

Katie Johnson: Good morning, and welcome to Apple a Day, it's Lake Region Healthcare's health and wellness show, where we feature news and information you can use to live a healthier life. My guest today is Dr. Wade Swenson. He's one of the oncologists at Lake Region Healthcare's Cancer Care and Research Center, and he's here doing double duty today. He's going to talk about March, which is colon cancer awareness month, and also give us the latest on the exciting developments happening at the cancer center right now. So good morning, Dr. Swenson.

Dr. Wade Swenso...: Hi, thanks for having me.

Katie Johnson: Well, thanks so much for making some time to visit with us. I'd like to start out, just in case there are some listeners who might not know who you are, just giving you a chance to introduce yourself. Tell us about how long you've been at the cancer center, what you do there, and what was your background before you came to Lake Region?

Dr. Wade Swenso...: Sure. So I've been in Fergus Falls for about 17 years. I came here out of residency and fellowship. I'm originally from Moorhead. My kids grew up here. My daughter moved with us here when she was six years old, and now she's graduated from college, and she's out on her own.

Katie Johnson: Wow.

Dr. Wade Swenso...: My son is a junior at Kennedy Secondary School, and he was born here. So it's been a lot of transition, a lot of changes, a lot of wonderful opportunities. And it's been fun to see this program develop over the years.

Katie Johnson: Yeah. So you got to be here on the very front end of the cancer center opening. And we're part of that just really exciting time of seeing our community come together and fill the need for cancer care, close to home. And as a person who's been here since then, having that deep understanding of what the community support was to build the cancer center, what does that mean to you and the people who work here?

Dr. Wade Swenso...: Yeah, it's really important. And I think that's the difference between this cancer program and a lot of the other smaller cancer programs in rural areas. This has really succeeded because of the community support. I joined the program in 2005. In 2008, we started talking about building a cancer center. In 2010, the cancer center doors opened. We had some consultants along the way who weren't sure that this was going to be possible. They thought we had the numbers to support it, but it required a significant investment. And the community really rallied and helped us build this program. They continue to help, and it's obvious in the support that we continue to receive. When patients walk in the doors, the building's not 12 years old and we keep getting compliments on what a nice facility this is and they're so surprised to see it

here. And so it's really been fun to be a part of this. And it's really nice to see this community rally behind this program.

Katie Johnson: It really is amazing. We see it, like you said every day with the donor support. And it really exciting right now to kind of be at this stage where we're reinvesting, we're able to really continue growing this program. People may have heard that the radiation oncology portion of the cancer center has been closed this winter, which of course is a downside, but it's for a very exciting reason and a positive development. Talk a little bit about the project underway.

Dr. Wade Swenso...: Yeah. So we are in the process of replacing our linear accelerator. The linear accelerator is the piece of equipment that helps us give radiation therapy. That equipment is now 12 years old and needs to be replaced, and we're in the process of upgrading to a state-of-the-art machine. We're also in the process hoping to upgrade our services, and we will, because we'll be having a PET/CT scanner. We currently have a PET/CT scanner with a contract on a trailer that comes in once a week. This is going to be an enormous improvement in our customer service and patient experience, and so I'm excited to say that around the 1st of May or middle of May, we'll have a PET/CT scanner operational, and by mid-April to late April, we'll have the new linear accelerator operational as well.

Katie Johnson: Oh, are both such exciting developments and investments. Explain to the layperson, who maybe doesn't know, what do you use a PET/CT scanner for?

Dr. Wade Swenso...: So a PET/CT scanner can be really helpful in identifying cancers. People may be familiar with a CAT scanner, a CT scanner, the PET/CT scanner provides an additional piece of information about the activity of a cancer. So cancers tend to require a lot of metabolic activity. We give a special contrast to the patients and it allows us to obtain a scan that really lights up in areas of cancer. We typically look at these with patients in the clinic room and we're able to, with successful treatments, see these areas become less apparent and just showing that we're having successful treatments.

Katie Johnson: Cool.

Dr. Wade Swenso...: It's really a helpful tool.

Katie Johnson: And I heard you say something earlier today that this will actually have some applications outside of cancer as well.

Dr. Wade Swenso...: That's right. So cardiology, there's applications in cardiology, where it is a type of a stress test that can be helpful for the cardiologist. There's also applications in urology and neurology. And so this will help other services here at Lake Region, do a better job serving the patients.

- Katie Johnson: Mm, that's so exciting. And for any patient that has had to get into that cold traveling mobile trailer...
- Dr. Wade Swenso...: Very true, very true, yes.
- Katie Johnson: Like you said, it's going to be such an improvement in the patient experience.
- Dr. Wade Swenso...: I've heard that many times.
- Katie Johnson: Yeah. So super excited for that. Another really exciting thing happening at the cancer center is the recruitment of a new radiation oncologist. Tell us how that's going.
- Dr. Wade Swenso...: Well, it's going very well. We have a letter of intent. We aren't able to provide too many details right now, but I'm very excited about the person that I'll be working with here at the cancer center in the next few months.
- Katie Johnson: Awesome. Well, we'll look forward to hearing more about that and announcing that new radiation oncologist team member soon. All of this, again, really exciting news. And I know there's more plans in the works to bring better cancer care services close to home for our community, so we'll keep the cancer center on the docket for Apple a Day interviews as we go forward. But I'd like to shift gears a little bit now, as I mentioned, March, today being March 1st, is the colorectal cancer awareness month. And of course there are all kinds of directions we could go with that topic, but I think focusing on prevention might be a good one today. First, let's start with understanding how widespread is colon cancer and how commonly do you treat it here at our cancer center?
- Dr. Wade Swenso...: We do see a lot of colon cancer. It is a third most common cancer are among both males and females. And so we do see a lot of colon cancer in the area. It's something that is preventable to a certain extent, but the biggest impact that we see is in catching this early. And so the screening is an important part of how we like to manage this cancer. We hope to catch this before this turns into a cancer. As you know, when we're doing colonoscopies, we're looking for polyps. So a polyp can be removed and actually decrease the likelihood of cancer development.
- Katie Johnson: So that early detection is really explained there. So when we talk about screening, we can probably take two to different tracks, lifestyle changes and, like you mentioned, the screening. Let's talk first about lifestyle actions people can take to reduce their risk, and if any of them are specifically unique to colon cancer, or just general good lifestyle changes that prevent cancer in general.
- Dr. Wade Swenso...: Probably the second category. There's a lot of information out there that certain activities, certain foods probably decrease the risk of colon cancer. For example, physical activity's been shown over and over again to be a risk reduction for cancer development and especially colon cancer. So physical activity is a general

lifestyle improvement that applies in many situations, but it definitely is a helpful means of prevention for colon cancer.

Katie Johnson: Okay. So when we get to screening, the infamous colonoscopy, let's try to break down some of the myths and misconceptions that might be out there about colon cancer screening today. And we'll talk about colonoscopy and there are several others today, and maybe what the pros and cons of each are. But let start with the most common one, you brought it up already, there's a lot of fear and anxiety around the colonoscopy. Let's break that down for people.

Dr. Wade Swenso...: Yep. So the colonoscopy is the gold standard when it comes to screening and we prefer that patients get the colonoscopy, but there's a lot of reasons people may choose not to. It has a significant prep that people are very familiar with, if you've talked to family and friends who've had it. It's a half a day of experience of taking a ball prep and remaining close to the bathroom. So the colonoscopy is not the most convenient thing. It almost takes a day off work or a weekend to prepare for this. The colonoscopy also, like you mentioned, I think it has a lot of anxiety associated with it just because it's an invasive procedure, and you go to the hospital for an invasive procedure. It is the gold standard so we do really promote the colonoscopy, but there are other options.

Katie Johnson: Yeah. So a couple of them, as I was doing my reading, I don't even know how to pronounce one of them, flexible sigmoidoscopy?

Dr. Wade Swenso...: That's right. Basically that's the same as the colonoscopy. So it's just a shorter version. If you were going to have a colonoscopy, having a flexible sigmoidoscopy is just a shorter version. So there's very few reasons that that would be preferred. If you're going through the prep, you just want to get the colonoscopy.

Katie Johnson: Why not? Because it can only reach the lower third [crosstalk 00:09:51].

Dr. Wade Swenso...: That's right.

Katie Johnson: From what I understand.

Dr. Wade Swenso...: That's right.

Katie Johnson: So yeah, like you said, if you're going to go through it, why not do the whole shebang, so to speak.

Dr. Wade Swenso...: That's right.

Katie Johnson: Okay. How about a virtual of colonoscopy?

Dr. Wade Swenso...: So that's an interesting option. We don't do many of those at all here. When I checked with the radiologist, he hadn't seen one of these in quite a while, but it

is an option for us. I think it's important that people consider that any screening test is better than none. So if people are inclined to do the virtual colonoscopy also called the CT colonography, that's a nice option. You go through the same prep that you would for the colonoscopy, and then you have a CT scan with contrast, it helps visualize the colon for the radiologist. If there is an abnormal result, then likely people would have a colonoscopy. But the virtual colonoscopy is much less invasive and it's a reasonable option.

Katie Johnson: Hmm. That's interesting. Now what's been pretty popular the last few years is the development of these stool tests, which I understand there's a few different kinds of those as well. What are the pros and cons there?

Dr. Wade Swenso...: Well, they are less invasive. They're easy. I'm really excited about the Cologuard® which is a multi-target stool DNA test. There's also tests that just test for blood in the stool, and those are helpful, but those, we can also see blood in the stool from hemorrhoids and other conditions that are not that worrisome. So the Cologuard®, which is a test that looks for cancer DNA is a helpful test. It's only really good for one to three years, but it's very easy to do. I recently had my Cologuard®, in the last month, and got the results back this week. And the results come in the letter form that tell you that your chance of colon cancer is less than 99.9%. I should say the chance that you don't have a cancer is 99.9%. And they can also do the same for advanced polyps.

And so the likelihood that I do not have an advanced polyp based on that test is greater than 94.6%. So it's an easy test, I'll likely repeat it in three years unless I have a reason to have a colonoscopy, but I'd really encourage people to consider that Cologuard® or a colonoscopy. I think those are the two best options. When we're looking at colon screening as an organization, we really need to do a better job of promoting this. In our area, we fall behind the state average when it comes to colon cancer screenings. And I think it's really important that we think about this, especially during colon cancer awareness month, and think about our loved ones and our family members and talk to them about this.

Katie Johnson: Well, this is the perfect time to be having that discussion. So when it comes to a colonoscopy, you call your provider and schedule it, right?

Dr. Wade Swenso...: Yep.

Katie Johnson: If you want Cologuard®, do you do the same thing.

Dr. Wade Swenso...: Same thing. Yep.

Katie Johnson: Same process?

Dr. Wade Swenso...: Yep, yep. So I just actually talked to my doctor's nurse and got the message and the package got sent to me in the mail. It's very easy. I am not opposed to

getting a colonoscopy. I should mention that the Cologuard® and a lot of these other tests are good for people who are at average risk. And so people that have a higher than average risk... So if you have a strong family history of colon cancer, or a sibling had a polyp that had some abnormalities to it, called dysplasia. There are reasons that people would not be considered average risk, maybe a history of colon cancer or inflammatory bowel disease, a diagnosis like ulcerative colitis. There are reasons that you would need to get a colonoscopy instead. But for the average person, the Cologuard® is a very nice option. And I'm really hoping it helps our screening rates.

Katie Johnson: Absolutely. I would certainly imagine that it would. You mentioned with Cologuard®, it needs to be repeated every one to three years.

Dr. Wade Swenso...: Yep.

Katie Johnson: With a colonoscopy, it's not nearly as often though.

Dr. Wade Swenso...: That's right. For most people with a colonoscopy, without any abnormal polyps or abnormal findings, we're probably talking about 10 years. If there are some abnormal polyps, it could be as soon as a year, but typically with a clear report from a colonoscopy, we're talking about a 10 year repeated colonoscopy.

Katie Johnson: So that would be an advantage there.

Dr. Wade Swenso...: Definitely.

Katie Johnson: I don't know if there's any truth to this or if you know the answer to this, but I've heard that if you do the Cologuard® and you have some kind of abnormal result and you need a colonoscopy after that, you can run into insurance problems.

Dr. Wade Swenso...: I've heard that too. I've never personally seen it, but it is definitely indicated. So I think it becomes a matter of the provider making a case to the insurance company, this is why this needs to be done. And the insurance company should cover this. But I've heard that, I've never seen it personally.

Katie Johnson: Yeah. I think it's just something to be aware of, like you said, and have that conversation with your provider, know what your insurance coverage is, but really, really encouraging to hear the positive reports about the Cologuard® screening. Anything else you'd like to add that we haven't talked about here, as we think about colon cancer awareness month and really, like you said, the importance of increasing the screening rate. We can do better here.

Dr. Wade Swenso...: We can do better. I would just say I do like the colonoscopy and the Cologuard®, but any screening test is better than none. So anything that we've talked about here as a screening test would be preferred over no screening at all. So I would

just encourage people to talk to your friends and family and consider getting screening.

Katie Johnson: We haven't talked about who, like at what age... I always thought it was 50, but I'm reading it might be younger.

Dr. Wade Swenso...: You're right. So just recently, within the last few years, two groups that make recommendations for screening both change the age of recommended colonoscopies and colon screenings from age 50 down to age 45. And age 45 to age 75 are the years that we generally consider getting colon cancer screens.

Katie Johnson: So if you're 45 to 75 yourself, or you love someone who is, who hasn't had a recent or a timely colon cancer screening our encouragement today is do it. Just do it. Whether it's the colonoscopy, the Cologuard®, a virtual colonoscopy if that interests you, just do it.

Dr. Wade Swenso...: Yes. I agree.

Katie Johnson: Dr. Wade Swanson, oncologist at Lake Region Healthcare's Cancer Care and Research Center, my guest today sharing really exciting news about the investment in a new linear accelerator and a PET/CT scanner, recruitment of a new radiation oncologist, and our main message of the day, it's colon cancer awareness month. Schedule your colonoscopy or request your Cologuard® test today. Dr. Swenson, thanks for joining us.

Dr. Wade Swenso...: Thank you, Katie.

Katie Johnson: Dr. Wade Swenson and Katie Johnson on Apple a Day today, reminding you there's so much to do here, stay healthy for it. Have a great day.