

# ColoRecord

Your Personal Guide to the  
GM Colorectal Screening Program



Use this ColoRecord and take:  
"THE NEXT STEP"

**NAME** \_\_\_\_\_

**Please Use This ColoRecord To:**

- ✓ Learn why screening makes sense for you.
- ✓ Prepare for your screening exams.
- ✓ Schedule your screening exams.
- ✓ Keep a record of your screening exam results.
- ✓ Plan for future screening.
- ✓ Learn how to eat less fat and more fiber.

## FACTS ABOUT COLORECTAL CANCER

1. **Colorectal cancer** is the third most common cancer among men in the United States.
2. **Colorectal cancer** is the third leading cause of cancer related deaths among men in the United States.
3. **Age:** The incidence of colorectal cancer increases slowly after adolescence and rises sharply after age 40.
4. **Type of Job:** A two-to threefold increased risk of colorectal cancer mortality has been reported among pattern and model makers in the automobile industry.
5. **Polyps:** Evidence strongly suggests a majority of colorectal cancers arise from growths called adenomatous polyps (polyps with cells that are rapidly and erratically dividing). The risk of colorectal cancer increases as the number and size of adenomas increase.
6. **Family History:** A person who has a parent, brother, or sister with colorectal cancer has approximately a 12 percent lifetime risk for developing colorectal cancer.
7. **Symptoms:** Persons who have any of the following symptoms should not wait to go through screening - they should contact a physician for evaluation:
  - ◆ Black, tarry stools
  - ◆ Bleeding from the rectum
  - ◆ Narrowing of stool (pencil-like)
  - ◆ Diarrhea or constipation for more than one month

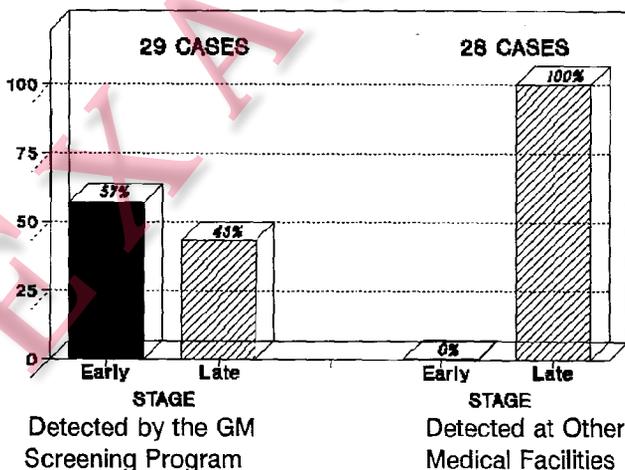
## WHY DOES SCREENING MAKE SENSE?

- ◆ The presence of colorectal cancer and polyps is NOT usually signalled by symptoms.
- ◆ By the time symptoms are recognized, disease often has advanced to a late stage.
- ◆ Screening (i.e. stool blood testing, digital rectal exam, sigmoidoscopy) can detect colorectal cancer and polyps before any symptoms appear.
- ◆ Early-stage colorectal cancer is curable.
- ◆ About 74% of those diagnosed with early stage cancer will be survivors 10 years later compared with only 36% of those diagnosed with late stage disease.

## GENERAL MOTORS (GM) STATISTICS

- ◆ From 1980 through 1985, 7,545 employees were eligible for the GM colorectal cancer screening program. 5,977 had at least one exam by the GM screening program and 1,578 did not.
- ◆ From 1980 through 1986, 57 of the eligible employees were found to have colorectal cancer and 746 were found to have polyps.
- ◆ 28 colorectal cancers were identified by the GM screening program and 29 were identified at other medical facilities.
- ◆ As shown below, cancers detected through the GM screening program were more likely to be at an early stage. Chances of cure are increased when the cancer is detected at an early stage.

### CANCER DETECTED IN GM EMPLOYEES BY STAGE



## SCREENING EXAMS

- ◆ **Stool Blood Test** (Hemoccult/FOBT): Colorectal cancers and polyps tend to bleed. This simple test is used to detect small amounts of blood in the stool. You do the test by placing samples of stool on paper slides. The slides are sent to a laboratory for chemical analysis or are analyzed at your screening exam.
- ◆ **Digital Rectal Exam** (Rectal Exam) : Colorectal cancers and polyps can form in the rectum. A physician uses a finger to feel abnormalities in this internal area.
- ◆ **Sigmoidoscopy**: Colorectal cancers and polyps also can form in the S-shaped part of the lower bowel (the sigmoid region) just above the rectum. A physician uses a slender, flexible, tube-like instrument (a sigmoidoscope) to see abnormalities in this region.

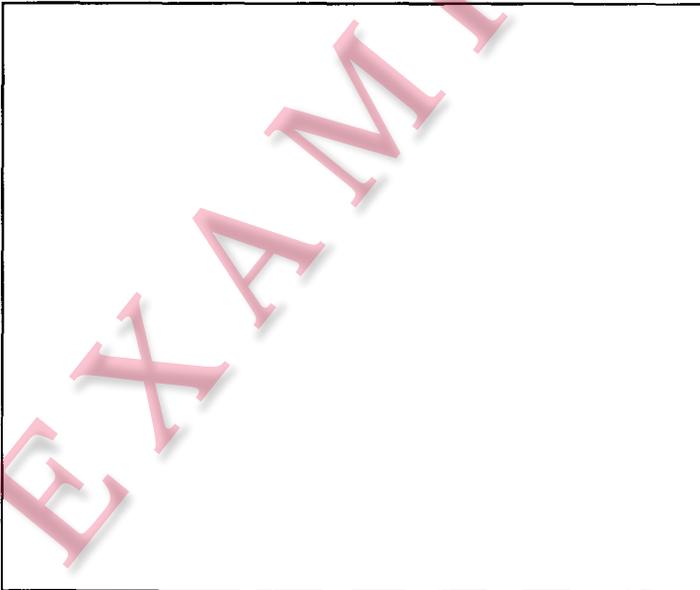
## RECOMMENDATIONS FOR SCREENING

- ◆ The General Motors Occupational Health Advisory Board recommends that persons who have worked in Pattern and Model Making areas undergo sigmoidoscopy. After having two normal sigmoidoscopic exams, the National Cancer Institute (NCI) guidelines for the general population should be followed. These guidelines include an annual digital rectal exam beginning at age 40, an annual stool blood test beginning at age 50, and a sigmoidoscopy every three to five years beginning at age 50.
- ◆ ◆ If you have had colorectal cancer or adenomatous polyps in the past, FOLLOW YOUR DOCTOR'S RECOMMENDATIONS FOR SCREENING.

## YOUR PERSONAL SCREENING SCHEDULE

Your age and GM screening records indicate that you are soon due for screening. Information is provided on the label below to make scheduling your screening exam(s) easy and convenient. Please use this information to:

- ◆ Identify the screening exam(s) you should have.
- ◆ Find out when your exam(s) is (are) due. If your plant does not contact you a month or so before your due date, please note the telephone number to call for an appointment.
- ◆ Schedule your exam(s) and write in the appointment date(s) and time(s).



A large empty rectangular box with a black border, intended for scheduling screening exams. The box is overlaid with a large, diagonal, pink watermark that reads "EXAMPLE".

If you have any questions, please call your doctor or plant physician.

## YOUR SCREENING RECORD

- ◆ Your past results from the GM screening program are printed in the box on page 7. If there are no results printed there, that means our records show that you never went through screening. If there is a year listed, this means you had an abnormal result in that year. If the test is indicated as "Normal" all exams of that type have been normal. If this information is not correct, please call us at (810) 354-2434.
  
- ◆ Next year before you are due for screening, we will send you an updated ColoRecord. Two types of information will be summarized on the label on page 7.
  - Your past screening exam results
  - Your screening exam results for this year.
  
- ◆ Even if you have one normal screening exam, periodic exams are needed to detect colorectal cancer at an early stage.

## Your Screening Record

Stool  
Blood  
Test\*

Digital  
Rectal  
Exam\*\*

Sigmoid-  
oscopy\*\*

- \* Abnormal stool blood test means a positive result suggesting blood in the stool.
- \*\* Abnormal digital rectal exam or sigmoidoscopy means the presence of one or more polyps or the presence of suspected colorectal cancer.

If any results are abnormal and you have not already done so, PLEASE SEE YOUR PHYSICIAN for follow-up evaluation!

## HOW TO PREPARE FOR SCREENING

For accurate test results, it is important that you follow the dietary instructions given to you prior to your test. General instructions appear below:

**DIGITAL RECTAL EXAM:** No special diet is required.

**STOOL BLOOD TEST:** For at least 48 hours (2 days) prior to collecting the first stool sample, as well as during the test period, you should follow the example list of foods to eat and foods to avoid. If there is any confusion about how to prepare for doing the tests, please contact your doctor or plant physician.

### FOODS TO EAT

Pork, poultry, and fish

Fruits and vegetables:  
prunes, grapes, plums,  
apples, lettuce, corn,  
spinach, and celery

High fiber foods:  
whole wheat bread, bran  
and bran-containing cereals,  
peanuts, and popcorn

### FOODS TO AVOID

All other meats

Other fruits and vegetables:  
Turnips, broccoli,  
horseradish, radishes, and  
melons (e.g. cantaloupe)

### Vitamins and Drugs to AVOID:

Vitamin C in excess  
of 250 mg per day

Aspirin or other anti-inflammatory  
drugs (avoid 7 days prior to  
and during the test period)

**SIGMOIDOSCOPY:** Follow a clear liquid diet 24 hours before your exam.

A clear liquid diet includes:

Bouillon	Clear broth	Carbonated beverages
Gelatin	Popsicles	Clear fruit juices
Coffee	Tea	Fruit ices

If there is any confusion about how to prepare for this exam, please contact your doctor or plant physician.

## **NUTRITION: ANOTHER WAY TO REDUCE YOUR CANCER RISK**

The National Cancer Institute says you may reduce your risk of getting some cancers by making healthy food choices.

### **EAT LESS FAT**

- ◆ Choose lean red meat, fish and poultry more often.
- ◆ Trim visible fat from meat and remove the skin from poultry before eating.
- ◆ Eat foods that are baked, oven-broiled, braised or stewed, and eat few fried foods.
- ◆ Choose low-fat milk products including: skim or low-fat milk, non-fat or low-fat yogurt, reduced-fat cheese, and low-fat frozen yogurt or sherbet.
- ◆ Reduce the amount of fats and oils used in cooking and as spreads (including both butter and margarine).
- ◆ Choose reduced calorie or low-fat salad dressings.

### **EAT MORE FIBER**

- ◆ Eat high fiber cereal every day, such as those made with bran.
- ◆ Eat "Five A Day" (five or more servings of fruits and vegetables) every day.
- ◆ Eat one or more servings of these foods at each meal: whole grain breads, brown rice, or dried beans, peas and lentils.

For more information about Nutrition and Cancer, take advantage of THE NEXT STEP Leaner Weigh nutrition program to be offered at your worksite. Also, check your supermarket produce section for information on "Five A Day" or call the Cancer Information Service at 1-800-4-Cancer.

## "THE NEXT STEP": Screening and Nutrition

**REMEMBER, Please use this ColoRecord to:**

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Step IV (one week after the mailing):

1. Interviewers to start calling the participants (maximum of 5 calls)  
If: the participant never received a booklet or has misplaced it, we need to send another booklet (GO BACK TO STEP II 2).  
Wait 5 days and go back to Step IV 1.
2. Remail ColoRecord booklet JS
3. Interviewer to call again in 5 days.
4. Code ColoRecord Telephone Logs and send back to the data coordinator LEL.

12.3.1 ColoRecord Booklet

12.3.1.1 ColoRecord Labels

The Current Results and Schedule Labels are affixed to the inside of the ColoRecord booklet and sent two months prior to the first screening at each intervention site. The screening history information will consist of the information collected by during past screening examinations from 1980 through the current year.

**CURRENT RESULTS LABEL**

The results from the prior screening year will be affixed on page seven of the ColoRecord booklet and sent to each participant in the intervention group. The purpose of this label is to provide the participant with an updated screening history.

**SCHEDULE LABEL**

The schedule label will be affixed on page five of the ColoRecord booklet and sent to each participant in the intervention plant. The schedule label provides the screening exam(s) for each individual and the **DUE DATE** (month/year).

12.3.1.2 The Booklet (ColoRecord)



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