

**UCLA
FILIPINO AMERICAN
HEALTH STUDY**

**Training Manual for
Colorectal Cancer Screening
Health Educators**

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CONTENT AND PROCESS OF THE DISCUSSION GROUP SESSION

The discussion group sessions will be held at participating community organizations, churches, or at a private home. As the participants arrive, they will be greeted by the UCLA research staff, the health educator and the project liaison from the respective organization and be introduced to other participants, if needed. The UCLA research staff, health educator or project liaison will offer refreshments and ask the participants to be seated in a circle. We will allow 10-15 minutes for the participants to get to know each other and to get comfortable talking to the group. The health educator will follow a discussion outline (see attached educational curriculum) to encourage a group discussion on colorectal cancer screening. She will also provide information and will correct misinformation as needed.

An important component of this intervention will be the delivery of specific information and recommendations for screening. An annual stool blood test, sigmoidoscopy every 5 years and colonoscopy every 10 years will be introduced and recommended as screening tests for colorectal cancer. The proper way of doing a stool blood test will be demonstrated and group members will be encouraged to discuss their need to have a stool blood test with their physicians. Participants who have had a stool blood test prior to the intervention will be asked to describe their experience and any difficulties they may have encountered. During the group discussion, barriers to obtaining a stool blood test will be reviewed. The health educator will address especially those barriers that are pertinent to any of the group members by inviting opinions and advice from other group members. If needed, the health educator will counter and educate the group members in how to deal with each of these barriers, using an established format for response to these barriers. (See sample responses to barriers listed in the educational curriculum.) The health educator will make a strong recommendation to the participants to do a stool blood test every year since it is the easiest and cheapest method of getting screened for colorectal cancer.

The health educator will use a checklist to ensure, that all pertinent issues are addressed. On the checklist, the health educator will check off or note any additional issues that are discussed. We will use this information as process measures to describe the content of the intervention as it was actually delivered.

Finally, participants will receive an informational package in English and Tagalog which will summarize the information on colorectal cancer screening. Patients with no health care provider will also be given a letter of request to obtain a stool blood test from the Asia Pacific Health Care Venture (APHCV).

The objectives for the intervention with respect to knowledge, attitudes and behaviors are the following:

KNOWLEDGE:

After the group session, participants will know:

- That a stool blood test is a screening test for colorectal cancer
- That a stool blood test is a routine exam that should be done even if one has no symptoms
- Where they can get a stool blood test
- How to do a stool blood test
- When they will next need to do a stool blood test

ATTITUDE:

After the group session, participants will understand that:

- Cancer is not universally fatal
- Survival from cancer improves with early detection
- Cost and inconvenience of screening is worthwhile

BEHAVIOR:

After the group session, participants will be able to:

- Request for a Stool Blood Test
- Do a Stool Blood Test
- Have a strategy to obtain cancer screening on a regular basis

Outline of a 60-90 Minute Program to Encourage Colorectal Cancer Screening

I. INTRODUCTION

- ❖ Introduction of the *health educator*
- ❖ Explain purpose of the group discussion
 - In today's session we will talk about an important health issue among Filipino-Americans. We will be discussing colorectal cancer screening as well as behaviors and attitudes of Filipino-Americans toward this procedure. It is hoped that we can increase colorectal cancer screening rates through this educational session.

The health educator will raise the following issues, encourage a group discussion, and provide information as needed.

II. COLORECTAL CANCER SCREENING AWARENESS, KNOWLEDGE AND PERSONAL EXPERIENCE

- ❖ What have you heard about colorectal cancer?
 - Colorectal cancer is a cancer occurring either in the colon or the rectum. The colon is the large bowel or large intestine while the rectum is the one that connects the large bowel to the anus.¹ (*Show poster with illustration of colon*).
 - Colorectal cancer is the second largest cancer killer in the United States.¹
 - Among Filipino males living in the U.S., 44% of those with colorectal cancer die within 5 years of diagnosis compared with only 14% of those with prostate cancer.² (*Show poster with graph on colorectal cancer survival rates*).
 - Among Filipino females living in the U.S., 32% of those with colorectal cancer die within 5 years of diagnosis compared with only 19% of those with cervical and 15% of those with breast cancer.² (*Show same poster on survival rates*).
- ❖ Do you know anybody who had or who has colorectal cancer?

¹ National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention (Atlanta, GA), 2004. (<http://www.cdc.gov/cancer/screenforlife/info.htm>).

² Surveillance, Epidemiology and End Results (SEER), 1988-1994.

❖ Would you know of any risk factors for colorectal cancer?

(Show poster on risk factors).

- Colorectal cancer is diagnosed most commonly among men and women who are 50 years of age or older. The risk of developing this cancer increases with age.¹
- Those who have a personal or family history of colorectal polyps or cancer, inflammatory bowel disease or certain inherited cancer syndromes are at increased risk for colorectal cancer.³
- Other risk factors include: diet mostly from foods high in fat, especially from animal sources, physical inactivity, obesity, diabetes, smoking and alcohol intake.⁴

❖ What are the symptoms of colorectal cancer?^{3,5}

(Show poster on signs and symptoms of colorectal cancer).

- Colorectal cancer may have no symptoms at all. But if present, these include:
 - Blood in the stool
 - Frequent stomach aches, pains or cramps
 - Change in bowel habits (e.g., constipation, diarrhea, decreased caliber of stools)
 - Weight loss
 - Iron deficiency anemia

❖ Knowing that colorectal cancer may occur without any symptoms, regular screening is important, particularly for those at risk, in order to detect cancer at an early stage when it is most amenable to treatment. Would you know of any screening test of colorectal cancer? Have you heard of any procedure that can be done to detect colorectal cancer during its early stages? Mammography is an example of a screening test for breast cancer. Is there anything similar for colorectal cancer?

- The types of colorectal cancer screening tests are: Fecal Occult Blood Test, Flexible Sigmoidoscopy, Colonoscopy, and Double-Contrast Barium Enema.

❖ Have you heard the term **stool blood test** or fecal occult blood test (FOBT)?

❖ What is a stool blood test? How does it check for colorectal cancer?

- The **Fecal Occult Blood Test** or **Stool Blood Test** is a screening test that could detect blood in the stool that is not visible to the naked eye. Since colorectal cancer may bleed, a positive stool blood test may indicate the presence of this type of cancer.

³ Maxwell, AE. Colorectal Cancer Lecture, 2004.

⁴ American Cancer Society, Inc.

(http://www.cancer.org/docroot/CRI/content/CRI_2_2_2X_What_causes_colorectal_cancer.asp?nav=crl).

⁵ Centers for Disease Control and Centers for Medicare and Medicaid Services. Colorectal Cancer Screening for People with Medicare. March 2003.

- ❖ Have any of you had a stool blood test?
- ❖ For those who had a stool blood test, can you describe the process?

Can you also share your experience in taking this test? Was it easy, simple, unpleasant, or yucky?

- For this test, you are asked to place a small amount of your stool on a card every day for 3 days. This card is then mailed either to your physician or a laboratory for processing. You are usually asked not to eat red meat three days before and during the test.
- ❖ Do you know anyone who has done a stool blood test?
- ❖ For those who have not had one, why?
Are there any other reasons why one would NOT HAVE a stool blood test?
- ❖ For those who have had one, why?
Are there any other reasons why one would HAVE a stool blood test?
- ❖ Do you think a stool blood test is necessary if you don't have any symptoms?
➤ Yes, because you may actually have the cancer even without symptoms, especially in the early stages of the disease.
- ❖ Has a doctor ever suggested that you have a stool blood test?
If yes, did he explain to you why you had to do the test and did you do it?

III. FACTS ON COLORECTAL CANCER AND IMPORTANCE OF SCREENING

- ❖ Emphasize importance of screening tests
 - **Stool Blood Test**⁶
 - A stool blood test is a noninvasive test that detects the presence of hidden (occult) blood in the stool. Such blood may arise from anywhere along the digestive tract. Hidden blood in stool is often the first, and in many cases the only, warning sign that a person has colorectal disease, including colorectal cancer.
 - This test is performed yearly beginning at age 50.
 - A stool sample from three consecutive bowel movements is collected, smeared on a card, and mailed to a laboratory for processing.
 - A negative result is normal. Abnormal results (positive for occult blood) may indicate any of the following: colon polyps, colorectal cancer or other gastrointestinal tumors, esophagitis, gastritis, gastrointestinal trauma or

⁶ Medline Plus. National Library of Medicine and National Institutes of Health. (<http://www.nlm.nih.gov/medlineplus/ency/article/007008.htm>).

bleeding from recent gastrointestinal surgery, hemorrhoids, inflammatory bowel disease, peptic ulcer, angiodysplasia of the gastrointestinal tract, gastrointestinal infections, esophageal varices and portal hypertensive gastropathy. Other non-gastrointestinal related causes of a positive result may include nose bleed and coughing up of blood.

- Abnormal tests require follow-up with a physician.
 - There can be false-positive and false-negative results. Using proper stool collection technique, avoiding certain drugs, and observing dietary restrictions can minimize these measurement errors.
- Sigmoidoscopy⁷
 - Sigmoidoscopy enables the physician to look at the inside of the large intestine from the rectum through the last part of the colon, called the sigmoid or descending colon. With this procedure, the physician can see bleeding, inflammation, abnormal growths, and ulcers in the descending colon and rectum. Flexible sigmoidoscopy is not sufficient to detect polyps or cancer in the ascending or transverse colon (two-thirds of the colon). (*Show poster with illustration of the colon*).
 - For the procedure, you will lie on your left side on the examining table. The physician will insert a short, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a sigmoidoscope. The scope transmits an image of the inside of the rectum and colon, so the physician can carefully examine the lining of these organs. The scope also blows air into these organs, which inflates them and helps the physician see better.
 - If anything unusual is in your rectum or colon, like a polyp or inflamed tissue, the physician can remove a piece of it using instruments inserted into the scope. The physician will send that piece of tissue (biopsy) to the lab for testing.
 - Bleeding and puncture of the colon are possible complications of sigmoidoscopy. However, such complications are uncommon.
 - Flexible sigmoidoscopy takes 10 to 20 minutes. During the procedure, you might feel pressure and slight cramping in your lower abdomen. You will feel better afterward when the air leaves your colon.

⁷ National Digestive Disease Information Clearing House (NDDIC). National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.
(<http://digestive.niddk.nih.gov/ddiseases/pubs/sigmoidoscopy/index.htm>)

- Colonoscopy⁸
 - Colonoscopy lets the physician look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. The procedure enables the physician to see inflamed tissue, abnormal growths, ulcers, and bleeding.
(Show poster with illustration of colon).
 - During colonoscopy, you will lie on your left side on the examining table. You will probably be given pain medication and a mild sedative to keep you comfortable and to help you relax during the exam. The physician will insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope. The scope transmits an image of the inside of the colon, so the physician can carefully examine the lining of the colon. The scope bends, so the physician can move it around the curves of your colon. You may be asked to change position occasionally to help the physician move the scope. The scope also blows air into your colon, which inflates the colon and helps the physician see it better.
 - If anything abnormal is seen in your colon, like a polyp or inflamed tissue, the physician can remove all or part of it using tiny instruments passed through the scope. That tissue (biopsy) is then sent to a lab for testing. If there is bleeding in the colon, the physician can pass a laser, heater probe, or electrical probe, or inject special medicines through the scope and use it to stop the bleeding.
 - Bleeding and puncture of the colon are possible complications of colonoscopy. However, such complications are uncommon.
 - Colonoscopy takes 30 to 60 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You will need to remain at the endoscopy facility for 1 to 2 hours until the sedative wears off.
- Comparison of the above three procedures
 - *Show poster on the advantages and disadvantages of FOBT, sigmoidoscopy and colonoscopy.*
 - *Show pamphlet on Colorectal Cancer Screening for People with Medicare and its Tagalog translation.*

⁸ National Digestive Disease Information Clearing House (NDDIC). National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.
(<http://digestive.niddk.nih.gov/ddiseases/pubs/colonoscopy/index.htm>).

IV. Getting ready for a STOOL BLOOD TEST

(Show **FOBT kits** and note Patient Instruction on the cover).

(Show Tagalog translation of FOBT Patient Instructions).

- ❖ How to do a stool blood test (Demonstration with FOBT cards and peanut butter)
 - Go through the Patient Instructions in the FOBT kit with the participants. Make sure they understand each step and encourage them to ask questions in case there is something in the procedure that they do not understand.
- ❖ Facilities that offer free or low cost stool blood tests
 - For participants with no health care provider, the Asian Pacific Health Care Venture (APHCV) has agreed to read their FOBT cards, notify them of the results, and assist those who need follow-up diagnostics and treatment.
- ❖ How to request a stool blood test from the regular health care provider

(Ask participants if they would know how to ask their health care provider about obtaining a stool blood test. Show them a **list of questions** to ask their health care provider regarding colorectal cancer and the stool blood test).

 - Questions that participants should ask their doctor regarding the stool blood test and colorectal cancer:
 - Am I at risk for colorectal cancer? Do I have the risk factors?
 - What should I do to prevent colorectal cancer?
 - Can you order a stool blood test for me?
 - Can you explain how this test is done?
 - Where do I mail the test cards (doctor's office or laboratory)?
 - How do I find out the results?
- ❖ Setting a date for a yearly stool blood test (if not discussed in the Barriers Section)

(Suggest scheduling the yearly stool blood test on a date that can be easily remembered – e.g., birthday, anniversary, or health month when regular check-up and lab tests are done)
- ❖ Importance of completing follow-up tests if needed
 - If your stool blood test is positive, it does not necessarily mean that you have colorectal cancer. It means that further diagnostic tests have to be done to determine where the blood is coming from and if it's cancer that's causing it.

V. **BARRIERS** to doing a stool blood test

(Show poster on barriers).

(List other barriers on a flip board).

Do you have any concerns about doing a stool blood test? What are they? *Probe:*

❖ *Cost*

- The stool blood test is covered without co-payment by Medicare, Medi-Cal and many HMO plans. If not covered, the test usually costs \$25.

❖ *Not knowing that the test is needed (“my doctor never told me that I needed the test”)*

- It is surprising how many doctors forget to tell their patients, however, now that you know how important it is, you should ask your doctor for a stool blood test. In this day and age, when doctors are busy, and we don’t always get personalized attention, it is important for us to “take charge” of making certain that the basics get done. Unfortunately, sometimes doctors fail to recognize that in our culture, colorectal cancer is a growing problem and that men and women over 50 need to be screened on a regular basis.

❖ *Concerns or fears about finding colorectal cancer (“doing this test would be looking for trouble”; “I don’t have any problems, why should I get tested for colorectal cancer?”)*

- A stool blood test can find cancer long before you have any symptoms. The earlier the cancer is found, the more likely it can be cured. We get a tune-up for our car all the time, even though nothing may be wrong with it. Doing a screening test for colorectal cancer is part of a healthy check-up. It’s like doing a tune-up for your body.

❖ *Doing this test is too yucky*

- The stool blood test kit will provide you with instructions and materials in order to do the test as neatly and as hassle-free as possible. The kit comes with an applicator stick which is what you would use to obtain stool samples.

❖ *Inconvenience to take time to do a stool blood test*

- Although the test has to be done for three days and there are some foods or medications that need to be avoided a few days prior to doing the test, this is a just a minor inconvenience compared to the benefit of detecting colorectal cancer early or having peace of mind that you don’t have colorectal cancer.

- ❖ *Forgetting to take the test (“I always forget when I had it last and when I need to get it”)*
 - Forgetting is a common problem. There are a lot of things that can be done, however, to help you remember. Let’s create an easier way for you to remember. Are there any events that happen every year that you remember, such as birthdays or anniversaries? We are going to identify a month and date that you can use as an anniversary for “Colorectal Cancer Screening for Life.”
- ❖ *Social influences (e.g. family, peers)*
 - Although they have your best interests in mind, some of your family or friends may discourage you to take the stool blood test. If this happens, you should now know better and must remind yourself of what we discussed in this group session regarding the importance of the stool blood test.
- ❖ *Influence of sociodemographic characteristics (e.g., age, sex, educational level, SES)*

Have group members respond to barriers. Use the above barriers counseling scripts as appropriate.

VI. FACILITATORS to doing a stool blood test

(List facilitators on a flip board)

- ❖ social influences (e.g. family, peers, couples doing the test together)
- ❖ influence of sociodemographic characteristics (e.g., age, sex, educational level, SES)
- ❖ personal suggestions for improving colorectal cancer screening

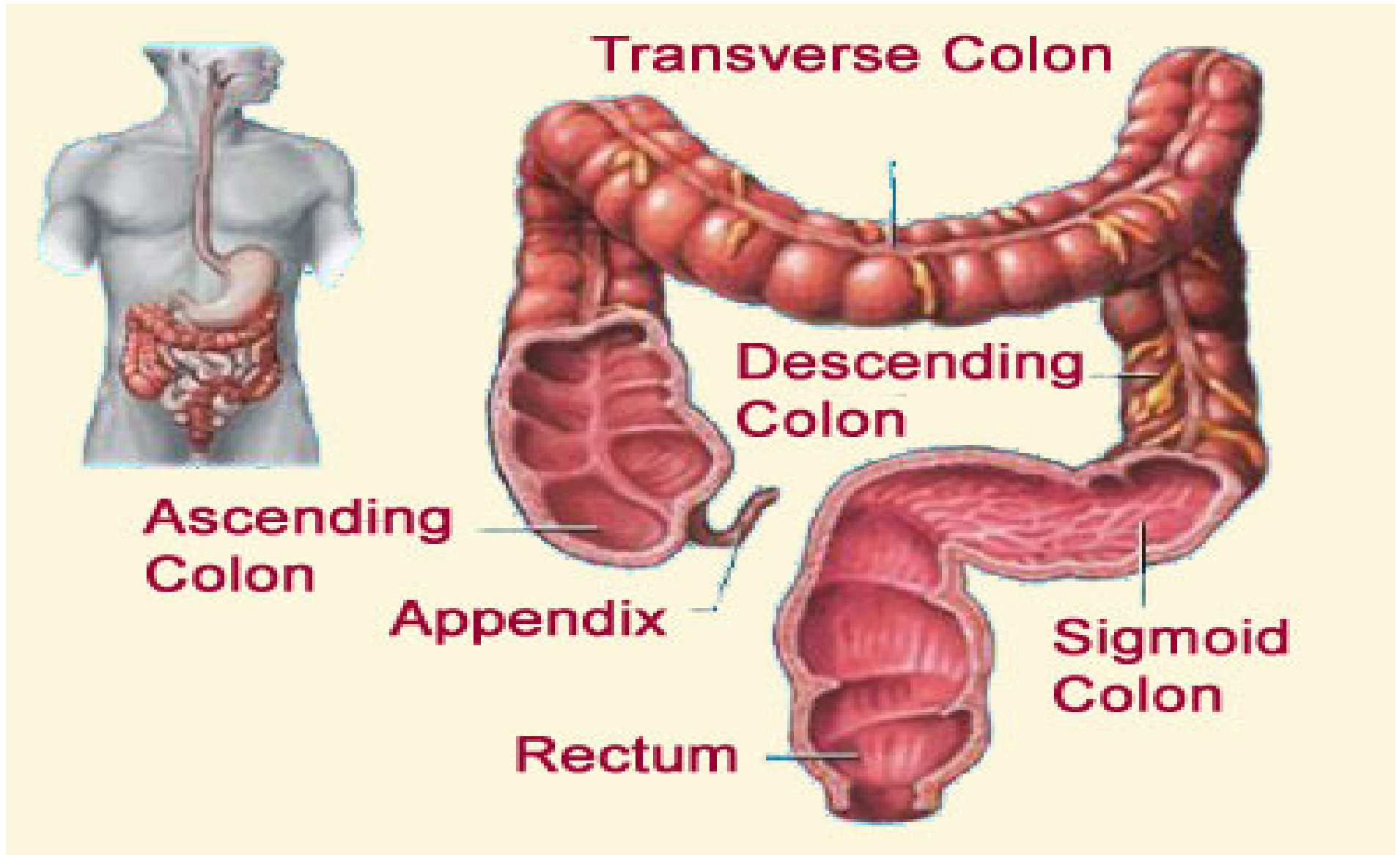
VII. CONCLUSION

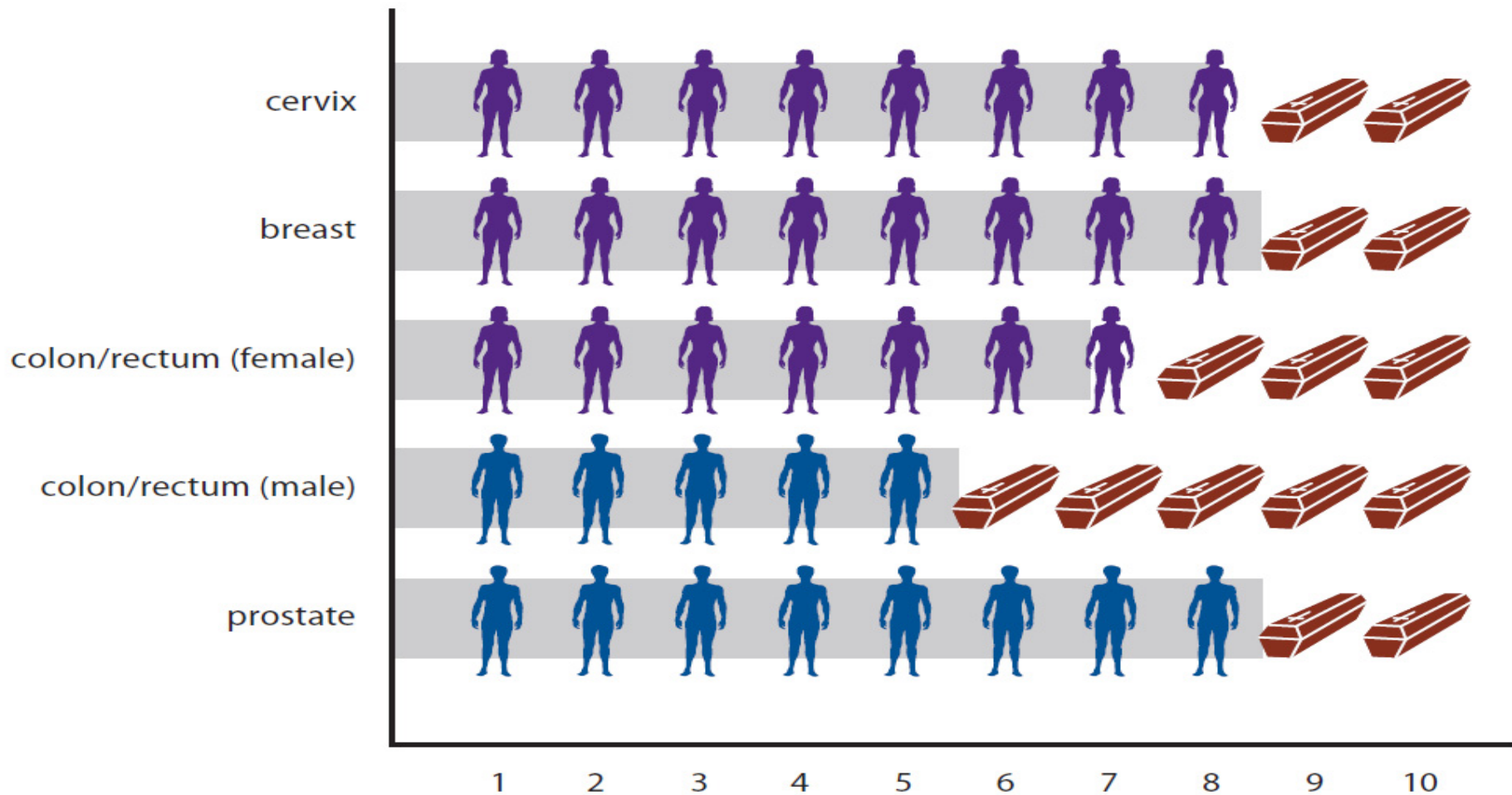
- ❖ Make a ***strong recommendation*** to do a stool blood test once a year.
 - An annual stool blood test is essential for colorectal cancer screening.
 - Screening allows early detection of cancer at a stage when it is most responsive to treatment.
- ❖ Ask if there any more questions and answer those that you can
- ❖ **ASK PARTICIPANTS TO MAKE A PLEDGE** to get screened within 6 months.
Distribute pledges and certificate of completion
- ❖ Reimburse subjects and have them sign receipts.

- ❖ Serve refreshments before, during and after the group discussion.
- ❖ For more information, call the Cancer Information Service at 1-800-4-CANCER.

COLORECTAL CANCER

Screening is the first line of defense





Number of Filipino Americans who survive 5 years or longer
for every 10 Filipino Americans who get the above cancers.

COLORECTAL CANCER RISK FACTORS

- ❖ **Age**
- ❖ **Personal history of colorectal cancer, colorectal polyps, or chronic inflammatory bowel disease**
- ❖ **Family history of colorectal cancer and inherited cancer syndromes**
- ❖ **Diet mostly from foods high in fat**
- ❖ **Physical inactivity**
- ❖ **Overweight and obesity**
- ❖ **Diabetes**
- ❖ **Smoking**
- ❖ **Alcohol intake**

SIGNS/SYMPTOMS OF COLORECTAL CANCER

➡ Blood in the stool

➡ Frequent stomach aches, pains or cramps

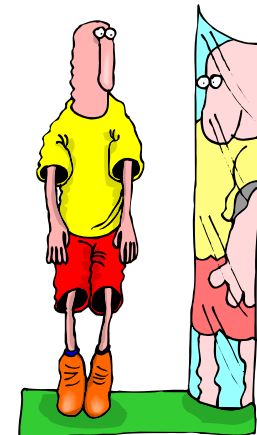


➡ Change in bowel habits
(e.g., constipation, diarrhea, decreased caliber of stools)



➡ Weight loss

➡ Anemia



COLORECTAL CANCER SCREENING TESTS

Screening Tests	Advantages	Disadvantages/Limitations
Stool Blood Test/ Fecal Occult Blood Test Under \$30	<ul style="list-style-type: none"> • No bowel preparation • Sampling is done at home • Cheap • Proven effective in clinical trials • No risk of bowel tears or infections 	<ul style="list-style-type: none"> • May miss many polyps and some cancers • May produce false-positive test results • Pre-test dietary limitations needed • Must be done every year • More effective when combined with a flexible sigmoidoscopy every 5 years • Additional procedures necessary if abnormalities are detected
Flexible Sigmoidoscopy \$150 - 300	<ul style="list-style-type: none"> • Fairly quick and safe • Minimal bowel preparation • Done every 5 years • Not that uncomfortable • Doesn't require a specialist 	<ul style="list-style-type: none"> • Usually views only about a third of the colon • Can't remove polyps • Very small risk of infection or bowel tear • More effective when combined with annual stool blood testing • Additional procedures necessary if abnormalities are detected
Colonoscopy At least \$1,000 in most settings	<ul style="list-style-type: none"> • Can usually view entire colon • Can biopsy and remove polyps • Done every 10 years • Can diagnose other diseases 	<ul style="list-style-type: none"> • Can miss small polyps • Full bowel preparation needed • Can be expensive • Sedation of some kind usually needed • You may miss a day of work • Higher risk of bowel tears or infections

BARRIERS TO COLORECTAL CANCER SCREENING

- ❖ Cost
- ❖ Not knowing that the test is needed
(“My doctor never told me that I needed the test”)
- ❖ Concern or fear about finding colorectal cancer
- ❖ Lack of symptoms
- ❖ Doing the test is too yucky
- ❖ Inconvenience to take time to do a
Stool Blood Test
- ❖ Forgetting to take the test
- ❖ Social influences *(e.g., family, peers)*

QUESTIONS TO ASK YOUR DOCTOR ABOUT *COLORECTAL CANCER* AND THE *STOOL BLOOD TEST*

- Am I at risk for colorectal cancer? Do I have the risk factors?
- What should I do to prevent colorectal cancer?
- Can you order a stool blood test for me?
- Can I take this test with the medications I am taking?
- Where do I mail the test cards (doctor's office or laboratory)?
- How do I find out the results?

MGA TANONG PARA SA INYONG DOKTOR UKOL SA *COLORECTAL CANCER* AT *STOOL BLOOD TEST*

- Maaari ba akong magkaroon ng *colorectal cancer*?
- Anu-ano ang mga maaari kong gawin upang hindi ako magkaroon ng *colorectal cancer*?
- Maaari niyo ba akong bigyan ng *request* upang makakuha ng *stool blood test*?
- Maari ko ba itong gawin kasabay ng aking mga gamot?
- Saan ko ipapadala ang mga *test cards* (sa klinik ng doktor o sa laboratoryo)?
- Paano ko malalaman ang resulta ng aking *stool blood test*?

PARTICIPANT 3-MONTH REMINDER LETTER

(Date)

(Name of Participant)

(Address)

(Address)

Dear (Name of Participant),

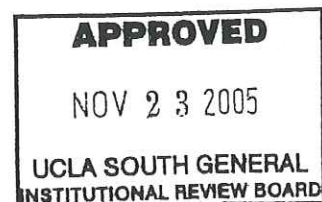
Greetings! Thank you very much for joining the UCLA Preventive Health Study and for attending the group session on Colorectal Cancer Screening. We would like to remind you to do your Stool Blood Test. This test is simple and can be done at the convenience of your own home. The Stool Blood Test is done for three consecutive days every year and can detect colorectal cancer early when treatment is most effective. Once you have completed the test, please submit or mail the test card to your health care provider who will inform you of the test result. If you do not have a health care provider or if you have further questions or concerns regarding the Stool Blood Test or the study, please don't hesitate to contact me at (310) 206-9925.

If you have already mailed in your test card, remember to do it again next year!

Best regards,

Leda L. Danao, Ph.D.
Division of Cancer Prevention and Control Research
Jonsson Comprehensive Cancer Center
University of California, Los Angeles

UCLA IRB# G02-04-047-04E
Expiration Date: 3/17/06



PARTICIPANT 3-MONTH REMINDER LETTER (FILIPINO)

(Petsa)

(Pangalan ng Kalahok)

(Adres)

(Adres)

Mahal na Ginoong/Ginang/Binibining (Pangalan ng Kalahok),

Kumusta po! Maraming salamat sa inyong pagsali sa UCLA Filipino American Health Study at pagdalo sa ating pagpupulong tungkol sa Colorectal Cancer Screening. Nais naming ipaalala sa inyo na gawin ang Stool Blood Test. Ang Test ay simple lang at maaaring gawin sa sarili ninyong oras sa bahay. Ang Stool Blood Test ay ginagawa sa tatlong magkakasunod na araw at maaari nitong matuklasan nang maaga ang kanser sa bituka kung kalian madali pa itong gamutin. Pagkatapos gawin ang Stool Blood Test, maaari lang na dalhin o ipadala sa mail ang Stool Blood Test card sa inyong doctor na siyang makakapagsabi sa inyo ng resulta ng Test. Kung wala kayong doctor o mayroon kayong katanungan tungkol sa Stool Blood Test, huwag kayong mag-atubiling tumawag sa akin sa (310) 206-9925.

Kung ipinadala na ninyo ang inyong Stool Blood Test card, tandaan na gawin ulit ang Test sa susunod na taon.

Sumasainyo,

Leda L. Danao, Ph.D.
Division of Cancer Prevention and Control Research
Jonsson Comprehensive Cancer Center
University of California, Los Angeles

LETTER TO THE PHYSICIAN

(Date) _____

(Name & Address of MD) _____

RE: Patient _____, DOB _____

Dear Doctor,

Greetings! I am a researcher at the University of California, Los Angeles (UCLA) Jonsson Comprehensive Cancer Center and conducting a study to increase colorectal cancer screening among Filipino-Americans. Mr./Ms. _____ has participated in our study and has been informed about the different colorectal cancer screening tests that are currently recommended. He/she has also received a Fecal Occult Blood Test (FOBT) kit and may send his/her FOBT test card to you for evaluation.

Presently, colorectal cancer screening is underutilized among Filipino-Americans which may explain why their survival rate for colorectal cancer is lower compared to other ethnic groups in the United States. We hope that our study can help improve colorectal cancer screening rates among Filipino-Americans in order to detect cancer at a stage where treatment is most beneficial. We encourage you to begin colorectal cancer screening with all of your patients 50 years and older.

Sincerely,

Annette E. Maxwell, Dr.P.H.
Principal Investigator
Filipino Health Study
(310) 794-9282
ammaxwell@ucla.edu

APPROVED

MAR 13 2006

UCLA SOUTH GENERAL
INSTITUTIONAL REVIEW BOARD

CERTIFICATE

Awarded to:

Juan de la Cruz

I love myself, my family and friends and care about my health.

I will do everything possible by getting a

Stool Blood Test

to prevent CANCER from taking over my precious health and body.

Attending this session proves my choice for a healthier me.

I pledge to give myself this gift each year on my birthday.

Signature

Witness

Date

