



Colorectal Cancer Screening in Chinese Americans Project

Health Educator's Manual

May 2003



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This manual provides background information that can be used by the health educator for the Colorectal Cancer Screening Project. The health educator's role is to enhance awareness about colorectal cancer and increase the use of colorectal cancer screening.

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PROJECT OVERVIEW

Chinese Americans are the largest Asian ethnic group in the United States (U.S.). However, little is known in the U.S. medical community about how less acculturated Chinese prevent disease, and few research studies have addressed cancer control among this population. Some studies that have been done show an increased rate of colorectal cancer in Chinese Americans as Western dietary patterns are adopted. While there is very little information about colorectal cancer screening behaviors in Chinese Americans, it is known that they have low rates of other screening tests (e.g., mammography).

The International Community Health Services (ICHHS), Harborview Medical Center (HMC), and Fred Hutchinson Cancer Research Center (FHCRC) are working together on the Colorectal Cancer Screening in Chinese Americans Project. The overall goal of this project is to enhance awareness about colorectal cancer and increase the use of colorectal cancer screening tests, in particular, the fecal occult blood test (FOBT), among the Chinese community in Seattle.

The project emphasizes community involvement with bilingual, bicultural health educators delivering a clinic-based intervention that includes barrier-specific counseling and the use of videotapes and print materials.

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COLORECTAL CANCER

Key Facts about Colorectal Cancer

- Colorectal cancer is the **third** most commonly occurring malignancy in the United States (US).
- Colorectal cancer is the **second** most common cause of cancer deaths in the US.
- There are **147,500** new cases of colorectal cancer in the US each year.
- **57,000** people die from colorectal cancer every year in the US.
- Men are more likely to get colorectal cancer than women; however, women are still at considerable risk for the disease.
- Survival from colorectal cancer is closely related to how advanced the disease is at the time of diagnosis.
- Ninety percent of people with colorectal cancer who are diagnosed early, while the disease is still localized to the colon or rectum, live for at least five years after diagnosis.
- Only 10% of people who are diagnosed with colorectal cancer after it has spread through the body survive for five years after diagnosis.
- Less than one-half of all colorectal cancers are diagnosed at an early stage.
- Chinese living in the US have higher rates of colorectal cancer than Chinese living in Asia; this is probably because many Chinese adopt Western dietary patterns after migrating from Asia.
- Some studies show that Chinese Americans have lower colorectal cancer survival rates than their White counterparts.

Known and Probable Risk Factors for Colorectal Cancer

- Age: colorectal cancer is more common in people over the age of 50.
- Diet: diets high in fat and low in fiber may be associated with colorectal cancer.
- Polyps: benign growths on the inner wall of the colon and rectum that may turn cancerous.

- Family medical history: first-degree relatives (parents, siblings, children) of a person who has had colorectal cancer may be more likely to develop this cancer themselves.
- Personal history of colorectal cancer: even when colorectal cancer has been completely removed, new cancers may develop in other areas of the colon and rectum.
- Ulcerative colitis: a condition in which the lining of the colon becomes inflamed.
- Lack of regular colorectal cancer screening.

Natural History of Colorectal Cancer

- Colorectal cancer develops gradually from benign or precancerous polyps.
- Usually, there is a long period between the time when abnormal changes first occur in the colon and/or rectum and the development of invasive cancer.

COLORECTAL CANCER SCREENING TESTS

Colorectal cancer screening tests can detect cancer before any symptoms have developed when treatment for the disease is much more likely to be effective. Most people should begin to get regular colorectal cancer screening when they are 50 years old. However, doctors may recommend that people with a particularly high risk of colorectal cancer (e.g., those with a family history of the disease) begin regular screening at an earlier age.

A group of US experts recently recommended that people should be screened for colorectal cancer using one of the following techniques:

- Fecal occult blood testing (FOBT) annually
- Sigmoidoscopy every five years
- FOBT annually and sigmoidoscopy every five years
- Barium enema every five to ten years
- Colonoscopy every 10 years

This project focuses on FOBT because it has been shown to be effective, is currently the least costly colorectal cancer screening test available, and is the easiest screening maneuver for people to complete. However, if patients ask about the other colorectal screening tests they should be encouraged to discuss the different screening methods with their doctor.

Fecal occult blood test (FOBT)

The FOBT is a simple, painless procedure used to see if there is blood in a patient's stool. Sometimes blood is hidden (occult), and she/he will not see a red color in or on her/his stool. Many things can cause blood in the stool, including polyps (benign growths on the inner wall of the colon and rectum) or colorectal cancer. Studies show that an FOBT performed every year in people between the ages of 50-80 years decreases the number of deaths due to colorectal cancer.

Performing the FOBT

Doctors supply patients with a take-home FOBT kit and instruct them on certain foods to avoid during testing, such as red meat, certain fruits and vegetables, and medications. Patients take a stool sample once a day for 3 consecutive days (or 3 consecutive bowel movements), placing each sample on a card in the test kit. When they return the cards to their doctor or clinic, the samples are sent to a lab and tested for the presence of blood.

If the test shows hidden blood in a patient's stool, the doctor may ask the patient to do other tests to see where the blood is coming from.

Considerations when preparing for the FOBT

Patients should not collect stool samples if the following conditions exist:

- they are having a menstrual period (wait until 3 days after to begin collecting the stool samples)
- they are experiencing bloody hemorrhoids
- they have blood in their urine

Other screening tests for colorectal cancer:

Colonoscopy

Colonoscopy is an examination of the inside of the entire colon using a thin, hollow, lighted tube inserted into the rectum. If the doctor sees polyps or other abnormal tissue during the procedure, they can be removed and further examined under a microscope to determine whether disease is present.

Flexible Sigmoidoscopy

Flexible sigmoidoscopy is a procedure that uses a thin, hollow, flexible lighted tube to look inside the rectum and lower colon for polyps, tumors, or abnormal areas.

Barium Enema (or colon x-ray)

Barium enema is a procedure in which a liquid containing barium is put into the rectum and colon by way of the anus. Barium is a silver-white metallic compound that helps to show the image of the lower gastrointestinal tract on an x-ray. This test may be effective in detecting large polyps.

**PAYMENT FOR THE FECAL OCCULT BLOOD TEST (FOBT) OR OTHER
COLORECTAL CANCER SCREENING TESTS AT INTERNATIONAL COMMUNITY
HEALTH SERVICES (ICHS) CLINIC**

If a patient is interested in knowing if their insurance covers the FOBT, colonoscopy, or other colon tests, please ask them to see the eligibility worker in the clinic. The eligibility worker will check the details of their specific insurance coverage, co-payments, etc. The patient does not need an appointment to see the eligibility worker in the ICHS clinic.

In general, the following plans will cover all or most of the cost of the FOBT:

- Medicare
- Medicaid
- The Washington State Basic Health Plan
- Most commercial insurance companies