

# Colorectal Cancer Screening Promotion Program

## Session 1: *Increase knowledge about screening*

***Oregon Partnership for Cancer Control***

***[www.healthoregon.org/cancer](http://www.healthoregon.org/cancer)***

***August 2009***

# Program goals

Participants will be able to

## Session 1

1. Explain the value of colorectal cancer screening
2. Describe the three recommended screening choices

## Session 2

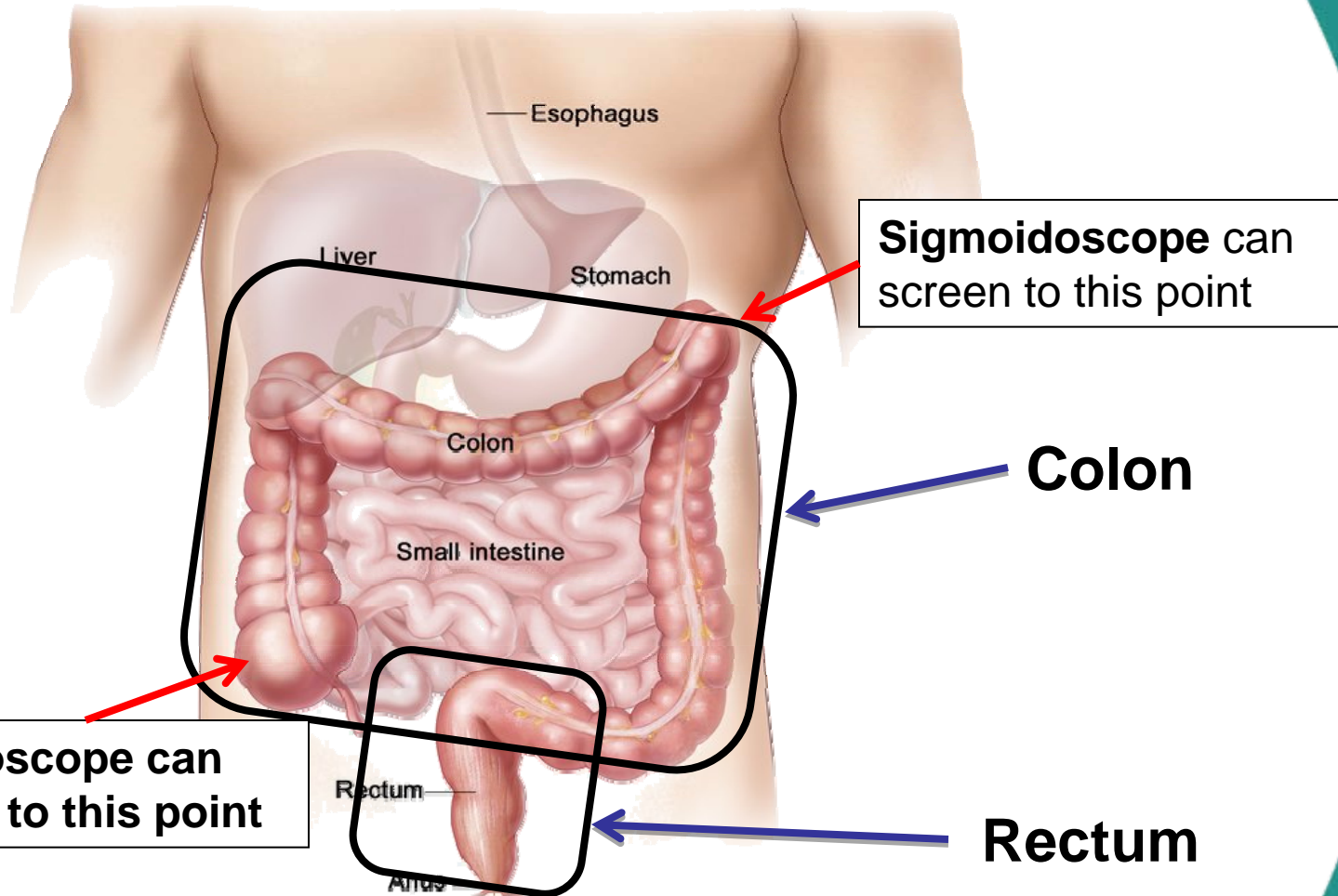
1. Increase the number of patients in your practice who are screened for colorectal cancer

# True or false?

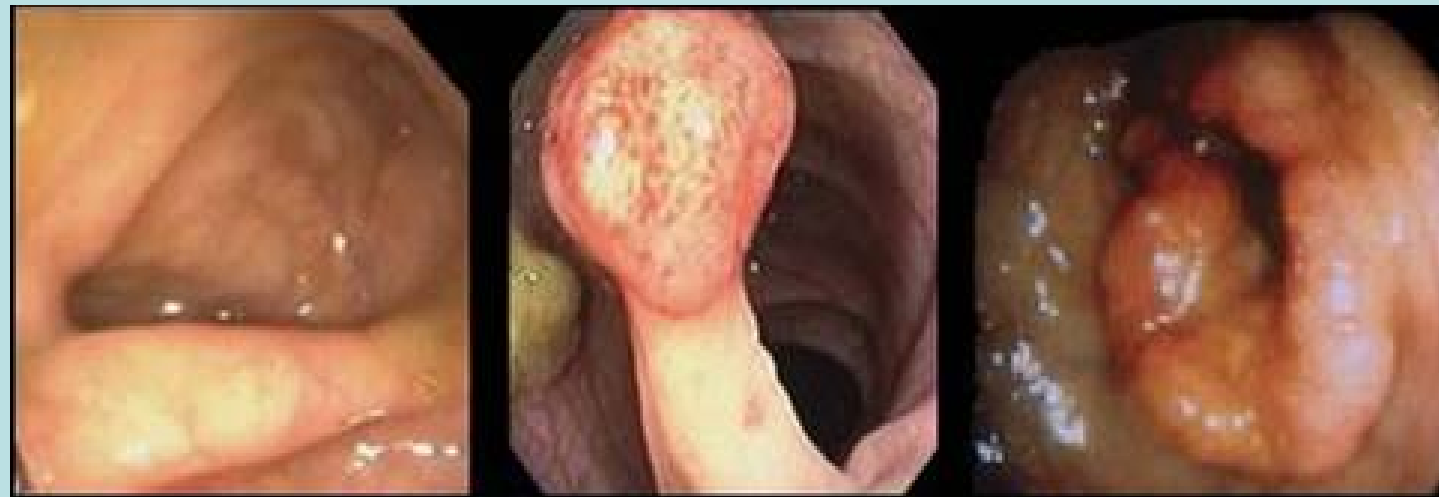
- People usually have symptoms when they have a colorectal cancer.
- Colorectal cancer can be prevented.
- Colorectal cancer screening isn't very effective in saving lives.

# Where are the colon and rectum?

# Colorectal cancer develops in the colon or rectum



# What are polyps? Why are they important?



**Normal**

**Polyp  
(pre-cancer)**

**5–10 years**

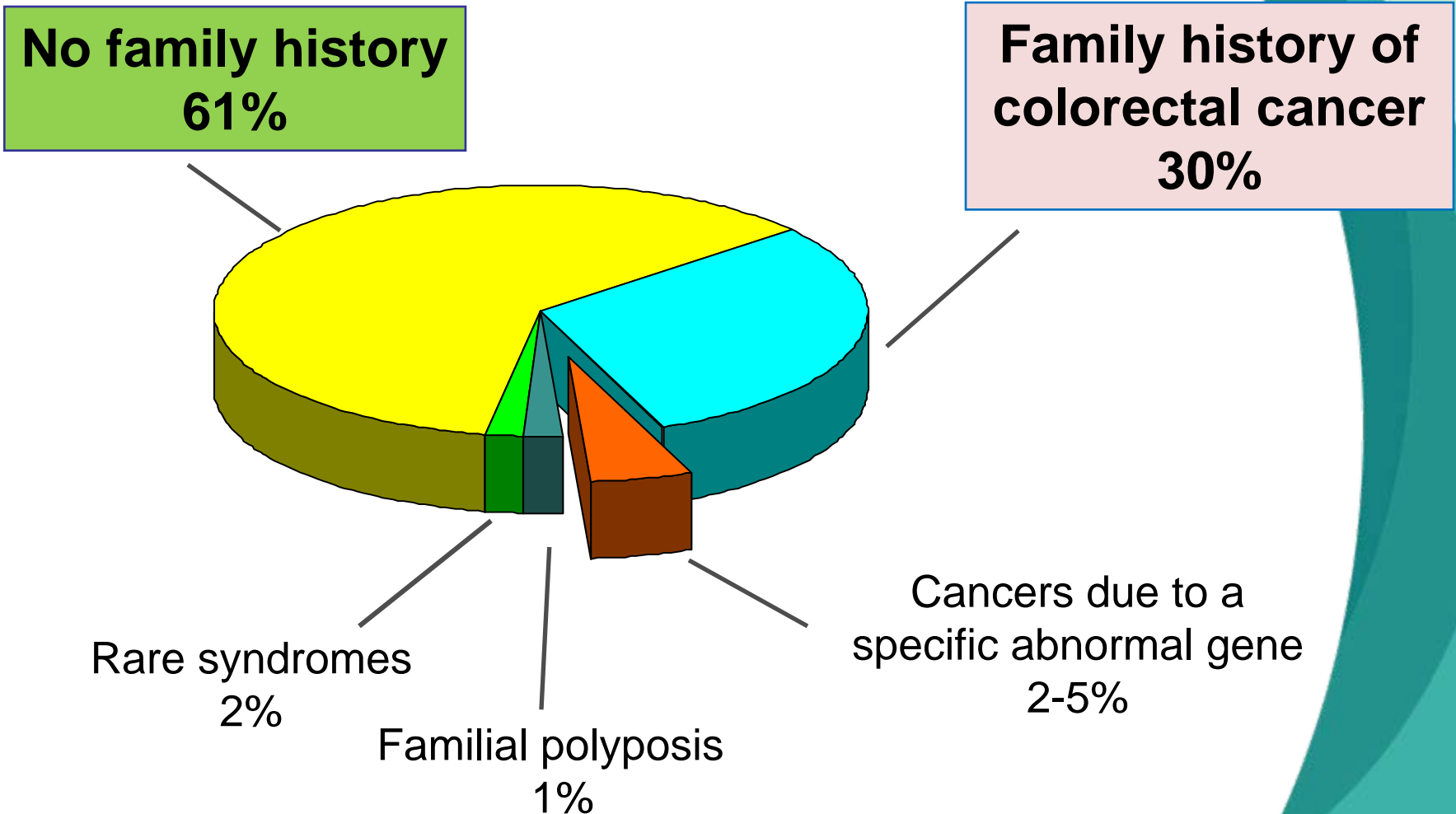
**Cancer**

# Who gets colorectal cancer?

# True or false?

- Men are less likely than women to get colorectal cancer.
- Most people who get colon cancer have a family history of colorectal cancer.
- Colorectal cancer is increasing in the United States.

# Who gets colorectal cancer?



# Colorectal cancer risk factors



**African Americans** are most likely to

- get colorectal cancer
- get it earlier than Whites
- die from colorectal cancer

**Hispanics** are least likely to

- get colorectal cancer
- die from colorectal cancer



# Colorectal cancer risk factors

Other groups more likely to get colorectal cancer:



- Alaska Natives
- some American Indian tribes
- Jews from Eastern Europe



# Lifestyle factors that reduce risk



## Risk factors:

- Smoking
- High-fat diet
- Obesity
- Lack of exercise
- Alcohol



# Colorectal cancer screening

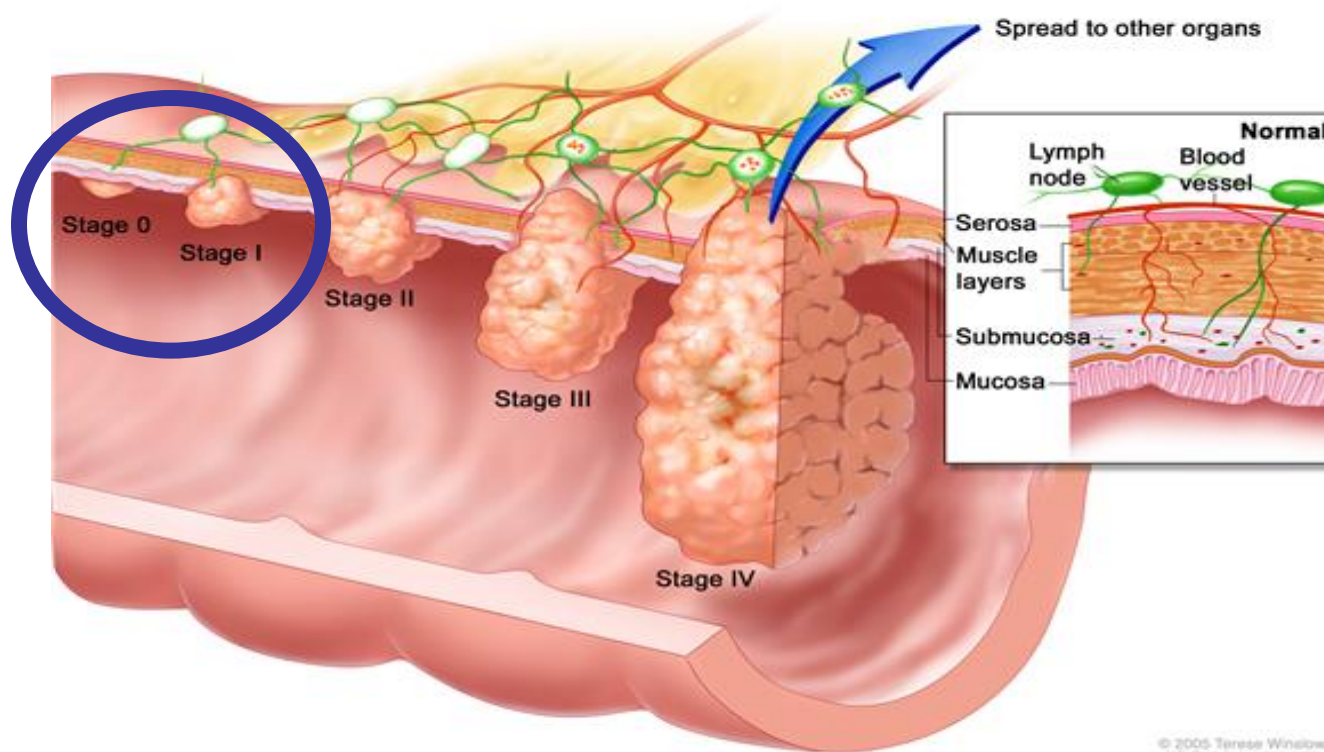
# Screening vs. followup

- Screening
  - No history of colorectal cancer or precancerous polyps
- Surveillance or followup
  - Personal history of colorectal cancer or precancerous polyps

# Regular screening saves lives

Prevention

Diagnosis when it is 95% curable





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Then it's time to get  
**screened for colon cancer.**  
Starting at 50\*, you can reduce your risk  
by talking to your health care professional.



Colon cancer is 90% curable when detected early. Which means you have the power to do something about it. \*To see if you are at an increased risk visit [www.preventcancer.org](http://www.preventcancer.org)



**Screening for average-risk people starts at age 50...**

**...because colon cancer mostly happens to people age 50 or older.**

# People who should begin screening earlier ... and get screened more often

- Family history of colorectal cancer (CRC) or large/advanced precancerous polyps\*
  - One 1<sup>st</sup> degree relative (parent, sibling, or child) diagnosed before age 60
  - Two or more 1<sup>st</sup> degree relatives diagnosed at age 60 or older
- High-risk hereditary conditions\*\*

\* Begin screening 10 years before earliest age at diagnosis or at age 40

\*\* Age for initiation of screening depends on the condition

# Screening: who and how

*People at average risk, age 50–75*

**Prevention**

**Colonoscopy  
every 10 years**

*OR*

**Prevention**

**Early  
detection**

**Sigmoidoscopy every  
5 years, with stool  
test at 3 years**

*OR*

**Early  
detection**

**Stool test kit (FOBT)  
every year**

**All three tests save  
the same number of  
years of life...\***

**So, the best test is  
the one that gets done.**

\* As many as 60 percent of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.

# Screening older seniors

## *People age 75 and older*

- Age 75–85:
  - Screening recommended for people whose health is good enough to benefit
- Age 85 or older:
  - Screening not recommended (because it won't add years of life)

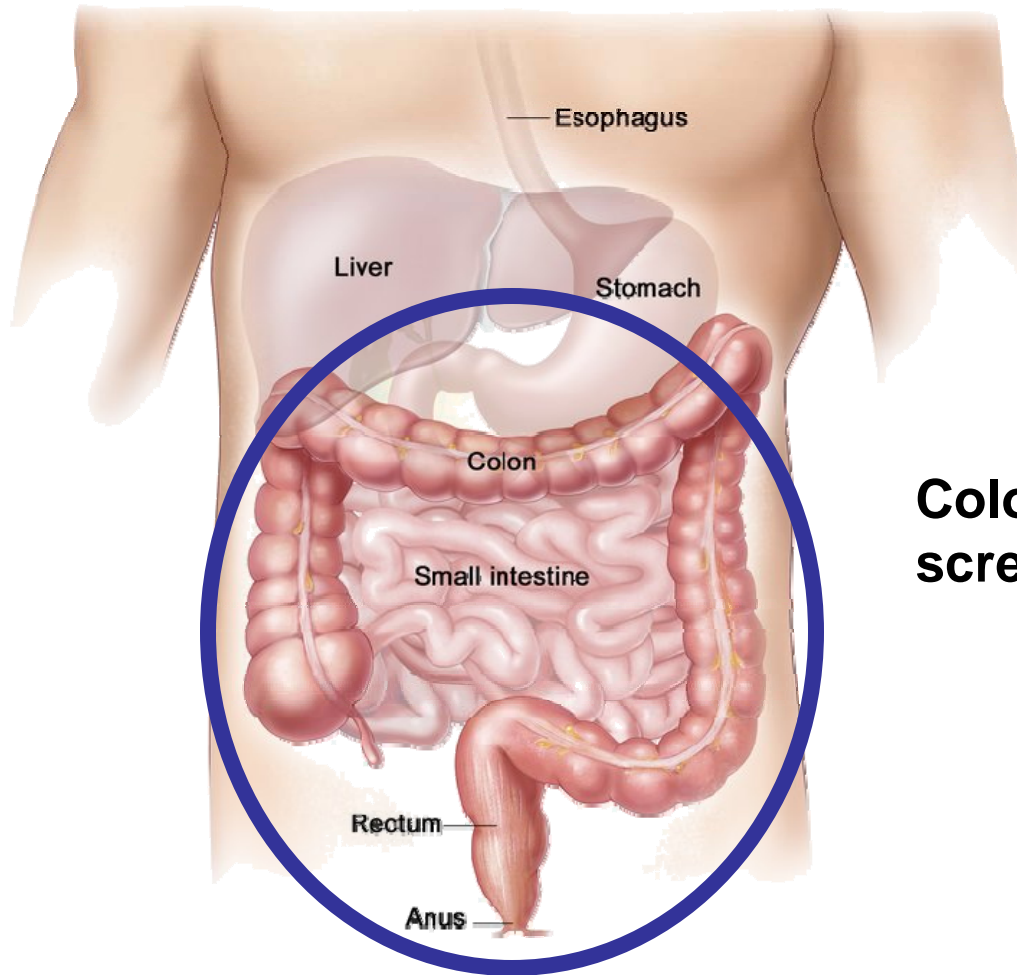
# Polyps and colorectal cancer in African Americans

*Talk with your  
primary care  
provider*

Compared with Whites

- Higher risk for precancerous polyps and colorectal cancer

# Colorectal cancer screening



**Colonoscopy  
screening zone**

# Colonoscopy: every 10 years



## Search & destroy

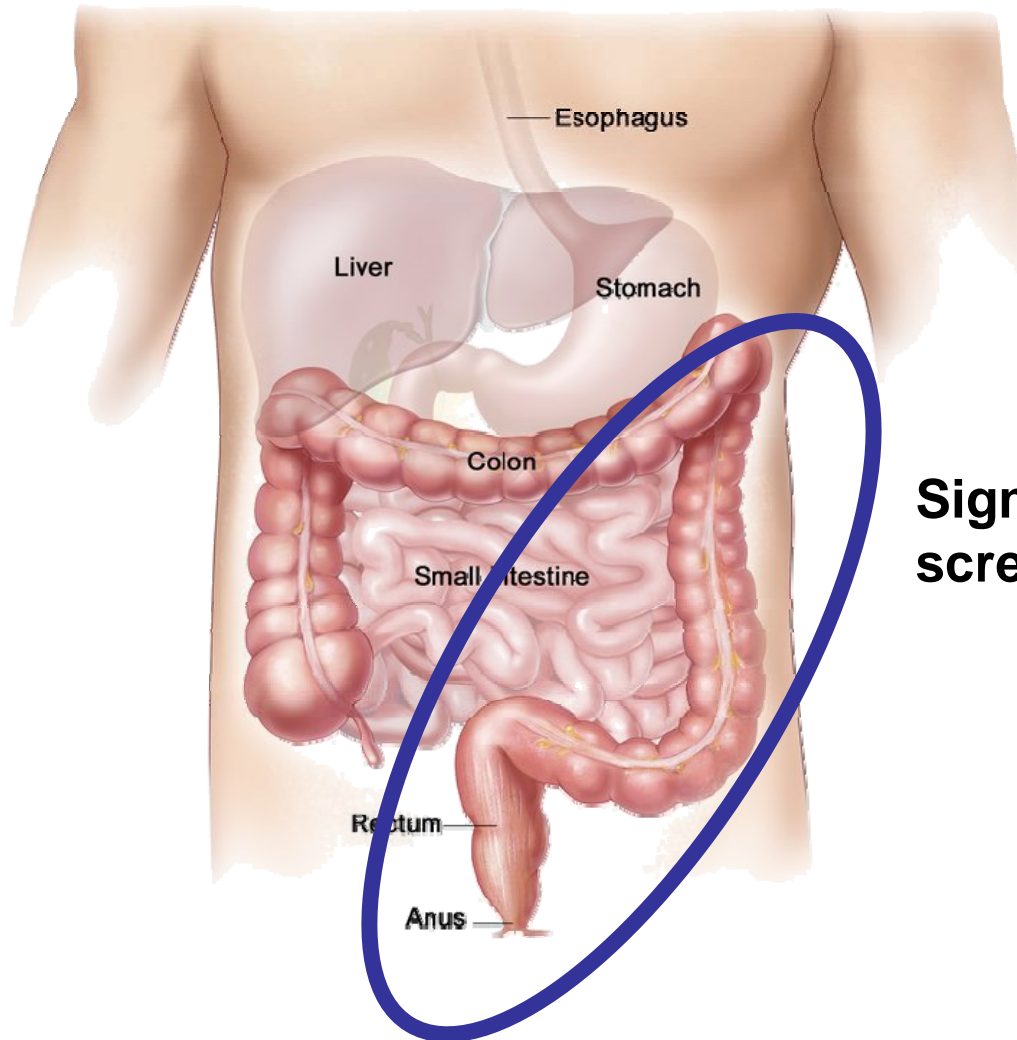
### Prevent cancer

Find polyps in the colon  
or rectum

### Find early cancers

**Test every *10 years***

# Colorectal cancer screening



**Sigmoidoscopy  
screening zone**

# Sigmoidoscopy



## Search & destroy

### Prevent cancer

Find polyps in the colon  
or rectum

### Find early cancers

**Test every *5 years*,  
with a stool test for blood at 3 years**

# Test stool for blood\*



## ***Search & destroy***

People with blood in the stool  
get additional tests for

Early diagnosis of cancer

Limited cancer prevention

Find polyps

Test for blood in  
the stool\*\*  
***EVERY YEAR***

\* Fecal Occult Blood Test (FOBT).

\*\* People with blood in the stool need to undergo a colonoscopy.

# CT colonography

- A promising new radiology test
  - Same preparation as for colonoscopy
  - Can find but not remove polyps
- *Not covered by Medicare.*

# Take-home messages

- Colorectal cancer screening saves lives.
  - Prevention
  - Early diagnosis
- You can help decrease colorectal cancer!
  - Get screened if you're age 50 or older.
  - Encourage patients to complete the tests.
  - Urge friends and family to get screened.

# Questions?

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