

Table of Contents

Slide

- 1 Title Page
- 2 Why We Promote Screening
- 3 What is Colorectal Cancer?
- 4 What are Polyps
- 5 Find It Before It Spreads
- 6 Who Gets Colorectal Cancer?
- 7 You Could Have It and Not Know
- 8 What You Can Do
- 9 Stool Tests (FOBT, FIT)
- 10 Colonoscopy and Flex Sig
- 11 Ask Your Healthcare Provider
- 12 Healthy Choices
- 13 Excuses – It's Yucky!
- 14 Important Reasons To Stay Healthy

Guide Pages

Each guide page includes:

Talking Points to share with patients.

Small copy of the slide the patient sees.

Notes – Added Info for Staff.

Talking Points:

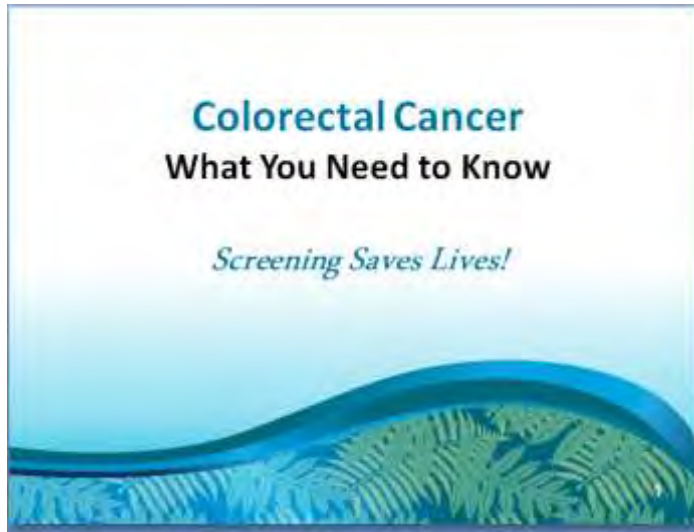
Today we are going to go over:

1. Why we want you to know about cancers of the colon and rectum, also called colorectal cancer and.
2. Types of screening tests available that can prevent this cancer or, find it early, when it can be cured.

Notes:

Be aware that some patients, especially those from Micronesian countries, feel uncomfortable talking about this topic. A short apology may be appreciated.

We apologize for using terms that are not polite and rude. But to give you the best medical advice, it is necessary for us to use these terms to explain this health message.



Talking Points:

Today we are going to go over:

1. Why we want you to know about cancers of the colon and rectum, also called colorectal cancer and,
2. Types of screening tests available that can prevent this cancer or, find it early, when it can be cured.

Notes:

Be aware that some patients, especially those from Micronesian communities, feel uncomfortable talking about this topic. A short apology may be appreciated,

***We apologize for using terms that are not polite and rude.
But to give you the best medical advice, it is necessary for us
to use these terms to explain this health message.***

Kolorektal Kanser (o Kanser sa Labasan ng Dumi)

Ano Ang Kailangan Mong Malaman?

***Nakapagliligtas ng Buhay ang
Kaagad na Pagpapasuri!***

Translation: Tagalog



Why we promote screening for colorectal cancer



- Both men and women can get it.
- 38 new cases diagnosed in Guam every year.
- 4th most common cancer, and 3rd leading cause of cancer deaths.
- Close to half of this type of cancer are found late, when cure is harder.
- Getting screened can save your life.

Our health center will help you schedule screening.

Talking Points:

- Both men and women can get it
- 38 new cases diagnosed in Guam every year
- 4th most common cancer, and 3rd leading cause of cancer deaths
- Close to half of this type of cancer are found late, when cure is harder
- Getting screened can save your life.

Let's learn more about cancer of the colon and rectum or, "colorectal cancer."

Notes:

If you know your patient has been screened before you can advance ahead:

Slide 9 – FOBT, FIT tests

Slide 10 – Colonoscopy, Flex Sigmoidoscopy

Slide 13 – Take Home Messages

Bakit natin pinapalaganap ang pagpapasuri para sa kolorektal kanser o kanser sa labasan ng dumi



- Ang sakit na ito ay tumatama sa mga babae at lalaki.
- 38 na bagong kaso ng kolorektal kanser ang naitatala sa Guam bawat taon
- Pang-apat na pinaka-karaniwang kanser at pangatlo sa nangungunang sanhi ng kamatayan sa kanser
- Halos kalahati ng kaso ng kolorektal kanser ay natutuklasan sa huling yugto kapag mahirap na itong gamutin
- Nakapagliligtas ng buhay ang kaagad na pagpapasusuri

Tutulungan kayo ng aming health center para sa iskedyul ang inyong pagpapasuri.

Where is the colon? What is Colorectal Cancer?



Colorectal Cancer is cancer that starts in the colon or the rectum

Cancer – cells growing out of control

Tumor - an abnormal growth of body tissue. Not all growths (tumors) are cancers. Tumors that are cancer are called malignant tumors.

Talking Points:

Colon - First 4-5 feet of the intestine, also called the large intestine or large bowel.

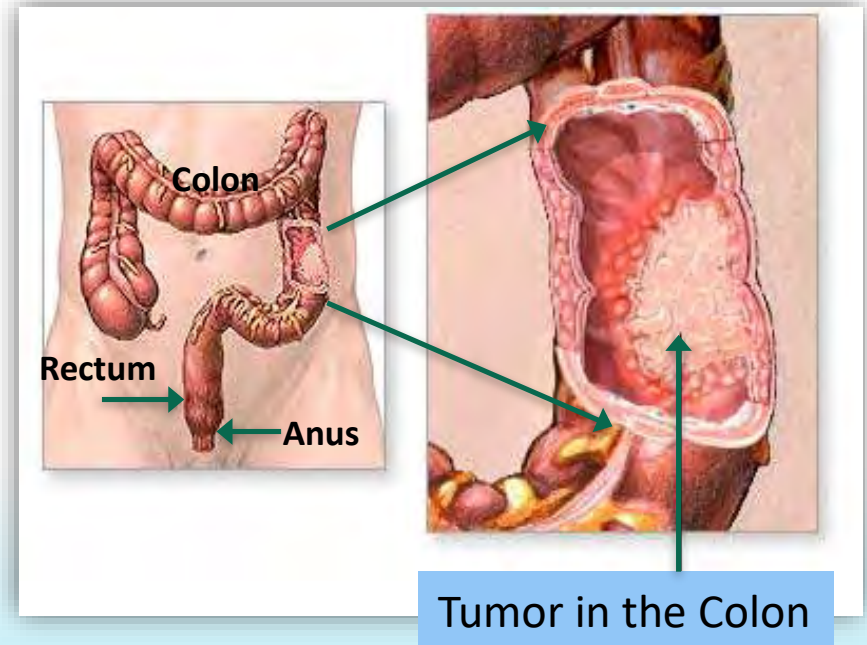
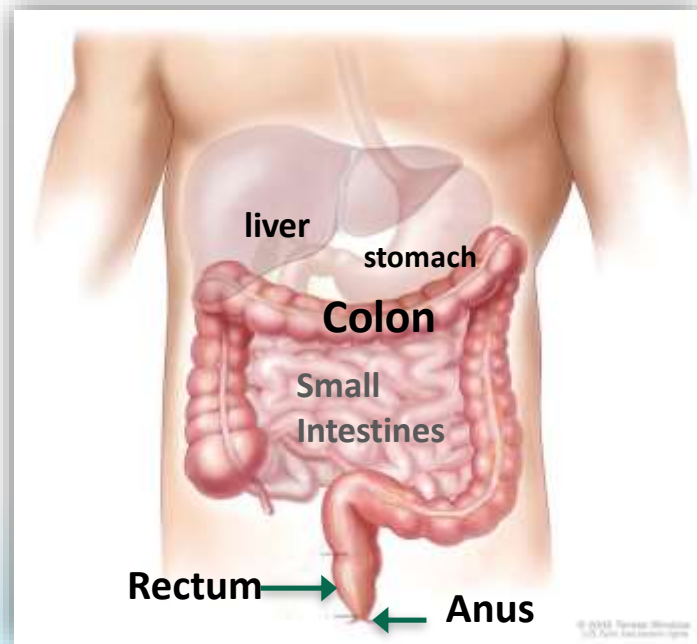
Rectum – The last few inches of intestine and the passageway that connects the colon to the **anus**.

Colorectal Cancer is cancer that starts in the colon or the rectum

Cancer – cells growing out of control

- Not all growths (tumors) are cancer.
- The tumors that are cancer are called malignant tumors.

Saan matatagpuan ang kolon? Ano ang Kolorektal Kanser?



Ang **kolorektal kanser** ay nagsisimula sa kolon, isang bahagi ng bituka, o sa tumbong.

Kanser - ang di pangkaraniwang pagtubo o paglago mga selula o “cells”

Tumor - bukol na nabubuo mula sa abnormal na pagtubo ng tisyu sa katawan. Hindi lahat ng tumor ay nagiging kanser. Ang mga tumor na nagdudulot ng kanser ay tinatawag na mga mapaminsalang bukol o “malignant tumors.”

What are Polyps?



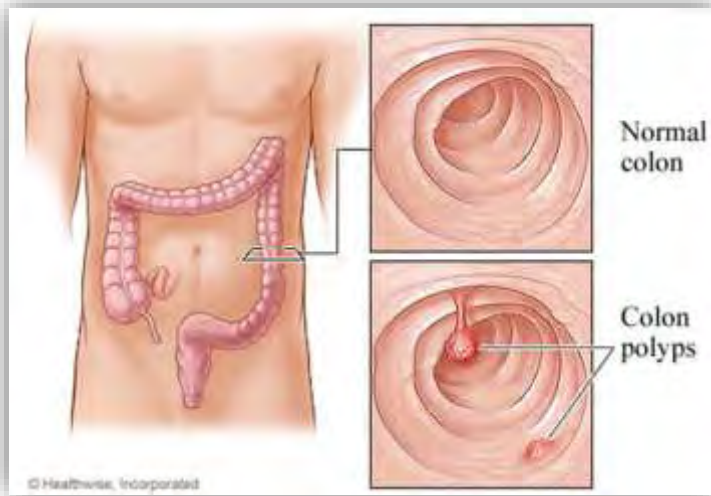
- **Polyps** are growths in the colon or rectum. Some polyps can turn into cancer.
- Screening can find polyps and removes them before they turn into cancer.



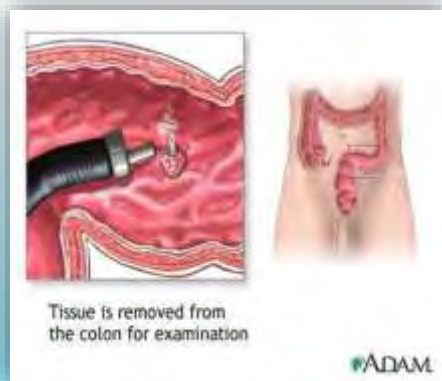
Talking Points:

- **Polyps** are growths in the colon or rectum. Some polyps can turn into cancer.
- Screening finds polyps and removes them before they turn into cancer.

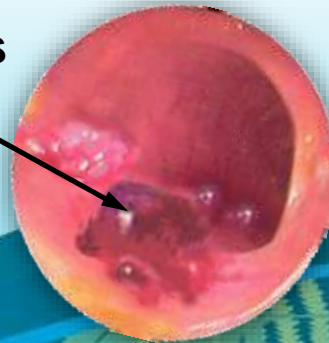
Ano ang polip?



- Ang **polip** o mga polip ay pagbubukol sa kolon o sa tumbong. May mga polip na nagiging kanser.
- Natutukoy ang mga polip sa pagpapasusuri. Sa ganitong paraan, maari itong tanggalin bago pa maging kanser.



Cancerous polyp





Talking Points:

Once cancer spreads to other parts of the body, treatment is more difficult.

If everyone age 50 years or older had regular screening tests, at least 60% of colorectal cancer deaths could be avoided.
That's 6 out of 10!

Notes: Close to half of colorectal cancer cases in Guam are found late.

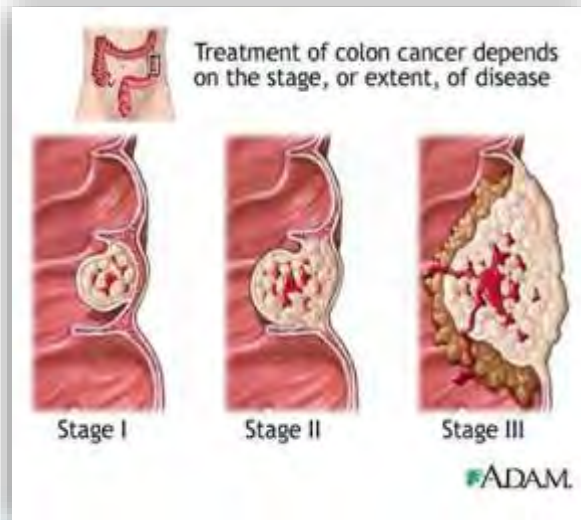
Group	% CRC Early Staged	% CRC Late Staged	% CRC Unstaged
Chamorro	25%	54%	21%
Filipino	30%	47%	23%
Micronesian	36%	46%	18%
Other Asian	33%	58%	8%
White	42%	33%	25%

Screening rates need to be improved for all ethnic groups in Guam, especially for Chamorro, Other Asian, Filipino, and Other Micronesian.

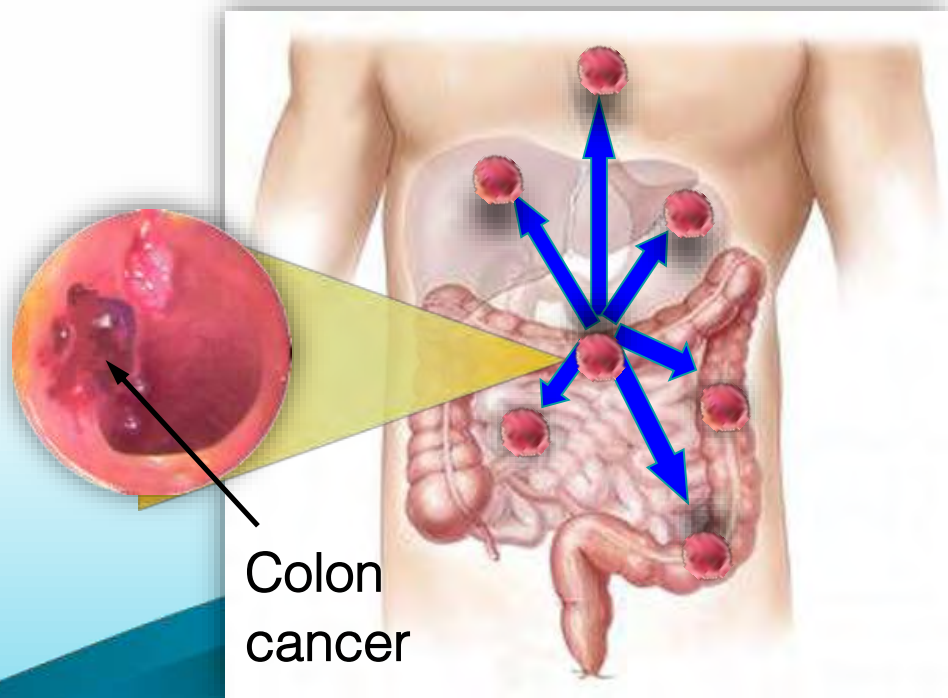
Data Source: Guam Cancer Registry, UOG. (2008-2012)

Magpasuri at malaman bago ito kumalat!

Kapag kumalat na ang kanser sa ibang mga bahagi ng katawan, mahirap na itong gamutin.



Stage IV -- Ang kanser ay kumalat na sa ibang mga bahagi ng katawan.



38 na bagong kaso ng kolorektal kanser ang naitatala sa Guam bawat taon.

Halos kalahati ng mga kaso ay natutukoy sa huling yugto ng kanser.


Who Gets Colorectal Cancer?

- ✓ Both men and women can get it.
- ✓ It happens most often in people ages 50 and older.

The risks or chances of getting this cancer are higher if:

- You or a close relative have had polyps in the colon or rectum or colorectal cancer before.
- You have inflammatory bowel disease.
- You have an inherited syndrome that may put you at higher risk.

Lifestyle factors that increase risk:

- Lack of regular physical activity.
 - Diet low in fruits and vegetables.
 - Low-fiber & high-fat diet.
 - Being overweight or obese
 - Cigarette smoking
 - Alcohol use
- 

Talking Points:

- Colorectal cancer is most often found in people 50 and older.
- We promote screening with all our patients who are 50 and older.
- We may screen patients at a younger age or more often if they have risk factors that increase their chances of getting this cancer.

Notes: Levels of Risk

Average Risk

Age 50 or over with no other personal or family risk factors

Increased risk

Previous colorectal cancer or adenomatous polyps

Family history of colorectal cancer or adenomatous polyps

Have inflammatory bowel disease

High risk

Inherited Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)

Inherited familial adenomatous polyposis (FAP) or attenuated familial adenomatous polyposis (AFAP)

Sino ang maaaring magkaroon ng kolorektal kanser?

- ✓ Ang sakit na ito ay tumatama sa mga babae at lalaki.
- ✓ Ito ay madalas na nangyayari sa mga tao na mahigit sa edad 50 o higit pa.

Tumataas ang panganib ng kolorektal kanser kapag:

- Ikaw o isang kamag-anak ay nagkaroon ng polip o mga polip sa kolon o tumbong. Ikaw o isang kamag-anak ay nagkaroon na ng kolorektal kanser
- Ikaw ay may sakit na pangmatagalang pamamaga ng bituka.
- Mayroon kang kasaysayan sa pamilya sa pagkakaroon ng kanser na nagpapataas ng iyong panganib sa sakit.

Mga gawaing-pamumuhay na nagpapataas ng iyong panganib sa sakit:

- Kakulangan ng ehersisyo o pisikal na paggalaw
- Kakulangan ng gulay at prutas sa diyeta
- Kakulangan ng “fiber” at mataas na kantidad ng taba sa diyeta
- Mataas na timbang o labis na katabaan
- Paninigarilyo
- Pag-inom ng alak

You Could Have Polyps or Colorectal Cancer and Not Even Know

This is why having a screening test is so important.

Tell your doctor if you have any of the following:

- ✓ A change in your bowel habits
- ✓ Blood in or on your stool
- ✓ Stomach pains, aches, or cramps that don't go away
- ✓ Losing weight and you don't know why
- ✓ Feeling weak or very tired all the time

These symptoms may be caused by something other than cancer but the only way to know is to talk with your doctor.

Talking Points:

Polyps or early-stage colorectal cancer often do not cause symptoms in the beginning.

This means you could have it and not even know.

Common Symptoms:

- ✓ **A change in your bowel habits**, like diarrhea, constipation or finding your stool are thinner or more skinny than usual
- ✓ **Blood in or on your stool** (can look bright red or very black)
- ✓ **Stomach pains, aches, or cramps** that don't go away, or feeling full or bloated
- ✓ **Losing weight** and you don't know why
- ✓ **Feeling weak or very tired** all the time

Notes:

These symptoms may be caused by something other than cancer but the only way to know is to talk with your doctor.

Maaaring mayroon ka nang polip o mga polip o kolorektal kanser at di mo pa alam

Kayat mahalagang gawin o sumailalim sa pagpapasuri

Makipag-usap sa inyong doktor kung may ganitong sintomas:

- ✓ Pagbabago sa kinaugaliang pagdumi
- ✓ Dugo sa dumi
- ✓ Hindi mawala-walang pananakit ng tiyan
- ✓ Pangangayayat o pagbaba ng timbang nang walang dahilan
- ✓ Pakiramdam ng panghihina o kapaguran kahit walang dahilan

Ang mga sintomas na ito ay maaaring dulot ng ibang sakit o kondisyon bukod sa kanser ngunit malalaman lamang ito kapag makipagkonsulta sa doktor.

What you can do -- "Get Screened!"

Start at age 50

- If you have other risk factors, such as a family history of this cancer, your doctor may tell you to get screened earlier.
- Have the screening test as often as recommended. Some tests are done every year, some every 5 or 10 years.



Screening tests to find polyps and colorectal cancer:

- Stool Test (FOBT or FIT)
- Colonoscopy
- "Flex Sig" – Flexible Sigmoidoscopy

Each can be used alone or in combination with each other.

Talking Points:

Note to health provider: If applicable, share the following with the person:

Today we are providing you with a take-home screening kit:

- FOBT screening kit
- FIT screening kit

I will explain how to use it, return it and get the results.

Notes:

The US Preventive Services Task Force recommends cancer screening for men and women ages 50-75. Patients older than 75 yrs. should ask their doctor if they should be screened.

The FIT is recommended over the FOBT because it has a better sensitivity and specificity than the guaiac test and does not require dietary restrictions. (Kastrinos & Syngal, 2009).

Ano ang dapat mong gawin - “Gawin ang Pagpapasuri!”

Magsimulang gawin ang pagpapasuri sa edad na 50

- Maari kang payuhan ng doktor na magpasuri ng mas maaga kapag mas mataas ang inyong antas ng panganib sa sakit, katulad ng pagkakaroon ng kasaysayan ng kanser sa pamilya
- Magpasuri ayon sa rekomendasyon ng doktor. May mga pagpapasuring ginagawa bawat taon; mayroon din tuwing 5 o 10 taon.



Mga uri ng pagpapasuri para matukoy kung may mga polip o kolorektal kanser:

- Pagsusuri ng Dumi o Stool Test (FOBT or FIT)
- Kolonoskopiya o Colonoscopy
- “Flex Sig” – Flexible Sigmoidoscopy

Maaring piliin ang isa, o kombinasyon ng pamamaraan ng pagpapasuri.

Stool Tests (FOBT or FIT) to check for blood

What is it?

A test that checks for blood in your stool or "poop".

How do you get it? From the doctor or health center.

How do you use it?

- The kit is done at home.
- You will use the sticks or plastic brush get a stool (poop) sample. Follow kit directions.

What do I do after I finish the kit?

- Mail it to the lab in the envelope provided.
- At the lab, your stool samples will be checked for blood or anything unusual.

How will I learn about the results?

- Your test results will be sent to you or the clinic.

When to start testing? - 50 years old or earlier if you have family history.

How often do I do this test? - Once a year



FIT Test



FOBT Test

Talking Points:

- Let's review the stool kit directions (Tell pt. what an appropriate amount for a stool sample is and point out the return envelope in the kit.)
- The results of your test will be
 - Sent to our clinic
 - Sent to you
- If you have any questions about using the kit or your results, you can call (NAME) at (PH NUMBER).
- There are other screening tests for colorectal cancer (next page)

Notes:

If using the FOBT, emphasize the diet restrictions with this test.

The FIT is recommended over the FOBT because it has a better sensitivity and specificity than the guaiac test and does not require dietary restrictions. (Spruce and Sanford 2012).

Pagsusuri ng Dumit o Stool Tests (FOBT or FIT)

Ano ito?

Isa itong pamamaraan ng pagpapasuri na ginagamitan ng “kit” para makita kung may dugo sa dumit.

Paano naisasagawa ang ganitong klaseng pagpapasuri?

Mula sa doktor o sa health center.

Paano ito ginagawa?

- Ginagamit ang “kit” sa bahay.
- Kailangan gumamit ng patpat o plastik na iskoba para kumuha ng dumit. Sundan ang direksyon na nakalagay sa “kit.”

Ano ang gagawin pagkatapos gamitin ang kit?

- Ilagay ang kit sa sobreng kasama nito at ibalik sa laboratoryo.
- Sa laboratoryo titingnan ang sample ng dumit para matukoy kung mayroon itong dugo.

Paano ko malalaman ang resulta?

Ipapadala ang resulta sa klinik.

Kailan ko gagawin ang pagpapasuri?

Dapat magsimula ang pagpapasuri sa edad 50 o kapag may kasaysayan ng mga polip o kanser sa pamilya.

Gaano kadalas ako dapat magpasuri?

Minsan sa bawat taon.



FIT Test



FOBT Test

Other Screening Tests: Colonoscopy and "Flex Sig"

Colonoscopy

What is it? The doctor looks at the rectum and whole colon using a thin, long, lighted tube to check for polyps or cancer in the rectum and colon.

How Often? - Every 10 years, starting at age 50.

"Flex Sig" – short for Flexible Sigmoidoscopy

What is it? The doctor looks at the rectum and lower part of the colon using a short, thin lighted tube to check for polyps or cancer. This test can be used with a stool test (FOBT or FIT).

How Often? - Every 5 years. Can be used with the FOBT or FIT.

10

Talking Points:

Both of these are also recommended screening tests and...

- Are available at our clinic
- Are not available at our clinic

Colonoscopies are also used as a follow-up test if anything unusual is found during one of the other screening tests.

Notes:

Other screening tests used or being studied*:

- **Double Contrast Barium Enema** – you are given an enema with a liquid that creates an outline around your colon which lets the doctor see the outline of your colon on an x-ray.
- **Virtual Colonoscopy** – Uses X-rays and computers to produce images of the colon which are displayed on the computer screen.
- **Stool DNA Test** – You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

*These tests are not recommended by the US Preventive Services Task Force but are used in some settings. Many insurance plans do not cover these tests and if something unusual is found, the patient will likely need a follow up colonoscopy.

Ibang pamamaraan ng pagsusuri: Colonoscopy at “Flex Sig”

Kolonoskopiya

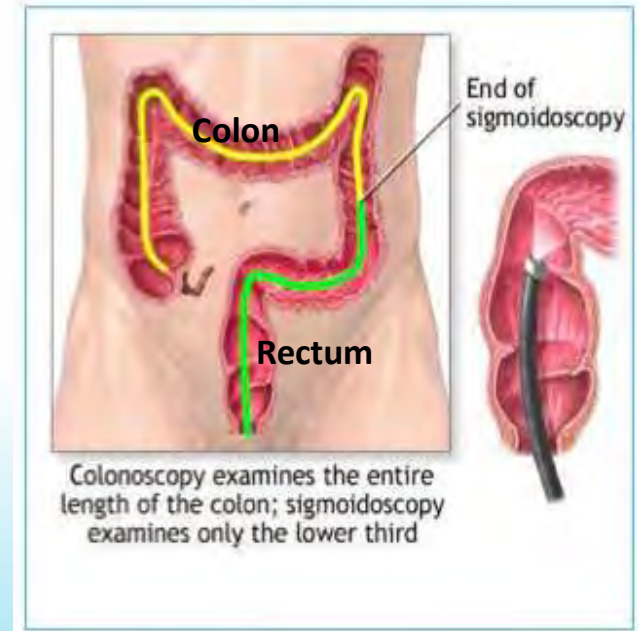
Ano ang kolonoskopiya? Gamit ang may ilaw na tubo, sinusuri ng doktor ang kabuuan ng kolon at tumbong para matingnan kung may mga polip o sintomas ng kanser.

Gaano kadalas ang pagsusuri?
Tuwing 10 taon, simula sa edad 50.

“Flex Sig” – o Flexible Sigmoidoscopy

Ano ito? Sa pamamaraan na ito, gumagamit din ng may ilaw na tubo ang doktor para suriin ang tumbong at ibabang bahagi ng kolon para matingna kung may mga polip o sintomas ng kanser. Maaari itong gamitin kasabay ng stool test (FOBT or FIT).

Gaano ito kadalas gawin? Tuwing 5 taon. Maaari ding gamitin ito kasama ng FOBT or FIT.



Ask your doctor or healthcare provider...

- ✓ Which screening test is best for me?
- ✓ How much will the test cost me?
- ✓ How does the test work?
- ✓ What do I need to do?
- ✓ How soon will I learn the results?
- ✓ If my test shows that I might have polyps or cancer, what happens next?



Talking Points:

These are questions patients like you may have. Is there anything I can answer for you today?

If you have questions later, you can call (Name) at (Phone) during the clinic hours.

Notes:

- On May 10, 2017, Guam Public Law No. 34-03 was signed into law, that mandated health benefit plan issued or renewed on or after January 1, 2018, shall provide coverage for all screening colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals 50 or older; or less than 50 years of age and at high risk for colorectal cancer.
- Medicare covers screening for those who meet the recommended qualifications for either average-risk or high-risk clients. Medicare benefits for average-risk individuals (50 years or older) will cover one FOBT each year, one flexible sigmoidoscopy every five years, one colonoscopy every ten years, *or* one barium enema every four years. In most cases, Medicare benefits will not cover a screening test until the results of your last screening test expire. They also do not cover the cost of virtual colonoscopy or stool DNA tests.

Kumonsulta sa doktor o sa inyong healthcare provider...

- ✓ Anong pamamaraan ng pagpapasuri ang pinakamabuti para sa akin?
- ✓ Magkano ang bayad ng pagpapasuri?
- ✓ Ano ang mga pamamaraan ng pagpapasuri?
- ✓ Ano ang kailangan kong gawin?
- ✓ Kailan ko makukuha ang resulta?
- ✓ Kapag nakitang mayroon akong mga polip o kanser, ano ang nararapat kong gawin?





Talking Points:

These behaviors increase or may increase your risk of getting colorectal cancer.

Our clinic has support services and programs that can assist you with behaviors you want to change,

- Smoking/tobacco use cessation
- Diet and exercise programs
- Referrals to programs in our community.

Notes:

- Studies have found that being overweight increases the risk of colorectal cancer in both men and women, but the link seems to be stronger in men.
- Overall, diets that are high in vegetables, fruits, and whole grains (and low in red and processed meats) have been linked with lower colorectal cancer risk, although it's not exactly clear which factors are important. Many studies have found a link between red meat or processed meat intake and colorectal cancer risk.
- Several studies have found a higher risk of colorectal cancer with increased alcohol intake, especially among men.

Source: ACS Guidelines on Nutrition and Physical Activity for Cancer Prevention.

Mga hakbang na pangkalusugan para mabawasan ang panganib ng pagkakaroon ng kolorektal kanser at iba pang sakit

- ✓ **Gawin ang pagpapasuri para sa kolorektal kanser ayon sa rekomendasyon ng doktor**
- ✓ Magkaroon ng madalas na aktibidad na pang-pisikal.
- ✓ Kumain ng maraming gulay at prutas
- ✓ Panatilihin ang tamang timbang
- ✓ Bawasan ang pag-ulam ng karne at mga prosesong pagkain (katulad ng SPAM®)
- ✓ Iwasan ang paninigarilyo o pananabako.
- ✓ Uminom ng katamtaman o iwasan ang alak.



Talking Points:

Some take home messages:

- No one should die from colorectal cancer.
- There are screening tests that can prevent this cancer by finding polyps and growths early, before it becomes cancer.
- There are screening tests that can find the cancer early, before it spreads to other parts of the body.
- There are family and friends worth staying healthy for!

Notes: Assess what other barriers patients may have to completing the screening test.

Nakakadiri ito! Hindi ako komportable!!

Lagi tayong naghahanap ng mga dahilan para makaiwas sa pagpapasuri.

Ngunit ayon sa mga nakaligtas sa kanser, mas mahirap at mas nakababalisa ang pagkakaroon ng kanser.

Samantalahin ang mga iba't ibang pamamaraan ng pagpapasuri para maiwasan ang kanser na ito o para makita ang mga sintomas habang maaga pa.

There are important reasons to stay healthy!

Family



Talking Points:

Love of Family

Bakit kailangan kong panatilihin ang aking kalusugan?

Pamilya



Talking Points:

There are important reasons to stay healthy!



15

Gathering with friends

Bakit kailangan kong panatilihin ang aking kalusugan?

Mga kaibigan



There are important reasons to stay healthy!

More birthday celebrations



17

Talking Points:

More Birthday
celebrations!

Bakit kailangan kong panatilihin ang aking kalusugan?

Marami pang darating na mga kaarawan





Talking Points:

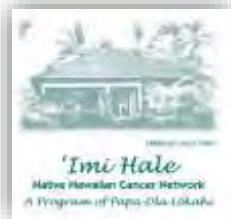
If you start your screening test today we should have the results in a couple weeks.

Would you like a reminder call or reminder card in the mail if we don't see your results come in within the month?

- Reminder call
- Reminder post-card (have them address a return postcard).

If you have any questions after you leave, please call, (NAME) at (PHONE NO.) during business hours.

THANK – YOU FOR YOUR TIME AND ATTENTION!



This flipchart was adapted and reprinted with permissions from: 'Imi Hale Native Hawaiian Cancer Network (U54CA153459-02S1), a program of Papa Ola Lōkahi.



Acknowledgements

Participating Hawaiian Communities on O'ahu, Maui, Hawai'i
NCI-Center to Reduce Cancer Health Disparities
NCI – National Outreach Network

Resources Used for the Flip Book:

CDC National Colorectal Cancer Action Campaign: Screen for Life
U.S. Preventive Services Task Force (USPSTF) Recommendations

HAWAII

- 'Imi Hale (2010). *Hawai'i Colorectal Cancer Screening Education and Outreach Resource Guide*.
- AANCART (U54CA153499) and WINCART (U01CA114591)
- Spruce LR, Sanford JT (2012). *An intervention to change the approach to colorectal cancer screening in primary care*. Am Aca of Nurse Prac 24;167-74.
- ACS - [http://www.cancer.org/healthy/eathealthygetactive/acsguidelinesonnutritionphysicalactivityforcancerprevention/\(9/12/2012\)](http://www.cancer.org/healthy/eathealthygetactive/acsguidelinesonnutritionphysicalactivityforcancerprevention/(9/12/2012))

GUAM

- University of Guam Cancer Research Center
- Guam Cancer Registry
- Department of Public Health and Social Services - BRFS



Special thanks to the American Cancer Society (Guam),
Guam Comprehensive Cancer Control Coalition, and
Department of Public Health and Social Services
for their partnership support.



The contents of this education product are solely the responsibility of the authors and do not necessarily represent the official views of the National Cancer Institute's Center to Reduce Cancer Health Disparities.

Developed: November 2012 by Imi Hale Native Hawaiian Cancer Network,
and adapted and printed April 2019 by the University of Guam Cancer
Research Center's Community Outreach Core with funding from NCI
Center to Reduce Cancer Health Disparities (U54CA143728-07) and the
American Cancer Society.



si Yu'us mã'ãse'

salamat po

kinisou kalahngan kulo
kammagar komṃool sulang

fa'afatai mahalo

domo arigato xièxiè

kamsahamnida cảm o'n

thank you

Colorectal Cancer (kanser sa labasan ng dumi)

Ano Ang Kailangan Mong Malaman?

Nakapagliligtas ng Buhay ang Kaagad na Pagpapasuri!

