

Be Your Own Hero – Learn the Facts Colon Cancer Screening

Colon and Rectal Cancer is preventable, beatable and treatable.

Presented to you by: The Nebraska Colon Cancer Program (NCP)

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Test Your Knowledge

- ▶ At what age should a man or woman at average risk for colon cancer begin screening?
 - Age 60
 - Age 50
 - It doesn't matter

Age 50: All individuals at an average risk for developing colorectal cancer should begin screening at age 50.

Test Your Knowledge

- ▶ Gender and Race do not play a role in the development of colorectal cancer.
 - True
 - False

False: Gender and Race play a big role in the development of colorectal cancer.

Goals

Decrease deaths and diseases caused by colorectal cancer by:

- Learning some basics about the colon and bowel.
- Learning what can cause colorectal cancer.
- Learning what type of screening you should receive based on your family and personal history.

Learning more about Colorectal Cancer (CRC) screenings helps you:

- Know why colorectal cancer screening is important.
- Understand that a poor diet and lack of physical activity may cause colon cancer.
- Help other family members and friends get screened for colon cancer.

Through Colon Cancer Screening

- You have less risk of developing polyps.
- You have less risk of developing colorectal cancer.
- You will be able to help spread the word on why colon cancer screening is so important.

You could save your life or the life of someone you love!

Why Colon Cancer Screening is Important

- ▶ Colorectal cancer is both the nation's second leading cause of cancer death and one of the most preventable cancers.
- ▶ Colorectal cancer is second to lung cancer as a cause of cancer deaths. As with lung cancer, colon cancer is a preventable disease.

*American Cancer Society. Cancer Facts & Figures
www.stayinthegameNE.com*

Why Colon Cancer Screening is Important

- ▶ Screening prevents colorectal cancer and reduces deaths.
- ▶ In 2006, Nebraska was ranked the 4th highest in Colorectal Cancer deaths. In 2010, Nebraska was still ranked number 11.
- ▶ Finding and treating colorectal cancer early may prevent death from colorectal cancer.

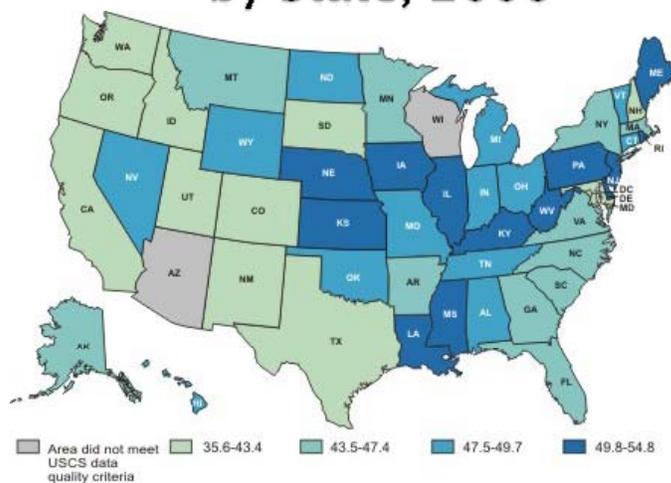
www.ahrq.gov/clinic/uspstf/uspscolo.htm

Cost Benefits

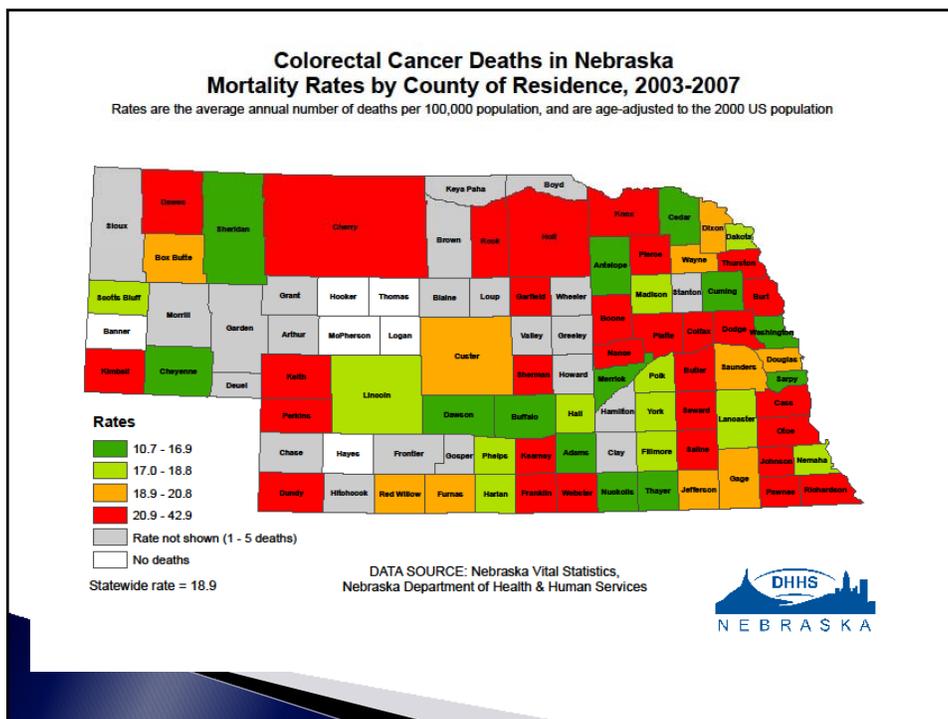
- ▶ Cost of screening is most often less than the cost of treating cancer.
- ▶ When screening finds colon cancer in its early stages, the cost of treatment is often much less than if the cancer is found later.

Seifeldin R, Hantsch JJ. The economic burden associated with colon cancer in the United States. Clinical Therapeutics, 1999;21(8):1370-1379.

Colorectal Cancer Rates, *by State, 2006



www.cdc.gov/cancer/colorectal/statistics/state.htm



Race and Gender Does Matter

Colon Cancer Diagnosis

Year 2006 per group of 100,000

- ▶ African-American men 68.1
- ▶ Caucasian men 54.4
- ▶ African American women 52.6
- ▶ Caucasian women 40.9

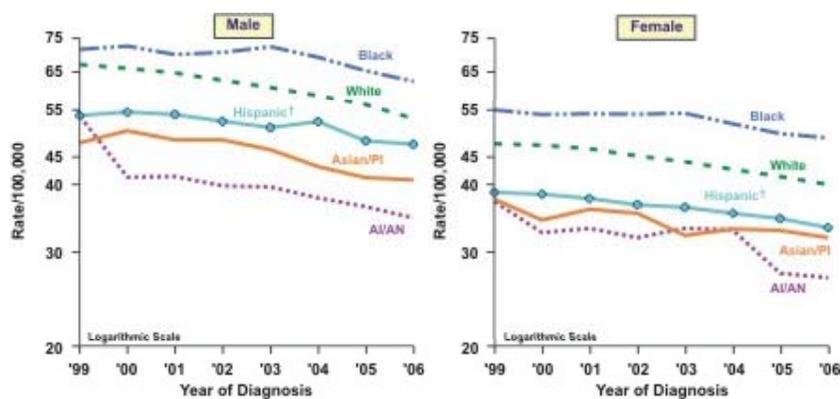
Race and Gender Does Matter

Colon Cancer Diagnosis

Year 2006 per group of 100,000

- ▶ Statistics for other minority groups:
 - Asian Pacific Islander: Men - 45.5 Women 34.12
 - American Indian/Alaska Native: Men 43.4 Women 40.4
 - Hispanic: Men 44.5 Women 31.6

Number of Colon Cancer cases by Race



www.cdc.gov/cancer/colorectal/statistics/race.htm

Things you cannot control that may relate to colorectal cancer

- Age – Men & Women at average risk of colon cancer should begin screening at age 50.
- Race.
- A family history of colon or rectal cancer.
- Other hereditary conditions of the bowel (see your doctor for more information).

Things you cannot control that may relate to colorectal cancer

- A history of polyps or bulges of tissue in the colon.

Adenomatous polyps, or adenomas, are polyps (bulges of tissue) that grow on the lining of the colon and which carry a high risk of cancer. The adenomatous polyp is considered pre-malignant, likely to develop into colon cancer.

The other types of polyps that can occur in the colon are the hyperplastic and inflammatory polyps. They are unlikely to develop into colorectal cancer.

Things you cannot control that may relate to colorectal cancer

- A history of Ulcerative Colitis.

Ulcerative colitis is a type of inflammatory bowel disease (IBD) that affects the large intestine (colon) and rectum.

- A history of Crohn's Disease

Crohn's disease is a form of inflammatory bowel disease (IBD). It usually affects the intestines.

Things you can control that may help prevent colon cancer

- ▶ Smoking increases your risk of colon cancer.
 - Inhaled or swallowed tobacco smoke carries agents that cause cancer to the colon.
 - Tobacco use seems to increase polyp size.
 - Smoking a pack a day may increase risk by 40%.

Things you can control that may help prevent Colon Cancer

- ▶ Obesity (being over weight) has been reported to increase the risk of colon cancer, especially in men.
 - Death from colorectal cancer is much higher in men who were $\geq 40\%$ overweight.

Prevention

American Cancer Society recommends:

- Maintain healthy weight – Obesity raises the risk of colon cancer in both men and women, but seems to be more so in men.
- Exercise – adults should get at least 30 minutes of reasonable or high physical exercise on 5 or more days of the week.

Prevention

The American Cancer Society recommends:

- Eating foods and beverages to help you keep a healthy weight.
- Eating 5 or more servings of vegetables and fruits daily.
- People with diets high in vegetables and fruits have been shown to have a lower risk of colon cancer.

Prevention

The American Cancer Society recommends:

- Eating whole grains rather than processed (refined) grains.
- Decreasing the amount of red meat and processed foods.
- Diets high in processed and/or red meats have been linked with a higher risk of colon cancer.

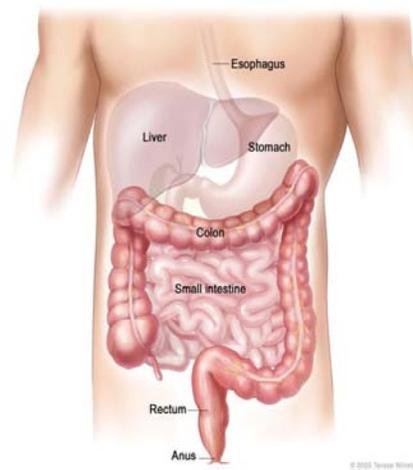
Prevention

American Cancer Society recommends:

- ▶ Avoid large amounts of alcohol intake – no more than 1 drink per day for women or 2 for men.
- ▶ Aspirin use – studies show that people who regularly use aspirin have a lower risk of colorectal cancer and Adenomatous polyps.

See where the colon is in the body and see the tests used to detect colon and rectal cancer.

Digestive System



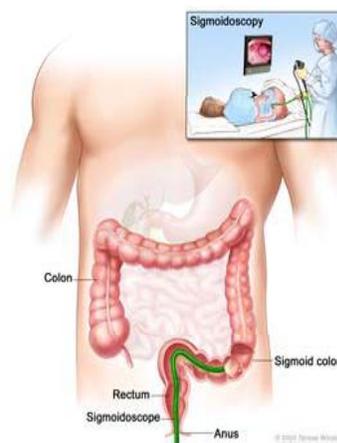
Fecal Occult Blood Test (FOBT)

A test to check stool (solid waste) for blood that can only be seen with a microscope. Small samples of stool are placed on special cards and returned to the doctor or laboratory for testing.



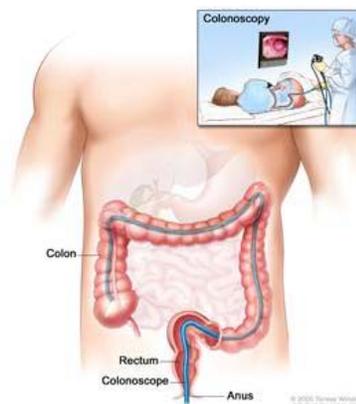
Sigmoidoscopy

A procedure to look inside the rectum and sigmoid (lower) colon for polyps (small pieces of bulging tissue), abnormal areas, or cancer. A sigmoidoscope is inserted through the rectum into the sigmoid colon. A sigmoidoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove polyps or tissue samples, which are checked under a microscope for signs of cancer.



Colonoscopy

A procedure to look inside the rectum and colon for polyps, abnormal areas, or cancer. A colonoscope is inserted through the rectum into the colon. A colonoscope is a thin, tube-like instrument with a light and lens for viewing. It may also have a tool to remove polyps or tissue samples, which are checked under a microscope for signs of cancer.



Double Contrast Barium Enema (DCBE)

A series of x-rays of the colon and rectum taken after the patient is given an enema, followed by an injection of air. The barium outlines the intestines on the x-rays, allowing many abnormal growths to be visible.

REMEMBER

While there are guidelines set for
Colon Cancer Screening,
ANY screening
is better than **NO** screening at all!

Know your Family History

- First degree family members include your mother, father, brother(s), sister(s) and your children. It does **not** include grandparents, cousins, aunts or uncles.
- Find out if any 1st degree family members had colorectal cancer and at what age.
- Find out if any 1st degree family members had polyps and at what age.

Screening Guidelines

- ▶ Colon Cancer screening services (FOBT and Flexible Sigmoidoscopy) provided by law for all Medicare patients in January 1998.
- ▶ Medicare coverage for Colon Cancer screening colonoscopies for all, not just high risk individuals, began July 1, 2001.

Screening Guidelines

(Average Risk Women and Men Ages 50 and older)

Test	Interval (Beginning at age 50)	Comment
Fecal Occult Blood Test (FOBT) *** and Flexible Sigmoidoscopy	FOBT every year and flexible sigmoidoscopy every 5 years	Flexible sigmoidoscopy together with FOBT is preferred compared with FOBT or flexible sigmoidoscopy alone. All positive tests should be followed with colonoscopy. * **
Flexible Sigmoidoscopy	Every 5 years	Sigmoidoscopy provides an opportunity to visualize, sample, and/or remove significant lesions in the portion of the colon that is within reach of the sigmoidoscope. All positive tests should be followed up with colonoscopy. *
Fecal Occult Blood Test (FOBT) ***	Every year	The recommended take-home multiple sample method should be used. All positive tests should be followed up with colonoscopy.* **
Colonoscopy	Every 10 years	Colonoscopy provides an opportunity to visualize, sample, and/or remove significant lesions.
Double-Contrast Barium Enema (DCBE)*	Every 5 years	All positive tests should be followed up with colonoscopy.

www.aca.gov/screening guidelines Source: Smith et al, 2003

Screening Guidelines

- ▶ *A double-contrast barium enema (DCBE) alone, or the combination of flexible sigmoidoscopy and DCBE are acceptable screening methods to colonoscopy.
- ▶ **There is no reason to repeat the FOBT if there was one positive slide.
- ▶ ***FOBT, as it is sometimes done in physicians' offices, with the single stool sample collected on the fingertip during a digital rectal examination, is not an adequate substitute for the recommended at-home procedure of collecting two samples from each of the three repeated specimens.

Screening Guidelines (Women and Men at Increased Risk)

Increased Risk	Recommendation	Age to Begin	Comments
People with a single, small (<1 cm) adenoma	Colonoscopy*	3-6 years after the initial polypectomy	If the exam is normal, the patient can thereafter be screened as per average-risk guidelines
People with a large (1 cm +) adenoma, multiple adenomas, or adenomas with high-grade dysplasia or villous change.	Colonoscopy*	Within 3 years after the initial polypectomy	If normal, repeat examination in 3 years; If normal then, the patient can thereafter be screened as per average-risk guidelines.
Personal history of curative-intent resection of colorectal cancer	Colonoscopy*	Within 1 year after cancer resection	If normal, repeat examination in 3 years; If normal, repeat examination every 5 years.
Either colorectal cancer or adenomatous polyps in any first-degree relative before age 60, or in two or more first-degree relatives at any age (if not a hereditary syndrome).	Colonoscopy*	Age 50, or 10 years before the youngest case in the immediate family	Every 5-10 years. Colorectal cancer in relatives more distant than first-degree does not increase risk substantially above the average-risk group.

Screening Guidelines

(Women and Men at Increased Risk)

- ▶ *If colonoscopy is unavailable, not feasible or not desired, double-contrast barium enema (DCBE), or the combination of flexible sigmoidoscopy and DCBE are acceptable methods.
- ▶ Adding flexible sigmoidoscopy to DCBE may provide a more complete diagnostic evaluation than DCBE alone in finding lesions.
- ▶ An additional DCBE may be needed if a colonoscopic exam fails to reach the end of the colon (cecum), and an additional colonoscopy may be needed if a DCBE identifies a possible lesion or does not adequately visualize the entire colon and rectum.

Screening Guidelines

Women and Men at High Risk

High Risk	Recommendation	Age to Begin	Comments
Family history of familial adenomatous polyposis (FAP)	Early surveillance with endoscopy, and counseling to consider genetic testing	Puberty	If the genetic test is positive, colectomy is indicated. These patients are best referred to a center with experience in FAP management.
Family history of hereditary non-polyposis colon cancer (HNPCC)	Colonoscopy and counseling to consider genetic testing	Age 21	If the genetic test is positive or if the patient has not had genetic testing, every 1-2 years until age 40, then annually. These patients are best referred to a center with experience in HNPCC management.
Inflammatory bowel disease: chronic ulcerative colitis; Crohn's disease	Colonoscopy with biopsies for dysplasia	Risk becomes significant 8 years after the onset of pancolitis, or 12-15 years after the onset of left-sided colitis	Every 1-2 years. These patients are best referred to a center with experience in the surveillance and management of inflammatory bowel disease.

Again...outdated screening guidelines

- The digital rectal exam (DRE) is **not** accepted practice.
- A single FOBT in the office is **not** evidence-based.
- A positive FOBT should **not** be dismissed as a likely false positive test. It requires a follow-up colonoscopy.

Nebraska Colon Cancer Program (NCP)

- ▶ The goal of NCP is to increase colon cancer screening while reducing colon cancer diagnoses and deaths.
- ▶ Funded by the Center for Disease Control and Detection (CDC), NCP was added to the Nebraska Office of Women's and Men's Health in 2005.

NCP Eligibility Guidelines

(Set by the Medical Advisory Committee)

- ▶ Must be a Nebraska Resident.
- ▶ Man or Woman age 50 – 75.
- ▶ Must meet income guidelines set by the program (225% of or below poverty level).
- ▶ Can be on Medicare, Medicaid and have insurance (except for an HMO policy).

NCP Income Guidelines

(changes July 1st yearly)



Yearly Income Eligibility Scale

Effective
July 1, 2010 - June 30, 2011
Nebraska Health & Human Services
Every Woman Matters
1-800-532-2227

# of People in Household (including woman enrolling)	FREE	\$5.00 Donation
1	0 - \$10,830	\$10,831 - 24,368
2	0 - \$14,570	\$14,571 - 32,783
3	0 - \$18,310	\$18,311 - 41,198
4	0 - \$22,050	\$22,051 - 49,613
5	0 - \$25,790	\$25,791 - 58,028
6	0 - \$29,530	\$29,531 - 66,443
7	0 - \$33,270	\$33,271 - 74,858
8	0 - \$37,010	\$37,011 - 83,273
9	0 - \$40,750	\$40,751 - 91,688
10	0 - \$44,490	\$44,491 - 100,103
11	0 - \$48,230	\$48,231 - 108,518
12	0 - \$51,970	\$51,971 - 116,933

Funds for this service were provided through the Center for Women, Children and Families, State and Clinical Early Detection Program, and Integrated Screening and Evaluation for Breast, Cervix, Colon, Ovary, and Endometrial Cancer Screening, Demonstration Program. Cooperative Agreement with the Nebraska Department of Health and Human Services.

9/10/09-000111 9/10/09-001421 9/10/09-000940-01

Based on Risk NCP Offers Either

1. Fecal Occult Blood Test (FOBT)
 - If a client tests positive NCP will pay for a colonoscopy to complete the diagnosis.
2. Colonoscopy
 - NCP will cover pathology fees if polyps were removed or biopsies taken.
 - If necessary, the colonoscopy can be performed under Monitored Anesthesia Care (MAC).
 - If the colonoscopy was unsuccessful, NCP may be able to assist with a Double Contrast Barium Enema.

NCP Enrollment

- ▶ Every Woman Matters Program (EWM) clients over age 50 receive an enrollment form along with information on screening.
- ▶ Call 800-532-2227 for an enrollment form.
- ▶ Visit the website at stayinthegamene.com
- ▶ <http://www.hhs.state.ne.us/crc/>

REMEMBER
Colon Cancer Screening Saves Lives

Colon Cancer is
PREVENTABLE, TREATABLE & BEATABLE

Contact your physician **TODAY!**
OR
Call 1-800-532-2227 for more information
(The Nebraska Colon Cancer Program)

Definitions

- ▶ **Bowel**
The intestines, from the end of the stomach (pylorus) to the anus. The small bowel is the part of the intestine that goes from bottom of the stomach to the large bowel. The large bowel goes from there to the anus, and is also called the colon.
- ▶ **Cancer**
Cancer is not just one disease but a group of diseases. All forms of cancer cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a tumor. The tumor can invade and destroy healthy tissue. Cells from the tumor can break away and travel to other parts of the body. There they can continue to grow. This spreading process is called metastasis. When cancer spreads, it is still named after the part of the body where it started. For example, if colon cancer spreads to the liver, it is still colon cancer, not liver cancer.
- ▶ **Colonoscopy (ko-lun-AH-skuh-pee)**
A procedure that allows a doctor to see inside the large intestine to find polyps or cancer.

Definitions

▶ **Crohn's disease**

A type of chronic inflammatory bowel disease. In this condition, the small bowel or, less often, the colon is inflamed over a long period of time. This increases a person's risk of developing colon cancer. Colorectal cancer screening should be started earlier and done more often in people with Crohn's.

▶ **Diagnosis (die-ug-NO-sis)**

Identifying a disease by its signs or symptoms, and by using imaging tests and lab findings. For most types of cancer, the earlier a diagnosis of cancer is made, the better the chance for long-term survival.

▶ **Digestive System**

The collection of organs (also called the gastrointestinal tract, or GI tract) that processes food for energy and rids the body of solid waste matter.

Definitions

▶ **Digital Rectal Exam (DRE)**

An exam in which the doctor puts a lubricated, gloved finger into the rectum to feel for anything not normal. This simple test, which is not painful, can find many rectal cancers and some prostate cancers. This test should not be used as a screening test for Colon Cancer.

▶ **Double Contrast Barium Enema (DCBE)**

A test used to help diagnose colorectal cancer. Barium sulfate, a chalky substance, is put in through the rectum to partly fill and open up the colon. When the colon is about half-full of barium, air is put in to cause the colon to expand. This allows x-ray films to show abnormal changes in the colon. Also called barium enema with air contrast.

▶ **False-Positive**

A test result implying a condition exists when in fact it does not.

Definitions

▶ **Fecal Occult Blood Test (FOBT)**

A test for "hidden" blood in the feces (stool). The presence of such blood could be a sign of cancer or blood from other sources.

▶ **Polyp (pah-lip)**

A growth from a mucous membrane commonly found in organs such as the rectum, the uterus, and the nose. Polyps may be non-cancerous (benign) or cancerous (malignant).

▶ **Screening**

The search for disease, such as cancer, in people who do not have any symptoms.

Definitions

▶ **Sigmoidoscopy (sig-moyd-uh-scope)**

A thin, flexible, hollow, lighted tube about the thickness of a finger. It is inserted through the rectum up into the last part of the colon. This allows the doctor to look at the inside of the rectum and the lower part of the colon for cancer or for polyps (small growths that can become cancerous). The sigmoidoscope is connected to a video camera and TV monitor so the doctor can look closely at the inside of the colon. This test may be somewhat uncomfortable, but it should not be painful.

▶ **Tumor**

An abnormal lump or mass of tissue. Tumors can be benign (not cancer) or malignant (cancer).

▶ **Ulcerative colitis**

A type of inflammatory bowel disease. In this condition, the colon is inflamed over a long period of time. This increases a person's risk of developing colon cancer, so starting colorectal cancer screening earlier and doing these tests more often is recommended.

Need additional information?

**Be a Hero
Call the Nebraska Colon Cancer Program**

1-800-532-2227