

Types of Screening Tests

Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone, or sometimes in combination with each other.

The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

High-Sensitivity FOBT (Stool Test)—There are two types of FOBT—one uses the chemical guaiac, while the other (the fecal immunochemical test, or FIT) uses antibodies to find blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

Flexible Sigmoidoscopy (Flex Sig)—The doctor puts a short, thin, flexible, lighted tube into your rectum, and checks for polyps or cancer inside the rectum and lower third of the colon. This test may be used in combination with the FOBT.

Colonoscopy—This is similar to flex sig, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.



If you're 50 or older, talk with your doctor about getting screened.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

Double Contrast Barium Enema—You receive an enema with a liquid called barium, followed by an air enema. This creates an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.

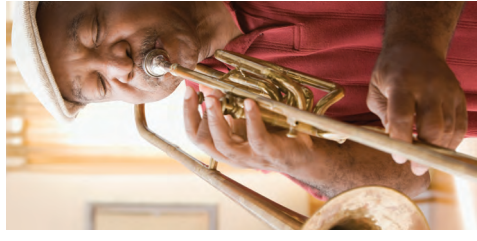
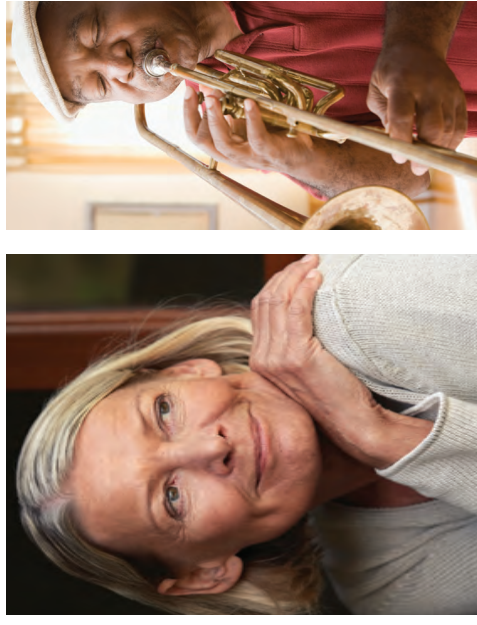
Virtual Colonoscopy—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.

Stool DNA Test—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

Resources

For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.

To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov.



Colorectal Cancer Screening Saves Lives



Colorectal cancer is the second leading cancer killer—but it doesn't have to be.



1-800-CDC-INFO (1-800-232-4636) • www.cdc.gov/screenforlife

CDC Publication #99-6948

Revised July 2009

Tool 6.1.1

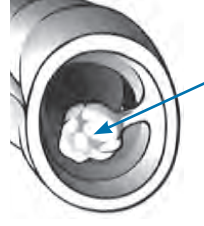
Among cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the U.S. But if everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided.

Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life.

Here's How:

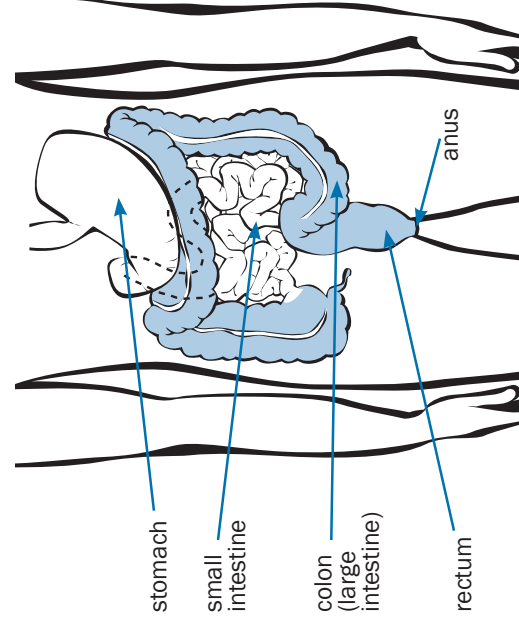
- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there. Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also can find colorectal cancer early, when the chance of being cured is good.



Colon Polyp

What is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the **colon** or **rectum**. The colon is the large intestine or large bowel. The rectum is the passageway connecting the colon to the anus.



Colon and Rectum

Who Gets Colorectal Cancer?

Colorectal cancer occurs most often in people aged 50 or older. The risk increases with age. Both men and women can get colorectal cancer. If you are 50 or older, talk to your doctor about getting screened.

Am I at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

Speak with your doctor about having earlier or more frequent tests if you think you're at high risk for colorectal cancer.



Colorectal Cancer Screening Saves Lives

What are the Symptoms of Colorectal Cancer?

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include:

- Blood in or on your stool (bowel movement).
- Stomach aches, pains, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Insurance Coverage

Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you.

Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be. Screening can prevent or catch it early when it's highly treatable.

Unfortunately, too few men and women in Oregon are being screened.



COLORECTAL CANCER
The cancer *you* can prevent.

www.TheCancerYouCanPrevent.org



A Centers for Disease Control and Prevention-funded campaign

I got screened.

Now,
I'm talking
about it.



Robin Alexander
Pendleton, Oregon

Tool 6.1.2

If you've been screened for colorectal cancer*, please **share your story**.

People are much more likely to get screened if they're encouraged by someone they know and trust:

- A spouse or partner.
- A friend or coworker.
- Their employer or doctor.

* If you haven't been screened yet for colorectal cancer, talk to your doctor about the screen that's right for you.

Here's what you can tell people you know:

- Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be.
- Screening can prevent cancer or catch it early when it's highly treatable.
- Everyone over 50 (45 for African Americans) should be screened.
- There are several reliable screening options. Some cost as little as \$25 and all are covered by insurance. Ask your doctor what's right for you.
- Then, do what I'm doing. Tell someone else.

And be sure to keep in touch with your doctor about when you need to be rescreened.

www.TheCancerYouCanPrevent.org



“Despite not having a family history of colorectal cancer, I was diagnosed three years ago. Screening for everyone over 50 is crucial. Please go get it done.”

Dan Martinez
Warm Springs, Oregon



“My mom suffered from colorectal cancer, which screening could have prevented. That's why I encourage all of my friends and family to get screened regularly.”

Mary Schutten
Portland, Oregon



“I started getting screened after my 50th birthday. Screening is painless. It allowed my doctor to find and remove polyps, and prevent cancer. I've been screened, have you?”

Bryan Wolfe
Hermiston, Oregon

Colorectal Screening Saves Lives



Is Colon Cancer Common Among Native Americans?

Yes, colon cancer occurs more often among Native Americans than among other racial or ethnic groups. Most of the time, colon cancer is found in people age 50 or older, but people younger than 50 can get it, too.



The Bottom Line: **KEEP THE CIRCLE STRONG**

If you are 50 or older, get screened regularly for colorectal cancer.

For more information, visit www.cdc.gov/screenforlife

For colorectal screening, contact your provider at the....

Forest County Potawatomi



Health & Wellness

KE WED NOK -

WA SE GISH GOK CENTER

(715) 478-4339

Colorectal Cancer Screening

A Circle of Health



The circle

of health includes our mind, body and spirit. Our bodies are intertwined with life-giving properties harmoniously working together with the mind and spirit. Our mind tells us when we think something doesn't feel right or when we need to make important decisions about our health.

Important Facts on Colorectal Cancer Screening:

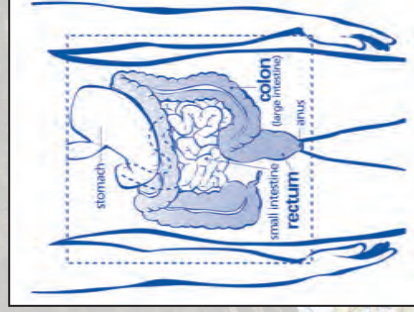
- Colorectal Cancer develops in the colon or rectum.
- It's the second leading cancer killer in the U.S., but it doesn't have to be - if everyone age 50 and older had regular colorectal cancer screening tests, more than one third of deaths from this cancer could be avoided.
- Both men and women are at risk
- 93% of cases occur in people age 50 and older.
- The risk of developing it increases with age.
- Colorectal cancer can occur without any family history.

Screening Saves Lives

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find polyps, so they can be removed before they turn into cancer.



Screening tests can also find colorectal cancer early, when treatment works best.



When Should I get a Colorectal Test?

You should begin screening for colorectal cancer soon after turning 50, then continue at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or cancer, or
- You have inflammatory bowel disease.

Talk to your doctor about when you should begin screening and how often you should be tested.

Does Colorectal Cancer Have Signs or Symptoms?

Polyps and colorectal cancer do not always cause symptoms, especially at first. But sometimes there are symptoms, such as:

- Blood in or on your stool;
- Unexplained and frequent pain, aches, or cramps in your stomach;
- A change in bowel habits, such as having stools that are narrower than usual; and
- Unexplained weight loss.

If you have any of these symptoms, talk to your doctor. These symptoms may also be caused by something other than cancer, but the only way to know what is causing them is to see your doctor.

Screening Tests

Several tests are available to screen for colorectal cancer. Some are used alone, while others are used in combination with each other. Talk with your doctor about which is best for you. Here's a description of the tests more commonly ordered by providers at the Health & Wellness Center:

Fecal Occult Blood Test (FOBT) – This test checks for occult (hidden) blood in the stool. You receive a test kit from your doctor or health care provider. At home, you place a small amount of your stool from three bowel movements in a row on test cards. You return the cards to your doctor's office or a lab, where the stool samples are tested for hidden blood. Don't be embarrassed to do this test! It's simple - and could save your life!

Colonoscopy – The colonoscopy is superior to the flexible sigmoidoscopy, because it allows the doctor to examine the lining of your rectum and entire colon using a thin, flexible, lighted tube called a colonoscope. The doctor can find and remove most polyps and some cancers. This test is not uncomfortable...because you receive a moderate sedation (the doctor puts you to sleep) during the test.



What people in your community are saying about colon health screening:

"I went in for my first screening when I turned 50. I was so surprised - polyps were found and removed. I feel lucky I was able to avoid colon cancer."

Ellen A.
Seattle

"Only one-half of people who need it do this important screening test. Please take the time to take care of your health."

Dr. Marcus Rempel
Rainier Beach Community Health Center

"I found it very, very easy....nothing difficult if you think about it."

Isabel P.
Family Planning of Clallam County client

"People care about you. Colon health screening is an important part of taking care of yourself."

Dr. Charissa Fotinos
Public Health - Seattle & King County

"Screening is one part of prevention; fruits and vegetables and physical activity will help you stay healthy and feel better."

Dr. Michael Erickson
Seattle Indian Health Board

"Be a positive example for your family and friends. Ask your provider about colon health screening."

Lynda Bishop, ARNP
Family Planning Clallam County

To find a medical provider or to find out about free or low-cost health insurance, call the Community Health Access Program (CHAP) toll free: 1-800-756-5437

For general cancer information call:

American Cancer Society 1-800-ACS-2345
(24 hours a day, 7 days a week)

National Cancer Institute's Cancer Information Service
1-800-4-CANCER TTY 1-800-332-8615



www.metrokc.gov/health



Funding provided by the Centers for Disease Control and Prevention (CDC)

Available in alternate formats.

1/07

If you are 50 or older, Colon Health Screening could save your life



Stop colon cancer

With regular colon health screening, you can stop colon cancer before it starts.

Colon cancer starts with a growth, also called a polyp, that is not cancer. Colon health screening can find and remove growths before they develop into cancer.

Ask about your family history

If you can, find out if there is a history of colon cancer in your family. It can help your medical provider decide if you need screening before age 50 and which screening test is right for you.

It's important to have a colon health screening if you are age 50 or older, even if you feel fine and have no family history of colon cancer.

Ask to be screened

Don't wait for your medical provider to remind you - if you're 50 or older ask for a colon health screening.

If you have no medical provider or if you need information about free or low-cost health insurance, call: Community Health Access Program (CHAP) Toll free 1-800-756-5437.

Tell others about screening

If you're up-to-date with your colon health screening, good for you! Many people don't get screened because they don't know they should. Share what you know about colon health screening with someone you care about. Colon health screening tests save lives.

Prevent colon cancer

1 Eat a healthy diet

A healthy diet is a delicious way to help prevent colon and other types of cancer. Fruits and vegetables are full of cancer-fighting nutrients and fiber. Try to eat at least 5 servings every day.

2 Move more

Physical activity can help prevent colon cancer. It can also help you:

- sleep better
- have more energy
- improve your mood

Try to get at least 30 minutes of activity, like walking or gardening, every day. It's fine to spread the minutes out during the day.

3 Stop smoking

Smoking increases your risk of colon cancer. Your risk of cancer goes down as soon as you stop smoking. If you smoke, find help and quit. Call the Tobacco Quitline 1-800 QUITNOW.





Colorectal Cancer



Basic description

Colorectal cancer is the third most common cancer in both men and women and, when men and women are combined, the second most common cause of US cancer deaths. It begins in either the colon or the rectum, which are both part of the digestive (or gastrointestinal) system, where food is processed. Early colorectal cancer usually has no symptoms. Warning signs usually occur with more advanced disease and may include rectal bleeding, blood in the stool, a change in bowel habits, or cramping pain in the lower abdomen. These are also warning signs for other less-serious illnesses, so if they appear they should be discussed with a physician.

Opportunities

Prevention Even though the exact cause of most colorectal cancers is not known, it is possible to prevent many cases. Prevention and early detection are possible because most colorectal cancers develop from polyps (precancerous tissue growths). Early detection tests for colorectal cancer can help find polyps, which can be easily removed, thereby lowering a person's cancer risk. Risk may be further reduced by regular physical activity; maintaining a healthy body weight; limiting consumption of high saturated-fat foods – especially red meat and processed meats; not smoking; limiting alcohol consumption; and eating plenty of fruits, vegetables, and whole-grain foods.

Detection Colorectal cancers are more successfully treated when detected early. Screening tests can detect colon polyps before they become cancerous, as well as early stage colorectal cancers. Beginning at age 50, people of average risk with no symptoms should follow one of the screening options below:

Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years*, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years*, or
- CT colonography (virtual colonoscopy) every 5 years*

Tests that primarily find cancer

- Yearly fecal occult blood test (FOBT)**, or
- Yearly fecal immunochemical test (FIT)**, or
- Stool DNA test (sDNA), interval uncertain**

* If the test is positive, a colonoscopy should be done.

** For FOBT or FIT used as a screening test, the take-home multiple sample for method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening

Colorectal Cancer

Treatment Surgery is the most common treatment for colorectal cancer, usually for cancer that has not spread. Chemotherapy or chemotherapy plus radiation is given before or after surgery for patients whose cancer has spread beyond the colon. Regular follow-up exams and blood tests may be recommended for patients who have been treated for colorectal cancer because if the cancer is going to recur, it tends to happen in the first two to three years after treatment.

Statistics

The five-year relative survival rate represents the percentage of patients who live at least five years after diagnosis, whether disease-free, in remission, or under treatment (after adjusting for people who die of other causes). It does not imply that five-year survivors have been permanently cured of cancer. Localized cancer is cancer that, at the time of diagnosis, had not spread to additional sites within the body. Typically, the earlier cancer is detected and diagnosed, the more successful the treatment, thus enhancing the survival rate.

Who is at risk?

Gender Men and women are similarly affected.

Age More than 90% of colorectal cancers are diagnosed in people 50 and older.

Racial/Ethnic background African Americans have the highest rates of colorectal cancer of all racial and ethnic groups in the United States. Jews of Eastern European descent (Ashkenazi Jews) also have a higher rate of colon cancer.

Other risk factors

Heredity Fewer than 10% of colorectal cancers are caused by inherited gene mutations. Family history of colorectal cancers, certain other cancers, and a type of benign colon polyp called adenomatous polyp increase colorectal cancer risk.

Personal characteristics Risk factors for colorectal cancer include a personal history of colorectal polyps, previously treated colorectal cancer, and inflammatory bowel disease. Obesity, physical inactivity, high-fat diets, smoking, and heavy alcohol use are also risk factors.

Colorectal cancer in the United States: 2010 estimates

- New cases: 142,570
colon: 102,900
rectum: 39,670
- Deaths per year (combined): 51,370
- Five-year localized survival rate: 91%
- Five-year overall survival rate: 65%

Quality-of-life issues

From the time of diagnosis, the quality of life for every individual with cancer is affected in some way. The American Cancer Society has identified four quality-of-life factors that affect patients and their families; these factors are social, psychological, physical, and spiritual.

The concerns that individuals most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the impact of cancer on finances and loved ones. People with colorectal cancer are often concerned with bowel dysfunction and the associated social stigma, as well as the effects of chemotherapy and radiation.

In recent years, the quality of life for those who are living with cancer has received increased attention. The American Cancer Society offers an online community for people with cancer and their families and friends so they don't have to face their cancer experience alone. To participate in the Society's Cancer Survivors NetworkSM, visit <http://csn.cancer.org>.

Emerging trends

Emerging trends in the area of colorectal cancer research include:

Early diagnosis Existing screening methods are continuing to improve, and less invasive, more accurate screening tests are being explored.

Genetics Scientists are learning more about some of the inherited and acquired genetic mutations that cause cells of the colon and rectum to become cancerous. Recent discoveries of inherited genes that increase a person's risk of developing colorectal cancer are already being used in genetic tests to inform people most at risk.

Chemoprevention Chemoprevention is the use of natural or man-made agents to lower a person's risk of developing cancer. Researchers are testing whether certain supplements; minerals, such as calcium; medicines, such as nonsteroidal anti-inflammatory drugs (e.g., aspirin and related drugs); and vitamins can lower colorectal cancer risk.

Chemotherapy Combinations of new chemotherapy drugs are being tested, and some studies are testing new ways to combine proven colorectal cancer-fighting drugs to improve their effectiveness. Other studies are exploring the best ways to combine chemotherapy with radiation therapy or immunotherapy.

Tumor growth factors and angiogenesis factors Researchers have discovered naturally occurring substances in the body that promote cell growth, which are known as tumor growth factors. Other growth factors, called angiogenesis factors, do not directly act on the cancer cells but instead promote growth of blood vessels that nourish the tumors. Both of these types of growth factors can promote cancer growth. Drugs have been developed to block these factors; some are already in clinical use and others are still in pre-clinical testing or clinical trials.

Colorectal Cancer

Additional resources

To learn more about colorectal cancer and the American Cancer Society's resources and programs, call our toll-free number at 1-800-227-2345 or visit our Web site at www.cancer.org.

Additional information on colorectal cancer may be found at:

- **National Cancer Institute
Cancer Information Service**
Toll-free number: 1-800-422-6237
Web site: www.cancer.gov
- **American Gastroenterological Association**
Telephone: 301-654-2055
Web site: www.gastro.org
- **Colon Cancer Alliance**
Toll-free number: 1-877-422-2030
Web site: www.ccalliance.org
- **United Ostomy Associations of America**
Toll-free number: 1-800-826-0826
Web site: www.ostomy.org

Bottom line

Screening tests offer the most powerful opportunity to prevent colorectal cancer or to detect the disease early, which increases the chances of successful treatment. Although people cannot change their genetic makeup or family health history, most people can reduce their risk of colorectal cancer by following the American Cancer Society's screening guidelines; eating a healthy, low-fat diet and reducing animal sources of fat; maintaining a healthy weight; avoiding tobacco; limiting alcohol consumption; and increasing their level of physical activity.



We **save lives** and create more birthdays
by helping you stay well, helping you get well,
by finding cures, and by fighting back.

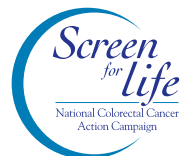
cancer.org | 1.800.227.2345

Fast Facts

Colorectal Cancer Screening Saves Lives

- Of cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the United States.
- In 2007 (the most recent year for which statistics are currently available), 53,219 people (27,004 men and 26,215 women) in the United States died of colorectal cancer.
- Colorectal cancer also is one of the most commonly diagnosed cancers in the United States. In 2007, 142,672 people in the U.S. (72,755 men and 69,917 women) were diagnosed with colorectal cancer.
- Screening is recommended for men and women beginning at age 50.
- Colorectal cancer often can be prevented. Screening helps find precancerous polyps so they can be removed before they turn into cancer.
- Screening helps find colorectal cancer early, when treatment can be most effective.
- You may be at increased risk for colorectal cancer if you or a close relative have had colorectal polyps or colorectal cancer, if you have inflammatory bowel disease or if you have certain genetic syndromes. If you think you are at increased risk, ask your doctor at what age and how often you should be screened.

For more information, please call **1-800-CDC-INFO**
(1-800-232-4636) or visit www.cdc.gov/screenforlife



Urban Indians and Colorectal Cancer

“Don't let things just happen to you in life — take control of your own fate and prevent diseases from occurring in your body. Get screened for colorectal cancer when you turn 50!”

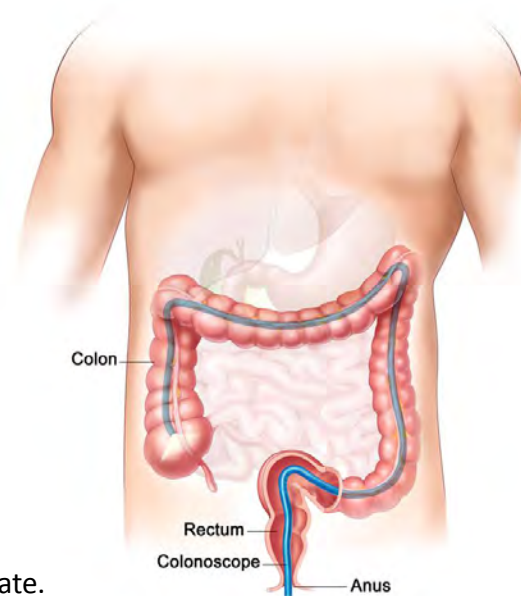
- Dr. May Wang,
Native American Rehabilitation Association
Medical Director

Why Urban Indians?

- 67% of American Indians/Alaska Natives (AI/AN) live in urban areas - 2000 US Census
- Many Urban AI/AN depend on Urban Indian Health Organizations (UIHOs) for their health care.
- Colon cancer is the second most common cancer for AI/AN women and the third for AI/AN men.
- AI/AN are more likely to be diagnosed at later stages, when cancer is most difficult to cure.
- Only 46% of AI/AN in UIHO service areas have been screened for colon cancer, compared with 60% of Caucasians - Behavioral Risk Factor Surveillance System 2003-2007

What Can I Do?

- **Ensure recommended screening guidelines are in place for men and women over 50.**
 - FOBT: yearly
 - Flexible sigmoidoscopy: every 5 yrs
 - Double-contrast barium enema: every 5 yrs
 - Colonoscopy: every 10 yrs
- **Display colorectal cancer prevention materials that are culturally appropriate.**
- Advocate for increased funding for screening.
- **Save money and lives.** The treatment cost of late stage colorectal cancer is estimated at \$120,000 compared to \$30-\$60/year for CRC screening by Fecal Occult Blood Test (FOBT) tests cost.
- **Lead by example.** Make sure your screening tests are up to date.

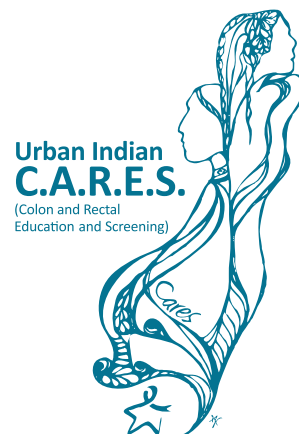


Resources For Screening

- Talk to your Department of Health to learn more about your state's comprehensive cancer control plan and its focus on colorectal cancer screening and funding.
- Learn more about the Centers for Disease Control (CDC) pilot screening programs throughout the country and grants made to states.
- Contact local policymakers to inquire about additional funding for colorectal cancer screening in your area.
- Read the Preventing Colorectal Cancer Toolkit, which includes background information for policymakers and cost-effective prevention strategies for states:
www.healthystates.csg.org/Public+Health+Issues/Cancer

BE CANCER FREE, YOU AND ME

Urban Indian C.A.R.E.S.: (Colon and Rectal Education and Screening)



“Health workers are often scared, uncomfortable or embarrassed going to Indian people to talk to them about prevention of this type of cancer.

Why do we have to be ashamed

and embarrassed when it means we can save a life or prevent an illness?”

—*Laura, who lost her mother to colorectal cancer*

For More Information

- Cancer Control P.L.A.N.E.T – data and resources for the design, implementation and evaluation of evidence-based cancer control programs: <http://cancercontrolplanet.cancer.gov>
- Native American Cancer Research (NACR) – AI/AN-focused resources for health educators, providers, cancer survivors and caregivers: www.natamcancer.org. 800-537-8295
- Native C.I.R.C.L.E. – culturally appropriate cancer educational materials for AI/AN educators, providers and students: <http://www.nativeamericanprograms.org/index-circle.html>. 877-372-1617
- Screen for Life – CDC’s National Colorectal Cancer Action Campaign health education materials, including materials targeted at AI/AN communities: www.cdc.gov/cancer/screenforlife. 800-CDC-INFO

About Us

Urban Indian C.A.R.E.S. (Colon and Rectal Education and Screening) promotes education, testing and treatment of colorectal cancer for urban AI/AN through the Urban Indian Health Organizations nationwide. This work is supported through a grant from Prevent Cancer Foundation. Contact us at (206) 812-3030 or info@uihi.org for more information.

“***People heal*** from other people who have experienced cancer, from their knowledge, strength and hope.”

—*Karen, colorectal cancer survivor*

About Our Logo

Az Carmen, Ph.D., (Chickasaw) developed the C.A.R.E.S. logo after her husband’s cancer was prevented with colorectal screening. Her drawing shares her personal experience and shows how colorectal cancers are experienced not just by the patient, but by the entire family. The experience of colorectal cancer is tied to life, health and family.

**Urban Indian
C.A.R.E.S.**
(Colon and Rectal
Education and Screening)



BE CANCER FREE, YOU AND ME

Urban Indian C.A.R.E.S.: (Colon and Rectal Education and Screening)

I got screened. Now, I'm talking about it.

Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be. Screening can prevent or catch it early when it's highly treatable.

If you've been screened, encourage others to get screened, too. You might save their lives.

COLORECTAL CANCER
The cancer *you* can prevent.



A Centers for Disease Control and Prevention funded campaign



Robin Alexander
Pendleton, Oregon



Dan Martinez
Portland, Oregon



Renae Jamison
Portland, Oregon

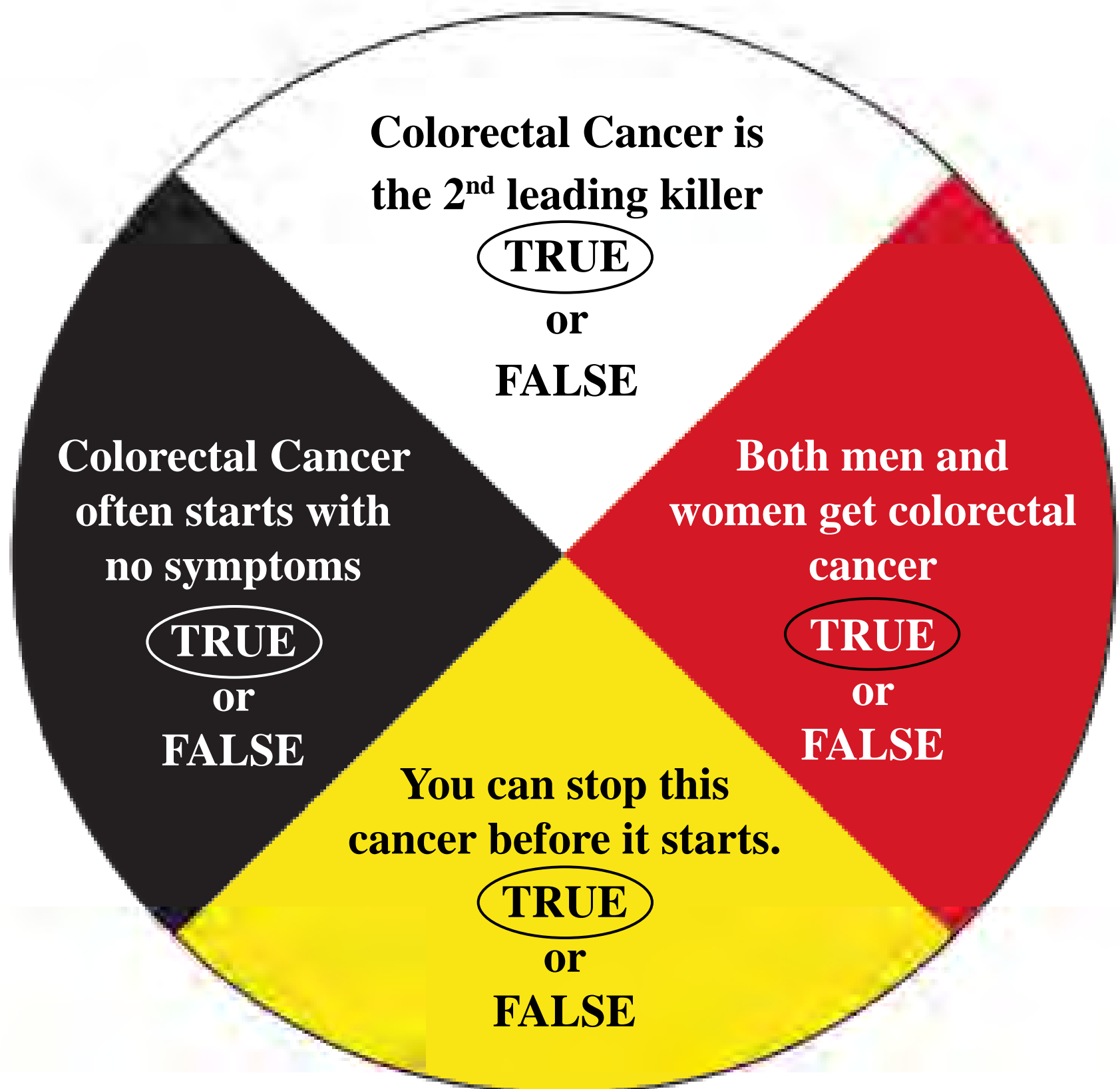


Tom Foeller
Oak Grove, Oregon

www.TheCancerYouCanPrevent.org

TRUE or FALSE

Testing for colorectal cancer can save your life. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early when treatment is most effective. Talk to your health care provider.





Chief Little Elk fought colon cancer Is your shield of health protecting you?



The rate of colon cancer among Native Americans in the Northern Plains is nearly double that of other Indian Health Service areas according to CDC.

Contact Your local Tribal Health Center for Screening Information





“We grew up with words we didn’t speak, like cancer. That’s the problem. There is too much silence about colon screening.”

- Ruby James,
Yakama, Portland, OR Cancer Survivor

Ruby was diagnosed with colon cancer at age 27. Since then, she has been diagnosed and treated many times. But Ruby will never give up - NO MATTER WHAT.

Her type of colon cancer runs in her family. Her grandchildren and daughter also have it. They all have to have regular colon screenings. But they go through it together...as a family.

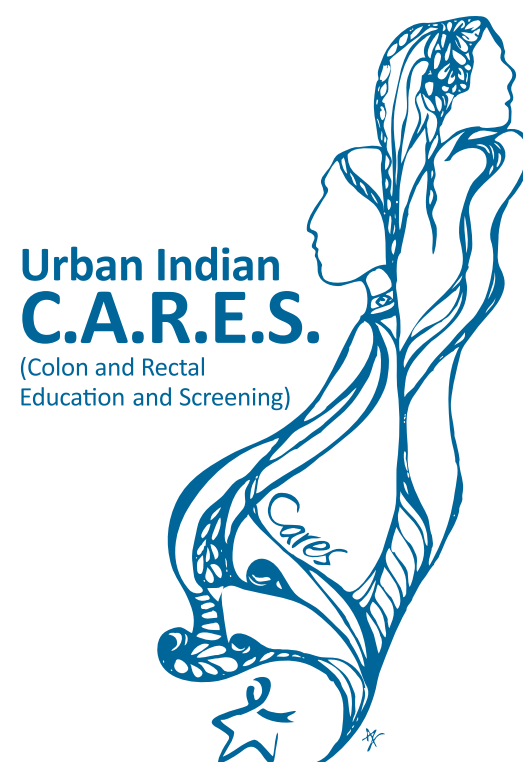
“I think it is easy for many people to just give up and not work at staying healthy or going to get that screening test. It takes someone like me to sit and talk with them and hear my story - we need to talk to another person we trust about cancer.”

COLON SCREENING CAN SAVE YOUR LIFE.

Get screened after you turn 50. If you have a family history, start screening earlier. Don’t wait for your doctor to bring it up.
Ask to have a colorectal wellness screening TODAY.

For more information about CARES contact the Urban Indian Health Institute, Seattle Indian Health Board at (206) 812-3030 or info@uihi.org. Supported by Grant from Prevent Cancer Foundation.

ORGANIZATION CONTACT INFORMATION:



A Colon Health Screening Can **SAVE YOUR LIFE**



If you're age 50 or older, it's time to be screened.

- Colorectal cancer is one of the most common cancers in Native people.
- Colorectal cancer starts with a growth, also called a polyp that is not cancer.
- Colon health screening can find and remove growths before they develop into cancer.
- Find out if colorectal cancer has been in your family. If so, you may need screening before age 50.
- Your health is a holistic process so talk with your health care provider about screening. Together you can decide what's right for you.
- Tell those you care about to get screened for a healthy family and tribe.

**For more information visit: www.doh.wa.gov/ccc
or call 1-800-4-CANCER**



A Colon Health Screening Can **SAVE YOUR LIFE**



If you're age 50 or older, it's time to be screened.

- Colorectal cancer is one of the most common cancers in Native people.
- Colorectal cancer starts with a growth, also called a polyp that is not cancer.
- Colon health screening can find and remove growths before they develop into cancer.
- Find out if colorectal cancer has been in your family. If so, you may need screening before age 50.
- Your health is a holistic process so talk with your health care provider about screening. Together you can decide what's right for you.
- Tell those you care about to get screened for a healthy family and tribe.

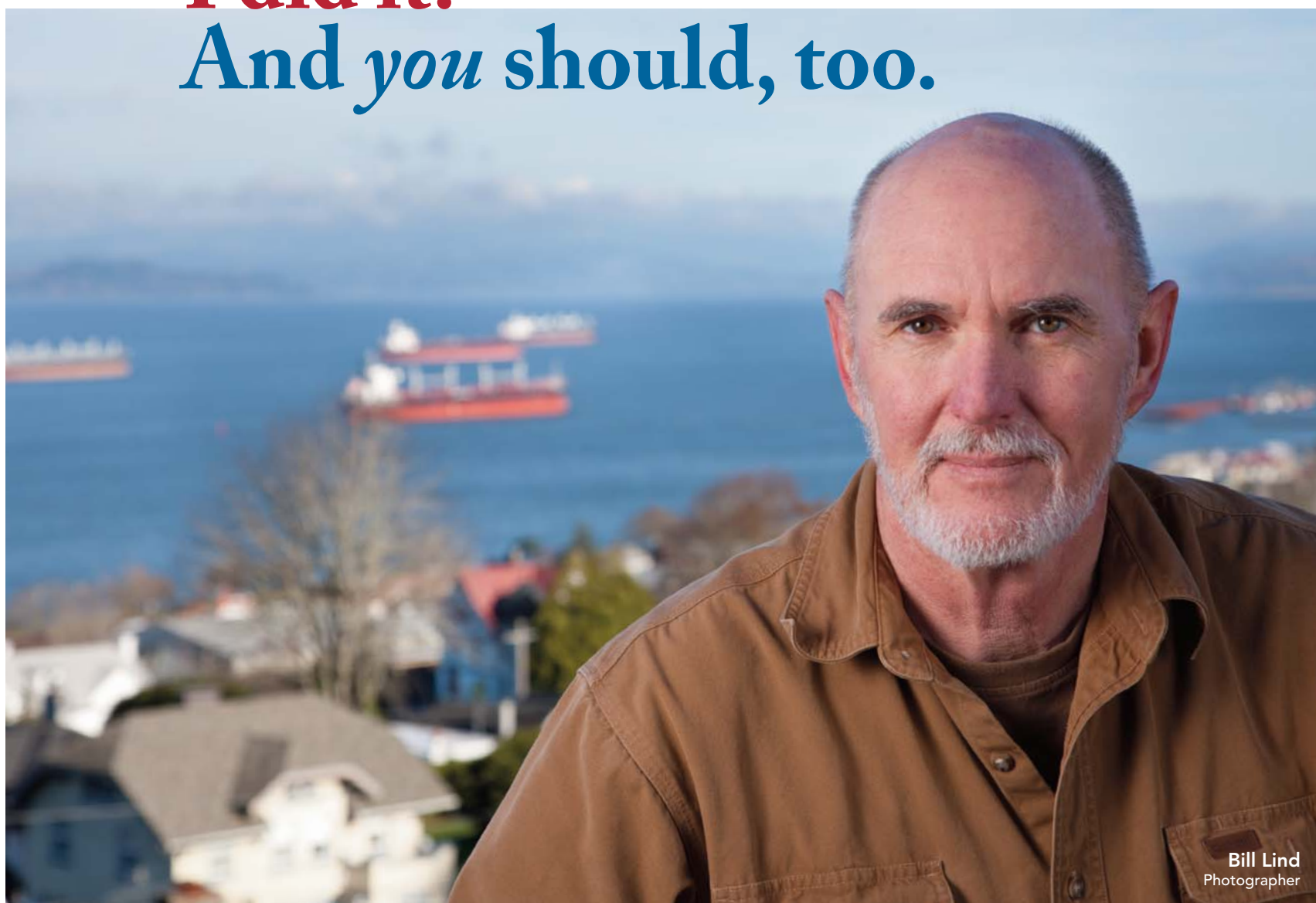
For more information visit: www.doh.wa.gov/ccc



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



I did it.
And *you* should, too.



Bill Lind
 Photographer

Most people get screened for colorectal cancer because someone they know recommended it. If you've been screened, encourage others to do the same.

Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be. Screening can prevent the cancer or catch it early when it's highly treatable.

But too few Oregon men and women age 50 and older are getting screened, which needlessly puts their lives at risk. You can change this.

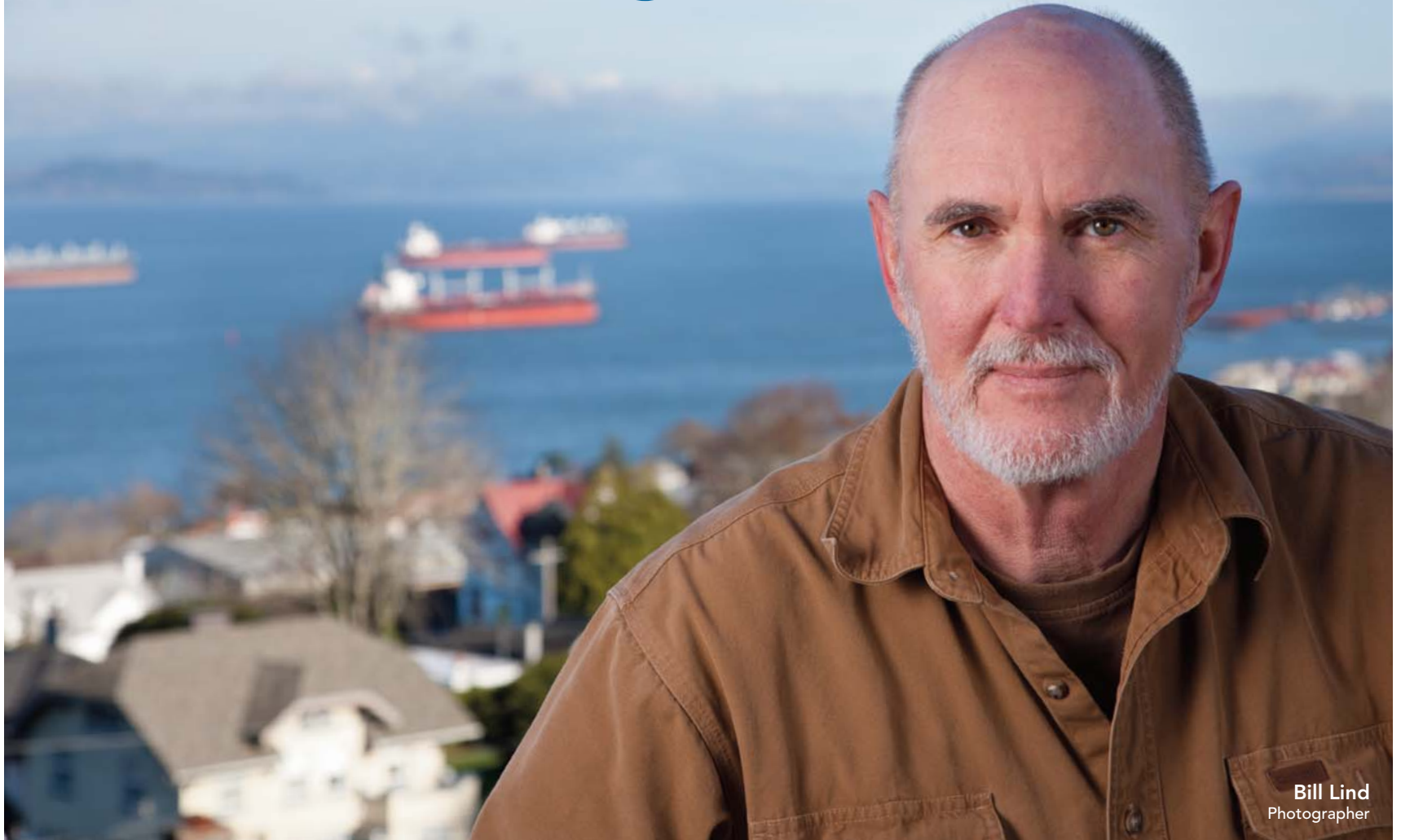
COLORECTAL CANCER
 The cancer *you* can prevent.

To learn more, visit www.xxx.org

Oregon
Health
 Authority

CDC
 CENTERS FOR DISEASE CONTROL
 AND PREVENTION

I got screened for colorectal cancer. Now I'm talking about it.



Bill Lind
Photographer

Most people get screened for colorectal cancer because someone they know recommended it. If you've been screened, encourage others to do the same.

Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be. Screening can prevent the cancer or catch it early when it's highly treatable.

But too few Oregon men and women age 50 and older are getting screened, which needlessly puts their lives at risk. You can change this.

COLORECTAL CANCER
Your story can save a life.

To learn more, visit www.xxx.org

Oregon
Health
Authority

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

**I CARE ABOUT YOU.
YOU MEAN
A LOT TO ME.
WHICH IS WHY...**

**If you're 50 or over, get a colonoscopy.
ucan.cc | 1.800.717.1811**



You should get a colonoscopy!

**YOUR BIRTHDAY
IS A GREAT TIME
TO REFLECT AND LOOK
INSIDE YOURSELF.**

**If you're 50 or over, get a colonoscopy.
ucan.cc | 1.800.717.1811**



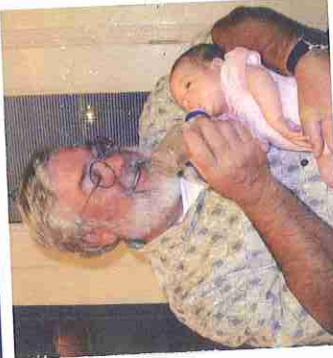
**I mean that literally.
Please go and get a colonoscopy!
Happy Birthday!**

Utah
Wellness
works

peHP

UTAH DEPARTMENT OF
HEALTH

American
Cancer
Society



What are
your reasons
to get
screened?



Utah television
personality Doug Miller
died of colon cancer in
2006 at age 58. He never
had a colonoscopy.



If you're 50 years
or older and
haven't been
tested, talk to
your healthcare
provider today.

Colorectal Cancer

What is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It's the second leading cancer killer of both women and men in the United States, but it doesn't have to be. If everyone aged 50 years or over had regular screening tests, at least 60% of deaths from this cancer would be avoided. So if you are 50 or over, start getting screened now.

Who Gets Colorectal Cancer?

Both women and men can get it:

- It is most often found in people 50 or over.
- The chances of getting colorectal cancer go up with age.

Are You at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had a colorectal polyp or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.
- Talk to your doctor about when to begin screening and how often you should be tested.



Screening Saves Lives!

If you're 50 or over, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Colonoscopies find polyps so they can be removed before they turn into cancer.
- Colonoscopies may find colorectal cancer early.

Colorectal Cancer Can Start With No Symptoms.

Precancerous polyps and early-stage colorectal cancer don't always have symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.

What do you want to be around for?

If you want to be there for the most important people, places, and things in your life, get a colonoscopy. Colon cancer can be prevented. If you're 50 or over and you've never been tested for colon cancer, **you're at risk.**

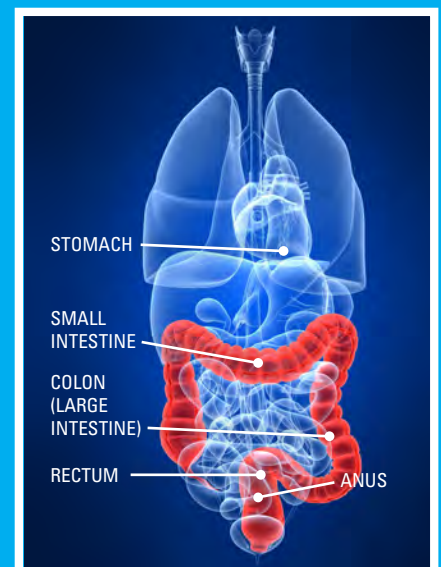
If it's time for your colonoscopy, talk to your health care provider today. For more information visit www.ucan.cc or call 1.800.717.1811.



What Are the Symptoms?

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.



Sample Email Blast

Promote CRC screening among your friends or coworkers by sending out this email. This email blast was adapted from American Cancer Society Colorectal Cancer Tool Kit.ⁱ For more examples go to: www.cancer.org

Subject: Myths about Colon Cancer

Colon cancer is the third most common cause of cancer death among men and women in the US. Don't let these five common myths stop you from getting the lifesaving tests you need, when you need them!

Myth: Colon cancer is a man's disease.

Truth: Colon cancer is just as common among women as men. It is the third most common cancer in both men and women.

Myth: Colon cancer cannot be prevented.

Truth: In many cases, colon cancer can be prevented. Colon cancer almost always starts with a small growth called a polyp. If the polyp is found early, doctors can remove it and stop colon cancer before it starts.

Myth: American Indians and Alaska Natives are not at risk for colon cancer.

Truth: American Indian and Alaska Native men and women are diagnosed with colon cancer at the same rates as the general population in the United States. AI/AN have even lower five-year survival rates for cancer than any other racial group in the US.

Myth: Age doesn't matter when it comes to getting colon cancer.

Truth: More than 90 percent of colon cancer cases occur in people age 50 and older. For this reason, the American Cancer Society and the Northwest Portland Area Indian Health Board recommend you start getting tested for the disease at age 50. People who are at increased risk for colon cancer – for example, those with a family history of the disease – may need to begin testing at a younger age. You should talk to your doctor about your specific situation and when you should begin getting tested.

Myth: It's better not to get tested for colon cancer because it's deadly anyway.

Truth: Colon cancer is often highly treatable. If colon cancer is found early and treated, the five-year survival rate is 90 percent. But because many people are not getting tested, only 40 percent of cases are diagnosed at this early stage, when treatment is so successful.

ⁱ American Cancer Society. (2010). The American Cancer Society Colorectal Cancer Tool Kit.

Basics for starting a social media campaign

What is social media?

Social media is media shared over the internet and includes applications like Facebook, Twitter, Tumblr, Wikipedia and other websites. Social media can be used to share information and interact with people through virtual communities.

Why use social media?

Social media can be a useful health promotion tool because it can reach large numbers of people quickly and is relatively inexpensive to create and use. Although some AI/AN individuals over 50 may not use the internet or social media, these virtual networks may be an easy way to keep their families connected to CRC prevention programming and events. Social media can be entertaining, engaging and interactive for users. Some community members may prefer to use the internet to learn about CRC screening and prevention.

How do I use social media to promote CRC screening or prevention?

There are multiple outlets for social media. Each application or format can be used in different ways and may reach different people in the community.

Blogs:

A blog is a forum where a person or group of people can post pictures, stories, videos or other original content. Blogs can have any kind of content, but generally are limited to formatting constraints. Some blogs may have materials and news stories about CRC, have personal journeys through CRC treatment, or general tips to stay healthy. Each post is an individual update on a blog. Blogs can be updated instantly. Popular and free blog platforms (or host sites) include: Tumblr.com, Wordpress.com, and Blogger.com. There are many online tutorials on how to set up and maintain a blog. For an example of an organization's CRC prevention blog go to:

<http://www.coloncancerpreventionproject.org/blog.html>

Custom Websites:

Custom websites allow more creativity and freedom than a blog, but they generally take more knowledge and cost more to create. Custom websites usually require an investment in time (to learn how to design a website) or money (to hire someone who knows how to design and maintain a website). Website function and possibilities are endless. One great CRC prevention program website is:

<http://www.anthctoday.org/epicenter/colon/>

Facebook:

Facebook is a social media platform that millions of people use. Facebook can be a place to promote events or to interact with community members. You can create links to other resources, post pictures and survey users. The Alaska Native Epidemiology Center uses their Facebook page to share important information and program updates:

<https://www.facebook.com/anthcepicenter>

Youtube:

Youtube is another social platform and is used to upload videos. The Alaska Native Tribal Health Consortium Colorectal Cancer Program uses Youtube to upload stories of colonoscopies, plays (script found in Appendix C) and, what to expect from your CRC screening experience. For some examples of how to use Youtube to educate your community on CRC go to:

<http://www.youtube.com/user/ANTHCepicenter>

Summary

Social media is a good way to contact and inform a large audience. There are many options and methods for starting your social media campaign. The best way to learn how to utilize social media for your program is to search for online how-to guides. Each social media platform offers different benefits and limits.