

## HEALTHY COLON: HEALTHY LIFE

## Overview

- What is screening?
- What is colon cancer?
- Who needs to be screened for colon cancer?
- What are the screening tests for colon cancer?

## Why do people go to the doctor?

- To have a problem diagnosed and treated
- To learn what they have to do to stay healthy
  - Advice
  - Tests

## SCREENING

- Testing people WHO DO NOT HAVE SYMPTOMS for either early disease or risk factors for disease

## DISEASES WE SCREEN FOR

- Common
- Serious
- Treatment exists
- Treatment better if disease detected early
- Good screening tests

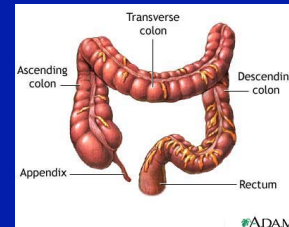
## Examples

- What are some examples of disease we screen for and the screening tests we use?

## COLON CANCER

- Cancer of the large intestine
- Gastrointestinal tract
  - Stomach
  - Small Intestine
  - Large Intestine

## ANATOMY OF THE COLON



## COLON CANCER SYMPTOMS

- Change in stool pattern
- Blood in stool
- Weight loss
- Fatigue
- May be none

## WHO NEEDS TO BE SCREENED

- Men and women aged 50 and older
- Why age 50?

## WHAT ARE THE SCREENING TESTS?

- Fecal occult blood test
- Sigmoidoscopy
- Colonoscopy
- Barium Enema

## Fecal occult blood test

- Detects small amounts of blood in the stool
- Blood can be from cancer or from other causes
- Kit with cards to take home and collect stool specimens
  - May need to change diet and stop some medications
  - Send kit back to the doctor

## SIGMOIDOSCOPY

- Thin flexible tube is inserted into the rectum
- Doctor or nurse looks for early cancers of polyps
- Polyps can be removed
- Enema beforehand
- Can return to work

## COLONOSCOPY

- Tube inserted into rectum and looks up into entire colon
- Liquid to drink beforehand to cleanse the colon
- Medication to make a person sleepy
- Polyps can be identified and removed

## BARIUM ENEMA

- Not usually done as a screening test
- X-ray dye given rectally
- Pictures are taken that the radiologist can view

## Who is at increased risk for colon cancer?

- Family history of colon cancer
- Inflammatory bowel disease
- Personal history of certain types of polyps
- Dietary factors

## Why is the test done?

- Screening
- Diagnosis

## How often are the tests done

- FOBT: every year
- Sigmoidoscopy: every 5 years
- Colonoscopy: every 10 years
- Barium enema: every 5-10 years

## What is the best test??

- Any test is better than no test
- Not clear that any test is “best”

## SUMMARY

- Screening is directed at those who have no symptoms
- Screening for colon cancer is recommended for all over the age of 50
- Several tests are available
  - No evidence that any test is “best”

## HEALTHY COLON, HEALTHY LIFE

## CURRENT CRC SCREENING RATES

- 23.5% eligible patients had FOBT in past year
- 43.4% eligible patients had lower endoscopy in the past 10 years
  - (CDC Behavioral Risk Factors Surveillance Survey; 2001)
- Rates tend to be lower in ethnic minority groups and less educated individuals

## Background

- **Two important ethnic groups in California**
  - **Latinos-** by 2010 assumed to be the largest minority group in US
  - **Vietnamese-Americans-** by 2030 projected to be approximately 2 million in California, comprising the largest Asian minority group

## OVERVIEW

- Survey of Barriers to Colon Cancer Screening in Latinos and Vietnamese indicate low rates of screening
- Barriers differ among the ethnic groups
- Based on the results of this survey, what can we do to increase rates of colorectal cancer screening in Latinos and Vietnamese?

## PROJECT GOALS

- To conduct a randomized controlled trial to compare 3 strategies on receipt of colorectal cancer screening in Latinos and Vietnamese
  - Culturally tailored brochure and direct provision of FOBT kits
  - Culturally tailored brochure plus tailored telephone counseling and direct provision of FOBT kits
  - Usual Care

## INTERVENTION

## PHASES OF PROJECT

- Baseline Survey (PRI)
  - Current screening practices
  - Barriers to screening
- Some participants receive letters, FOBT kits and some also receive telephone counseling
- Follow up survey one year later (PRI)

## BARRIERS TO SCREENING

- Insurance coverage
- Access to care
- Fear
- Perceived risk and knowledge
- Faith/fate/fatalism
- Embarrassment
- Discomfort
- Messy
- Physician did not recommend

## STUDY GOALS

- Identify barriers to screening
- Help people overcome the barriers
- Overall increase rates of screening