Science Will Win Season 6
Ep 1 Script FINAL

Marshall Anthony:
So my mom was diagnosed in July, 2021. And my dad passed when I was one. So my mom is like my life force, right? My hero.

RAVEN BAXTER
This is Dr. Marshall Anthony Jr. He's a social scientist, educator and my best friend since middle school.

Marshall Anthony:
And so to hear that call from her was really heart shattering. Couldn't really make sense of it all. And at that point in time, my knowledge of colon cancer was like slim to none. So truly hearing the C-word at that time, I didn't know what stages were, what treatments were.

RAVEN BAXTER
When he was 29, Marshall's mom was diagnosed with stage four colon cancer. And over the next three years, the cancer spread to her liver and her lungs. In the few months before she passed, the cancer reached her brain[1]. Marshall lost his mom to colon cancer in May of 2025[2]. She was 62 years old. He then entered the long and challenging process of grieving a parent. Thinking that, at the very least, he'd left the world of cancer in the rear-view mirror.

Marshall Anthony:
I didn't think that cancer would ever play a factor in my life…personally.

That changed when the symptom that I experienced – and I felt like I always sort of had gastro issues, you know, borderline lactose intolerant but I still would push it, like many of us do – but I think it all changed to me around my birthday is when I started to see like blood in my stool. And I was like, something is off from there.

RAVEN BAXTER
Marshall was tracking his symptoms, paying attention to the consistency and frequency of his bowel movements. He was able to identify that this wasn't happening from one-off occurrences where maybe he pushed the limits on his *light* lactose intolerance[3]. And yet, even with the signs in front of him, Marshall found it hard to accept that something more was going on. He kept telling himself it was probably just stress and grief.

Marshall Anthony:
I started to justify it because again, my mom really started to decline like right after my birthday. And I was like, well, maybe it's a deep level of stress, agony, despair that's causing some physiological issues. About a month and a half after my mom passed, I said, maybe I should do something about this. With the persistence from you. I probably wouldn't have did it. But being vulnerable enough to tell you that, hey, I'm, I don't even think at that time I even said blood in stool, I'm just experiencing, some like weird issues with my gut.

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[1] Marshall Anthony interview (19:51)
[2] Marshall Anthony interview (27:52)
[3] Marshall Anthony interview (22:55)

Raven Baxter:
You didn't say blood in the stool until –

Marshall Anthony:
Until like after.

Raven Baxter:
Until after. Because I would've single-handedly removed you from your premises.

RAVEN BAXTER
Marshall nearly cancelled his colonoscopy. He had, understandably, zero interest in returning to a hospital. But I was incredibly persistent. I knew that the only way to really understand what was going on was to get screened. And I knew the earlier, the better. So I kept pushing. And eventually, he went through with it and got his colonoscopy. I went with him to the hospital.

Marshall Anthony:
After we were sitting there. That's when a doctor said, we–

Raven Baxter:
Oh my goodness, you guys, one of the worst moments of my life, to be honest with you. Y'all the doctor came in, I will never forget this. He just says, so we found cancer. And then he started talking. He's, he's, showing me, here, flip the page, here, flip the page, here. And I'm like, what?

Marshall Anthony:
I vaguely remember you running out the room.

Raven Baxter:
I did. Absolutely. I just saw the pictures and I saw like a growth. It was a visible growth. And so I was like, my friend is going through like, I– my heart just instantly shattered.

RAVEN BAXTER
My heart shattered because y'all. This man in front of me is someone I played with as a kid. And frankly, I still feel like we're just the same two nerdy kids we were back then. And even though I've worked in drug discovery and biomedical sciences, even though I know cancer is treatable …when it's your best friend? I really just couldn't make sense of that. And plus…we're so young! It felt like…aren't we way too young to be talking about cancer?

I'm Dr. Raven Baxter. Also known as, "Raven the Science Maven!" I'm a molecular biologist and science educator and I'm thrilled to be returning as your host of Science Will Win.

For our sixth season, we're looking at cancer. The innovations, new frontiers and big unanswered questions. Today, we're starting with one of those questions.

My friend Marshall was only 33 years old when he received his colorectal cancer diagnosis[4]. And his story is part of a complex and alarming new trend – the rise of cancer in young adults.

[4] Marshall Anthony interview (22:03)

Johanna Bendell:
I was in practice as a GI medical oncologist for about 20 years.

RAVEN BAXTER
This is Dr. Johanna Bendell. She's the Chief Development Officer of Oncology at Pfizer where she leads late-stage development of cancer medicines[5].

Johanna Bendell:
And I will say that I saw during my career, more and more patients that were coming to me who were younger, that were diagnosed with colorectal cancer.

RAVEN BAXTER
What Johanna saw in her practice flew in the face of long-held assumptions about cancer. Traditionally, we've viewed cancer as a disease that is more common in aging patients. But that appears to be changing.

Johanna Bendell:
You know, we've really seen a significant increase in the diagnosis of patients with early-onset cancers. From 1990 to 2019, we've seen an increase in early-onset cancers by 79%[6].

RAVEN BAXTER
Research indicates this alarming trend is continuing[7] for a number of different cancers, including breast, lung, stomach, and colorectal cancers[8,9].

Johanna Bendell:
For example, colorectal cancer was the fourth leading cause of cancer death in both men and women, younger than 50 in the late 1990s. But it's now the leading cause of death in men and second in women[10]. Models based on global data are predicting that the number of early-onset cancer cases will increase by about 30% with deaths rising around 21% between 2019 and 2030[11].

RAVEN BAXTER
So early-onset cancer, aka cancer diagnosed before age 50, is on the rise. *Rapidly* on the rise from the sound of those numbers. And what's more, just as deaths from other cancers are decreasing in the U.S. –

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[5] Johanna Bendell interview (00:58)

[6] Jianhui Zhao, Liying Xu, Jing Sun, Mingyang Song, Lijuan Wang, Shuai Yuan, Yingshuang Zhu, Zhengwei Wan, Susanna Larsson, Konstantinos Tsilidis, Malcolm Dunlop, Harry Campbell, Igor Rudan, Peige Song, Evropi Theodoratou, Kefeng Ding, Xue Li - Global trends in incidence, death, burden and risk factors of early-onset cancer from 1990 to 2019: BMJ Oncology 2023;2:e000049

[7] Jianhui Zhao, Liying Xu, Jing Sun, Mingyang Song, Lijuan Wang, Shuai Yuan, Yingshuang Zhu, Zhengwei Wan, Susanna Larsson, Konstantinos Tsilidis, Malcolm Dunlop, Harry Campbell, Igor Rudan, Peige Song, Evropi Theodoratou, Kefeng Ding, Xue Li - Global trends in incidence, death, burden and risk factors of early-onset cancer from 1990 to 2019: BMJ Oncology 2023;2:e000049

[8] Hamilton, A. C., Donnelly, D. W., Fitzpatrick, D., & Coleman, H. G. (2022). Early-Onset Cancers in Adults: A Review of Epidemiology, Supportive Care Needs and Future Research Priorities. *Cancers*, *14*(16), 4021. https://doi.org/10.3390/cancers14164021

[9] https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures.html

[10] American Cancer Society (ASC). Cancer Statistics, 2024. Cancer statistics, 2024 - Siegel - 2024 - CA: A Cancer Journal for Clinicians - Wiley Online Library

[11] https://bmjoncology.bmj.com/content/2/1/e000049

deaths from early-onset cancers are increasing[12,13,14]. And globally, we're seeing this rise of early-onset cancers happening to men and women all over the world.

Susan Zhang:
This problem is not just in the western countries, right? So it's actually globally, so US, Europe, Asia, Australia, every single place is actually absorbing this rising early-onset of colorectal cancer. And also it's not just limited to one gender, it's affecting both genders.

RAVEN BAXTER
This is Dr. Susan Zhang, she's a U.S. Board Certified Oncologist and a Global Development Lead at Pfizer Oncology, where she oversees clinical development programs in gastrointestinal cancer, with a focus on colorectal cancer.[15] It's an area of research that's deeply personal for her – stemming back to her days as a medical fellow.

Susan Zhang:
So I have a co-fellow who we were all in our late twenties, early thirties. We were working so hard together. And all of a sudden she was diagnosed with gastric cancer, out of the blue, and was already widespread metastatic disease. And it's really because of the masking of the symptom thinking, 'Oh, I'm a doctor, I'm just busy. That's why I'm losing weight'. And then actually, unfortunately, she passed away during our fellowship. But even when she was undergoing chemotherapy treatment, she still continued to see patients. So that was really the most personal moment I had and thinking about, this is really affecting young people.

RAVEN BAXTER
Young, otherwise healthy people – just like my friend Marshall and Susan's co-fellow – are presenting advanced disease at a young age, further defying our previous notions of cancer. Colorectal cancer, as recently as the last decade, was seen as an overwhelmingly hereditary disease[16] that affected older adults with existing gastro difficulties[17]. But the appearance of advanced disease in such young patients is challenging that dogma.

Susan Zhang:
Because you have an adenoma, right, a polyp, it takes 20 years for you to have cancer[18].

RAVEN BAXTER
A polyp is a growth of abnormal cells – in this case in the lining of the colon or rectum. Polyps are often harmless, but some – like an adenoma that Susan just mentioned – can become malignant and lead to cancer[19]. Typically though, that process takes time.

Susan Zhang:

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[12] https://www.nih.gov/news-events/news-releases/annual-report-nation-cancer-deaths-continue-decline
[13] https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21820
[14] https://bmjoncology.bmj.com/content/2/1/e000049
[15] Susan Zhang interview (00:13-00:18 and 13:47-14:01)
[16] https://pmc.ncbi.nlm.nih.gov/articles/PMC4173047/
[17] https://pmc.ncbi.nlm.nih.gov/articles/PMC8996939/
[18] https://pmc.ncbi.nlm.nih.gov/articles/PMC5859121/
[19] https://my.clevelandclinic.org/health/diseases/15370-colon-polyps

Hopefully in this 20 years you catch it and remove the polyp, and you don't need to worry about cancer. But this cannot be explained in young patients who are only in their thirties, right? Or forties, twenties, it doesn't seem to be right.

RAVEN BAXTER
So if the traditional logic that it takes years or even decades for cancer to develop and advance doesn't explain these cases…what is causing this rise?

Johanna Bendell:
What we found is there's not a single culprit that's really been based on the data that we've seen so far.

RAVEN BAXTER
This is Dr. Johanna Bendell again. And she's pointing out the rather challenging reality that as of yet, there isn't conclusive evidence around a singular cause.

Johanna Bendell:
We've had some evidence that suggests that there could be contributing drivers like diet, alcohol use, and tobacco consumption. In the overall population, unhealthy dietary habits can be linked to about 35% of certain cancer types. Colorectal cancer probably has the strongest link to dietary factors with nearly 35% of all colorectal cancer cases linked to dietary choices, including processed meats, low dietary fiber, poor fruit consumption, red meat and low calcium intake, all of which could be contributing to this increased risk. But we've also seen that this probably doesn't fully account for this increased risk and many healthy, fit, young adults are diagnosed with various types of malignancies[20].

RAVEN BAXTER
The lack of one, single, convenient, cause has led to a global effort to try and understand the problem.

Yin Cao:
I think this goes way beyond a research question. It's also an opportunity to think about or to reimagine the future of cancer prevention.

RAVEN BAXTER
Dr. Yin Cao is one of the many people trying to reimagine the future of cancer prevention. Yin is a molecular cancer epidemiologist and the leader of the Cao Lab at Washington University in Saint Louis. She is also the co-team lead of *PROSPECT*, part of the Cancer Grand Challenges global research initiative.

The *PROSPECT* team is investigating the rise of early-onset colorectal cancer. The research group pulls from a myriad of disciplines, with epidemiologists, immunologists, micro and molecular biologists from all over the world working to understand the underlying causes and mechanisms driving this trend[21].

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[20] American Cancer Society (ASC). Cancer Statistics, 2024. Cancer statistics, 2024 - Siegel - 2024 - CA: A Cancer Journal for Clinicians - Wiley Online Library

[21] https://www.cancergrandchallenges.org/prospect

Part of this work is considering how everything we're exposed to in our lives affects our health. This is known as the exposome[22].

> *Yin Cao:*
> *One major hypothesis is that in the younger generation, the exposome that we are exposed to have been really different compared to the older generation. And this may, in-part, change our microbiome, which really contributes to a high risk of multiple cancers in younger generations.*

RAVEN BAXTER
Basically, what Yin is saying here is that the world today looks *a whole lot* different than any generation before. This can refer to relatively new aspects of our environment – like the rise of microplastics or the increasingly ubiquitous nature of sedentary office-work[23]. Or the increasing prevalence of modern metabolic diseases[24].

> *Yin Cao:*
> *And more specifically, we do see more prolonged exposure of obesity, metabolic dysregulation, meaning, early diagnosis of diabetes or other metabolic related disease.*
> *However, it's really challenging to figure out the exact contributors to the rising instance. And from the scientific community, we already think it will be a cluster of risk factors that really contribute to the rise of early-onset cancers.*

RAVEN BAXTER
So it could be the food you eat, the air you breathe, the desk job, the family history of obesity…poor sleep…poor diet. Or in all likelihood…option D) some unique combo of all the above.

The other complicating factor with the rise of early-onset cancers is that – not only is the scientific community working to figure out *why* this is happening – they also have to hurry to *adapt* to a new demographic seeking care.

Which starts with the uphill battle of getting young adults to take their symptoms seriously.

> *Johanna Bendell:*
> *When we're young, we're not thinking about cancer.*

RAVEN BAXTER
Dr. Johanna Bendell again.

> *Johanna Bendell:*
> *We're not thinking oftentimes about our health or long-term impact or serious diseases. And so young adults in particular, are less likely to look for medical help. They're starting to think, okay, well maybe this is just something and I have to work through it, or my body's gonna be okay. And when we're younger, we also have more ability to tolerate symptoms[25].*

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[22] https://pmc.ncbi.nlm.nih.gov/articles/PMC5025320/
[23] Yin Cao interview (7:08 - 7:54)
[24] https://pubmed.ncbi.nlm.nih.gov/30326010/
[25] Glauser, W. (2018). Primary care system outdated and inconvenient for many millennials. *CMAJ*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258217/

RAVEN BAXTER
But even if young folks aren't ignoring their symptoms – there are also serious barriers to care.

We know that in the United States younger people are more likely to go without health insurance[26]. It can be easy to make the simple calculation of, "I'm young, I'm healthy and it's expensive. So best to skip the insurance."

And even if folks do have health insurance, younger Americans are more likely to frequently shift coverage and doctors. I can relate. Which can make it more challenging to establish a reliable medical team of folks looking out for you. All of these things lead to poorer health outcomes[27] and a need for the medical community to reach a younger population in a new way.

> *Johanna Bendell:*
> *We probably need to look into more holistic support for young adults.*
> *But because these patients are younger, they're gonna be thinking about family planning, they're gonna be thinking about what's the long-term impact of these treatments on my health? And so we have to not only think about the cancers that these patients are being diagnosed with, but how we're going to address those specific concerns for people who are younger in age when they're diagnosed.*

> *Beatrice Dionigi:*
> *Hearing your doctor telling you that you'll have cancer, it's a shock. It's a moment where your life falls apart in front of you. There's no other way, I think, to define it.*

RAVEN BAXTER
That last voice was Dr. Beatrice Dionigi. Beatrice is a colorectal cancer surgeon. She is also the founder and Co-Director of the Early Onset Colon and Rectal Cancer project within the Columbia Research Cancer Center[28]. She's, unfortunately, had plenty of experience delivering the shocking news to young adults that they have cancer.

Early data suggests that, while younger colorectal cancer patients report better physical health, they report worse social and emotional quality of life than older patients[29]. Here's Dr. Susan Zhang again.

> *Susan Zhang:*
> *When patients were first diagnosed with cancer, there's a period of kind of anxiety and shock, right? So oftentimes, especially for young patients, they are really the pillar of the family, and they also have such a long life, like decades, right? If they survive the cancer, they have to deal with all the consequences of cancers that have brought to their lives. So oftentimes, first thing comes to their mind is that, did I do something wrong? It's very sad to hear that, right? I don't think anyone has done anything wrong. So people should not really blame themselves.*

RAVEN BAXTER

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[26] https://www.census.gov/library/stories/2020/10/uninsured-rates-highest-for-young-adults-aged-19-to-34.html
[27] Glauser, W. (2018). Primary care system outdated and inconvenient for many millennials. *CMAJ*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258217/
[28] https://www.cancer.columbia.edu/early-onset-colorectal-cancer-program
[29] https://pubmed.ncbi.nlm.nih.gov/38639810/

No one is to blame or to fault. And giving younger cancer patients a sense of hope is crucial because, as Susan said, they've got a lot more life to live! These patients will need to navigate cancer for much longer than generations past. Which can mean juggling the implications of a diagnosis on fertility, existing childcare needs and career demands. And since we're not always used to thinking about young people having cancer, there can be an added stigma or a desire to avoid being seen as "sick". Here's Johanna.

> *Johanna Bendell:*
> *We also know that patients who are younger are less likely to be retired. They're probably in an active career. And so they're gonna be concerned about whether or not this cancer treatment is gonna cause things like long-term cognitive damage or something that's gonna hinder their ability to work when they're receiving their treatments.*
>
> *I had one patient who was young and really didn't want her work to know that she was getting treatment for her cancer. And so she kept it very, very private. So much so that for colon cancers, patients have to wear a pump that gives them chemotherapy over 48 hours as part of their treatment. And so she actually bought a holster of some sorts, she tied her pump to the inside of her leg, and she would wear skirts to hide the fact that even though she was at work, nobody could see that she was getting chemotherapy.*

RAVEN BAXTER
While I salute her ingenuity and everyone has the right to keep their business private...I can't help but feel that this patient's story reflects a broader society that's simply not designed for young people to navigate cancer.

> *Johanna Bendell:*
> *There also might be escalating demands for healthcare and specialized needs for psychosocial support to address impacts just like for this young woman on not only the stigma of having cancer or receiving chemotherapy, but what that does to people's body image, what that does to people's sexual health and how they need to address that while they're receiving treatment or because they've been diagnosed with a cancer.*

RAVEN BAXTER
Accommodating younger patients has also meant that the scientific community has needed to shift its approach to clinical trials. This means a greater emphasis on flexibility and accessibility.

> *Johanna Bendell:*
> *They have to be able to get in and out very quickly to be able to get back to work, to be able to have family care to attend to their families. So trying to make clinical trials more accessible with remote monitoring, decrease travel or aid in logistics for these patients.*

RAVEN BAXTER
But first – taking a step back – we need people, especially young people, to get screened. Take colorectal cancer. Currently, the American Cancer Society suggests that patients with an average risk of cancer start screening at age 45. This was dropped from a recommended age of 50 years old in 2018. And is in direct response to this rise of early-onset cancers. You're considered at "average risk" if you do not have a family history of colorectal cancers or inflammatory bowel diseases[30].

[30]https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html

Now, if you do have a personal or family history in these areas you could be eligible to be screened *even earlier*. So it's important that you speak about your symptoms and family history with your primary care physician directly. Because many PCPs are also playing catch up to this evolving landscape. And it's entirely possible that when they're seeing young patients, they're not anticipating cancer as the culprit behind symptoms.

> *Johanna Bendell:*
> *There's been education for primary care providers about this increasing incidence of cancers in young people. But we need to continue to reinforce this because again, these patients are gonna be coming in, they're young, they're gonna be coming in with these symptoms that are a little bit non-specific, but something's wrong. And to make sure that we're taking our patients seriously when they're presenting with this. And if there are persistent symptoms, to have a low threshold to go ahead and order the proper tests to look for cancers, because that might be the cause of some of these symptoms.*

RAVEN BAXTER
Fortunately, my friend Marshall, despite only being 33, had a primary care provider who knew to be looking out for early-onset cancer.

> *Marshall Anthony:*
> *I have a great primary care. So I always tell people, particularly Black men, get a primary care physician that you trust, that they trust you, you trust them, tell 'em all your business, you tell social media your business, you might as well tell your primary care.*

RAVEN BAXTER
Due to his family history, Marshall's primary care physician originally had him down to get an early colonoscopy at age 35. Now, there's a world in which Marshall didn't share his symptoms. Or his primary care decided that he was okay to wait those extra two years to get scanned. And well, I don't like to think about what that could have looked like.

> *Marshall Anthony:*
> *I said, look, my mom could get through all of what she got through.*
> *If she could put herself through that, the least I could do is tell my doctor about this situation and go get screened.*

RAVEN BAXTER
Getting screened meant getting a colonoscopy. Now, you'll be hard pressed to find anyone who raves about the procedure. And there can be a lot of fear around it. But that doesn't have to be the case. Take it from Dr. Beatrice Dionigi. The colorectal cancer surgeon we heard from earlier. She kindly caught up with us in her office in between patients.

Beatrice is no stranger to colonoscopies. She performs them weekly on patients and has undergone two herself.

> *Beatrice Dionigi:*
> *I can tell you that the bowel prep, yes, is not a fun walk in the park. You have to poop a lot to have your colon clean, but it's totally feasible and you can do it, you know, at home the day before. So that is not a major struggle. If you follow the instructions, your colon gets cleaned out.*

RAVEN BAXTER
And being the curious doctor that she is, Beatrice took it one step further.

Beatrice Dionigi:
And I've done it awake.

RAVEN BAXTER
You heard that right. But to be clear, a colonoscopy is traditionally performed while a patient is sedated. Even without sedation, going through the colonoscopy process completely lucid, Beatrice didn't feel any pain. And certainly under anesthesia, the procedure is painless.

Beatrice Dionigi:
You have a very nice sleep. The procedure takes about 30, 40 minutes, and then you are awake in the recovery room[31]. You get your ginger ale and your graham crackers, and then you're up to going back to your regular life.

RAVEN BAXTER
Now if you're listening to this and you're still not convinced that you can handle a colonoscopy – there are other options. There are at-home tests, blood tests and stool tests that are adept at catching signs of cancer[32,33]. But Dr. Johanna Bendell tells her patients that the colonoscopy is still the gold standard.

Johanna Bendell:
So I often tell patients the best thing you can do is go ahead and get your colonoscopy. But if it's the difference between having a colonoscopy and not having any screening at all, or having a blood test or a stool test and not having any screening at all, do at least something.

RAVEN BAXTER
Yes, tests can be stressful and unpleasant. But it's so important to catch these cancers as early as possible.

Johanna Bendell:
So one thing we know as oncologists and, and people that treat patients with cancer is catching it early may mean a much more limited surgical removal of a cancer than when it becomes more advanced. So the earlier that we catch it, the better. Increasing quality of life, increasing long-term survival. And also if we catch it early, there might be a different type of treatment that's available to the patient.

RAVEN BAXTER
This rings especially true when it comes to colorectal cancer.

Beatrice Dionigi:
I've been always fascinated by colon and rectal cancer because it's one of those diseases compared to other cancers where you can act surgically. So the earlier, the better.

RAVEN BAXTER

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[31] https://my.clevelandclinic.org/health/diagnostics/4949-colonoscopy
[32] Johanna Bendell interview (26:56 - 27:53)
[33] https://pmc.ncbi.nlm.nih.gov/articles/PMC11353969/

This is Beatrice again. She walked us through what happens once a patient comes in for a screening and cancer is found.

Beatrice Dionigi:
Let's start from the beginning. You come in, you don't have symptoms. You have to just have your regular colonoscopy. Or maybe you have just a little bit of rectal bleeding, we think it's hemorrhoid. We go in and we see that you have a tiny polyp, we remove it. Maybe there's cancer cells in just the top of the polyp, but the margin that we took is enough per the guidelines to say that you're cured. That's the best scenario. You had your minimally invasive procedure. And you got your treatment all at once, then you just go on surveillance.

RAVEN BAXTER
As she moves through the steps, you can hear how the later the cancer is caught, the more complicated the treatment approach becomes.

Beatrice Dionigi:
The more you wait, the more your cancer grows, then the more invasive procedure you may require. So sometimes if you have a large mass that the gastroenterologist cannot remove, then you get referred to surgery, you have to undergo CT scans, sometimes MRIs, you have to meet with the oncologist. If it's a rectal cancer, you will meet the radiation oncologist...

RAVEN BAXTER
Depending on the specific characteristics of the cancer, your doctor creates a custom treatment plan. Which can involve different specialists and disciplines, and different combinations of surgery, chemotherapy and other treatments[34]. But the bottom line is…

Beatrice Dionigi:
The earliest you get your polyps checked and removed, and you can prevent them to grow into cancer, the better.

RAVEN BAXTER
When Marshall had his initial colonoscopy, they burned off one of those polyps during the procedure. But he had another polyp and a large growth. At stage two, the cancer was already more advanced[35]. So his doctor made plans for further surgical intervention.

Marshall Anthony:
What I appreciate about my doctor was like, you know, guidance says to sort of take out the whole thing but you're young, I'm going to go in and check everything. This is what I think should happen. Like, I don't think I should remove the whole thing. I will just, you know, make a call in the surgery and thank goodness nothing was there. So they were able to still keep one third of my colon. So still two thirds of my colon was removed.

Raven Baxter:
And so the alternative would've been a potentially total removal.

Marshall Anthony:

[34] Beatrice Dionigi interview (18:58)
[35] Marshall Anthony interview (40:44)

Total removal, yeah. You know, there's, this is not a great history with Black folks in medical care[36]. And so I'm glad that he just didn't go up in there and just was taking out things that he just didn't need to, right. And was talking with me through the process. And I really felt like a partner in that journey. And still valued my quality of life. And so I'm very appreciative for that.

RAVEN BAXTER
Because Marshall talked to his PCP about his symptoms, because he did not delay and followed the loving-push of his friends to get a colonoscopy despite his very present and recent grief…he is now living cancer free. And with one third of his colon still intact.

Marshall Anthony:
Early detection is so vital. And I know it can sound sort of cliche, but again, American Cancer Institute found that, you know, the five-year survival rate, if you catch colorectal cancer early is 90%[37]. And so it's one of the easiest to sort of treat early.

But if you are feeling symptoms now, go get the screening now. Be an advocate. And if your primary care is refusing, get you another primary care that will, like, you have to be an advocate for your own life. And we know that as Black folks, and even more particularly as Black women, like the responsibility of that is even more intense. So get the support and get the help that you need and deserve.

RAVEN BAXTER
I know that all of this can sound really overwhelming. Cancer rapidly rising in young adults? It can be hard to see any silver linings here. But a global scientific effort is mobilized behind understanding and addressing this issue[38]. All across the United States, there are major institutions with dedicated early-onset cancer programs to help patients navigate this new landscape[39]. Plus, more people are getting screened early. The American Cancer Society found that in just the first year after lowering the recommended guidelines for colonoscopies to age 45, the number of colorectal cancer screenings more than doubled among people between the ages of 45 to 49[40]. And every single person we spoke to for this episode was optimistic.

Yin Cao:
*I'm very optimistic because what we are doing right now is really built upon decades of research and understanding of cance*r.

Johanna Bendell:

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[36]https://www.pewresearch.org/race-and-ethnicity/2024/06/15/black-americans-and-mistrust-of-the-u-s-health-care-system-and-medical-research/

[37]https://pressroom.cancer.org/2020-08-31-Colorectal-Cancer-Takes-the-Life-of-Far-Too-Many-People-and-Black-Men-are-Disproportionately-Affected#:~:text=The%20ACS%20can%20provide%20interviews%2C%20information%2C%20and,Black%20men%20have%20the%20highest%20incidence%20rate

[38] Yin Cao interview (35:29)

[39] Susan Zhang interview (9:07)

[40]https://www.cancer.org/research/acs-research-news/colorectal-cancer-screening-increases-in-people-under-50-after-acs-updates-guideline.html#:~:text=Previously%2C%20the%20guideline%20recommended%20screening,among%20people%20in%20their%2050s.

There's so much happening in the cancer discovery world now. There's so much hope on the horizon.

Susan Zhang:
I believe now is really an inflection point to understand and do better for patients with early-onset cancers.

Beatrice Dionigi:
I think the major motivation is giving patients hope.

RAVEN BAXTER
And on a personal level, Beatrice is able to see the way these advancements are having a real effect on her patients. It's what keeps her going.

Beatrice Dionigi:
Knowing that they are going back to their families, they're gonna be able to see their kids growing, they're gonna be able to have their walks in the park with their, you know, partners and their animals. Like, it just fills my heart.

RAVEN BAXTER
Speaking for myself, I know I'm grateful for the many more walks in the parks, dances in the club and full belly laughs I'll get to have with Marshall. And I know he's looking out at his own future with a new perspective.

Marshall Anthony:
Just trying to be the best version of myself that I could be with really this new lease on life. And I feel like it even helped me grieve in a way because I felt like my mom's like death wasn't in vain.

Like to be able to still have really her protection with me, even in that I really felt like she was side by side with God. It was like, 'make sure my baby get through this'. Right. And I felt a more closeness with her through this process.

And the good news is that, you know, my journey gets to be different than hers.

RAVEN BAXTER
In our next episode, we're going to look at a promising new testing and treatment paradigm giving more hope to patients, thanks to biomarker screening and precision medicine.

Johanna Bendell:
Treatments are changing. There's so much happening in the cancer discovery world now that we're getting so much better at not only catching patients' cancers early, but we're also good at taking an individual patient's cancer and understanding specifically what makes that cancer tick.

RAVEN BAXTER
Science Will Win is created by Pfizer and hosted by me, Dr. Raven Baxter. It's produced by Acast Creative Studios.

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Special thanks to everyone we spoke to this episode and to the Pfizer oncology team.

If you want to hear my full conversation with Dr. Marshall Anthony Jr. about his colorectal cancer journey, you can tune in on Pfizer's YouTube channel.

Thank you for listening!