

# CELEBRATING LIFE CANCER-FREE



Vincent Reid, MD  
Oncologic Surgeon  
Hall-Perrine Cancer Center

Kevin Boge, 32, attributed his sporadic stomach pain to his cheeseburger-and-fries lifestyle.

The pain wasn't always in the same place and fluctuated in intensity. But one night, the pain was so bad he woke his wife, Martha. A registered nurse, she put her foot down and said it was time to call the doctor. Kevin also had occasional night sweats and blood in his stool once.

Kevin didn't know who to call, since he hadn't established a medical home with a primary care provider. A

followed by a CT scan of the abdomen and pelvis. After consulting with the radiologist, Dr. Fox immediately sent Kevin to meet with fellowship-trained oncologic surgeon, Vincent Reid, MD, at Mercy's Hall-Perrine Cancer Center.

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*Matthew Fox, MD, MercyCare Marion*



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healthy, carefree guy, Kevin says he'd only been to the doctor a time or two as an adult for minor illnesses. So, he called his sister, Renee Casey, who works as a Patient Service Liaison for Matthew Fox, MD, at MercyCare Marion. She got him in to see Dr. Fox that week, on April 4, 2014.

Dr. Fox evaluated Kevin and then ordered an X-ray,

says Dr. Fox. "When I called Dr. Reid, he said to send Kevin over. That kind of communication between a specialist and a primary care doctor is huge."

Kevin says, "Dr. Fox was fantastic in how he was able to kick off everything, right away!" It's a story of streamlined, coordinated care right from the start.





Dr. Reid reviewed Kevin's CT scan with him. The news wasn't good: there was a "concerning" growth on the lower right bowel section, called the cecum. No one was saying "cancer" yet, but Dr. Reid wanted Kevin to have a colonoscopy. Pavan Chepyala, MD, with Gastroenterologists, PC, performed the colonoscopy at Mercy. A tumor was identified in the cecum, as shown on the CT.

That's when Dr. Reid told Kevin, "It's coming out!" Dr. Reid removed a large mass that seemed to be attached to his pelvic wall, along with 31 nodes from Kevin's colon.

"This was an extremely large mass in such a young patient," says Dr. Reid. "I was concerned for extension outside of the colon, which would significantly impact his outcome."

Martha's previous nursing experience included oncology

and she, along with Kevin and his family, was on pins and needles as they waited several days for pathology results.

When the report came in, they learned Kevin had Stage 3 colon cancer. The tumor was malignant and cancer was found in two of the 31 nodes. The news was devastating for the young, active couple. But they took it in stride—the fight was on!

The day of the diagnosis, Dr. Reid walked them down the hall to meet medical oncologist Jasmine Nabi, MD.

"Dr. Nabi was very thorough, explaining the guidelines and what the course of action would be. She said she couldn't offer promises, but that this was a curable disease," says Kevin. His treatment regimen included 12 chemotherapy treatments (his last one was Oct. 22, 2014), every two weeks



For more information about Hall-Perrine Cancer Center's services, visit [hallperrinecancercenter.org](http://hallperrinecancercenter.org).



Jasmine Nabi, MD  
Medical Oncologist  
Hall-Perrine Cancer Center



Pavan Chepyala, MD  
Gastroenterologists, PC

at Hall-Perrine Cancer Center. As treatments progressed, he sought physical therapy at Mercy Health Plaza to combat neuropathy, a side effect from chemotherapy.

During his first chemotherapy treatment, Kevin met a nutritionist and a social worker as part of Mercy's full spectrum of cancer care. He also met with a genetic counselor who recommended genetic testing.

Almost 90 percent of cancers can be attributed to environmental factors, lifestyle choices or a combination of reasons. However, due to Kevin's young age, genetic testing was recommended.

Kevin agreed to the test, but didn't expect to learn anything since he didn't know of anyone in his family with cancer. When the tests came back several months later, he discovered he has Lynch Syndrome, a condition that increases the risk of colon cancer and other cancers, particularly in the gastrointestinal tract. It also increases the likelihood of having cancer at a young age. That means Kevin will require continued surveillance, with an annual

colonoscopy and a CT scan of his abdomen.

Learning he has Lynch Syndrome opened the door to the possibility of genetic testing for his three sisters, his parents or even other family members. The test has sparked a lot of conversation and concern in his family.

"I was relieved, because I learned why I got cancer. Knowledge is power, so other people in my family can decide if they want to have the test done and be more aware and proactive about their health," says Kevin.

Although genetic testing is a helpful tool in determining cancer treatment options, Mercy's cancer experts may also recommend additional cancer surveillance options based on an individual's symptoms and personal and/or family history of cancer. By recognizing which patients are at high risk for developing cancer, medical professionals can adapt their approach in caring for those individuals in order to help prevent the occurrence of cancer. Regular, frequent screening for high risk patients allows for earlier detection of cancer and a better outcome.

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