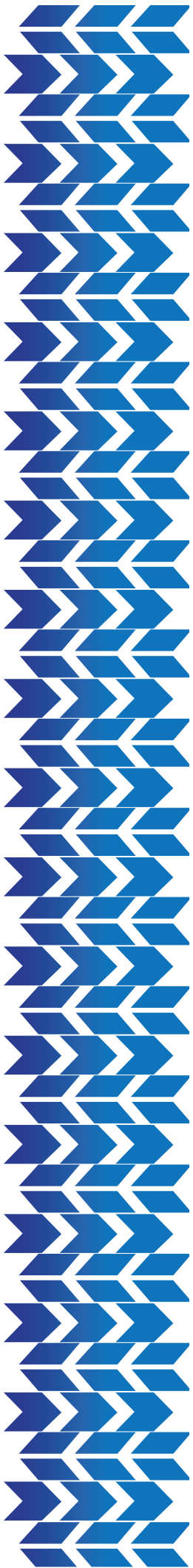


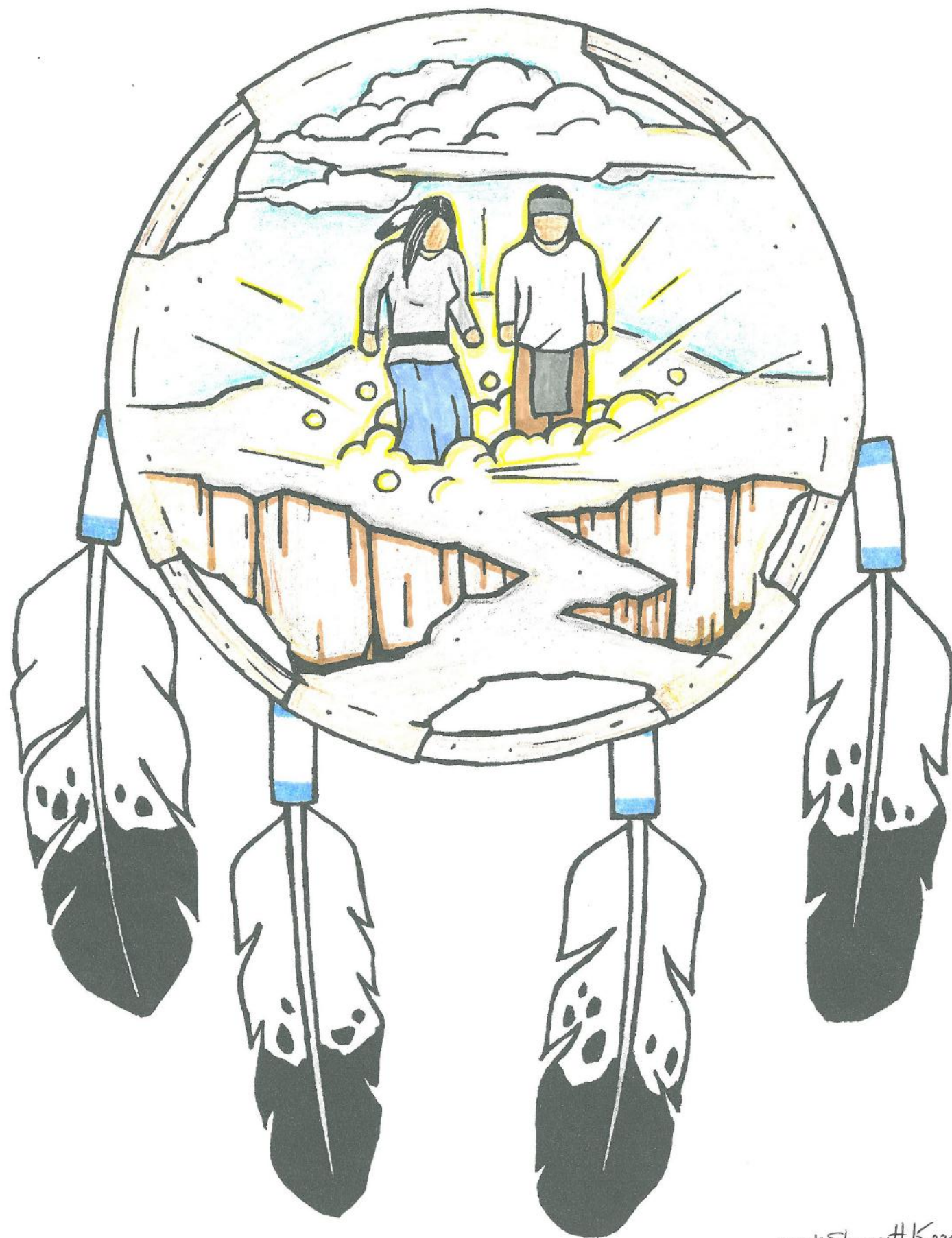


# Colorectal Health

Protect Yourself, Your Family, and Our Community



# Colorectal Health and Native Americans



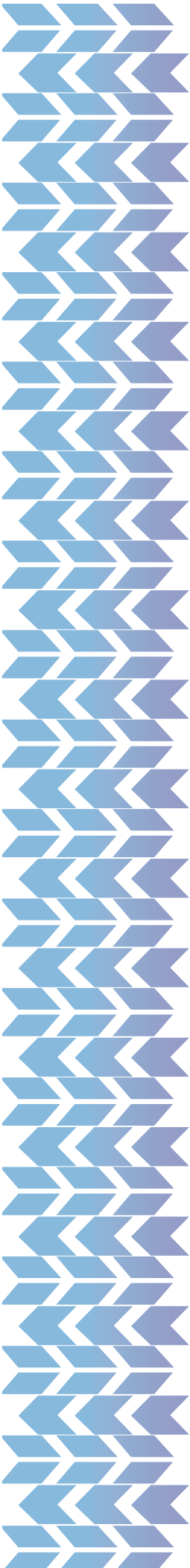
By Shauntt. Keene 10



# How Common is Colorectal Cancer Among Native Americans?

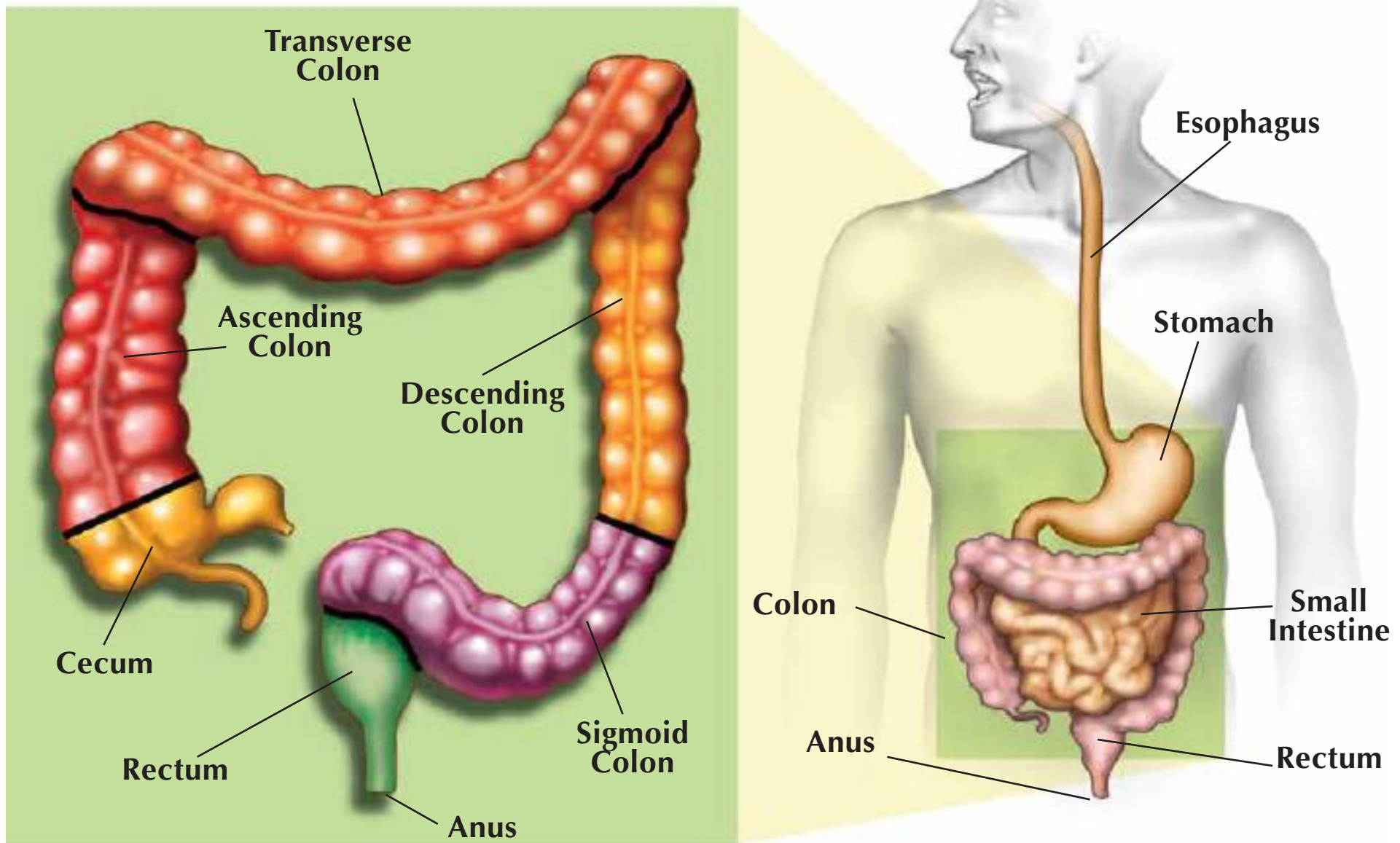
- Cancer has become very common in Native American communities.
- Cancer is now the second leading cause of death for Native American men
- Colorectal cancer is one of the most common types of cancer among Native American men and women.
- Colorectal cancer is most likely to affect men and women in our communities over the age of 45.
- Native Americans are often diagnosed with colorectal cancer at later stages of the disease when it is harder to treat.
- Participation in routine screening exams can help us find colorectal cancer early or prevent it.

***The most common screening exams for colorectal cancer at Tribal and Indian Health Service health care facilities are:***

1. Fecal Immunochemical Test (FIT)/Fecal Occult Blood Test (FOBT)
  2. Colonoscopy
- Native American men and women are not having these important tests on a routine basis.
  - This flip chart will help us understand how to protect ourselves, our families and our communities against colorectal cancer.
- 



# The Digestive System

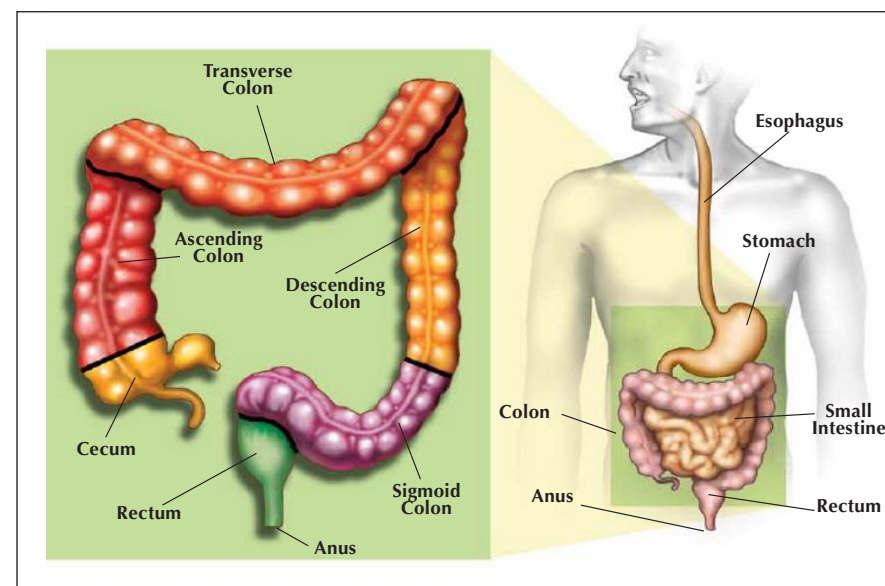


# Where are the colon & rectum? What do they do?

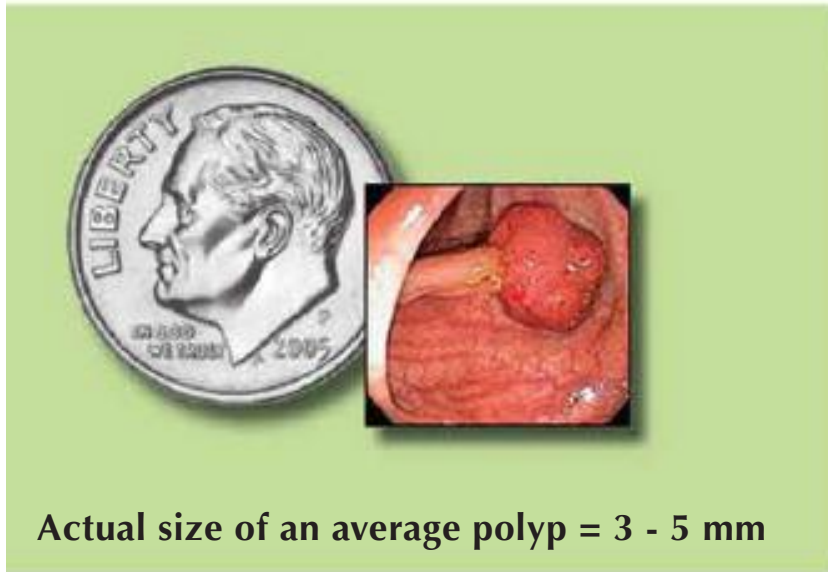
- The word colorectal refers to two organs in your body – the colon and rectum.
- The colon and rectum are part of the digestive system, which is sometimes called the gastrointestinal system (GI).

## How does the digestive system process food & waste:

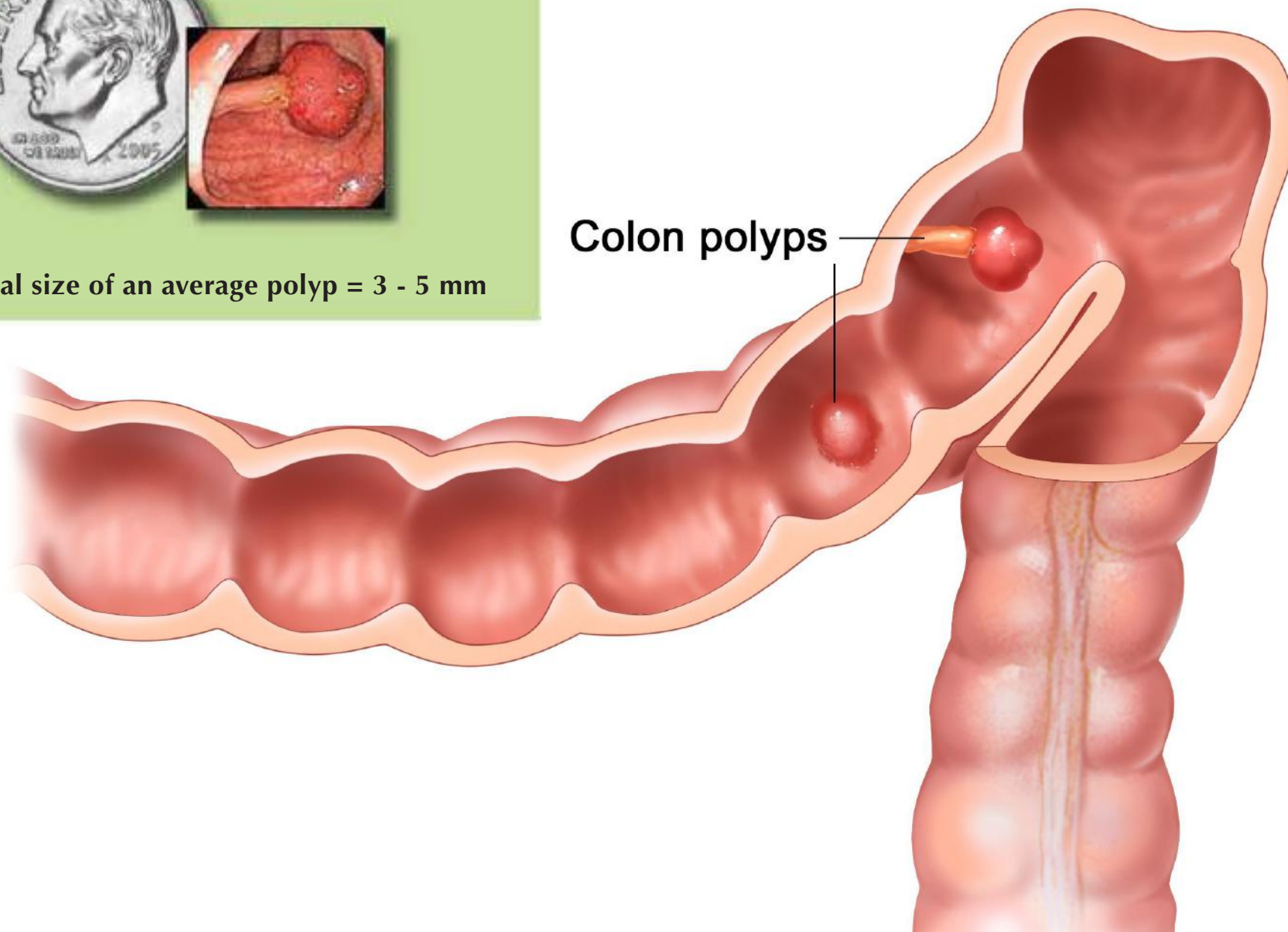
- After food is chewed & swallowed in the mouth, it travels through the esophagus to the stomach.
- Food is partly broken down in the stomach and then travels to the small intestine.
- The small intestine continues to break down the food and absorbs most of the nutrients.
- The remainder is then sent to the colon, which is also called the large intestine.
- The feces (stool) is stored in the rectum, the final 6 inches of the digestive system.
- The waste is stored here until it is excreted through the anus during a bowel movement.



# Colorectal Polyps



Colon polyps

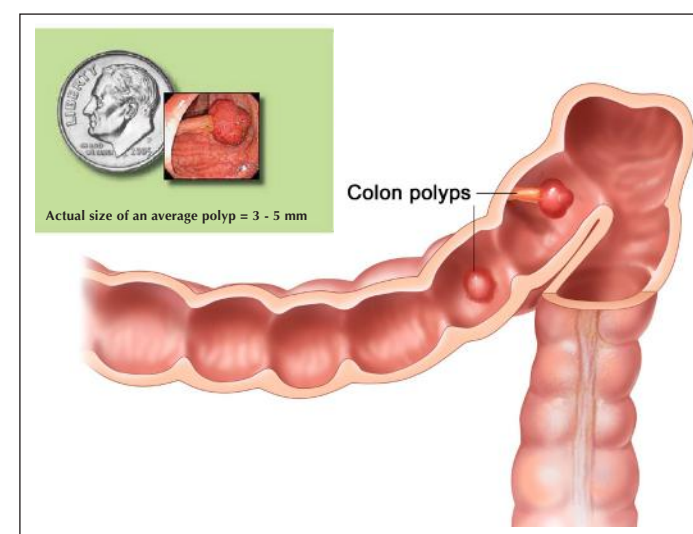




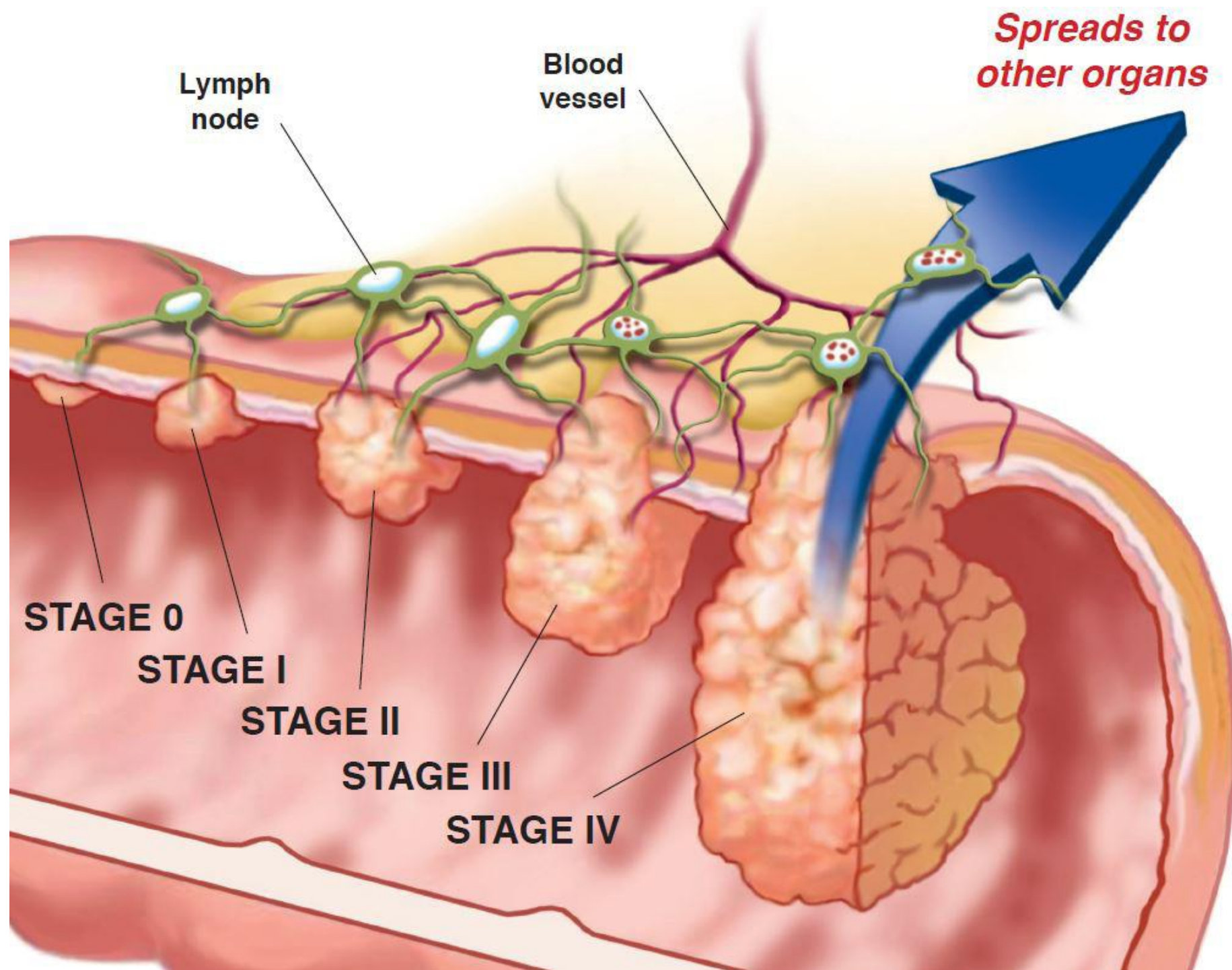
# How Does Cancer Occur in the Colon & Rectum?

- The inside of the colon and rectum is a hollow tube.
- The walls of the colon and rectum are made up of several layers of tissues.
- Occasionally, a growth of tissue can form on the inner lining of the colon or rectum. This growth is called a polyp.
- A polyp is not cancer, but it could turn into cancer over time, if left unchecked and untreated.
- Polyps are fragile and often bleed when the stool passes through the colon or rectum.
- Screening exams for colorectal cancer, like the fecal occult blood test (FOBT/FIT), and colonoscopy, check for bleeding or polyps in the colon or rectum.
- We still don't know who will get colorectal cancer and who won't, so it is important for everyone age 45-75 to participate in routine early detection exams.

***Removing polyps during a colonoscopy before they can turn into cancer is one way to prevent colorectal cancer***



# Colorectal Cancer Stages





# Colorectal Cancer Stages

- Like many other types of cancer, colorectal cancer occurs when cells in the colon or rectum grow without order or control.
- If polyps are left undetected and untreated, some may eventually become cancer.
- This occurs when cancer forms within a polyp, and begins to grow into the wall of the colon or rectum.
- Over time these growths can move into the lymph vessels and lymph nodes.
- Once cancer spreads into blood or lymph vessels, it can travel to other parts of the body such as the liver and other organs. This is called **metastasis**.

## This image shows the stages of colorectal cancer

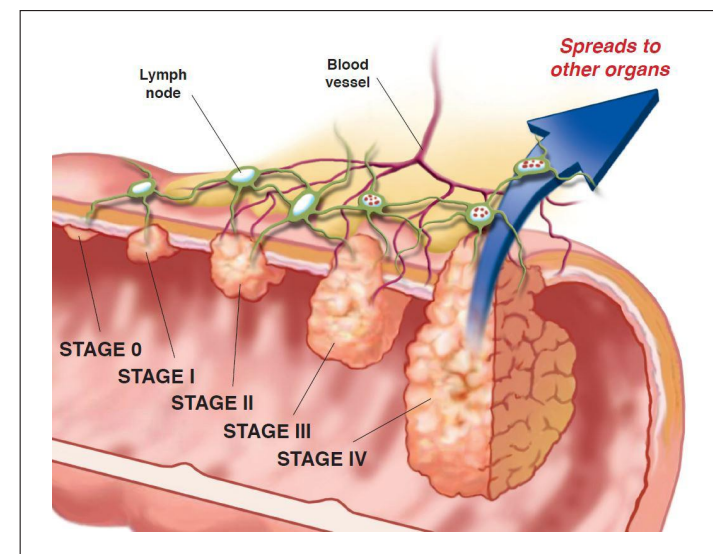
**Stage 0** Polyp only – not cancer

**Stage I** Cancer has formed in the polyp but not spread to neighboring tissue

**Stage II** Cancer has spread to other tissues, but not to lymph nodes

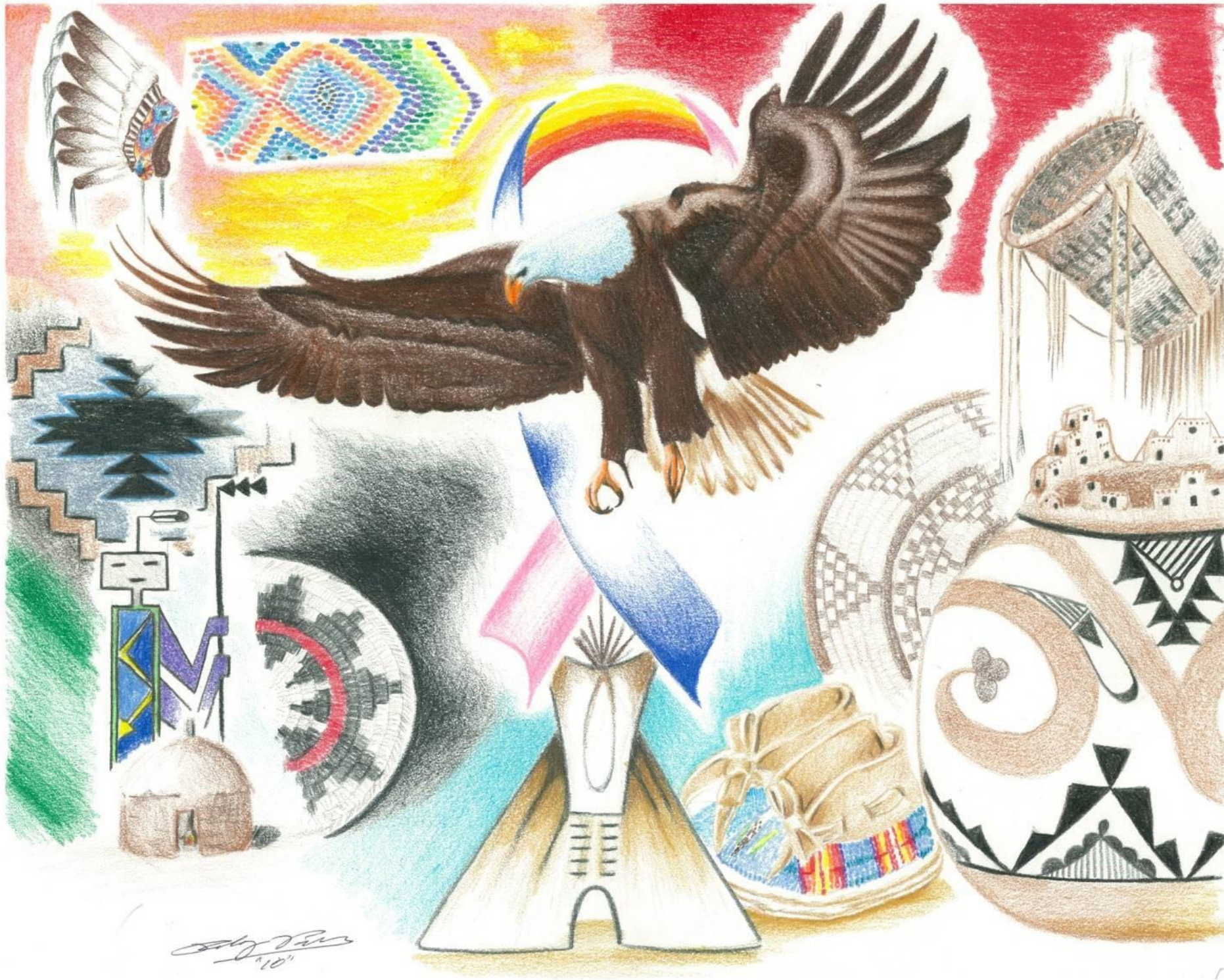
**Stage III** Cancer has spread to lymph vessels and lymph nodes

**Stage IV** Cancer has spread to other organs in the body





**ROUTINE SCREENING  
IS THE BEST PROTECTION AGAINST  
COLORECTAL CANCER**





# How do I protect myself from Colorectal Cancer?

- All average risk Native American men and women age 45-75 should have routine colorectal cancer screening exams
- The decision to screen individuals aged 76 to 85 years should be based on screening history and overall health status

## At Tribal and IHS health care facilities, these exams typically include:

1. High sensitivity Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) every year, or
2. Colonoscopy every 10 years

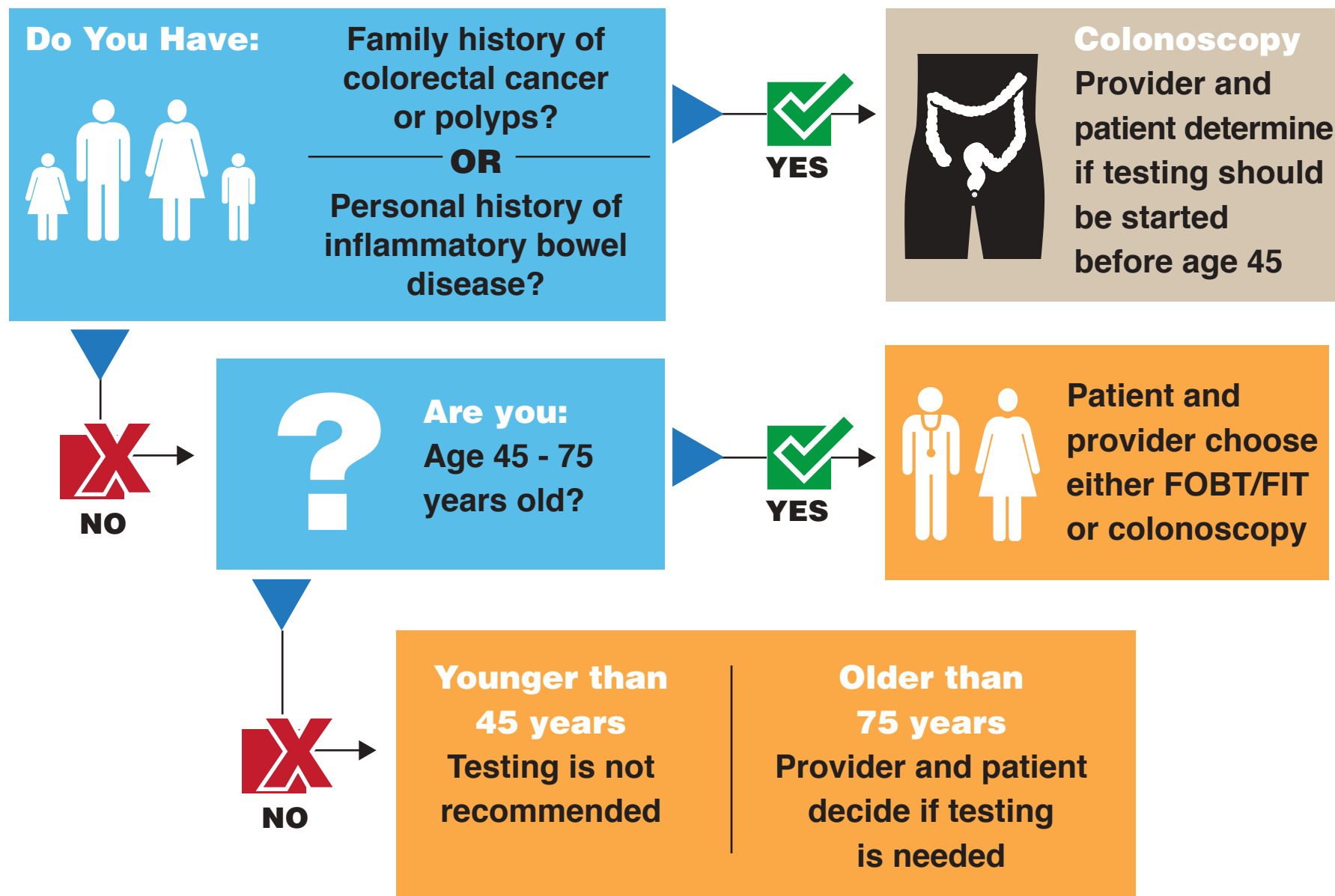
***IMPORTANT NOTE: Talk to your clinic providers to decide on the best way for you to be screened.***

- All Native American men and women are at risk for colorectal cancer.
- During the early stages of colorectal cancer, we cannot feel symptoms.
- It is important to have these exams when we are feeling healthy, to stay healthy!
- People with a family history of colorectal cancer may need to start screening sooner – talk with your provider.
- A family history means that you have a first degree relative (parent, sister, brother or child) who has or had colorectal cancer. It could also mean that you have two or more related second degree relatives (grandparent, aunt/uncle, niece/nephew) with colorectal cancer.





# Choosing the Right Screening



**The Best Test is the One That Gets Done!**

Source: USPSTF and CDC

# Choosing the Right Screening

## FOBT/FIT

### KEY FACTS:

- Safe, available and easy to complete
- Done on your own, at home
- Finds cancer early by finding blood in the stool
- Finds most cancers early when done every year
- May produce positive test results, even if no polyps or cancer are in colon/rectum (this is also called a “false positive” result)
- When the test is positive, colonoscopy is required

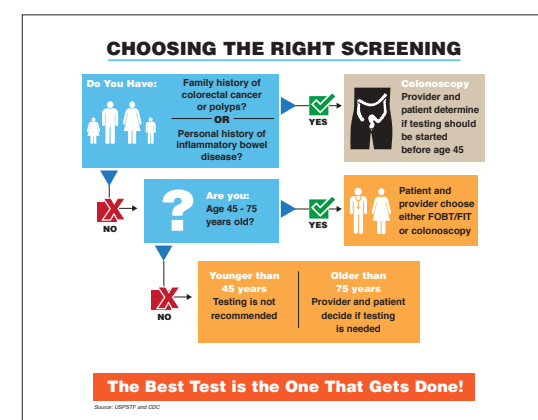
## Colonoscopy

### KEY FACTS:

- Can prevent cancer by removing polyps (or abnormal growths in the colon) during test
- Examines entire colon
- Finds most cancers or polyps that are present at the time of the test
- Done every 10 years if no polyps are found
- Must be performed at a hospital or clinic, usually with sedation or anesthesia, and someone must go with the person to take him or her home after the test
- Requires bowel preparation and a day off of work/activities

**The Best Test is the One That Gets Done!**

Source: USPSTF and CDC



# Fecal Immunochemical Test (FIT)/ Fecal Occult Blood Test (FOBT)

Fecal Immunochemical Test (FIT)



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BECKMAN  
COULTER

## Hemoccult ICT

Immunochemical Fecal Occult Blood Test

### Collection Card

Patient Name \_\_\_\_\_ ID# \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Physician \_\_\_\_\_  
Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
<http://www.beckmancoulter.com/rapids>

LIFT  
Patient  
Tab

IVD



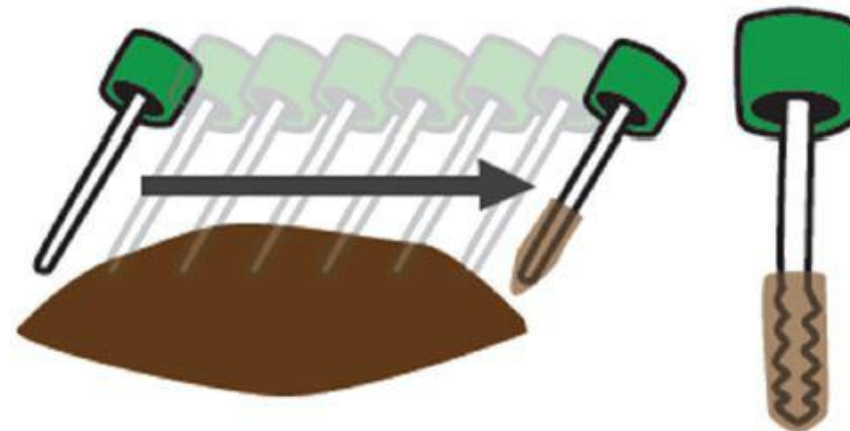
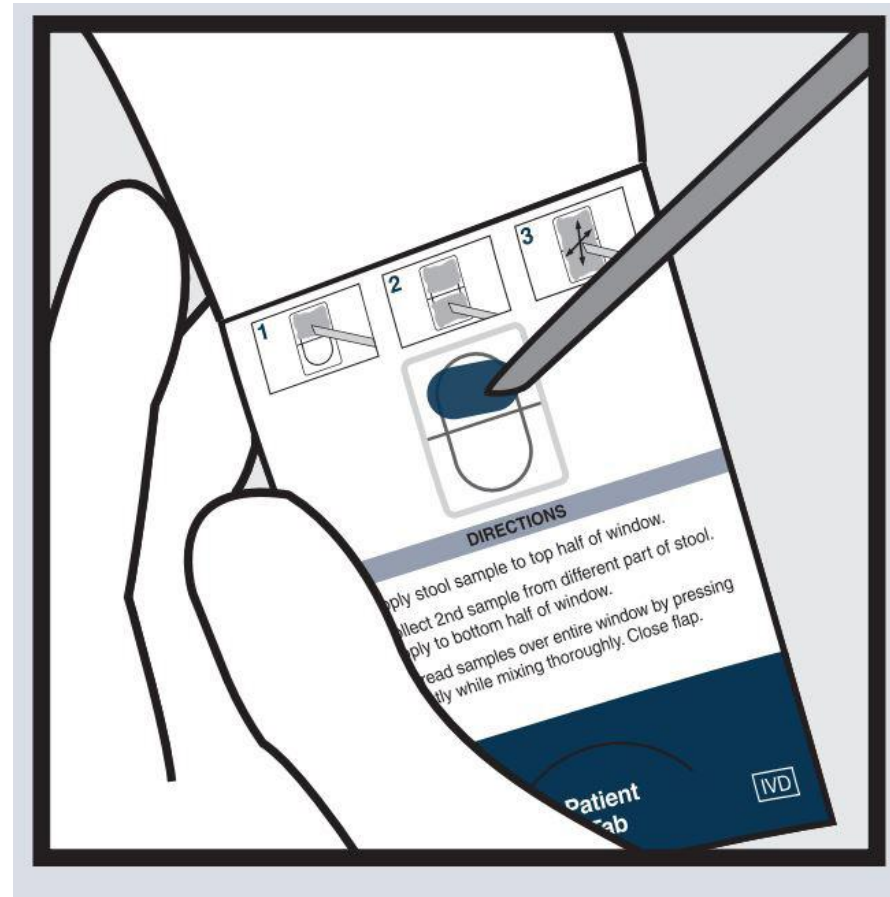
# What is a Fecal Immunochemical Test (FIT)/ Fecal Occult Blood Test (FOBT)

- All average risk men and women age 45-75, who choose to be screened with the FOBT/FIT, should complete this test every year.
- A FOBT/FIT is a kit that you take home to test for blood in your stool (feces/poop).
- You cannot always see blood in your stool. A FOBT/FIT detects hidden blood in the stool.
- FOBT/FIT kits usually come with a collection vial or card(s), tissue paper instructions and an envelope.

***IMPORTANT NOTE: There are many different kinds of FOBT/FIT kits, check with your lab to learn more about the test used in your community.***



# FOBT/FIT Procedures



# How to complete a FOBT/FIT?

**IMPORTANT NOTE:** *There are many different kinds of FOBT/FIT kits, check with your lab to learn more about the FOBT/FIT used in your community. Some older FOBT kits have food and medication restrictions that must be followed prior to and during use.*

## General FOBT/FIT instructions usually include:

- Put name and date on each card, vial or other collection device that comes with the kit.
- Bring all materials into bathroom.
- Flush toilet.
- Place collection material loosely on toilet seat to collect stool (can use tissue paper, newspaper, plastic wrap, or a clean plastic container).
- Have bowel movement.
- Collect a small sample of stool according to the directions on the kit.
- Depending on the type of FOBT/FIT kit, the patient may need to repeat up to three times - 3 separate bowel movements.
- Bring (or mail) completed kit to lab for analysis.

## For all types of FOBT/FIT:

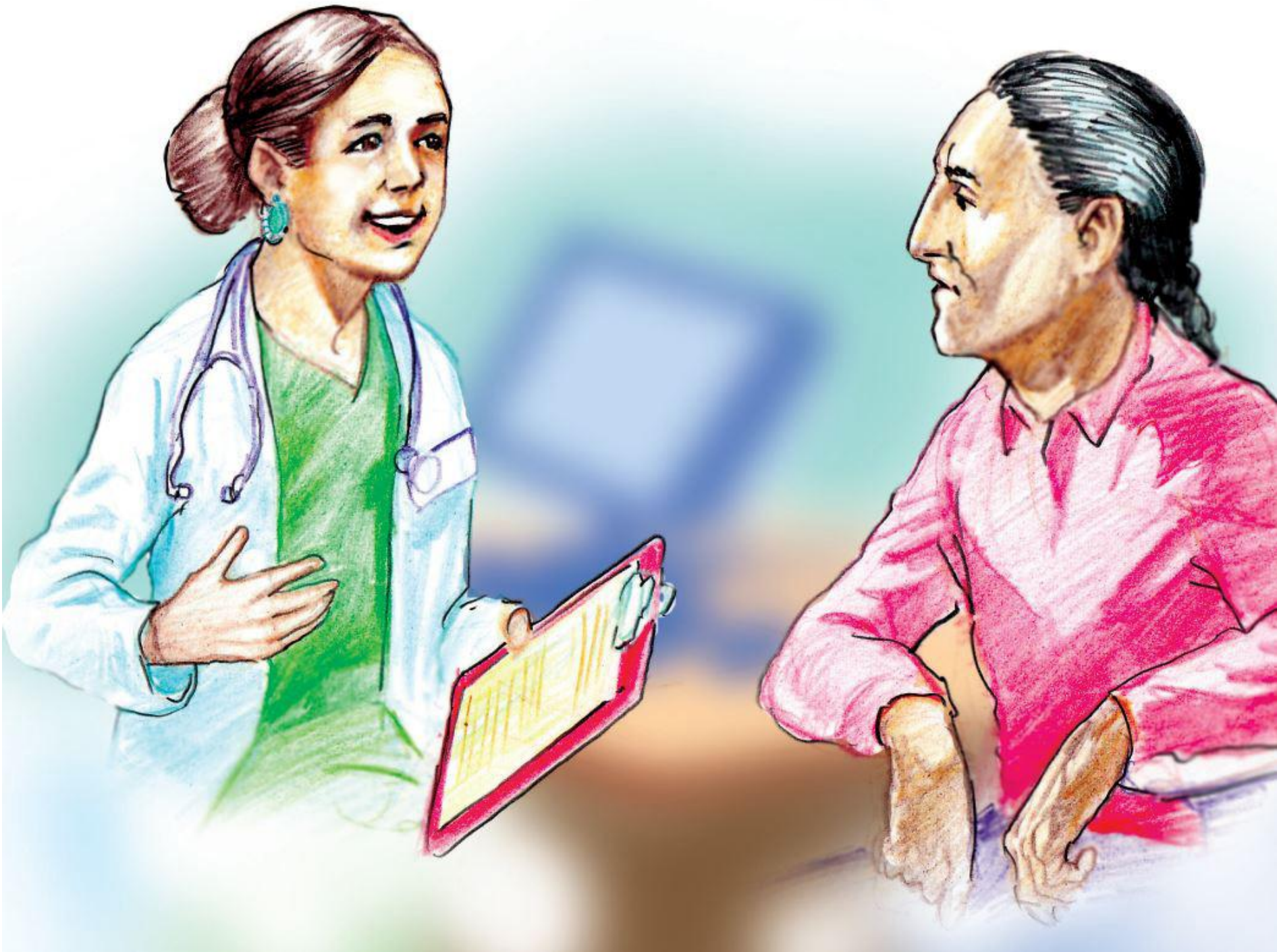
Do not take test if blood is visible in stool or urine, or when experiencing these conditions:

- Menstruation
- Active hemorrhoids
- Visible blood in stool or urine





# FOBT/FIT Results



# FOBT/FIT Results

IF YOUR FOBT/FIT IS POSITIVE:

*A positive FOBT/FIT does not always mean that you have cancer.*

Blood in the stool can also come from:

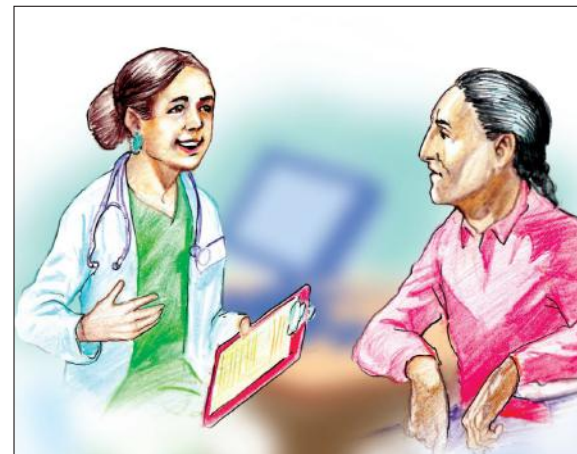
- Benign polyps
- Hemorrhoids
- Ulcer (H. Pylori)
- Other health conditions
- Use of aspirin or anti-inflammatory medications (e.g. Advil)

**NOTE:**

*If your test is positive it is important to have a colonoscopy as a follow-up exam!*

IF YOUR FOBT/FIT IS NEGATIVE:

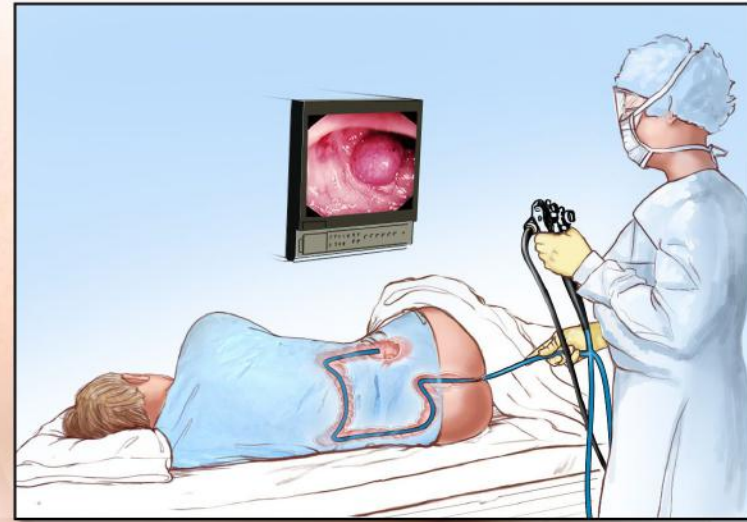
- Polyps and cancers do not bleed all of the time.
- Therefore all average risk men and women age 45-75 should **still complete a FOBT/FIT every year.**





# Colonoscopy

## Colonoscopy



Colon

Rectum

Colonoscope

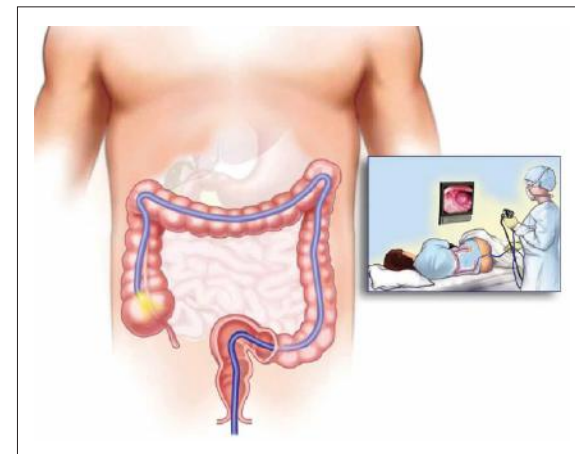
Anus



# What is a Colonoscopy?

*All average risk men and women ages 45-75, who choose to have a colonoscopy, should have this exam at least every 10 years.*

- A colonoscopy is an exam where a doctor looks at your rectum and the whole colon for polyps or other warning signs of colorectal cancer.
- The provider puts a long, flexible tube inside the anus, which is then moved through your rectum and colon. The exam usually takes 15-30 minutes.
- An intravenous (IV) tube with medicine may be used to help you relax. You may fall asleep and/or not remember much about the exam.
- You will most likely be draped and lie on your side throughout the exam.
- The provider first inserts air to open up the colon
- The colonoscope (tube with light and camera) is then inserted into the rectum.
- **A picture of your colon and rectum appears on a TV screen in the exam room.**
- The provider can remove a sample or entire polyps during this exam.
- There are no nerve endings in your colon or rectum so you will not feel pain.
- Someone will need to drive you home from the exam.
- You will need to take the day off from work/activity to rest after the exam.
- Some cramping, bloating and passing gas is common for 1-2 days after this exam.
- Complications from the procedure are rare. **Report any fever, pain or large amounts of bleeding if they occur after the exam.**



# Bowel Preparation



# How do I Prepare for a Colonoscopy?

*Before you can have a colonoscopy it is important to clean out your colon and rectum so your doctor can see any polyps or other changes. This is also called bowel preparation.*

Many people say that the bowel preparation is the worst part of the whole procedure. However, if you do not complete the bowel preparation as instructed, your appointment may be cancelled or you may have to repeat the exam.

- You are usually given an instruction sheet from the clinic that explains how you should prepare for your procedure. Be sure to read the instruct
- Most bowel preparation includes a prescription for a powerful laxative such as Golytely or its generic equivalent. Golytely is a one gallon size jug with powder that needs to be mixed with water before drinking.
- This is a prescription medication that needs to be picked up at the pharmacy.
- Laxative pills or liquids are sometimes used in combination with Golytely.
- Bowel preparation usually begins the afternoon or evening before your procedure. Again, check the instructions from the provider.
- Most patients are told to drink only clear liquids (no solid food) on the day/evening before exam, such as water, apple juice, clear broth, ginger ale, coffee & tea (no milk or creamer), Gelatin/Jell-O (not red or purple), most soft drinks and sports drinks (no red or purple).
- Doses of some medicine may need to be adjusted or stopped before a colonoscopy. Patients who take pain medications, blood thinners (e.g. Plavix or Coumadin/warfarin), diabetes pills and insulin, should talk with their provider for specific instructions.

***IMPORTANT NOTE: Check with patient instruction sheet for specific instructions or call the clinic or hospital where the procedure will be performed.***





# How to Protect your Colorectal Health?





# What are the risk factors for colorectal cancer?

*Everyone is at risk for colorectal cancer.*

Some conditions can increase your risk for colorectal cancer, including:

**AGE:** 90 percent of people diagnosed with colorectal cancer are older than age 45.

**PERSONAL HISTORY:** If you have/had polyps, colorectal cancer or inflammatory bowel disease.

**FAMILY HISTORY:** If you have a parent, brother/sister, or child with colorectal cancer you are at increased risk. However, most colorectal cancers occur in people without a family history.

**LACK OF EXERCISE:** Not getting regular exercise.

**OBESITY:** Being overweight increases your risk for colorectal cancer.

**SMOKING:** Tobacco use increases your risk for colorectal cancer.

**HEAVY ALCOHOL USE:** Drinking more than 1-2 alcoholic beverages per day.

**DIABETES:** Having type II diabetes increases your risk for colorectal cancer.

*Just because you have one or more risk factor(s), it does not mean you will get colorectal cancer.*

**You may reduce your risk by:**

1. Maintaining a healthy weight
2. Keeping tobacco sacred
3. Avoiding alcohol
4. Getting regular exercise
5. Participating in routine colorectal cancer screening exams
6. Knowing your family history



# Colorectal Cancer Survivorship



*Judith Williams, Jicarilla Apache/Santa Clara Pueblo (colorectal cancer survivor)*

*“I was diagnosed with colon cancer at the age of 56. That was in 1997 and I was not even aware of what colon cancer was. If I didn’t have that colonoscopy when I did, I probably wouldn’t be a known survivor today. Because of the colonoscopy, I am a survivor and I am so grateful for that.”*

*— Judith Williams*



# Colorectal Cancer Survivorship

***Over 90% of people diagnosed with early stage colorectal cancer (stage I or II) will survive past 5 years, and live a long life!***

- There are many Native American colorectal cancer survivors living in tribal communities throughout the country.
- It is important to support all of our cancer survivors.
- The best way to find colorectal cancer early and be a survivor is to participate in routine screening exams from age 45-75.

***The best protection is routine screening, which can actually prevent colorectal cancer, or at least find it early.***



*"I was diagnosed with colon cancer at the age of 56. That was in 1997 and I was not even aware of what colon cancer was. If I didn't have that colonoscopy when I did, I probably wouldn't be a known survivor today. Because of the colonoscopy, I am a survivor and I am so grateful for that."*

— Judith Williams

# Routine Screening is the Best Protection for Colorectal Health



***Pass it on!***



## Summary

### Ways to end the session:

- Ask for questions????
- Summarize key points.
- Assist in making/keeping appointments for colorectal cancer screening exams.
- Give additional materials about colorectal health (brochures, etc.).
- Encourage community members to share this information with family and others.
- Share your own story.







## **FOR MORE INFORMATION CONTACT:**

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(AASTEC)**

7001 Prospect Place NE  
Albuquerque, NM 87110  
(505) 764-0036

**To access this flipchart online, please visit:**  
[www.tribalcolorectalhealth.org](http://www.tribalcolorectalhealth.org)

## **ACKNOWLEDGEMENTS**

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### **Artwork courtesy of:**

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