

Founding Director  
Kimmie Ng

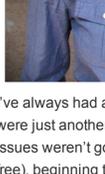
"Uncertainty is the refuge of hope."

— Henri Frederic Amiel, Swiss philosopher and poet

We are living in unprecedented times. The COVID-19 pandemic has disrupted the fabric of our lives and society in more ways than we can count. On top of the fear and anxiety that this virus brings, you – our brave patients – must also continue to cope with young-onset colorectal cancer. We recognize how difficult it must be to live with cancer during a pandemic, often while juggling work from home, home-schooling children, and caring for elderly parents at the same time. We recognize how devastating it is to not have loved ones by your side during your visits and treatment. And we recognize how different cancer care is without the ability to see you in person, hold your hand, and give you comforting hugs. But we are confident that if anyone can triumph through difficult times, it is you. We want to reassure you that Dana-Farber and the Young-Onset Colorectal Cancer Center are here to support you and keep you safe in every way possible, and we will continue to provide you with the best comprehensive care and clinical trials. For more information, please visit [dana-farber.org/covid-19-facts-and-resources/](https://dana-farber.org/covid-19-facts-and-resources/).

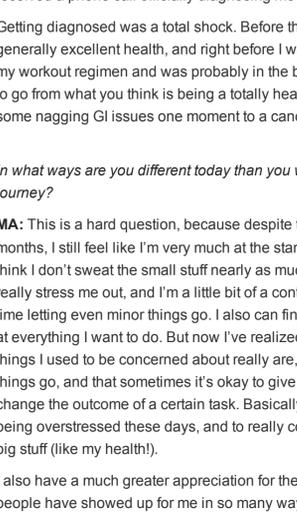
Truly yours,

Kimmie Ng, MD, MPH



Follow us on Twitter [@DFarberYoungCRC](https://twitter.com/DFarberYoungCRC)

Connect with us! Stay informed with research updates, upcoming events, recipe ideas, coping tips, inspiring survivor stories, and more.



### Patient Spotlight: Meghan Andrews

Tell us how you learned you had cancer.

**Meghan Andrews:** I was diagnosed in November 2019 after having gastrointestinal problems for several months prior. At first, when the symptoms occurred, I chalked them up to a combination of stress, something in my diet, and maybe even a minor imbalance in my gut bacteria;

I've always had a bit of a finicky GI system, so I assumed that the symptoms were just another manifestation of that. But eventually it became clear that the issues weren't going away despite some changes in my diet (I went gluten free), beginning to take probiotics, etc. In fact, the symptoms were beginning to be debilitating at times. Ultimately, my PCP referred me to a gastroenterologist, who scheduled me for a colonoscopy. The colonoscopy took place on a Friday and revealed the tumor; the following Monday, I received a phone call officially diagnosing me with cancer.

Getting diagnosed was a total shock. Before that, I'd been blessed with generally excellent health, and right before I was diagnosed had just upped my workout regimen and was probably in the best shape of my life. It's surreal to go from what you think is being a totally healthy, really fit adult with just some nagging GI issues one moment to a cancer patient the next.

*In what ways are you different today than you were before you began your journey?*

**MA:** This is a hard question, because despite the fact that it's been a few months, I still feel like I'm very much at the start of my journey. With that said, I think I don't sweat the small stuff nearly as much as I used to. Work used to really stress me out, and I'm a little bit of a control freak that can have a hard time letting even minor things go. I also can find it hard to go less than 500% at everything I want to do. But now I've realized how small potatoes a lot of the things I used to be concerned about really are, that it's okay to let some small things go, and that sometimes it's okay to give just 75% if it won't measurably change the outcome of a certain task. Basically I'm trying to commit to not being overstressed these days, and to really conserve my energy for the truly big stuff (like my health!).

I also have a much greater appreciation for the people in my life. So many people have showed up for me in so many ways over the last few months, and not just my family or really good friends (though they have been amazing)—some of the most generous and loving people have been people I'm not super close to and would never have expected to reach out in the way they have. I've been humbled and overwhelmed by the love that has been directed at me. So I think I also have a much greater sense of—and appreciation for—the community around me, and definitely want to pay it forward when I have the opportunity.

*What is the best advice you have received?*

**MA:** Some of the best advice I received early on was from a colleague, who recommended that I think of chemo like a job I don't like—having to do it sucks, but you just suck it up and do it, knowing it's necessary. That advice has really informed how I approach treatment and weaving it into the fabric of my life. I also think advice to take things day by day is good advice, even if it can be quite hard to follow, because it can be overwhelming and disheartening to play the "what if" game and look too far ahead to all the possible outcomes. That doesn't mean not to plan for the future though—I think it's important to make plans for the future, and to believe that there will be a life beyond treatment. And I do think trying to keep a positive attitude through everything is also important. That is something a lot of people will say, and I think it's true.

Quite early on, my social worker also told me to just directly ask people for what I need, and I think that has been really good advice as well. Her comment was that people will really want to help but won't know how or will feel awkward about asking, and that it is better for everyone if I take the lead and just directly communicate what I need. That's not necessarily the easiest thing for me, but I do think it has saved me a lot of time and energy, and ultimately has helped me and helped people help me.

*Is there anything you know now that you wish you knew before?*

**MA:** That there is a small epidemic of young-onset colorectal cancer besieging the US at the current moment. Had I known that, I might have gone to my doctor sooner and been diagnosed at an earlier stage.

*How are you handling the uncertain times of COVID-19?*

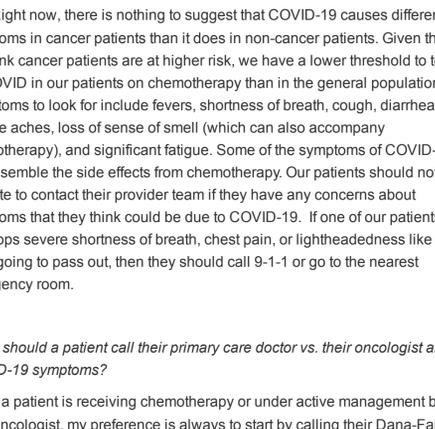
**MA:** These are interesting times, for sure! Obviously, I have a fair amount of anxiety about the coronavirus now that I'm immunocompromised, which is a paradigm shift for me—I've always had a fairly robust immune system, so it is new and uncomfortable to feel so vulnerable. On the other hand, I think many, many people feel quite vulnerable at the moment, so I don't know that I am all that outside of the norm. I just try to manage the anxiety and not watch the news too much. I will have to be far more cautious than many of my friends and family even once things go back to a semblance of normal (whatever that looks like), and that is going to be hard mentally and emotionally.

I'm lucky both in that I am in social isolation with my family—so my sister can go into stores instead of me, and I have people around to keep me sane—and because I had taken this semester off to focus on treatment anyway (I'm a college professor). Because of that, I haven't suffered the disruptions to my daily routine that most people have. And that is perhaps the oddest thing about the pandemic for me—on a daily level, I am still doing what I was doing in the months before the pandemic hit.

*Is there anything else you want to include?*

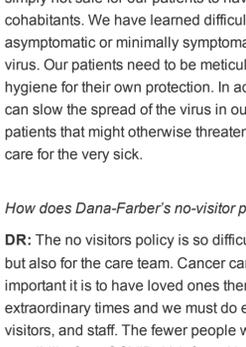
**MA:** I would recommend that newly diagnosed patients get a CaringBridge or some other blog, or start a dedicated mailing list, or find some other way that works for you to efficiently update a lot of people on how you're doing. It's so nice that people care and want to know how you're doing, but fielding a constant stream of questions or requests for updates can be exhausting. Something like a CaringBridge relieves you of needing to update a ton of people individually, and also allows you to update the people who care but don't want to ask and be a burden.

Also, allow yourself the time and space to grieve. One of the hardest things for me has been the knowledge that I will never be able to go back to the life I had before my diagnosis. The fear of cancer is now a daily part of my life, one that is never going to go away. Adjusting to this new reality has been really hard for me, but it's necessary, I think, to mourn for the life you had even as you live and enjoy your new life.



### Institute Insider

Looking for ways to calm your mind and strengthen your body at home? Dana-Farber's Zakim Center for Integrative Therapies and Healthy Living is now offering group online programs, such as "Ask the Nutritionist" and meditation with live music. Check out the [full program calendar](#).



Douglas Rubinson, MD, PhD

### Ask the Expert: COVID-19

*Does COVID-19 pose an increased risk to cancer patients and survivors compared to the general population?*

**Doug Rubinson:** We are learning more about COVID with each passing day with information and data emerging constantly. There have been a few studies, mostly out of China, that have looked at the risk of infection and outcomes in cancer patients compared to the general population. The conclusion that we

seem to be able to make is that cancer patients seem to have a higher risk of a symptomatic infection and higher risk of a severe infection than people without a cancer diagnosis. We know that for non-cancer patients, that younger people tend to have a lower risk of severe infection or death than older individuals. We also know that some young people without any medical problems do get very sick from COVID. We do not know how much cancer impacts the risk in young patients. The best advice we can give is to strive to the greatest extent possible to practice social distancing and meticulous hand hygiene. This is true of everyone in the country, but especially true of cancer patients, regardless of age, who are likely at higher risk for a severe infection.

*Would the symptoms be the same for someone with cancer as for any other person?*

**DR:** Right now, there is nothing to suggest that COVID-19 causes different symptoms in cancer patients than it does in non-cancer patients. Given that we think cancer patients are at higher risk, we have a lower threshold to test for COVID in our patients on chemotherapy than in the general population. Symptoms to look for include fevers, shortness of breath, cough, diarrhea, muscle aches, loss of sense of smell (which can also accompany chemotherapy), and significant fatigue. Some of the symptoms of COVID-19 can resemble the side effects from chemotherapy. Our patients should not hesitate to contact their provider team if they have any concerns about symptoms that they think could be due to COVID-19. If one of our patients develops severe shortness of breath, chest pain, or lightheadedness like they were going to pass out, then they should call 9-1-1 or go to the nearest emergency room.

*When should a patient call their primary care doctor vs. their oncologist about COVID-19 symptoms?*

**DR:** If a patient is receiving chemotherapy or under active management by their oncologist, my preference is always to start by calling their Dana-Farber care team. We can help triage whether the symptoms can be monitored, should be evaluated locally by their PCP, should involve additional testing such as drive-through COVID testing, or should be evaluated in an emergency room.

*What can patients and their loved ones do to help flatten the curve?*

**DR:** This is such a challenging time in our country – and that is especially true for friends and family. This is a time when our support – cooking meals, visiting, going out for events. However, COVID-19 has turned this on its head. It is simply not safe for our patients to have any close exposures beyond their cohabitants. We have learned difficult lessons about the ability of asymptomatic or minimally symptomatic COVID-19 patients to spread this virus. Our patients need to be meticulous in their social distancing and hand hygiene for their own protection. In addition, by universal social distancing we can slow the spread of the virus in our community and prevent the surge of patients that might otherwise threaten to overwhelm our hospitals' ability to care for the very sick.

*How does Dana-Farber's no-visitor policy help?*

**DR:** The no visitors policy is so difficult for our patients and their loved ones, but also for the care team. Cancer care is a team effort and we know how important it is to have loved ones there for support. Unfortunately, these are extraordinary times and we must do everything we can to protect our patients, visitors, and staff. The fewer people we have at Dana-Farber, the less possibility for a COVID-19 infected individual to enter our facility. The less crowded our waiting rooms, cafeteria, and elevators, the less opportunity there is to spread the virus. Simply screening for symptoms is sadly not enough – people can be asymptomatic and still spread the virus. We encourage loved ones to participate via telephone or videoconference during exam and chemotherapy visits.

*How is a telehealth appointment different from or similar to an in-person visit?*

**DR:** It is all about reducing patients' unnecessary exposures. Typically, our providers physically examine patients and sit across from them to share news or discuss the plan. However, now we must weigh the risks to the patient, other patients, staff, and providers by having the patient remain for an in-person visit. When medically appropriate, it is simply safer to have these discussions by phone or video. For a telehealth appointment, you will connect with your care team by phone or videoconference. We can include any other family or close supports that the patient would want involved. The visit is similar to a typical visit – reviewing medications, allergies, symptoms, reviewing results, etc. – but there is no physical exam and we aren't in the same room.

*What recommendations do you have for taking care of physical and mental health during this uncertain time?*

**DR:** This is such a stressful time, and it seems the recommendations for what is allowed and not allowed are changing every day. If you can go outside to take a walk without compromising the 6-foot guideline, I would encourage patients to get outdoors and try to stay active. I think wearing a cloth mask in public is a great idea. Within your home, continue to try to maintain a healthful diet and find ways to be active – yoga, stretching, walking within your home or backyard, and going up and down a flight of stairs. In terms of mental health, Dana-Farber social workers are a fantastic resource and remain very active with our patients via video calls. There are also great apps like Headspace and Calm for mindfulness and meditation. However, if you are feeling very down, depressed, anxious or have any thoughts of harming yourself, please reach out to your doctor, nurse practitioner, social worker, and/or tell a loved one. There are so many resources that can help – especially at this time of distancing. There is no need to suffer alone.

**Let us know if you have ideas for virtual events or education seminars! We are planning and would love your input.**

### Resource Highlights

Please contact us if you are struggling with parenting, access to food, or mental health as there are many resource options at Dana-Farber and beyond. This can be related to COVID-19 or life in general. You can contact the Center's Program and Research Coordinator Mary-Brent Brown at 617-632-2459 or reply to this email.

If you're looking for young adult specific resources, check out the curated [list from Elephants and Tea](#), an online and printed newsletter.

If you're looking for online support, try the [Colon Club message boards](#) or the [Colorectal Cancer Alliance Group Chat](#).

### Upcoming Events

#### Young Adult Support Group

The Dana-Farber support group for young adults ages 18-39 is going virtual! RSVP to [yap@dfci.harvard.edu](mailto:yap@dfci.harvard.edu) for the login information. The next sessions are May 6 from 4 - 5:30 p.m., May 14 from 5:30 - 7 p.m., and May 18 from noon - 1 p.m.

#### Sex, Dating, and Cancer in the Era of COVID

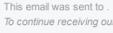
Chat with Dr. Sharon Bober and your peers at this event hosted by Young & Strong and the Young Adult Program on May 19 from 6 - 7:30 p.m. via Zoom. To RSVP and get the login information, email [youngandstrong@partners.org](mailto:youngandstrong@partners.org).

#### Step 1: Help With Insomnia After Cancer Treatment

Led by Christopher Recklitis, PhD, MPH, this one-session educational program helps patients make changes to their lifestyle, sleep habits, and sleep environment. The next session is via Zoom on June 4 from 11 a.m. - 12:15 p.m. To register call 617-632-5570 or email [Blum\\_Center@DFCI.Harvard.edu](mailto:Blum_Center@DFCI.Harvard.edu).

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