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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:

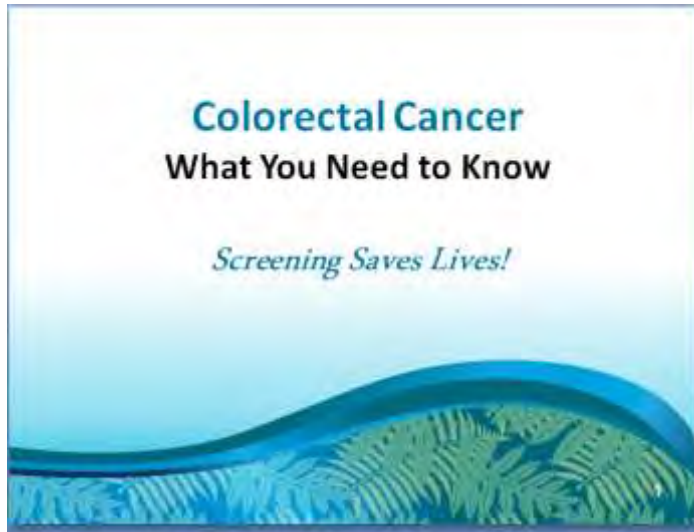
1. Why we want you to know about cancers of the colon and rectum, also called colorectal cancer and...
2. Types of screening tests available that can prevent this cancer or, find it early, when it can be cured.

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.

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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.

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***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.***

Kånset Ga'labok

Håfa debi di un tungo'

Ginen i magegefatan numa'såsafu i lina'la'

Translation: CHamoru



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

Håfa na ta atbåbansa i magegefatan para kånset ga'labok?



- Siña nina'ye parehu lalåhi yan famalao'an.
- Manmareseseta gi iya Guam kada såkkan 38.
- Mina' 4 mås na regulåt kånset, yan mina' 3 gi finatai kånset.
- Kåsi lamitå nu este na klåsen kånset atrasao manmasodda', yanggen mappot i inamte.
- Gi magefatan-mu na siña hao såfu gi lina'lå'-mu.

Siña i Fanamtiyan-måmi inayuda hao mana'tinas eskeyul para un magefatan.

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.

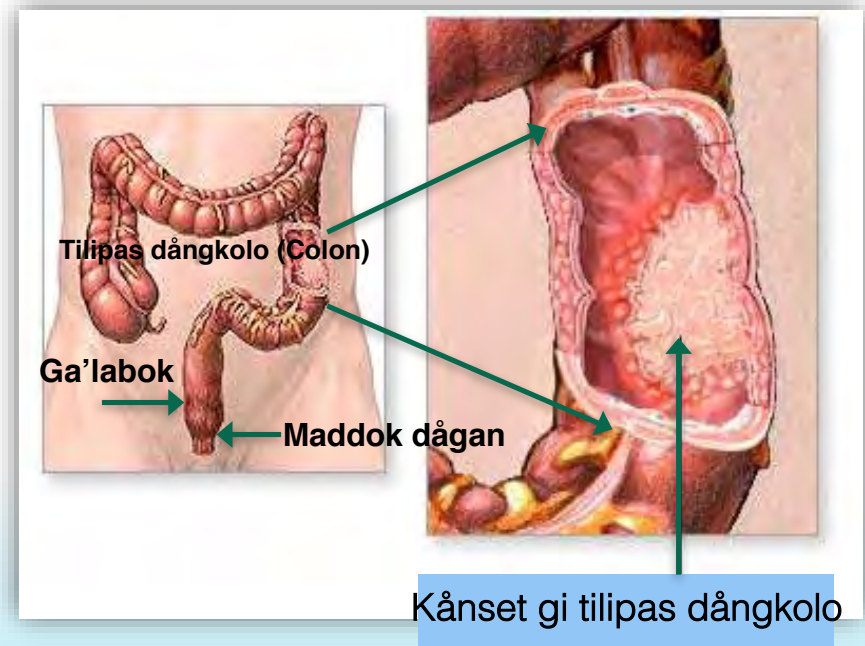
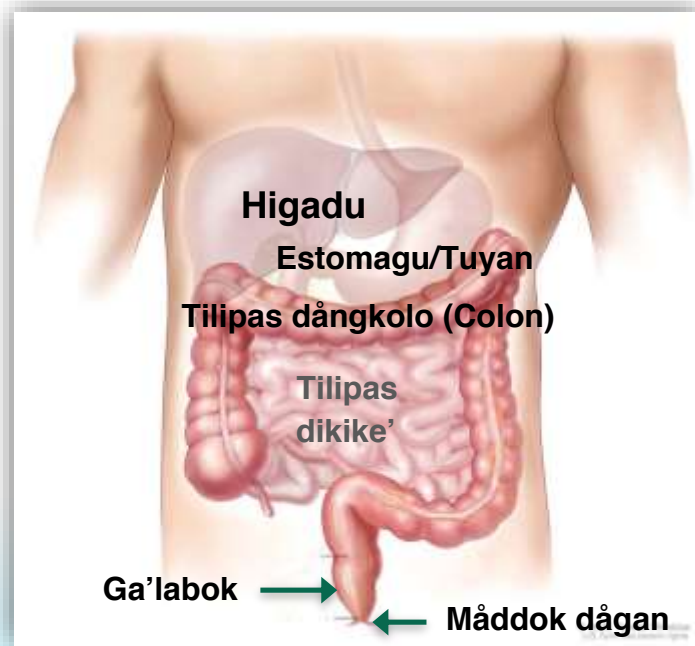
Rectum – The last few inches of intestine and the passageway that connects the colon to the **anus**.

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.

Amánu na gaige i tilipas dângkolo (colon)? Hâfa Kânsset Ga'labok?



- I Kanset Ga'labok ayu i kanset ni' tinitutuhon ginen i dangkolo na tilipas pat i ga'labok.
- **Kânsset** - ayu siha i mandikike' ya sinapopotte nu i haga' yan manatborotao.
- **Tumor** - ayu i sahngé na dinekko' gi tataotao. Ti todú dinekko' para u kânsset. I para kumânsset ma'â'agang "malignant tumors".

What are Polyps?



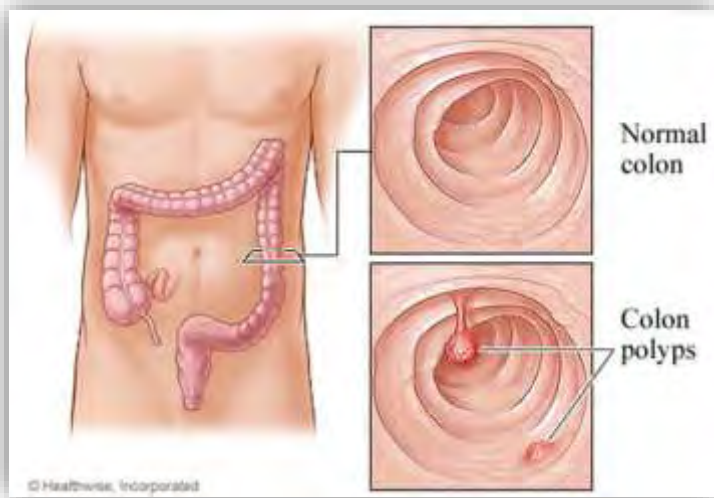
- **Polyps** are growths in the colon or rectum. Some polyps can turn into cancer.
- Screening can find polyps and removes them before they turn into cancer.



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.

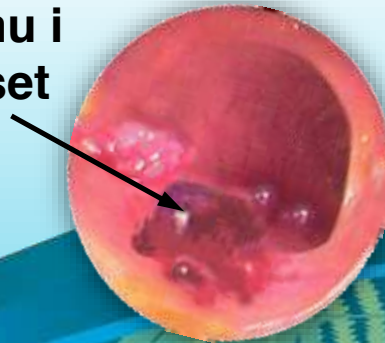
Håfa Polyps?



- “Polyps” ayu siha i mandodokko’ gi tilipas dångkolo pat ga’labok. Guaha polyps siña kumånsset
- Siña manmasodda’ yan ma na’fañuha i “polyps” åntes di u kånset gi magefatan yan ma eksamina.



“Polyp” nu i mankånset





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.

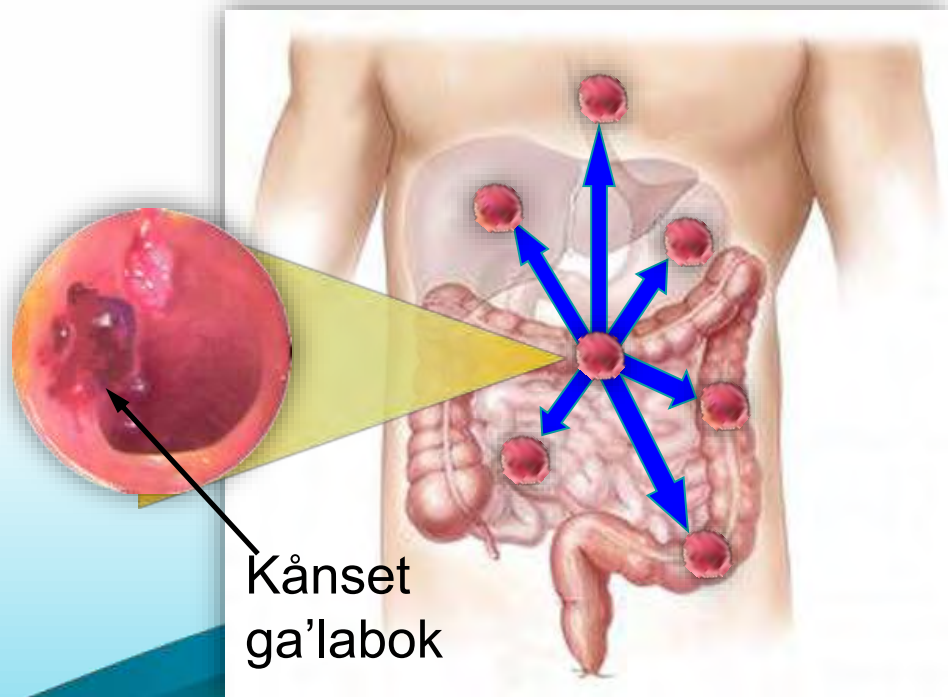
Data Source: Guam Cancer Registry, UOG. (2008-2012)

Na manmasodda' Antes di u Fãmta'

Gigon esta i kanset lumiliko' gi tataotao, sen mappot ma remedio.



Estao kuãttro- Esta ha chalapon gui' i kanset gi otro pãtten munidensia siha.



Guaha 38 siha na nuebon kãosan kãnsset ga'labok kada sãkkan gi iya Guam.

Kãsi lamitã atrasao manmasodda'!


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)

Håyi siha siña man nina'ye nu i Kanset Ga'labok?

- ✓ Acha siña i lalåhi yan famalao'an man nina'ye.
- ✓ Mås sesso gi 50 años na idåt pat i manla'amko'.

I ariesga pat chansa nu i para un nina'ye nu este na kånset mås takhelo' gi:

- Yanggen hågu pat unu gi parientes gai "polyps" gi tilipas dångkolo pat ga'labok osino kånset ga'labok.
- Guaha gråbi chetnot-mu 'inflammatory bowel disease.'
- Nina'ye hao nu i chetnot ginen irensia ya siña mås nina'takhelo' i chanså-mu.

Aktebidåt lina'la' nu i numa'tatakhelo' i ariesga:

- Ti nahong aktebidåt fisikåt
- Tumakpapa' i dietan fruta yan gollai siha
- Takpapa' i sostånsian hilu yan takhelo' i dietan mantika.
- Kumahulo' i librå-mu pat lumaloddo' hao.
- Chumuchupa sigariyu
- Inisan atkahot

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.

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Notes:

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

Siña nina'ye hao nu i “Polyps” pat Kånset Ga'labok ya Ti Un Tungo'

Ayu na rason na sumen empottante i para un magegefatan.

Sangani i mediku-mu yanggen un sesiente este siha

- ✓ Tinilaika put i iniså-mu kommon.
- ✓ Håga' gi halom pat gi take'-mu.
- ✓ Puten estomagu, pinadesi, pat kinalåmli ya ti siña pumåra.
- ✓ Tumakpapa' i librå-mu ya ti un tungo' sa' håfa.
- ✓ Ñaba' siniente-mu pat sesso hao yayas.

Este siha na siniente siña ginen ayu fuera di kånset lao ayu ha' na siña un tungo' i para un kuentos yan i mediku-mu.

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).

Håfa siña un cho'gue “Na'ma Gefatan” Hao”

Tutuhon gi 45 años na idåt

- Yanggen guaha otro siha na inariesgan inachåki taiguihi i guaha kånset gi familia, libiånu sinangångi hao nu i mediku-mu na debi di un magefatan mas tåftaf.
- Ma rikumenda na un magegefatan sesso. Guaha na tes ma susedi kada såkkan, guaha kada 5 pat 10 años.



Para u ma sodda' i “polyps” yan kånset ga'labok gi magefatan:

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

Siña ma'usa na maisa pat mana'dañña' yan otro.

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).

Tes Tåke' (FOBT or FIT) para inilao håga'

Håfa este siha?

Este na tes ha aliligao i haga' gi take'-mu.

Taimanu para un chule'?

Ginen i mediku pat gi fanamtiyan mediku-mu.

Taimanu ma usâ-ña?

- Un chule' i ramienta ya un cho'gue gi gima'.
- Un usa i hayon dikike' pat plastek na brochas para un rikohi i take' na muestra. Tattiyi i direksion ramienta siha.

Håfa para bai hu cho'gue yanggen monhåyan hu usa i ramienta?

- Na'la'lo tåtte gi "lab" gi halom sobre ni' ma nå'i hao.
- Ma ilao gi "lab" i un na'hålom na tåke' kao guaha håga' pat håfa siha sahngé na sinedda'.

Taimanu para bai tungo' i resutto?

- Ma na'hånao guatu gi fanamtiyan mediku-mu.

Ngai'an para ta tutuhon ma tes? - 45 años pat tåftaf yanggen guaha gi familiå-mu gai chetnot nu este.

Kao sesso na para bai hu cho'gue este na tes? – Un biåhi gi sakkan.



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.

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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.

Otro siha na klåsen Ginefatan: Colonoscopy yan “Flex Sig”

Colonoscopy

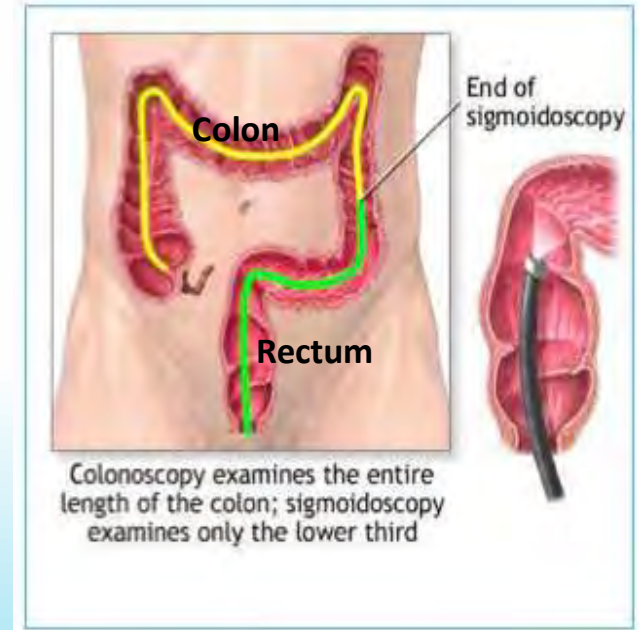
Håfa este siha? - I mediku ha ilao ginen i ga’labok todú hulo’ asta i tilipas ni’ i dalalai na tubon kåndet para u aligao i “polyps” pat kånset gi i tilipas yan ga’labok.

Kao sesso? - Kada 10 años tutuhon gi 45 años na idåt.

“Flex Sig” – kadada’ para Flexible Sigmoidoscopy

Håfa este siha? Ha atan i mediku gi i papa’ ga’labok yan pátte gi tilipas nu i kadada’, kanifes na tubon kåndet para u ilao kao guaha “polyps” pat kånset. Este na tes na siña ma usa gi inilao tåke’ na tes (FOBIT pat FIT).

Kao sesso? - Kada 5 años. Siña ma usa yan i FOBT pat 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.

Faisen i mediku-mu pat i emfitmera:

- ✓ Håfa mås maolek na tes para guåhu?
- ✓ Akuanto para bai hu ginasta nu este na tes?
- ✓ Taimanu macho'cho' este na tes?
- ✓ Håfa hu nisisita para bai cho'gue?
- ✓ Taimanu chinaddek-ña para bai tungo' i resutto?
- ✓ Håfa para u guaha gi despues yanggen annok na siña gai "polyps" pat kånset yu'?





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.

Sileksion brinåbu para u takpapa' chaså-mu gi minalångon kånset tilipas dångkolo yan otro siha na minalångu.

- ✓ **Ma rikomenda na un magegefatan para kånset**
- ✓ Para un sesso umetsisiu para un bråbu gi kinalamte-mu
- ✓ Kånno' meggai na fruta yan gollai para un dieta
- ✓ Mantieni un na'bråbu na minakkat tahtaotao
- ✓ Suhåyi i katnen agaga' yan todú kátne ni' ma fa'tinas taiguihi i SPAM
- ✓ Suhåyi i chipa yan sigariyu
- ✓ Gimén didide' pat tåya ha' atkahot



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.

Kalakas! Ti maolek na siniente!!

Todos hit umespipiha miyon na rason na ti para ta fanmagefatan.

Lao siña i manlâla'la' siha na tinaotao ni' mangânsset ma apreba na mäs ki kalakas yan ti maolek na siniente" para un nina'ye nu i kânsset tilipas yan otro nu i tinattitiyi.

Chule' i apottunidât para un ma tes nu i para un pribiniyi este na kânsset pat ke'sodda' tâftaf yanggen guaha mäs chânsa para un homlo'

There are important reasons to stay healthy!

Family



Talking Points:

Love of Family

**Guaha impottante na rason siha na para un brábu
gi hinemlo'!**
I Familia



Talking Points:

There are important reasons to stay healthy!



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Gathering with friends

Guaha impottante na rason siha na para un brãbu gi hinemlo'!

I mangga'chong-mu pat atungo'-mu.



There are important reasons to stay healthy!

More birthday celebrations



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Talking Points:

More Birthday
celebrations!

**Guaha impottante na rason siha na para un
brábu gi hinemlo'!**

I meggai na silebrasion kompli'años-mu.





Talking Points:

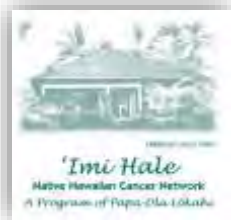
If you start your screening test today we should have the results in a couple weeks.

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!



Este na tapleru ma adāpta yan ma inemprenta nu i petmisu ginen: ‘Imi Hale Native Hawaiian Cancer Network (U54CA153459-02S1), i prugrāman Papa Ola Lōkahi.

Rikokniasion Siha

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



Ma‘usan este na lebplo para i “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 - BRFSS



Espesiåt na Si Yu'os Ma'åse' para American Cancer Society (Guam),
Guam Comprehensive Cancer Control Coalition, yan
Department of Public Health and Social Services
ayu siha i guma'chunge sumupotte

I guinahan este na prudukton idukasion manresponsåpble nu i mantitige' ya
ti nisisåriu rinipresenta nu ayu siha i ufisiåt na mali'e'-ña gi i National
Cancer Institute's Center to Reduce Cancer Health Disparities.

Ma na'posipble gi Nubembre 2012 ginen `Imi Hale Native Hawaiian
Cancer Network, Yan ma adåpta yan ma'emprenta gi Abrit 2019 ginen i
University of Guam Cancer Research Center's Community Outreach Core
nu i finonduyi ginen NCI Center to Reduce Cancer Health Disparities
(U54CA143728-07) yan i American Cancer Society.



si Yu'us mã'åse'

salamat po

kinisou kalahngan kulo
kammagar kom̃moolulang

fa'afatai mahalo

domo arigato xièxiè

kamsahamnida cảm o'n

thank you

Kånset Ga'labok

Håfa debi di un tungo'

Ginen i magegefatan numa'såsafu i lina'la'

