A Fight for Answers: Colorectal Cancer Survivor Shares Her Story

After years of pain and uncertainty, Val Beck finds care and healing with a multidisciplinary team at University of Colorado Cancer Center.

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For three years, Val Beck suffered from strange symptoms that oftentimes landed her in the emergency room. Throughout multiple hospital visits, she heard various theories from numerous doctors as to what could be causing her severe abdominal pain.

Many thought it was ovarian cysts, while others suggested a bladder infection or perhaps a pinched nerve. But regardless of their opinions, the doctor visits always ended with Beck returning home without answers.

Beck, a 43-year-old mother of two, started to question whether it was all in her head. “I began blaming myself,” she said. “I felt like I was going crazy.”

In May 2023, her pain became so debilitating that she was on the brink of a breakdown.

“I looked at my husband and said, ‘I don’t know what’s wrong with me, but I just want someone to cut me open from top to bottom to figure it out.’”

A few days later, after using the bathroom, she was shocked to discover the toilet was full of blood. Terrified, she once again returned to her local emergency room, where an attentive doctor ordered a CT scan. Hours later, she received news that would change her life.

“She told me I had cancer,” recalls Beck. “She said, ‘You have a rectal tumor.’”

The days that followed were a blur of tests, biopsies and frantic calls to insurance companies. But Beck’s most important decision was to seek care at the University of Colorado Anschutz Medical Campus.

‘They do it differently here’

Almost immediately, Beck noticed a significant difference in the care she received. She was referred to the University of Colorado Cancer Center’s Multidisciplinary Clinic, where a team of

experts explained every aspect of her treatment plan. Within a single visit, she met with her surgeon, oncologist, gynecologist, occupational therapist, psychologist, dietician and other providers — all working together to support her care from every angle and area of expertise.

“It was incredible to suddenly have all these doctors come together to give me answers,” she said. “They never lied to me. They told me that my type of cancer was scary, and they said it was going to be hard. But they also said they were going to ensure I received the best treatment possible.”

From the very beginning, Beck’s oncologist Lindsey Davis, MD, associate professor of oncology at the CU School of Medicine, was struck by her patient’s courage and tenacity.

“She is so determined,” Davis said. “She knew what had to be done, and even though we had many difficult obstacles along the way, she never lost focus of her goal to be cured.”

Those obstacles included multiple abdominal reconstructive surgeries to prepare for radiation, followed by 28 rounds of radiation and chemotherapy. Afterward, Beck underwent a major surgery to remove what remained of the tumor, and later, another surgery to remove an ileostomy bag. Her scans and labs are now clear of cancer, but she needed occupational therapy to rehabilitate her pelvic muscles. Her recovery continues to this day.

“I feel very grateful to have found CU Anschutz,” she said. “I just want people to know that this level of care exists. They do it differently here.”

Colorectal cancer on the rise

Colorectal cancer rates are climbing, particularly among younger adults, with the cancer type now ranked among the top three causes of cancer deaths worldwide. By 2030, U.S. colorectal cancer deaths are expected to double and be the leading cause of cancer deaths in 20- to 49-year-olds.

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In recent years, researchers have developed promising new colorectal cancer therapies, and CU Anschutz has been at the forefront of clinical trials to find more effective, less invasive treatments.

“I’m excited about the potential of immunotherapy and new drugs targeting the most common gene mutations that we see in colorectal cancer,” Davis said. “Currently, most of the patients in our clinical trials have advanced cancers that have already spread, but as we learn more, we can start introducing these new targeted therapies even earlier in the treatment process.”

> “My doctors were always real with me about how serious my diagnosis was. Regardless of whether they could cure me, I always felt confident that they were going to provide the best care for my family and me.” – Val Beck, cancer survivor

In the meantime, Davis said early screening is the key to prevention. Colonoscopy screenings can allow doctors to identify and remove polyps from the colon before they turn cancerous.

In 2021, the U.S. Preventive Services Task Force lowered the recommended age to begin colorectal cancer screenings from 50 to 45. But Davis said adults of all ages, even those under 45, should pay attention to potential warning signs.

“We’re now frequently seeing patients in our clinic under the age of 50, so if you’re seeing any symptoms of concern – like blood in the stool, abdominal pain or bowel changes – talk to your doctor right away,” she said.
