to support you may not grasp the full extent of what you're facing. Finding a group of other people who are going through similar issues and who already "know the lingo" can bring a sense of relief. Support groups offer a number of benefits that can ease the burdens of living with a rare condition. At the same time, not everyone finds support groups helpful, so let's take a closer look at some of the possible benefits and drawbacks.

PLUSES	MINUSES
See that you're not the only one	Put off by group member who is very negative
Learn about additional resources	Overwhelmed by member living with your "worst case scenario"
Share stories and support	Group time dominated by one or a few members
Hear other people's solutions to challenges	Discomfort speaking in groups or sharing private information

Research shows that a positive support group experience, whether in person or online, is more likely in groups with one or more of the following: a moderator (either professional or experienced layperson); access to accurate, up-to-date medical information; and/or a structured format that combines education and support. Online social media groups may offer convenience, but may be more vulnerable to misinformation. According to Dr. Carol Burke, "I like to believe that our patients cared for in the Weiss Center are educated to know when some posts provide accurate information and when some are not reasonable and may be detrimental to the uninitiated." We encourage you to contact Weiss Center staff if you hear communications that makes you concerned about your health, and to share links to the Weiss Center and other hereditary colorectal cancer registries around the world as sources of reliable medical information.

It's important to remember is that one size does not fit all, especially when stress is high. You are the best person to decide whether being in a support group makes you feel more hopeful or increases your anxiety. If you find yourself with high levels of emotional distress, can't stop crying or worrying, feel numb or shut down, can't sleep or have trouble with usual activities at work or home, you might consider talking to a mental health professional, either along with or instead of a support group. Feeling isolated creates risk of long-term mental distress, especially in recent times as COVID 19 precautions restrict our usual social activities. Whether you reach out to a support group, a professional or family and friends, seeking connection is a vital part of your hereditary colorectal cancer care plan.

2020 Cleveland Walk to End Colon Cancer Raises Colorectal Cancer Awareness, Research Funds

This was the sixth year we led the Cleveland Walk to End Colon Cancer (formerly known as The Cleveland Undy Run). Due to Covid-19 this year was different as walkers from Northeast Ohio and beyond took virtual walks with a common purpose: to help end colorectal cancer. On September 26th, more than 478 people participated virtually to walk, run or stroll in their own neighborhood or favorite trail. In partnership with the national Colon Cancer Alliance, The Cleveland Clinic and the Weiss Center led the local event whose main purpose is to raise awareness about colorectal cancer. The message is that colorectal cancer is a disease that can affect both young and older people and that timely screening and evaluation of symptoms can help save lives. 2020 has been a memorable year. Hopefully we move from 2020 to 2021 focusing on colon cancer awareness, helping to prevent colon cancer, especially a young diagnosis such as Chadwick Boseman. Thank you for joining us for a virtual walk this year. A portion of the funds from this years walk will be used to support programs by the Weiss Center and to help provide education, awareness, and screening for colorectal cancer in the community. Please join us Fall 2021 for the 7th annual Walk to End Colon Cancer. The hashtag #CLEColonCancerWalk will continue to be used for future walks.

These photos are from our largest 2020 team, Darcy and the Polyps with PositiviDEE including their mascot Marshall Law (the dog).

Introducing Our New Team Members

Carole Macaron, MD

My mother was diagnosed with colon cancer at the age of 56. She had declined screening repeatedly when advised by her primary care doctor. That was when I made a commitment to dedicate my career to colon cancer prevention.

Soon after graduating from medical school, I joined the Internal Medicine residency program at the Cleveland Clinic and then started my Gastroenterology fellowship in 2011. During my training years, I had the unique opportunity to work with nationally known experts in the field. I took part in a dedicated colon cancer prevention research group led by Dr Carol Burke, and cared for patients at higher predisposition for cancer through the Weiss Center. Being part of a multidisciplinary team and providing care to patients with rare inherited diseases was a unique and gratifying experience.

These years helped build a solid foundation for my career. Few months after graduating from my Gastroenterology fellowship, I joined the Cleveland VA medical center with a plan to improve awareness and access to colon cancer screening to a much underserved population. I was up for the challenge. This was the time to apply what I learned. With funding, we developed a committed colon cancer prevention team and started yearly awareness campaigns, targeting several barriers to colonoscopy among veterans. We were able to reach out to many veterans in rural areas and helped avert cancer in many instances.

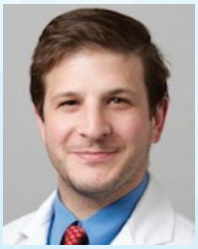
After spending 5 years at the Cleveland VA, life came full circle and here I am rejoining the Weiss center and the institution that shaped me into the gastroenterologist I am today. I am very excited about the opportunity to be part of the Weiss Center once again, and will be deeply committed to patient care.

Bradford Sklow, MD

Dr. Sklow recently joined the Cleveland Clinic and the Weiss Center in April of this year. He graduated from Stanford University School of Medicine in 1994 and did his residency in General Surgery at the University of Wisconsin followed by a fellowship in Colon and Rectal Surgery in 2000.

He brings extensive experience treating patients with hereditary cancer syndromes and polyposis disorders, having spent 10 years at University of Utah Huntsman Cancer Center. Most recently, he practiced in Minneapolis with Colon and Rectal Surgery Associates as adjunct Professor of Surgery at the University of Minnesota.

He specializes in minimally invasive and robotic surgical techniques, including laparoscopic colon and rectal surgery and transanal endoscopic microsurgery to remove large polyps transanally without an abdominal incision.



Joshua Sommovilla, MD

Joshua Sommovilla, MD is the current James D Church and Sheetz Family Fellow in Hereditary Colorectal Cancer Syndromes at the Weiss Center. Born in Philadelphia, PA, Josh completed his medical degree there before relocating to the midwest and completing his general surgery training at Washington University in St Louis. He completed additional training in palliative medicine at the University of Wisconsin and a colorectal surgery fellowship at Ochsner Clinic in New Orleans prior to joining the Weiss Center this past summer.

Outside of his interest in colorectal surgery and hereditary colorectal cancer, Josh enjoys reading, playing pedal steel guitar, cooking with his wife, and running with his dogs.

Neoadjuvant immunotherapy trial:

We are currently investigating the use of immunotherapy (pembrolizumab) in the neoadjuvant (before surgery) treatment of rectal cancer. Lynch Syndrome patients (and other patients with mismatch-repair deficient tumors) have been shown to respond very well to immunotherapy when used for metastatic colorectal cancer. However, so far, there have been no studies on the benefits of immunotherapy used in the neoadjuvant setting for rectal cancer.

Our study (NCT04357587), which is sponsored by VeloSano and Merck, will assess the safety and efficacy of immunotherapy combined with standard-of-care chemo- and radiotherapy in the treatment of mismatch-repair deficient rectal cancer.

Participants must be 18 years of age and older, have a diagnosis of mismatch-repair deficient locally advanced rectal cancer and be candidates for neoadjuvant chemoradiotherapy without a concomitant autoimmune disease. Patients must be able to come to Cleveland Clinic Main campus for neoadjuvant treatment and study visits.

SAVE THE DATE

Walk to End Colon Cancer

September 2021

Cleveland Clinic

Family Matters

Cleveland Clinic Foundation
9500 Euclid Avenue / A30
Cleveland, OH 44195

SAVE THE DATE

Young Onset and Hereditary CRC Education Day

June 11, 2021

Please call **216.444.6470** or email **WeissCenter@ccf.org** or **Yocrc@ccf.org** for more details