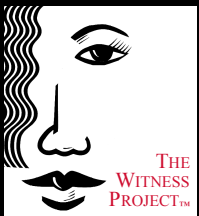


The Witness Project Overview

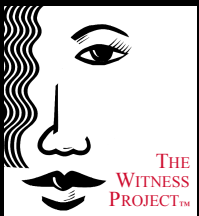
Arkansas Cancer Research Center

University of Arkansas for Medical Sciences



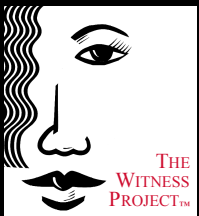
Organization and Structure

- Witness Role Models
- Lay Health Advisors
- Project Staff
- Funding Sources



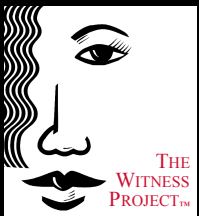
Beliefs

- Don't talk about cancer
- See cancer as a death sentence
- Nurture everyone else first
- Think health issues are personal and private
- See cancer as God's will



Objectives

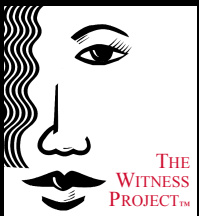
- To increase participation in cancer screening programs
- To decrease death and sickness from cancer



Communication

Inform by:

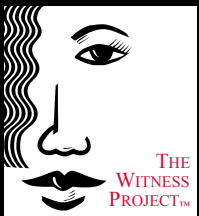
- changing beliefs within the African American community
- empowering women to take care of themselves
- promoting attendance at programs
- earning trust in The Witness Project®
- Demonstrating cancer is not a death sentence
- Showing it's OK to talk about cancer



Communication

(Lay Health Advisors) educate by:

- providing facts
- providing resources and services
- teaching breast self-examination (BSE)
- networking within community
- answering questions



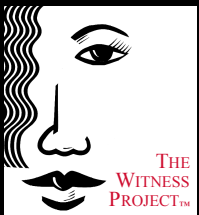
ROLES

Witness Role Models

- share personal experiences
- may also be Lay Health Advisors

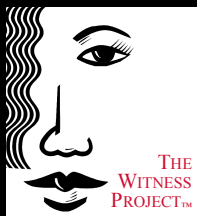
Lay Health Advisors

- serve as technical resource
- act as “natural helpers”



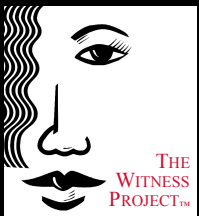
Special Issues

- Confidentiality
 - Respect an individual's privacy
 - Beware of gossip
- Facts versus Opinions
 - You may risk the project's reputation by stating opinions instead of facts.
 - Know your facts so you and the project will be:
 - Seen as trustworthy
 - Known for providing up-to-date information
 - Known for finding answers if not sure of facts



BREAST CANCER INFORMATION

- We don't know what causes cancer
- Finding it early is the key to survival (90 to 95%)
- All women are at risk- risk increases with age



RISK INCREASES WITH AGE

By age 30.... 1 out of 2,212

By age 40.... 1 out of 235

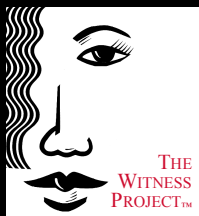
By age 50.... 1 out of 54

By age 60.... 1 out of 23

By age 70.... 1 out of 14

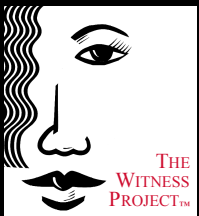
By age 80.... 1 out of 10

During lifetime.... 1 out of 8



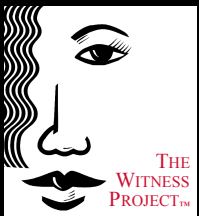
BREAST CANCER INFORMATION

- Most common cancer in American women
- #2 cause of cancer death in all women
- #1 cause of cancer death in all women ages 35 - 55



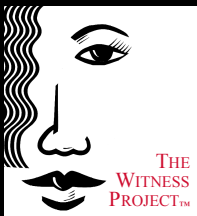
BREAST CANCER MYTHS

- A bruise or hit to the breast causes cancer
- Cutting or exposing cancer to air causes it to spread
- It's a white woman's disease



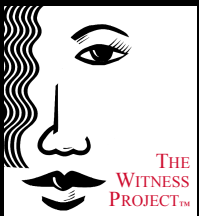
Breast Cancer and African American Women

- #2 cause of cancer death in African-American women
- Fewer African American women get it but more die from it
- Twice as many African American women die of it



PROBLEMS

- Increased cancer incidence and deaths due to:
 - Lack of awareness
 - Lack of education
 - Poverty
 - Lack of access to health care

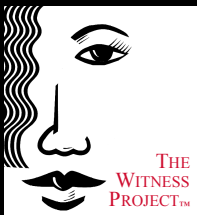


Breast Cancer Statistics for 2003

Incidence Rates

In 2003, it is anticipated that 211,300 women and 1,300 men in the U.S will develop invasive breast cancer. The differences between racial and ethnic groups can best be illustrated by comparing the incidence of breast cancer cases in the female populations (per 100,000):

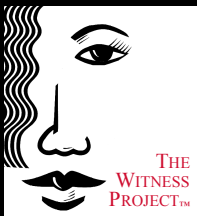
● Caucasian	137.0
● African American	120.7
● Asian American/Pacific Islander	93.4
● Hispanic/Latina	82.6
● American Indian/Alaska Native	59.4



BREAST CANCER RISK FACTORS

Age

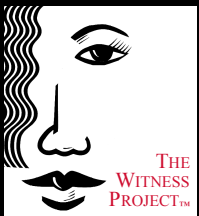
- risk increases as women get older
- 3 out of 4 women with breast cancer are over age 50
- 3 out of 4 women with breast cancer have no known risk factors



BREAST CANCER RISK FACTORS

Family History

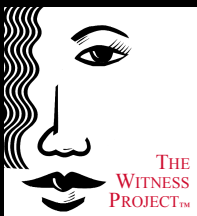
- mother with breast cancer
- sister with breast cancer
- Fewer than 1 out of 10 cases



BREAST CANCER RISK FACTORS

Personal History

- Have had breast cancer before
- Started periods early (before age 12)
- Had late change of life (after age 55)
- Had first child after age 30 or never had children



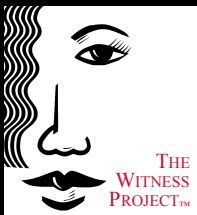
BREAST CANCER RISK FACTORS

Diet

- High fat intake
- Low fiber intake
- Greatly overweight

Environment

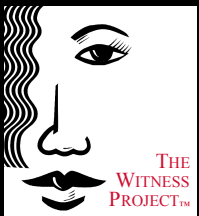
- Air pollution
- Chemicals



FINDING BREAST CANCER

3 Steps To Finding Out

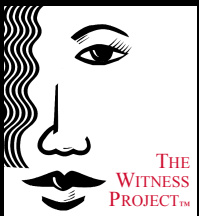
1. Monthly Breast Self-Exam (BSE)
2. Annual Clinical Breast Exam (CBE) by a doctor or nurse
3. Mammography every 1 to 2 years



FINDING BREAST CANCER

People Least Likely To Follow Steps:

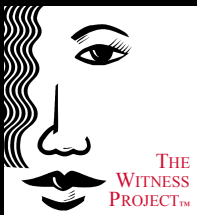
- Elderly
- Rural
- Poor
- Minorities
- Less educated



FINDING BREAST CANCER

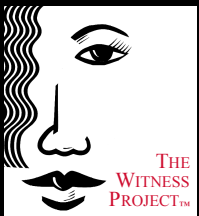
Guidelines once you turn age 40:

- Mammogram every year
- CBE every year
- BSE every month



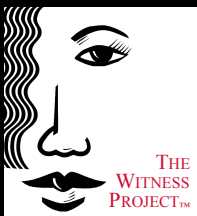
WHY FIND IT EARLY?

- More treatment choices
- Better chance for survival



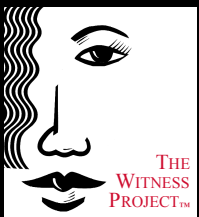
BREAST CANCER SIGNS AND SYMPTOMS

- A lump, usually single, firm and most often painless
- Inverted nipples (turned inward when it was not before)
- 4 out of 5 lumps are not cancer
- Skin swelling or dimpling
 - looks like an orange peel
 - depression (inward dip) on the surface of the breast
- Skin surface may be red or veins become more noticeable



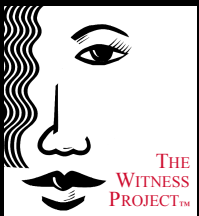
MAMMOGRAPHY FACTS

- A low dose x-ray picture of the breast that only takes a few minutes
- Fast, easy safe way to find breast cancer early
- Finds lumps that cannot be felt
- If all women over 50 had regular mammograms, the death rate could drop one-third- women should begin having annual mammograms at age 40.



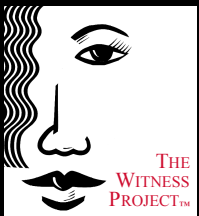
MAMMOGRAPHY FACTS

- About 1 out of 10 cancers do not show up on a mammogram- which is why it is so important to have CBE each year and practice BSE every month
- Younger women have dense breasts, so their mammograms are harder to read
- Older women have more fatty tissue, so their mammograms are easier to read



TWO TYPES OF MAMMOGRAMS

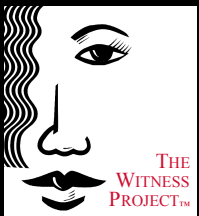
- Screening Mammogram- For women who have no symptoms of breast cancer. This type is also referred to as a routine mammogram. Two x-rays of each breast are done to detect cancer in its earliest stage.
- Diagnostic Mammogram- For women who have either had breast cancer or have symptoms of breast cancer such as a lump or other breast changes. More than two views are done on each breast and a radiologist is generally present to interpret the x-rays.



MAMMOGRAPHY

Excuses

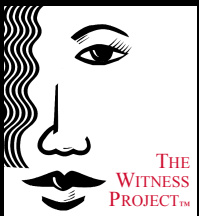
- It costs too much
- BSE is just as good as a mammogram
- No family history of breast cancer



MAMMOGRAPHY EXCUSES

Fear

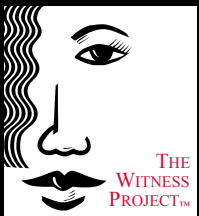
- that it will hurt
- of finding cancer
- of losing a breast
- of losing husband or boyfriend
- If cancer, a mammogram can make it spread



MAMMOGRAPHY

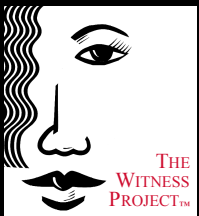
Before Getting A Mammogram (the day of the appointment):

- no deodorant
- no bath powder
- no lotion or perfume
- wear a 2-piece outfit



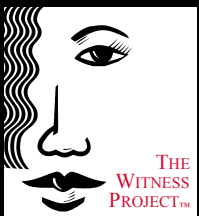
MAMMOGRAPHY

- Expect to have a clinical breast examination (CBE) before the mammogram.
- Only a small dose of radiation is used
- Radiation amount is less than what one gets from riding on a airplane
- Special equipment is used.
- Each breast is placed on an x-ray platform



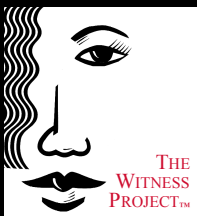
MAMMOGRAPHY

- Some pressure is needed to get a clear picture
- Flattening the breast lowers the x-ray dose needed
- Always get the results of your mammogram
- Follow your doctor's recommendations
- If you find a symptom, see a doctor as soon as possible



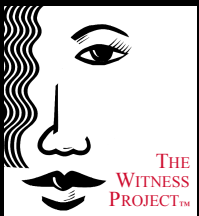
BREAST SELF EXAMINATION (BSE) FACTS

- Most breast lumps are discovered by women themselves through BSE.
- 8 out of 10 breast lumps are non-cancerous
- Check breasts 7 days after your period when they are less tender. If you don't have periods, check them every month on the same date.



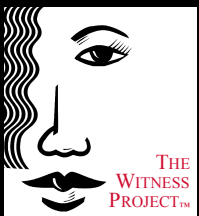
BREAST SELF EXAMINATION (BSE) FACTS

- Examine breasts 3 ways:
 - Mirror
 - Shower
 - Lying down
- Examine breasts using the pads of three fingers (index middle and ring fingers)
- When examining the breasts, make dime-sized circles and apply three pressures- shallow, medium and deep



BREAST SELF EXAMINATION (BSE) FACTS

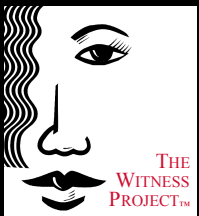
- Remember to examine breasts using the raisin/three layer cake and mowing the lawn (grid pattern)
- Examine from collarbone to bra line, from center of chest to armpit and the nipple
- 50% of cancers are found in the upper armpit area (upper outer quadrant); the next most frequent area is under the nipple



CERVICAL CANCER FACTS

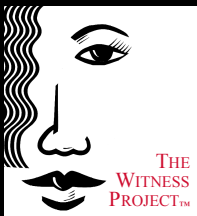
General Information

- All women are at risk
- US annual incidence – 15,000 new cases
- Annual death – 4,000
- 15% of women are diagnosed before age 30
- Cervical Cancer rates are increasing in women less than 20 years old
- 100% survivable if found early
- Early detection is the key to survival



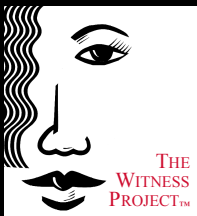
Cervical Cancer Information

- If abnormal changes in the cells of the cervix (also called precancerous or severe dysplasia) are treated early, cervical cancer can be prevented
- Death from cervical cancer occurs most often in women over 40



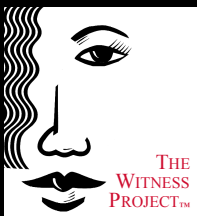
Cervical Cancer and African American Women

- Are 2 times more likely to get it
- Nearly 3 times as likely to die from it
- 44% are diagnosed with early stage cervical cancer compared to 55% of white women
- 5 year overall survival rate is 61% compared to 72% in white women



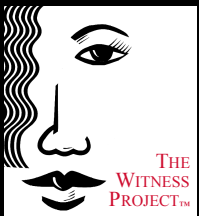
Risk Factors for Cervical Cancer

- Having sex before age 18
- Having multiple sex partners or a partner who has multiple sex partners
- Smoking cigarettes
- 15-20% of women diagnosed have one or more close relative(s) with cervical cancer
- Chemical
- Being Poor
- History of sexually transmitted diseases or undiagnosed HPV



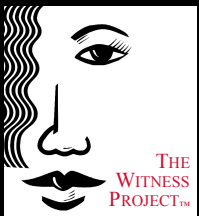
Human Papilloma Virus

- 70 different types and 30 types are sexually transmitted
- 5.5 million new cases per year represents 1/3 of all STD's
- 20 million men and women will have HPV infection in their lifetime
- 75 percent of people aged 15-49 will be infected with HPV in their lifetime



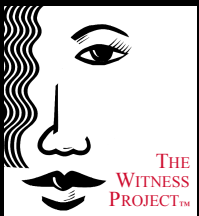
Human Papilloma Virus

- Exposure to or having HPV does not mean that one will get cervical cancer
- Infection is usually harmless since the immune system is able to fight
- 90 % is associated with HPV types 16 and 18
- HPV causes the cell of the cervix to become abnormal
- Abstinence and solitary partner will help reduce the risk of HPV



CERVICAL CANCER SIGNS AND SYMPTOMS

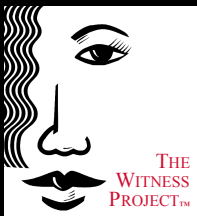
- Few signs and symptoms are apparent during early stages
- During late stages there may be abnormal uterine bleeding or spotting and periods:
 - Start and Stop
 - Are longer than usual
 - Are heavier than usual, plus there also may be
 - Abnormal vaginal discharge (usually increased)
 - Pain



PAP TESTS FACTS

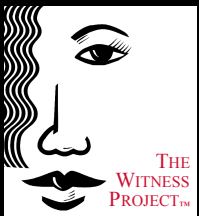
General Information

- Can find cancer early, when it is easier to cure
- Pap test and pelvic exam beginning about 3 years after first intercourse
- No later than age 21



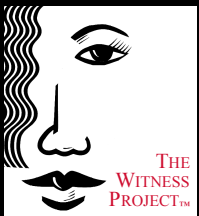
Types of Screenings

- Pap
 - Conventional
 - Liquid based pap (Thin Prep)
 - Pap-HPV DNA Test
- HPV
 - Hybrid Capture II
 - Indications
- Are not 100% effective at diagnosing cervical cancer
- Specimen may be poor
- Technician may make a mistake



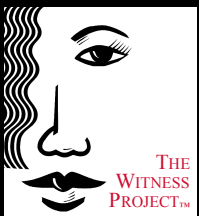
Screening Frequency

- Must be consecutive and technically satisfactory
- Yearly with the conventional Pap
- Every two years with the liquid based Pap (Thin Prep)
- Women 65 to 70 years of age who had at least three normal Pap test in the last 10 years may decide, upon consultation with their health care provider to stop cervical cancer screening



Screening Frequency

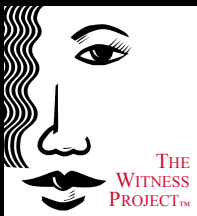
- Over age 30 and 3 consecutive yearly Pap test have been normal/negative then screening can be done every 2-3 years
- Over age 70 and HPV positive continue Pap tests after discussion with your doctor
- Get an annual pelvic exam (even if you've had a hysterectomy)



PAP TESTS EXCUSES

Excuses for not getting a Pap test:

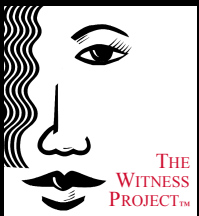
- It is embarrassing
- It costs too much
- No Family History of cervical cancer
- Fear
 - That it will hurt
 - Of finding cancer
 - Of not being able to achieve sexual satisfaction
 - Of losing a husband or boyfriend



THINGS TO KNOW ABOUT PAP TESTS

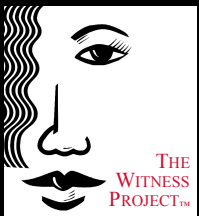
Before You Go For A Pap Test (24 hours prior):

- Don't douche or have sexual intercourse
- Don't use foams, creams and jellies
- Don't use vaginal medicines



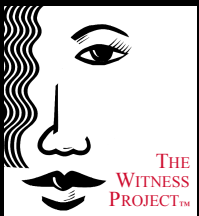
THINGS TO TELL YOUR DOCTOR

- medicines you are taking
- sexual activity
- vaginal discharge
- pain or discomfort



HOW TO SET UP A PROGRAM

- Location
- Date and Time
- Publicize program
- Consult with team members
- Gather materials
- Set-up
- Follow-up



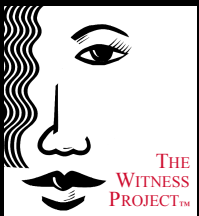
HOW TO SET UP A PROGRAM

- Select A Program Location

- Choose a church sanctuary, classroom, or meeting room with:

- Comfortable seating
- Good Lighting
- Restrooms
- Parking

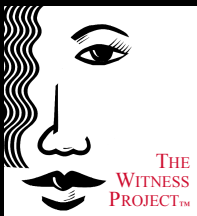
- Be sure it will seat the size group you anticipate



HOW TO SET UP A PROGRAM

- Choose a Date and Time

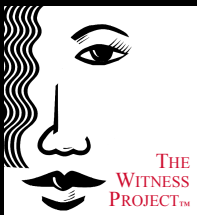
- Allow plenty of time to complete your plans and attend to all details
- Make sure the date is good for team members who will be helping
- Make sure this date is good for the people you want to attend
- Consider other events that may be happening on the same day
- Limit time to 1 to 1 1/2 hours or you will lose their attention



HOW TO SET UP A PROGRAM

- Arrange your program

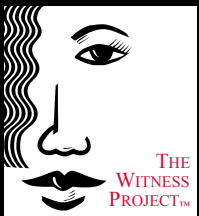
- Make sure enough team members are available to help
- Confirm the date with everyone involved
- Check your supply of program materials (orders take 4-6 weeks)
- Ask team members to help set up, hand out materials, lights
- Arrange for a television/VHS video cassette player.
- Arrange for a microphone if you think one is needed.



HOW TO SET UP A PROGRAM

- Publicize your program

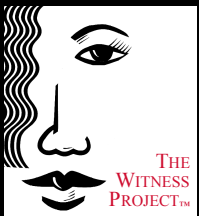
- You may want to use a flyer to promote attendance
- Personalize by typing or printing the time and place
- Copy and pass out to your group about 3 weeks ahead
- Post 4 or 5 days before the program or the Sunday before
- Get approval before posting in a public area



HOW TO SET UP A PROGRAM

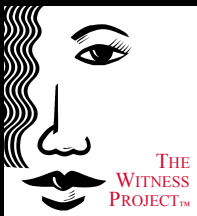
- Setup your program

- Wear your Witness Project pin or pink ribbon (pink ribbon is optional)
- Arrive early enough to set up video and materials
- Locate the light switches, microphone switch
- Adjust the sound on the TV/VCR and make sure everything works
- Locate extra seating in case more people attend than you planned
- Greet participants as they arrive



How To Lead A Program

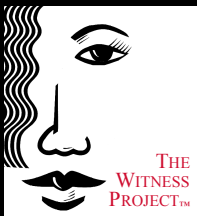
- Greet/Sign In
- Devotion-Prayer
- Introduction
- Video
- Stories
- Cancer Information/Resources
- Registration Form and Informed Consent Form
- Teach BSE
- Questions
- Closing Remarks
- Hymn and Prayer



HOW TO LEAD A PROGRAM

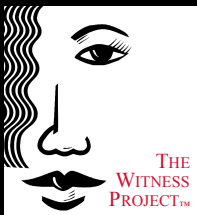
Conduct the program

- Greet the participant and pass the Sign In sheet
- Introduction
 - Prayer (Hymn and Scripture are optional)
 - Thanks for inviting us
 - Share why we are here
- Show “If I Can Help Somebody” video
- Stories
 - At least 2 or 3 people witness
 - 2 to 5 minute per story



HOW TO LEAD A PROGRAM

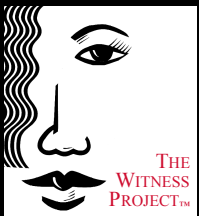
- Present breast and cervical cancer information
- Resources
- Hand out Informed Consent Forms and Program Registration Forms
- Teach BSE
- Invite questions
- Make closing remarks
 - Recruit Witness Role Models
 - Tell how to contact Lay Health Advisors
 - Thanks again for the invitation



HOW TO LEAD A PROGRAM

Follow-Up

- Return all materials and equipment
- Leave the room as you found it
- Do not leave anything behind
- Within a week of the program, send thank-you notes
- Complete forms to report the program, number of participants
- Request any reimbursements



HOW TO LEAD A PROGRAM

- What went well?
- What might you do differently next time?
- Share information with other project members
- Do not forget to pat yourself and your team members on the back!

