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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:

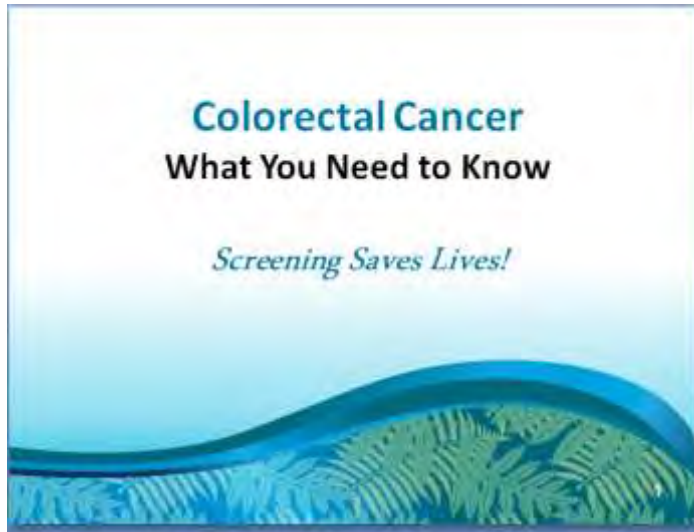
Today we are going to go over:

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.



Talking Points:

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Colorectal Cancer

**Meet mei euchchea oomw kopwe
sinei**

***Chekin ei semmwun mei toongeni
anisi manawomw!***

Translation: Chuukese



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

Pwata si pesei oomw kopwe chek reen colorectal cancer?



- Mwaan me feefin mei toongeni uriir ei semmwenin cancer.
- Ukuukun 38 aramas mei tooriir ei semmwenin cancer non Guam iteitan ier.
- Ei cancer nampa 4 me nein cancer ekon tep chon uriir pwan ei cancer nampa 3 me nein cancer mei nieno chommongun aramas.
- Chommong ra mang ne sinei pwun mei uriir ei cancer. Nupwen aa mang, iwe aa weires aan epwe toongeni safei.
- Chekin ei semmwenin mei toongeni anisi manawomw.

Aach ei putai mei toongeni anisuk oomw kopwe feeri omw apoinmen oomw kopwe no chek

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.

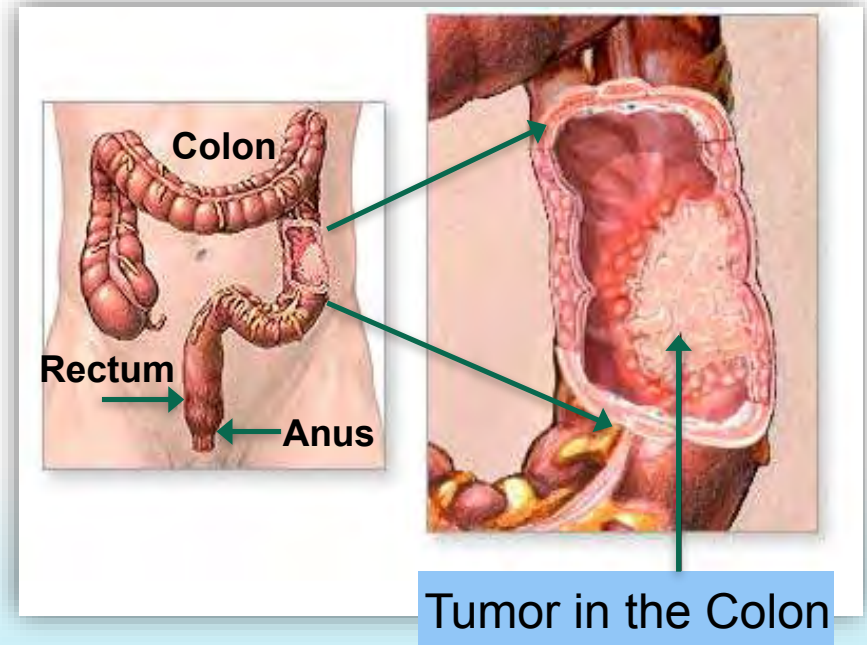
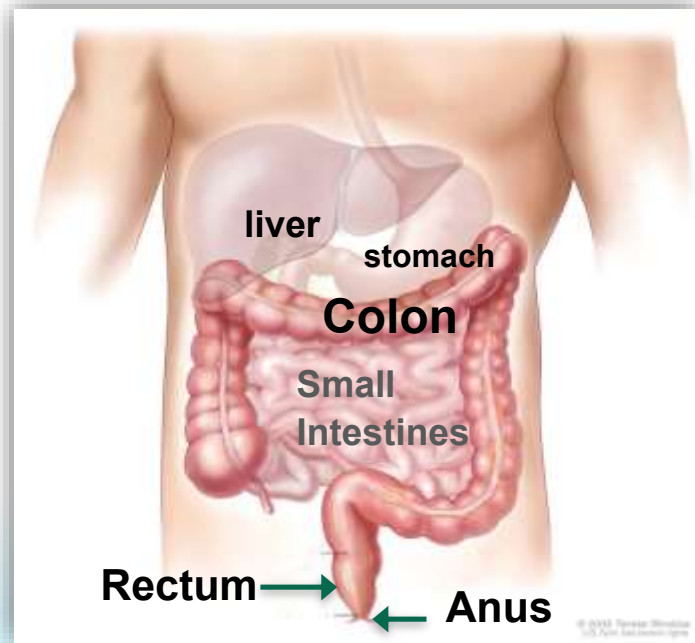
Rectum – The last few inches of intestine and the passageway that connects the colon to the **anus**.

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.

Ifa ei “colon” non inisumw? Met ei “Colorectal Cancer”



Colorectal cancer ina ewe cancer aa pwopwuta non affan me non aan emen neenien kiten mwenge.

Cancer - Aa fis nupwen menun non inisin emen aramas ika ekkewe “cells” rese chiwen keuno ne maar.

Tumor - Eu pwo non inisin emen aramas. Ekkoch feun tumor ika pwo rese winiiti cancer nge mei wor ekkei pwo mei toongeni winiti cancer, ekkena iteer malignant tumor.

What are Polyps?



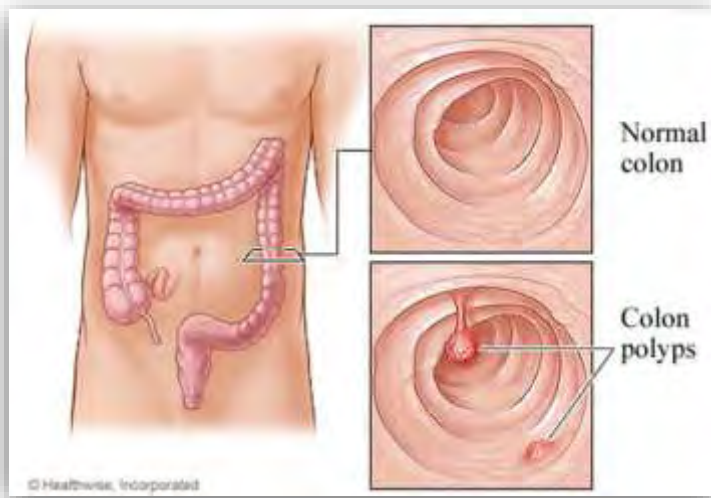
- **Polyps** are growths in the colon or rectum. Some polyps can turn into cancer.
- Screening can find polyps and removes them before they turn into cancer.



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.

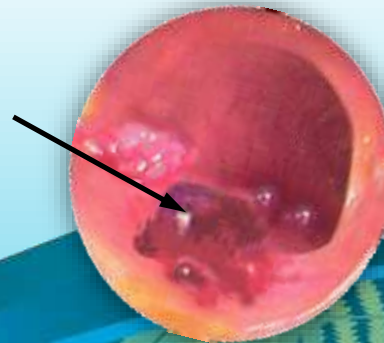
Meet Polyps?



- **Polyps** ekkewe feun pwo non affan me non neenien aan aaramas kiten mwenge. Ekkei feun polyps mei toongeni winiiti cancer.
- Oomw angei ei tees, kaa toongeni kuna ika mei wor ekkei “polyps” ika pwo non inisumw oomw kopwe safeeni memmwun repwe winiiti cancer.



**Ewe Polyps
ika feun
pwo mei
toongeni
winiiti
cancer**





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.

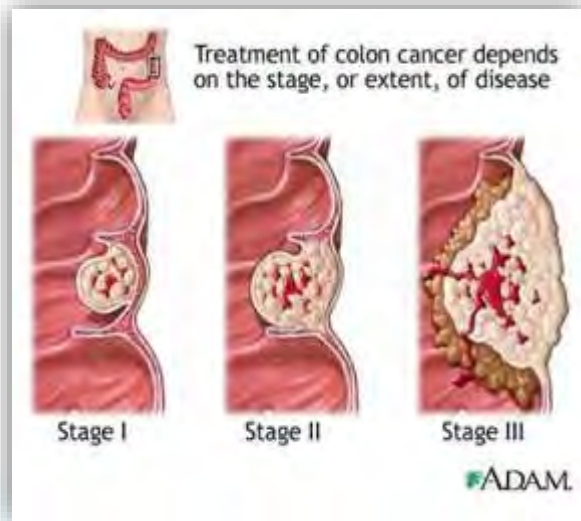
Group	% CRC Early Staged	% CRC Late Staged	% CRC Unstaged
Chamorro	25%	54%	21%
Filipino	30%	47%	23%
Micronesian	36%	46%	18%
Other Asian	33%	58%	8%
White	42%	33%	25%

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

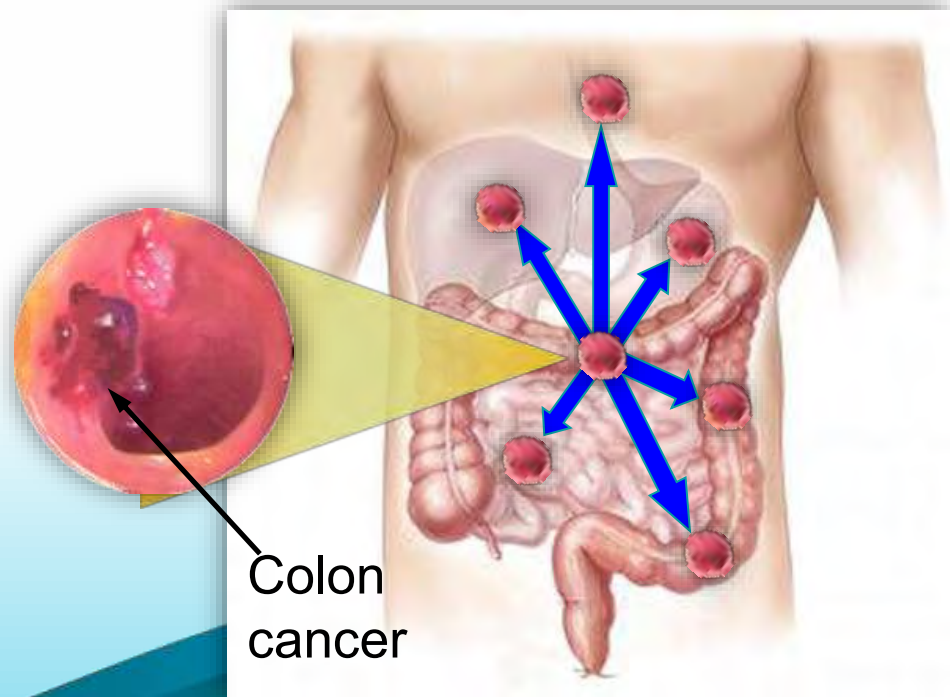
Data Source: Guam Cancer Registry, UOG. (2008-2012)

Kutta memmwun epwe cheuno!

Nupwen ewe cancer aa maar me cheeu non inisumw aa weires aan epwe safei.



Stage IV – Cancer has spread (metastasized) to other organs.



Mei toori 38 aramas mei uriir ei Colorectal Cancer iteiten ier non Guam.

Napengeniir re MANG ne sinei ewe semmwun nge aa ser nupwan aar repwe safeeni.


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)

le epwe toongeni uri ei cancer?

- ✓ Mei toongeni uri mwaan me feefin
- ✓ Ekon nap aan uri ekkewe ra ier 50 feitta.

Epwe mecheres aan uri emen ei semmwun ika pwun:

- Mei piin uruk ika uri emen masoen oomw ewe faamini ei cancer.
- Mei uruk ekkooch semmwenin non nuukomw ika non aaffomw.
- Mei uruk ekkooch semmwun epwe awora ngonuk ei cancer.

Nonnomwun me manauen emen epwe esenipaato ei cancer:

- Ese awora fansoun taiso
- Ese memmwenge feun ira me mwengeen chuuk
- Mwenge mei watte kiriis non
- Mei Kitinnupw
- Soun un suupwa
- Soun un sakau

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.

Mei toongeni epwe uruk ei cancer nge kose sinei

Ina pwata mei mwurinne oomw kopwe chek ikenai

Eisini noumw doctor ika een mei meefi nge mei wor reomw:

- ✓ Ekkesiiwin ika osukosuken non nuukomw
- ✓ Ika mei wor fisesina chcha non meet ka pincheenaau (puse)
- ✓ Metekin nuuk (mei weesimmang)
- ✓ Oomw mwittir ne kuchchuuchuuno nge kose sinei pwata
- ✓ Oomw meefi menuunu ika apwangapwang

Ikkei ekkooch esissinnen cancer. Kapasis ngeni noumw doctor oomw kopwe sinefichi fatechchun.

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).

Meet kopwe feeri -- “Angei ewe chekin ei cancer”

Popwuta nupwen ka ier 50

- Ika pwun ekkewe doctor re nuku nge epwe mecheres ne uruk ei cancer (aweewe: ika pwun mei wor mei uriir ei cancer non oomw faamini), een mei toongeni popwutakai ne chek reen ei cancer.
- Epwenuwetai faan fite kopwe chek. Mei pesepes aan aramas repwe chek iteitan ier. Ekkoch mei toongeni repwe witiwit 5-10 ier ika pwun mei pesepes seni neur doctor.



Ikei ekkewe sokkun tees oomw kopwe sinei ika mei wor esissinnen Coloretal Cancer non inisumw

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

Emen mei toongeni angei eu ekkei chek ika fen meinisin faan euchek.

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).

Ewe chek itan “Stool Test (FOBT ika FIT)”

Meet Stool Test?

Ei tees eu chekin ika mei wor fisefisen cha non kiten anan emen ika non meet aa pincheenaau (puse).

Ifa ussun ai upwe angei pisekin ei tees?

Chuuri noumw doctor ika non ekkewe imwen safei aar repwe ngonuk ekkewe pisekin ei tees.

Ifa ussun ai upwe aea?

- Kopwe feeri angaangan ei tees non imomw we.
- Pisekin ei tees mei fit efoch piros ika mwuuch. Kopwe aea ei piros ika mwuuch oomw kopwe angei ekis masoan meet ka pincheenaau oomw kopwe ngeni noumw we doctor aan epwe cheki.

Meet upwe feeri nupwen uwa wes?

- Eniwinaanong ewe chota raa ngonuk ngeni ewe neenien chek ika “Lab”
- Ekkewe choon angaang ika doctor non ewe neenien chek ika “Lab” repwe cheki masoan ewe chota ka waanong.

Ifa ussun ai upwe sinei pwungun ewe tees?

- Pwungun oomw we tees epwe no ngeni noumw we doctor ika ewe neenien safei.

Inet uwa toongeni chek?

- Nupwe ka ier 50. Een mei toongeni angei ei tees memmwun oomw ier 50 ika pwun mei piin uri choochoon oomw faamini ewe cancer.

Faan fite upe angei ei tees?

- Faan eu non eu ier



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.

Ekkooch teesin ei Cancer: Colonoscopy me “Flex Sig”

Colonoscopy

Meet colonoscopy? Noumw ewe doctor epwe aea efoch eukukkunun paip aan epwe pwureeta non affomw aan epwe toongeni epwe cheki ika mei wor esissinen ei cancer ika mei wor pwo non nuukomw.

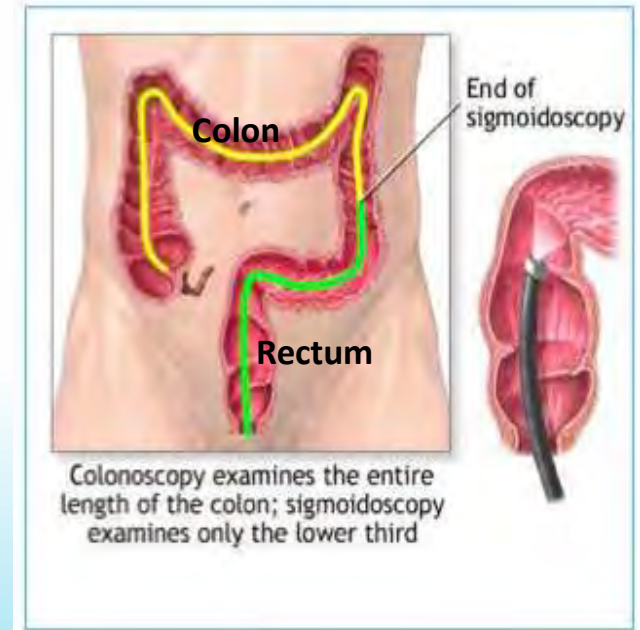
Faan fite upwe toongeni angei ei tees? - Iteitan 10 ier nupwen ka ier 50

“Flex Sig” ika

Flexible Sigmoidoscopy

Meet “Flex Sig”? - Noumw ewe doctor epwe katon non me nukun nenien oomw pinche ika mei wor pwo ika ekkewe ekkooch esissinen ewe cancer.

Faan fite upwe toongeni angei ei tees? - Iteitan 5 ier.



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.

Kapas eis ngeni noumw doctor ika choon anisuk ren oomw safei...

- ✓ Menni ewe chekin semmw en ee ech ngeni ei?
- ✓ Epwe fite niwinin ei chek?
- ✓ Ifa ussun angaangen ei chek ika tess?
- ✓ Met eureurei reen met upwe feeri?
- ✓ Ineet upwe toongeni sinei pnuan ika pworosen ai chek?
- ✓ Ika pwungun ai we chek aa era pwun mei uri ei ewe cancer, meet epwe fis mwurin?





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.

Eppetin inis kopwe feeri pwun epwe weires an epwe uruk ei samwau ika cancer

- ✓ **Kopwe chek ika en mi uruk ei cancer**
- ✓ Kopwe awora fansoun oomw kopwe taiso
- ✓ Mwenge feun ira me mwengeen Chuuk
- ✓ Tumwunu inisumw me onomw oomw kosapw kitinnupw
- ✓ Ekisaano oomw ochooch futuk me mwenge pwooch (ussun SPAM®)
- ✓ Kosapw un supwa
- ✓ Ekisaano oomw unumi sakau



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.

“Mei fokkun annou! Kosapw kinammwe reen”

Kiich aramas sikan kutta pwopwun aach sisapw tess ika chekin semmwun

Nge ekewe aa fen uriir ei samwau ra pwaaraata pwe ei “colorectal cancer” mi fokkun annou me kosapw kinammwe reen.

Sia pesei oomw kopwe mwittir no angei ewe chek ika tees reen ei cancer pwun epwe mecheres oomw chikar seni ei samwau ika sia kuna kii.

There are important reasons to stay healthy!

Family



Talking Points:

Love of Family

**Mei chommong pwopwun aach sipwe
tumwunuu inisich!**
Faniten Eterenges me oomw Faamini



Talking Points:

There are important reasons to stay healthy!



15

Gathering with friends

Mei chommong pwopwun aach sipwe tumwunuu inisich!

Chiechiomw



There are important reasons to stay healthy!

More birthday celebrations



17

Talking Points:

More Birthday
celebrations!

**Mei chommong pwopwun aach sipwe
tumwunuu inisich!**

*Manawattawomw oomw kopwe efisi
chommong raanin ipwutiwomw*





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.

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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
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si Yu'us mã'åse'

salamat po

kinisou kalahngan kulo
kammagar kom̃moolulang

fa'afatai mahalo

domo arigato xièxiè

kamsahamnida cảm o'n

thank you

Colorectal Cancer

**Meet mei euchchea oomw
kopwe sinei**

***Chekin ei semmwun mei
toongeni anisi manawomw!***

