



**Colorectal Cancer  
Screening in Chinese  
Americans Project**

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**Health Educator's  
Manual**

May 2003



# **Colorectal Cancer Screening In Chinese Americans Project**

## **Health Educator's Manual**

**May 2003**

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 (FHCR) 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.

Project Staff:

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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

## **COLORECTAL CANCER SYMPTOMS**

Common signs and symptoms of colorectal cancer include:

- A change in bowel habits
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Blood (either bright red or very dark) in the stool
- Stools that are narrower than usual
- General abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps)
- Weight loss with no known reason
- Constant tiredness
- Vomiting

These symptoms could be caused by colorectal cancer or by other conditions. It is important to check with a doctor if patients are experiencing any of these symptoms.

## TREATMENT FOR COLORECTAL CANCER

### Stages of Colorectal Cancer

If cancer is diagnosed, the doctor will need to learn the stage of the disease. Staging is a careful attempt to find out whether the cancer has spread and, if so, to what parts of the body. More tests may be performed to help determine the stage. Knowing the stage of the disease will help the doctor to plan treatment. Listed below are descriptions of the various stages of colorectal cancer.

Stage	Description
0	The cancer is very early. It is found only in the innermost lining of the colon or rectum.
I	The cancer involves more of the inner wall of the colon or rectum.
II	The cancer has spread outside the colon or rectum to nearby tissue, but not to the lymph nodes.
III	The cancer has spread to nearby lymph nodes, but not to other parts of the body.
IV	The cancer has spread to other parts of the body. Colorectal cancer tends to spread to the liver and/or lungs.
Recurrent	Recurrent cancer means the cancer has come back after treatment. The cancer may recur in the colon or rectum or in another part of the body.

### Treating Colorectal Cancer

Treatment depends mainly on the size, location, and extent of the tumor, and on the patient's general health. Patients are often treated by a team of specialists, which may include a gastroenterologist, surgeon, medical oncologist, and radiation oncologist. Several different types of treatment are used to treat colorectal cancer. Sometimes different treatments are combined.

**Surgery** to remove the tumor is the most common treatment for colorectal cancer. Generally, the surgeon removes the tumor along with part of the healthy colon or rectum and nearby lymph nodes. In most cases, the doctor is able to reconnect the healthy portions of the colon or rectum. When the surgeon cannot reconnect the healthy portions, a temporary or permanent colostomy is necessary. Colostomy, a surgical opening through the wall of the abdomen into the colon, provides a new path for waste material to leave the body. After a colostomy, the patient wears a special bag to collect

body waste. Some patients need a temporary colostomy to allow the lower colon or rectum to heal after surgery. About 15% of colorectal cancer patients require a permanent colostomy.

**Chemotherapy** is the use of anticancer drugs to kill cancer cells. Chemotherapy may be given to destroy any cancerous cells that may remain in the body after surgery, to control tumor growth, or to relieve symptoms of the disease. Chemotherapy is a systemic therapy, meaning that the drugs enter the bloodstream and travel through the body. Most anticancer drugs are given by injection directly into a vein or by means of a catheter, a thin tube that is placed into a large vein and remains there as long as it is needed. Some anticancer drugs are given in the form of a pill.

**Radiation therapy** involves the use of high-energy x-rays to kill cancer cells. Radiation therapy is a local therapy, meaning that it affects the cancer cells only in the treated area. Most often it is used in patients whose cancer is in the rectum. Doctors may use radiation therapy before surgery (to shrink a tumor so that it is easier to remove) or after surgery (to destroy any cancer cells that remain in the treated area). Radiation therapy is also used to relieve symptoms.

### **Side effects of cancer treatment**

The side effects of cancer treatment depend on the type of treatment and may be different for each person. Most often the side effects are temporary.

- **Surgery** causes short-term pain and tenderness in the area of the operation. Surgery for colorectal cancer may also cause temporary constipation or diarrhea. Some patients who have a colostomy may experience irritation of the skin around the colostomy site.
- **Chemotherapy** affects normal as well as cancer cells. Side effects depend largely on the specific drugs and the dose (amount of drug given). Common side effects of chemotherapy include nausea and vomiting, hair loss, mouth sores, diarrhea, and fatigue. Less often, serious side effects may occur, such as infection or bleeding.
- **Radiation therapy**, like chemotherapy, affects normal as well as cancer cells. Side effects of radiation therapy depend mainly on the treatment dose and the part of the body that is treated. Common side effects of radiation therapy are fatigue, skin changes at the site where the treatment is given, loss of appetite, nausea, and diarrhea. Sometimes, radiation therapy can cause bleeding through the rectum (bloody stools).

## QUALITATIVE DATA FINDINGS

The Colorectal Cancer Screening in Chinese Americans Project interviewed 30 Chinese-American individuals (15 women and 15 men) and conducted 4 focus groups on colorectal cancer, health-seeking behavior, and doctor-patient relationships. These interviews provided information on reasons Chinese Americans in Seattle may not have regular colorectal cancer screening tests. The following themes were expressed in the interviews:

### **1. Colorectal Cancer**

#### **Prevention of colorectal cancer**

Many people interviewed discussed colorectal cancer prevention in terms of everyday healthy practices; that is, everyday healthy practices were viewed as preventive behaviors. These included maintaining a moderate diet to prevent loose bowel movements and constipation. In particular, interviewees expressed the following beliefs: avoid excess meat, deep-fried or canned food, and chemicals; constipation results in accumulations of toxins which could lead to colorectal cancer; and fasting and cleansing the colon regularly can reduce the build up of toxins. Other healthy preventive practices included: sweating daily to expel toxins from the body; regular exercise; and personal hygiene and cleanliness.

#### **Causes of colorectal cancer**

Unhealthy food and diet was often expressed as a cause for colorectal cancer. These included the consumption of preserved foods, deep-fried or pan-fried foods, excess meat, chemical additives, and canned foods. Consuming too much meat and fat can cause the build up of toxins in one's colon and lead to constipation. This blockage is seen as harmful to one's body. Frequent drinking of alcohol is also seen as harmful to the body.

Some interviewees stated that heredity or the existence of cancer cells predisposes some people to get colorectal cancer. However, taking care of oneself, through diet and lifestyle, will keep these factors in check.

Stress, caused by too much work is seen as a factor that could cause colorectal cancer. Many interviewees expressed that work is a good thing, but too much work can weaken one's bodily systems leaving a person vulnerable to sickness or disease.

#### **Fear of colorectal cancer (perceived as incurable)**

Some interviewees expressed fear of death and the belief that cancer is incurable. Cancer is seen as a death sentence so it is best not to know about it.

## **Different stages of cancer leads to different outcomes**

Some interviewees believe that cancer can be cured if found and treated in its early stages. Most believe that cancer is incurable if found late.

## **2. Screening test - Fecal Occult Blood Test (FOBT)**

### **Lack of understanding of test**

Some interviewees expressed a lack of knowledge regarding the FOBT. Frustrations with not being told clearly about the purpose of the test or how to do it, or being told by the clinic or nurse just to read the test and do it often led to confusion and difficulty.

### **Confusion between FOBT and other stool tests**

A few interviewees talked about doing the stool test, but there was some confusion as to whether it was a FOBT or a stool test to check for parasites.

### **Test is a burden**

Some interviewees felt the diet restrictions associated with the FOBT period was a burden to their lifestyles. Specifically, restricting red meat from their diet would be difficult to do. Some people work in Chinese restaurants where they also eat their meals. A restricted diet would be especially difficult in this situation.

### **Concerns about the cost of the test**

Most Chinese expressed a concern with the cost associated with the screening test. Those who have no insurance coverage will not go to the doctor. Some who have insurance feel the co-payment will still be hard to cover or would be unwilling to pay the co-payment for the test.

### **Communication with doctor regarding results**

Interviewees felt that no news from their doctor regarding test results often meant good news. Many felt that their doctor would tell them if the test had a positive result. Some interviewees also felt that there was no need to ask the doctor about the test results if the doctor did not bring it up.

### **Fear of being a burden to the family if positive test**

Some interviewees expressed concern over becoming a burden to their family if their test results came back positive, and that it is best not to tell family members so they do not have to worry.

## **Different approach to healthcare**

Many Chinese feel that there is no need to see a doctor if they are not sick. Screening tests are not necessarily seen as a means of prevention. Rather, health should be maintained through regular healthy practices as in diet and lifestyle.

## **Language**

Not speaking English is a common barrier to doing the FOBT that was expressed in the interviews. The need for an interpreter sometimes posed as a barrier as some people were reluctant to ask more detailed questions of the doctor if their questions had to go through an interpreter.

## **3. Screening test - Colonoscopy**

### **Fear of colonoscopy**

Some interviewees spoke of their fear of having the exam or fear of having a doctor order the exam because they thought the colonoscopy is only recommended if there is a problem. That is, if the doctor ordered or recommended a follow-up test such as the colonoscopy, this would indicate something is wrong. They would be reluctant to go through with the test since they were afraid of finding something wrong. Many also felt the procedure was painful and uncomfortable.

### **Concerns about the cost of the test**

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### **Preparation for the exam**

Some interviewees felt that preparing for the test was difficult with having to drink laxatives and/or use enemas, as well as having to restrict their diet.

## **4. Fatalism**

### **Belief that fate causes diseases**

Many interviewees expressed a belief that sicknesses or diseases were caused by fate. Some expressed a feeling of helplessness about illness, that fate ultimately decides what will happen to you.

## **Belief that health declines with age**

Many interviewees believe that one's body begins breaking down over time, that blood circulation, resistance to disease, and strength inevitably begins to degrade with age.

## **5. Traditional Chinese medicine (TCM) and Western medicine**

### **Use TCM and Western medicine**

Interviewees talked about using both TCM and Western medicine in complementary ways. Some combine both to treat their illnesses while others spoke of using one over the other depending on their particular health issues.

### **TCM treatment for internal heat and cancer**

Some interviewees expressed that the "heat" in their intestine or stomach should be treated with TCM. TCM is believed to be effective in treating the source of the disease. The effectiveness in treating cancer with TCM and that continuous use could eventually cure cancer was also mentioned.

### **Western medicine for symptoms**

Western medicine is believed to be fast and effective in dealing with symptoms. It is felt that Western medicine only focuses on the symptoms of illnesses.

### **Western medicine doctor visits are inconvenient**

Several interviewees noted that visiting the Western doctor could be cumbersome, taking time away from work. Long waiting periods to see the doctor and to get test results were also noted as inconveniences. On the other hand, Chinese pharmacists see and diagnose you right away.

## **6. Doctor-patient relationship**

### **Expectations of doctors**

Many Chinese see the doctor as an authority figure. Whatever the doctor recommends, the patient will adhere to. Interviewees said their expectations include clear communication and explicit explanations of expectations and procedures. However, they also expressed reluctance to question the doctor for further information or explanations, or to ask for a test if it is not mentioned.

### **Reasons to see doctor**

Interviewees felt it was necessary to see the doctor if symptoms were obviously present (e.g., pain, black colored stool, or blood). Some also felt it was necessary to see the doctor for an exam (even if one did not feel sick) to find any problems early.

### **Reasons not to see doctor**

Some interviewees felt that minor health problems did not need a doctor's attention or that they were problems that one should endure, or self-treat. Not wanting to be a burden to the doctor or to family members was also mentioned as a reason not to see the doctor. There is also great concern or fear with having one's blood drawn as blood is seen as necessary to nourishing and sustaining one's qi. For many, having to take time off from work is seen as inconvenient and bothersome.

### **7. Importance of positive attitude**

In keeping with a holistic approach to prevention and health taken by many interviewees, many spoke of the importance of a positive attitude to maintain good health.

### **8. Social isolation**

Several interviewees shared a feeling of isolation, lack of friends, and lack of social support network. They compared their experiences in the United States (U.S.) with that of their home country and found the U.S. more a "closed door society." This means that friends are not available to discuss health care issues and concerns with. Since many interviewees consider a positive attitude essential to good health, the sadness of social isolation is a serious concern.

## **FREQUENTLY ASKED QUESTIONS AND ANSWERS**

### **What is colorectal cancer?**

Colorectal cancer is a cancer that occurs in the colon or rectum. The colon is the large intestine or bowel. The rectum is the passageway that connects the colon to the anus. Colorectal cancer begins with the development of polyps, which are non-cancerous mushroom-like growths that can turn into cancer if they are not removed.

### **Who gets colorectal cancer?**

Both men and women can get colorectal cancer. It is most often found in people 50 years or older. The risk for getting colorectal cancer increases with age.

### **What causes colorectal cancer?**

The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors. Lifestyle factors – such as diet, lack of physical exercise, cigarette smoking, and obesity – may increase the risk of developing the disease. Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

### **What are the symptoms of colorectal cancer?**

It is important to know that some people don't have symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. People that do have symptoms, may experience a change in bowel habits; diarrhea, constipation, or feeling that the bowel does not empty completely; blood (either bright red or very dark) in the stool; stools that are narrower than usual; general abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps); weight loss with no known reason; constant tiredness; and vomiting.

If you are experiencing any of these symptoms and you don't know why, you should talk to your doctor right away.

### **Why do I have to check regularly, rather than just once?**

Cancer can start at any time. For this reason, doctors usually screen their patients regularly. Screening means checking for health problems before they cause symptoms. Screening can find some cancers before they spread to other parts of the body.

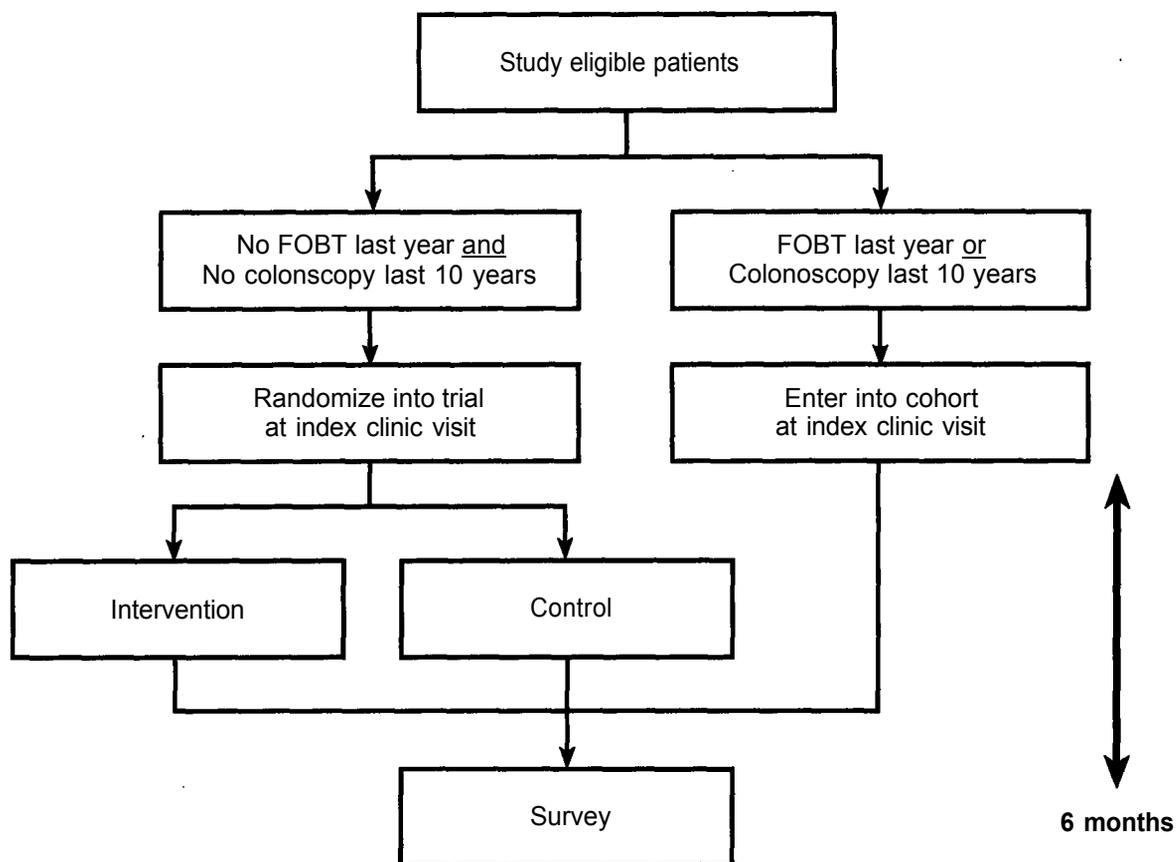
One of the easiest screening tests that can check for problems in the colon or rectum is the fecal occult blood test, or FOBT. It is sometimes referred to as the stool blood test. You can complete this test at home and return it to your doctor to be tested for blood. If blood is found in your stool, your doctor may recommend you have an exam called a

colonoscopy. A colonoscopy uses a tube with a light and video camera at one end to view the walls of your colon for polyps or abnormal tissue. If these are found early, they can be removed during this procedure.

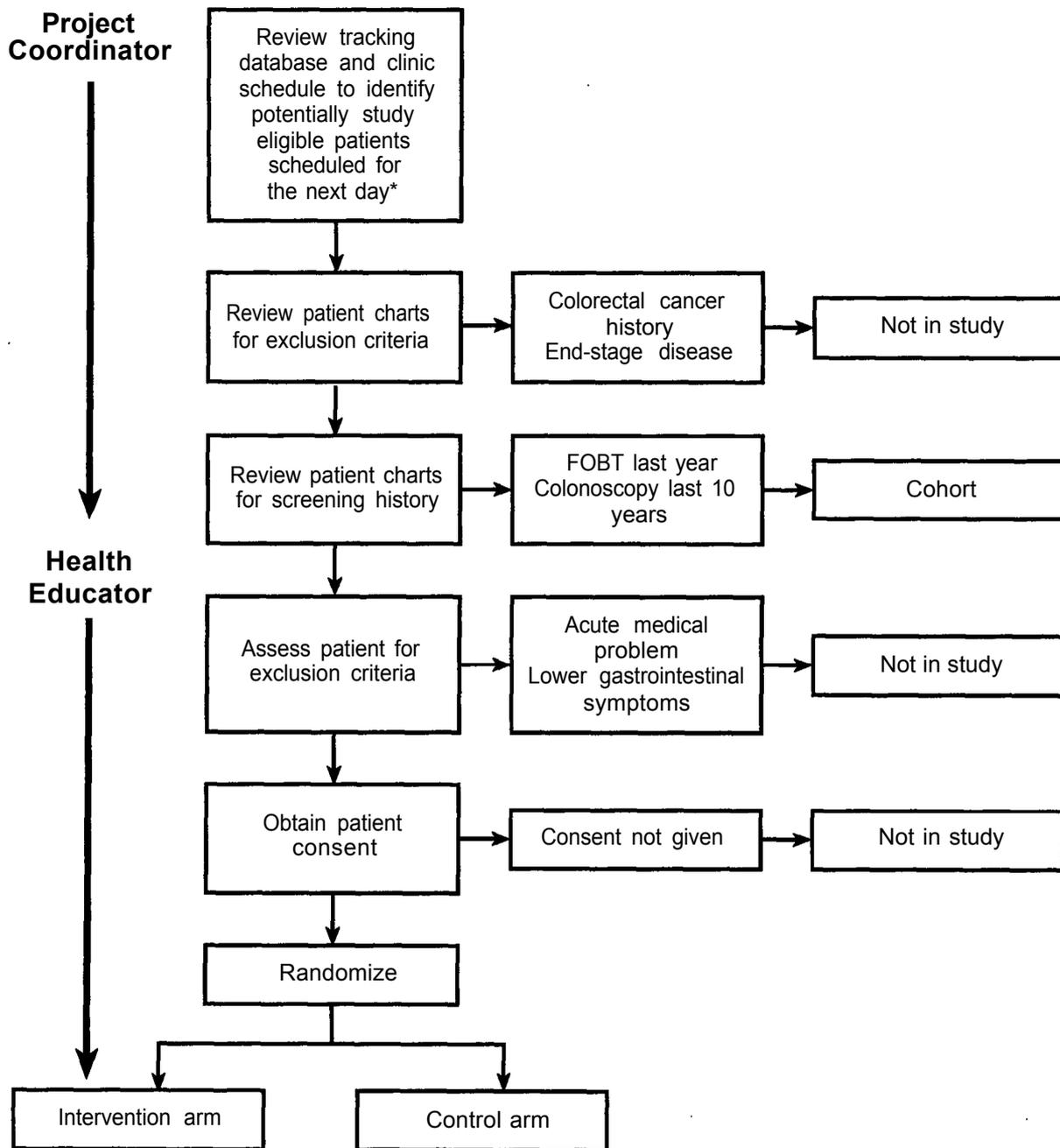
**If I am found to have cancer, is there a cure?**

If you are found to have colorectal cancer it is easy to treat if caught early. In fact, if cancer is found at very early stages, it can be removed during a minor procedure like the colonoscopy. The important idea here is “caught early.” The cancer is much more difficult to treat if it is caught too late, or has spread beyond the colon or rectum. There is no way to know whether or not someone has cancer, if he or she requires an operation, or if a cancer can be easily removed without testing.

## OVERVIEW OF STUDY PROTOCOL



## OVERVIEW OF TRIAL ENTRY PROTOCOL



\* For patients with appointments scheduled very closely in time, choose the patient with the earliest appointment. For patients with appointments scheduled at exactly the same time, choose the patient with the lowest last digit in their clinic ID#. If the last digit is the same, choose the second to the last number. If the second to the last number is the same, choose the third number.

## **SAMPLING PROTOCOL**

1. ICHS staff will identify patients meeting the following criteria:
  - a.) 50-78 years old
  - b.) Chinese ethnicity
  - c.) Speaks Cantonese, Mandarin, or English
  - d.) Patient for at least 24 months
  
2. A HMC project staff member will provide information about the qualitative study participants to CDS.
  
3. CDS will remove the qualitative study participants from the sample.
  
4. CDS staff will identify households with two or more eligible patients using the following data:
  - a.) Last names
  - b.) Billing account information
  - c.) Home telephone numbers
  - d.) Street addresses
  
5. CDS will randomly select one household member for inclusion in the study if there are two or more eligible patients.
  
6. CDS will assign study ID numbers to all study eligible patients.
  
7. CDS staff will create an Access tracking database that includes all study eligible patients for use by HMC project staff.

## **DATA MANAGEMENT PROTOCOL**

1. HMC project staff will maintain a tracking system that includes the following data items:
  - a.) Study ID#
  - b.) Clinic ID#
  - c.) Name
  - d.) Address
  - e.) Telephone number
  - f.) Date of birth
  - g.) Age
  - h.) Gender
  - i.) Language(s) spoken
  - j.) Health insurance
  - k.) Responded to passive consent letter
  - l.) Passive consent letter returned by PO
  - m.) Refused participation at clinic visit
  - n.) Date of index clinic visit (indicates entered into study)
  - o.) Study group
  - p.) Last FOBT date according to billing records

Data will be sent to FHCRC every two weeks. Only items a.) and g.) – p.) will be sent to FHCRC. The tracking system at FHCRC will also document receipt of form 1 and form 2.

2. Trial entry forms will be completed for all patients who do not respond to the passive consent letter. These forms will:
  - a.) Be completed by the HMC project coordinator or health educator
  - b.) Be copied by HMC project staff who will retain the originals and send the copies to FHCRC
  - c.) Be sent to FHCRC within one month of an index clinic visit
  - d.) Be entered and verified by CDS
  
3. Intervention summary forms will be completed for all patients randomized to the intervention arm of the trial. These forms will:
  - a.) Be completed by the health educator
  - b.) Be copied by HMC project staff who will retain the originals and send the copies to FHCRC
  - c.) Be sent to FHCRC within one month of an index clinic visit
  - d.) Be entered and verified by CDS

If videos are mailed back more than one month after the index clinic visit, HMC project staff will update the form and resend it to FHCRC for database updating.

If FOBTs are returned more than one month after the index clinic visit, HMC project staff will update the form and resend it to FHCRC for database updating.

4. Positive FOBT forms will be used for all intervention arm patients who have abnormal test results (to insure patients receive appropriate follow-up evaluation). These forms will be completed by the HMC project coordinator. They will not be sent to FHCRC or data-entered.

## TRIAL ENTRY PROTOCOL

1. The HMC project staff will use the tracking database and clinic schedule to identify potentially study eligible patients who are scheduled for a visit the next day. (Monday schedules will be reviewed on Fridays.)
2. The project coordinator and/or health educator will review the charts of all potentially eligible patients. If the chart review indicates the patient has a history of colorectal cancer or an end-stage medical condition, the patient will be excluded from the study (*refer to protocol: End-stage Disease*). Patients who have had FOBT in the last year or colonoscopy in the last 10 years will be entered into the cohort (*refer to protocols: Prior FOBT and Colonoscopy*). (Only patients who have completed a series of three FOBT cards will be considered to have had FOBT.) All other patients will be considered potentially trial eligible.
3. The project coordinator, program assistant, and/or health educator will prepare a list of patients with visits scheduled the next day who are potentially trial eligible for the health educator. (Monday lists will be prepared on Friday.)
4. The health educator will identify patients with an acute medical problem or lower gastrointestinal symptoms at the time of clinic visits. These patients will be excluded from the study. \* (*Refer to protocols: Acute Medical Problems and Lower Gastrointestinal symptoms*)
5. The health educator will obtain consent for study participation from patients who are potentially trial eligible.
6. The health educator will use a random number table to randomize trial eligible patients into the intervention or control arm. (The random number table and directions for its use will be provided by a FHCRC investigator.)

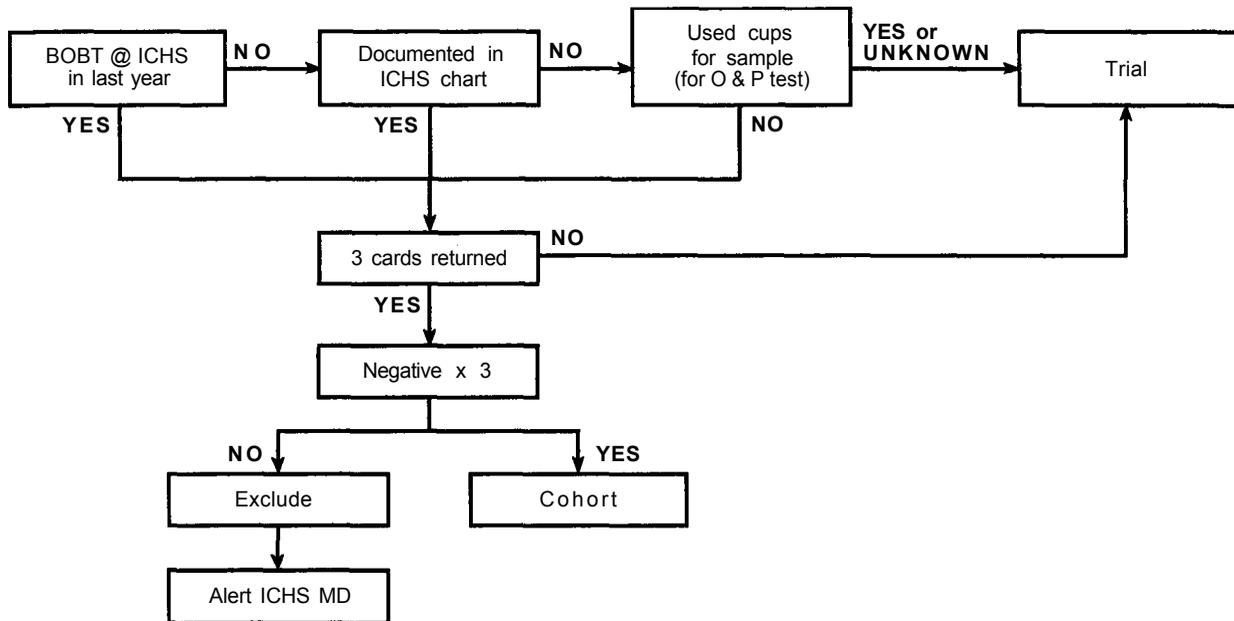
\* These patients will be excluded because further chart audit would be required before approaching them about survey completion.

## PROTOCOL – END-STAGE DISEASE

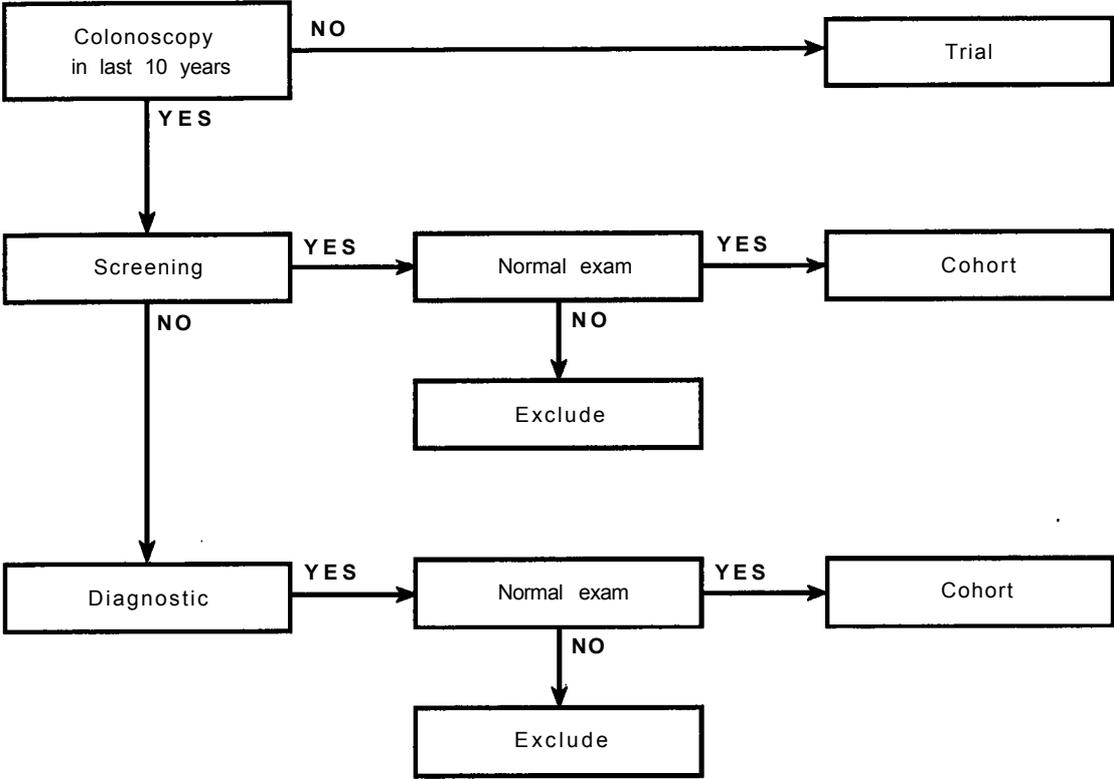
Patients with end-stage medical conditions will be excluded from the study:

- metastatic cancer
- dependent on home O<sub>2</sub> for severe pulmonary (e.g. COPD, pulmonary fibrosis etc) or cardiac problems (e.g. CHF)
- severe congestive heart failure (CHF) – New York Heart Association Class IV (inability to carry out any physical activity)
- end stage liver disease (ESLD) with ascites
- end stage renal disease on dialysis and not a transplant candidate
- AIDS with CD<sub>4</sub> counts < 50/mm<sup>3</sup>
- Alzheimer's disease

### PROTOCOL – PRIOR FOBT



**PROTOCOL – COLONOSCOPY**



## PROTOCOL – ACUTE MEDICAL PROBLEMS

Patients with acute medical problems *at the time of a clinic visit* will not be considered for the study:

- Acute chest pain
- Transient Ischemic Attack or CVA (acute onset of numbness/weakness, slurred speech)
- Hypertensive urgencies SBP  $\geq$  190; DBP  $\geq$  120
- Hypotension SBP < 90
- New onset bradycardia HR < 56
- Irregular heartbeat (arrhythmia)
- Dyspnea RR > 30 per minute
- O<sub>2</sub> Saturation < 90%
- Fever  $\geq$  38.3 degrees Centigrade or  $\geq$  101 degrees Fahrenheit

## PROTOCOL – LOWER GASTROINTESTINAL SYMPTOMS

Patients with lower GI symptoms ***at the time of a clinic visit*** will not be considered for the study:

- Bright red blood per rectum (except patients with known AND confirmed diagnosis of hemorrhoids)
- Maroon colored stool
- Bloody or blood-tinged diarrhea

## INTERVENTION FLOW CHART: PRIOR TO PATIENT CLINIC VISIT

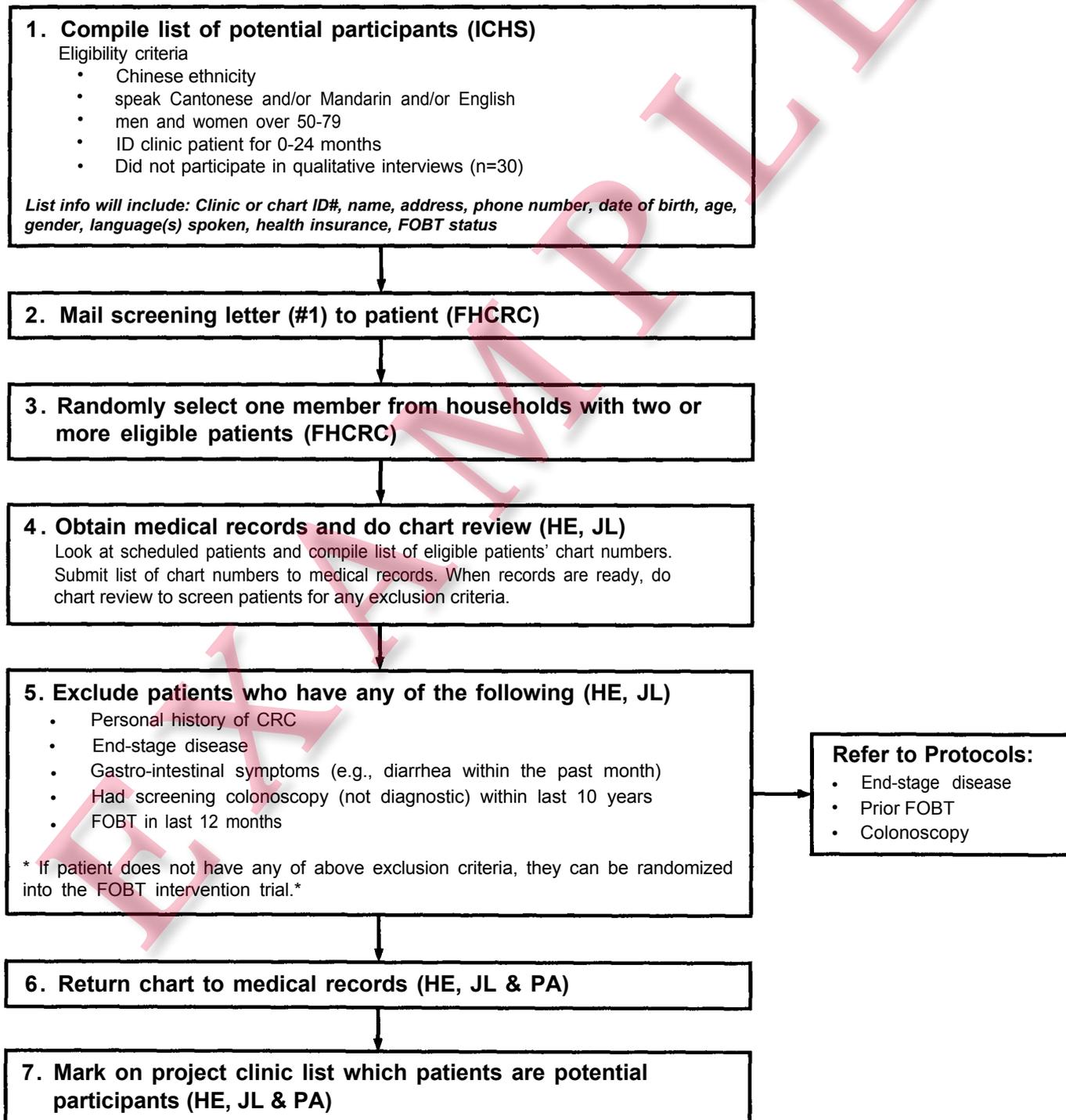
### PROJECT STAFF abbreviations:

JL – Jeanette Lim

HE – Health Educator

PA – Program Assistant (PA will provide back-up for HE & JL when needed)

### PRIOR TO PATIENT CLINIC VISIT



## INTERVENTION FLOW CHART: DAY OF APPOINTMENT

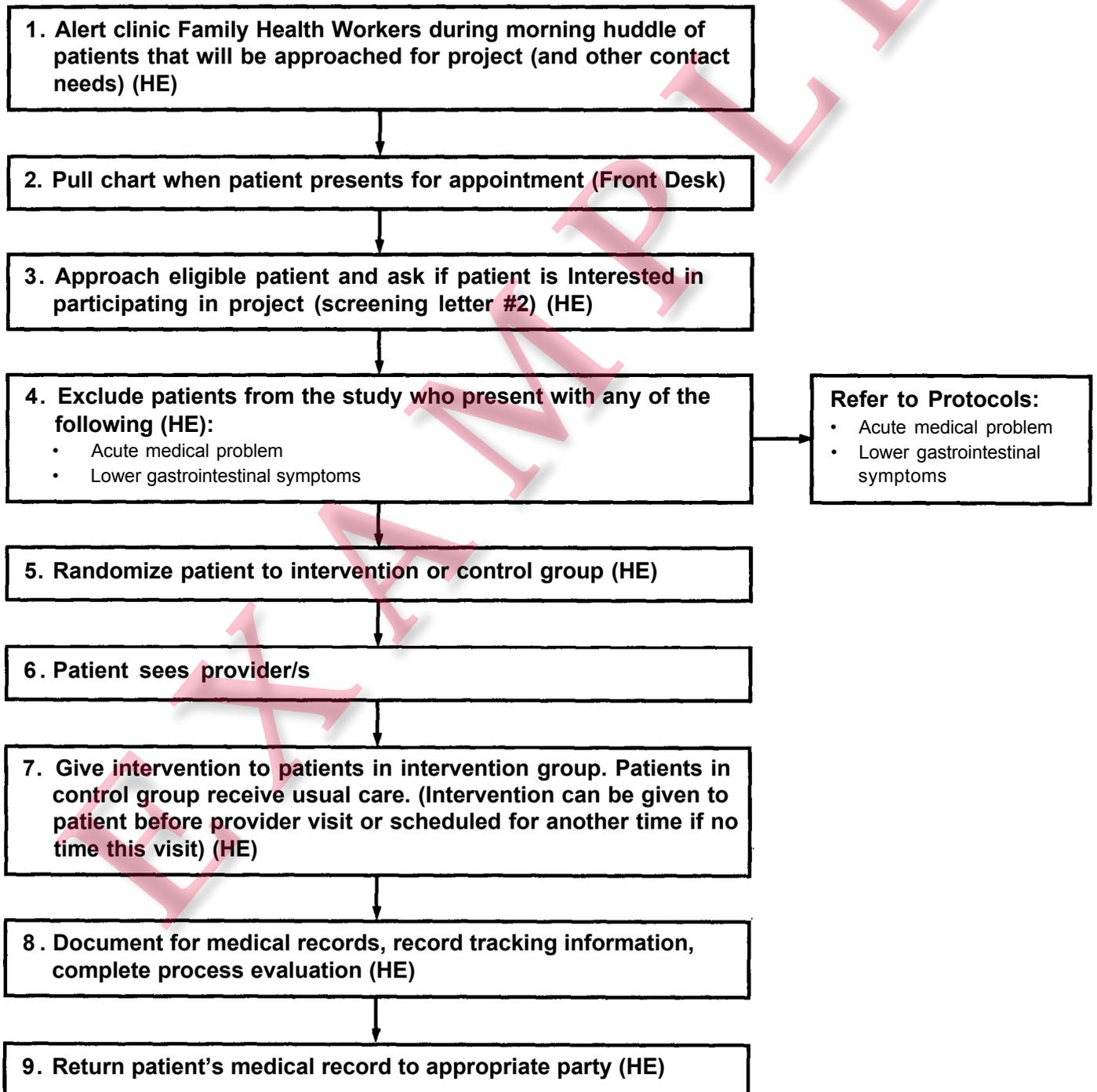
### PROJECT STAFF abbreviations:

JL – Jeanette Lim

HE – Health Educator

PA – Program Assistant (PA will provide back-up for HE & JL when needed)

### DAY OF APPOINTMENT



## INTERVENTION PROTOCOL

### General

- All study eligible patients will get an introductory mailing; this will include a letter written in both Chinese and English.
- The minimum full intervention consists of one visit between the patient and the health educator.
- The intervention program materials include a video, pamphlets, Fecal Occult Blood Testing (FOBT) discussion, FOBT kit and FOBT instruction sheet.

### Initial Contact

- The initial contact will be made at the time of the patient's scheduled clinic appointment.
- The patient will be asked by the health educator if he or she is interested in participating in the project. He or she will be given the second introductory letter to review.

### Clinic Visit Overview

- The intervention may be given just prior to the patient's clinic appointment. However, if it is not convenient, the intervention can be given after the appointment or scheduled for another time.
- The clinic visit should be tailored to the needs of each man or woman, and expressed barriers to colorectal cancer screening should be systematically addressed.
- The health educator should always offer to show the video and provide the pamphlets as well as the FOBT kit and instruction sheet. If there isn't time to watch the video at the clinic, the health educator should offer to schedule a special clinic visit for this. If the patient does not want to view the video at the clinic or schedule a time to come back to the clinic, the video should be offered to the patient to take home.
- If the patient takes the video home, he or she should be given a stamped, return envelope and asked to mail the video back within a month.

### Clinic Visit Content

- The health educator should use her/his own judgment with respect to the content of each clinic visit and the timing of the video showing. However, possible introductory comments and questions are provided below.

*In Asia, people often only go to doctors when they are sick. Most Americans have regular checkups so any problems can be found early. Men and women who have regular checkups are more likely to stay healthy so that they can continue to take*

*care of their families. Today, I would like to talk to you about the fecal occult blood test, which is used to find colorectal cancer early when it can be completely cured. Have you ever heard of the fecal occult blood test or FOBT?*

*Have you ever done the FOBT test?*

*When was your last FOBT test?*

*Is there a particular reason why you have never had a FOBT test/have not had a FOBT test for a while?*

- If a woman or man has not done a FOBT test or completed one for a while, the health educator should address her/his specific reasons for not being screened (e.g., believing that a lack of symptoms means testing is not necessary, or fear that the test is painful or embarrassing).
- Health educator materials (e.g., diagram and graph) should be used, as necessary. For example, if a person has questions about colon or rectal anatomy, the health educator could show the anatomical diagram; if the person says she/he does not believe Chinese people get colorectal cancer, the colorectal cancer graph could be used to show how many Chinese, in comparison to other Asian populations, get this cancer.

### **Returned FOBT Kits**

- Beginning 2 to 3 weeks after the patient's clinic visit, the health educator will review the laboratory log book regularly for lab reports listed for study participants.
- The health educator will also regularly check the patient's medical record for any indicator that the FOBT kit has been returned.
- The number of returned FOBT cards and lab results should be recorded on the patient's intervention summary form (form 2).

### **Positive FOBT Results**

- The health educator will leave a memo with the patient's chart for review in the provider's box (*refer to memo: Notification of Positive FOBT Result*).
- The health educator should record all follow-up actions on the patient's positive FOBT form (Form 3).

## Use of Visual Aids

Examples of how the visual aids can be used to reinforce educational points are provided below.

- I am going to tell you a little bit about colorectal cancer. Our bodies are composed of tiny cells. Sometimes, cells in the colon or rectum grow abnormally. If the abnormal cells are not found early, they start destroying the normal cells around them and cancer develops.

*Show anatomy diagram. Point to the different parts of the colon and rectum, and describe how cancer starts in the lining of the colon or rectum but then spreads outside the colon or rectum to nearby lymph nodes or tissue, and eventually spreads to other parts of the body.*

- Many Chinese American people do not think they need to worry about colorectal cancer. However, women and men from China are just as likely to be affected by colorectal cancer as people from other Asian countries.

*Show the colorectal cancer graph. Explain that each bar represents the proportion of women and men who get colorectal cancer in the different Asian populations.*

- You may not know much about the FOBT test. It is a simple, painless procedure that you can do at home.

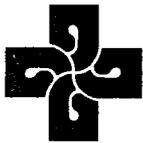
*Review the FOBT instruction sheet.  
Show the FOBT kit.*

INTERNATIONAL  
COMMUNITY  
HEALTH  
SERVICES

Patient Name  
Patient Address  
Seattle, WA ZIP

Date

親愛的 Mr./Ms. (Last Name):



國際診所的工作人員對於注意改善我們所提供的醫療照顧的品質非常重視。所以，有時候我們會對某些病人嘗試採用一些新方法，但對其他病人就不用。例如，我們可能會嘗試使用一個不同的方法，把保健的資訊給病人。如果證明新方法比舊方法好，我們就會對所有病人使用新的方法。不過，我們只會在不影響您所接受的醫療照顧下，才會做各種不同方法的比較。您和您的醫師隨時都可以自由決定您所接受的任何醫療檢查或治療方法。

Administration  
P.O. Box 3007  
Seattle, WA 96114-3007

我們會用您的病歷資料來幫助我們選擇合適的人來參與各種比較。不過，無論如何，對於這些資料我們都會嚴格保密。

如果您不願意我們用您的病歷，請打電話給這個計劃的協調人劉女士 461-3617 x2241，我們就不會用您的病歷記錄。否則，您就有可能被選中，而收到一份我們正在進行比較的健康教育的資料。

Telephone  
(206) 461-3617

您下次看病時，我們可能會再讓您看一次這封信，提醒您這個計劃。診所的工作人員都會很樂意為您解答任何問題。

Fax  
(206) 490-4011

陳亞倫醫師敬上  
醫學部主任

**INTERNATIONAL  
COMMUNITY  
HEALTH  
SERVICES**

Patient Name  
Patient Address  
Seattle, WA ZIP

Date

Dear Mr./MS. (Last Name):



The staff of the International District Clinic is always interested in improving the quality of care we provide. So sometimes we try new ways of doing things with some of our patients but not with others. For example, we might try a different method of giving health information to patients. If the new method proves to be better than the old method, we can then adopt the change for all of our patients. We compare different methods only in ways that do not interfere with your medical care. You and your physician are always free to decide the medical tests or treatments you receive.

**Administration**

P.O. Box 3007  
Seattle, WA 96114-3007

We will use your medical record to help us screen for people who can participate in this comparison; however, this information will remain strictly confidential. If you do NOT want your medical record to be available, please call Dominica Lau at (206) 461-3617 x2241. Then we will not use your records. Otherwise you may be selected by chance to receive an educational program that we are comparing.

**Telephone**

(206) 461-3617

You may be shown this letter again at your next doctor's appointment to remind you of this project. The clinic staff will be happy to answer any questions you may have.

**Fax**

(206) 490-4011

Sincerely,

A handwritten signature in black ink that reads "Alan Chun". The signature is fluid and cursive.

Alan Chun, MD  
Medical Director

Patient Name  
Patient Address  
Seattle, WA ZIP

Date

親愛的 Mr./Ms. (Last Name)



國際診所的工作人員對於改善我們所提供的醫療照顧的品質非常重視。所以，有時候我們會對某些病人嘗試採用一些新方法，但對其他病人就不用。例如，我們可能會嘗試使用一個不同的方法，把保健的資訊給病人。如果證明新方法比舊方法好，我們就會對所有病人使用新的方法。不過，我們只會在不影響您所接受的醫療照顧下，才會做各種不同方法的比較。您和您的醫師隨時都可以自由決定您所接受的任何醫療檢查或治療方法。

Administration  
P.O. Box 3007  
Seattle, WA 98114-3007

您的參與純屬義務性質。如果您選擇不參加，也不會影響您所接受的醫療照顧。如果您同意參加，您就有可能被選中，而收到一份我們正在進行比較的健康教育的資料。如果您選擇不參加，請在下面打勾。

診所的工作人員都會很樂意為您解答有關這個計劃的任何問題。

Telephone  
(206) 461-3617

Fax  
(206) 490-4011

陳亞倫醫師敬上  
醫學部主任

姓名：

我選擇不參加

健康教育人員簽名

日期

INTERNATIONAL  
COMMUNITY  
HEALTH  
SERVICES

Patient Name  
Patient Address  
Seattle, WA ZIP

Date

Dear Mr./Ms. (Last Name):

The staff of the International District Clinic is always interested in improving the quality of care we provide. So sometimes we try new ways of doing things with some of our patients but not with others. For example, we might try a different method of giving health information to patients. If the new method proves to be better than the old method, we can then adopt the change for all of our patients. We compare different methods only in ways that do not interfere with your medical care. You and your physician are always free to decide the medical tests or treatments you receive.

Your participation is entirely voluntary. If you choose not to participate, it will not affect the health care you receive in any way. Otherwise you may be selected by chance to receive an educational program that we are comparing. If you choose not to participate, please check below.

The clinic staff will be happy to answer any questions you may have about this project.

Sincerely,



Alan Chun, MD  
Medical Director

Administration

P.O. Box 3007  
Seattle, WA 98114-3007

Telephone

(206) 461-3617

Fax

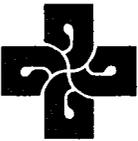
(206) 490-4011

Patient's Name:

I choose not to participate

\_\_\_\_\_  
Health Educator signature

\_\_\_\_\_  
Date



**DATE:**

**TO:**

ICHS CRC Project, Health Educator  
NW Office  
Phone 461-3617 x

**RE:                   NOTIFICATION OF POSITIVE FOBT RESULT**

Patient Name:

Clinic ID:

Please be advised that your patient above (medical records attached) has received a positive FOBT result on \_\_\_\_\_ (date of test).

Please let me know if I can be of assistance in following up with this patient regarding their positive FOBT result.

I can be reached at 461-3617 x

**MD NOTES TO HEALTH EDUCATOR (if any):**

**THIS MEMO MAY BE DISCARDED AFTER READING BY PROVIDER  
OR ROUTED TO \_\_\_\_\_, CRC HEALTH EDUCATOR  
at ICHS NW Office**

## **SUMMARY OF PROGRAM MATERIALS**

- **Resource Manual**
- **Videotapes**
- **Video Script**
- **Project Pamphlet**
- **Medical Society Pamphlet**
- **FOBT Instruction Sheet**
- **FOBT Kit**
- **Anatomy Diagram**
- **Colorectal Cancer Incidence Rate Graph**

# Colorectal Cancer Screening in Chinese-American Project

## Script 9

### Treatment

As Mr. Wang recuperates from colorectal cancer, various opinions of colorectal cancer, FOBT and colonoscopy are presented from family members, a doctor, men, women, patient, a celebrity, and US Preventative Services.

### Emphasis of the Video

People over 50 should get colon testing regularly. They should ask their doctor which colon test is best and how often to get it. Two options include FOBT and colonoscopy.

### Summary of Characters

Mr. Wang Chang – 50 something. Restaurant worker. Family man.

Mrs. Wang – 50 or younger. Housewife who spends most of her time taking care of her family.

Ted – The son in the Wang family. 20 or younger. Energetic, healthy, full of sunshine.

Jackie – The daughter in the Wang family. Younger than Ted. Pretty and nice.

Doctor – Male family doctor. His patients are all devoted to him.

Mr. Lee – Mr. Wang's colleague, about same age as Mr. Wang.

Mr. Wang's boss – About same age or older than Mr. Wang.

Mrs. Yip – Mrs. Wang's friend, about same age as Mrs. Wang.

Patient A

Patient B

Martin Yan – Celebrity in Wok With Yan

### Duration of Video

Estimated duration of video: 12 minutes

## Scene 1

Mr. Wang recuperates from a surgery due to colorectal cancer. His family visits him in the hospital.  
Duration: 1 minute 30 seconds.

<p>&lt;Scene 1&gt; Time: Day Place: Hospital ward Characters: Mr. Wang Chang, Mrs. Wang, Ted (son), Jackie (daughter)</p> <p>(Wang reclines in bed reading newspaper leisurely. He looks at the clock and then the door. He is waiting for someone.) (Mrs. Wang, Ted and Jackie come in chatting and in high spirits. Mrs. Wang carries a thermos filled with soup, Ted holds a Tai Chi video and Jackie hugs a bunch of flowers to her body.)</p> <p>Ted: Hey Dad, we just talked to your doctor. He said that your wound will heal fast and you will regain your energy in no time. (Show video in front of Dad's face.) Here, this advanced Tai Chi exercise video is especially for you. Get well soon and be a Tai Chi master again!</p> <p>Wang: (Takes video.) OK, I will start up my Tai Chi exercises again as soon as I can. (Looks at video, pensively.) I never thought this would happen to me. I was so healthy and I didn't really have any bowel problems. Who knew I would get colorectal cancer and had to go through surgery to take out the tumor? Luckily, it was detected early and I'm fine.</p> <p>Jackie: (Puts the bunch of flowers into a tall glass.) I'm glad you are fine, Dad, but still, you have undergone a surgery and lost a piece of your guts, you should still get lots of rest. Colorectal cancer is no joke.</p> <p>(Scene 1 to be continued....)</p>	<p>&lt;第一場&gt; 時：日 地：醫院病房 人：王昌，王太太，Ted (兒子)，Jackie (女兒)</p> <p>(王昌在病床上無聊地看報紙，又抬頭看看鐘，看看房門，在等人。) (王太太，Ted，Jackie 吱吱喳喳熱鬧地進來。王太太挽湯壺，Ted 拿一盒太極錄影帶，Jackie 抱一紮鮮花。)</p> <p>Ted：爸，我們剛跟醫生談完話。醫生說你的傷口很快就會復原，回復以前龍精虎猛的樣子。(把錄影帶放到爸爸鼻前。) 啲，這是送給你的高級太極練習錄影帶。祝你快快痊癒，做太極大師。</p> <p>王：(接錄影帶)好好，我出院之後立刻恢復練習太極就是了。(看錄影帶，沉思地。)真是想不到，我身體一向好，又沒有什麼排便問題，誰知原來是大腸直腸癌，要開刀拿腫瘤，幸好發現得算早，總算沒事了。</p> <p>Jackie：(把花放進高身水杯)你沒事了，我們都放心了，爸，但做手術割去了一段大腸，還得好好休息。大腸直腸癌不是說笑的。</p> <p>(第一場待續。 . . . )</p>
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<p>Mrs. Wang: (Opens soup bottle.) Drink this soup first. (Pours soup.) The doctor said that colorectal cancer could have been prevented. You two (looks at Ted and Jackie) think you're so smart all the time but how come you did not remind Dad to get tested?</p> <p>Jackie: (Grin embarrassingly.) heehee.</p> <p>Ted: Why? Uncle David got a colon test last year. He said the procedure results came back quickly to show him that he was healthy. (Sigh) Talking about cancer with other people is easy, but facing colorectal cancer in your own family – I was completely unprepared.</p>	<p>王太太：(打開湯壺)先喝了湯再說吧。(搵湯)醫生說大腸直腸癌可以預防的，你們兩個(看 Ted 和 Jackie)平常不是都自認聰明的嗎？又不見你們早點提醒爸爸做檢查。</p> <p>Jackie: (不好意思地笑。)嘻嘻。</p> <p>Ted： Eh? Uncle David 去年做了大腸檢查呀，說檢查結果很快回來知道自己正常。唉，跟別人談癌症容易，但要和自己家人面對大腸直腸癌 - 我完全沒有準備哦。</p>
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## Scene 2

Facts about colorectal cancer.

Duration: 15 seconds

<p>&lt;Scene 2&gt; (Flip chart)</p> <ul style="list-style-type: none"><li>• Colorectal Cancer is one of the top three leading causes of cancer deaths in North America.</li><li>• Each year more than 100,000 people are diagnosed with colorectal cancer in North America. (In US, each year more than 90,000 people are diagnosed with colorectal cancer. In Canada, 17,000 were diagnosed with colorectal cancer in 1999.)</li><li>• Everyone ages 50 and over should get regular colon testing.</li></ul>	<p>&lt;第二場&gt; (字表)</p> <ul style="list-style-type: none"><li>• 大腸直腸癌是北美頭三大癌症死亡原因之一。</li><li>• 在北美，每年有十萬以上人士，被診斷有大腸直腸癌。(美國每年有九萬人被診斷患大腸直腸癌。在加拿大，1999年內有一萬七千人被診斷患大腸直腸癌。)</li><li>• 年紀在 50 歲或以上，應該定期做大腸檢查。</li></ul>
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### Scene 3

A doctor explains the rationale and procedures for FOBT and colonoscopy.

Duration: 1 minute 45 seconds

<p>&lt; Scene 3 &gt; Time: Day Place: Clinic Characters: Doctor</p> <p>Doctor: Colorectal cancer is a disease that can be detected and prevented early on.</p> <p>Currently there are four ways to screen for this disease: Fecal Occult Blood Test (FOBT), Sigmoidoscopy, Colonoscopy, and Barium Enema.</p> <p>Please ask you doctor about the best test for you and how often to do it.</p> <p>Of the four tests, FOBT is a simple test that you can take home. This is a test that finds hidden blood in the stool, which can be an early sign of colorectal cancer. Here is how to do the FOBT.</p> <p>(Demonstrates): First of all, you need to fill in your name and other information on this card. Then, use this stick to take a tiny bit of stool from one end and smear it on Square A. Use the same stick to take another sample from the other end of the stool and smear it on Square B. Repeat this procedure for three days. Once completed, put this card in the envelope and send it back to your doctor or clinic. You will need to avoid certain foods and medication to prepare for the test. Please check with your doctor or nurse about what foods and medication to avoid.</p> <p>(Scene 3 to be continued...)</p>	<p>&lt;第三場&gt; 時：日 地：醫生診所 人：醫生</p> <p>醫生：大腸直腸癌是可以早期發現，早期預防和治療的疾病。</p> <p>目前有四種檢查的方式：大便檢查(簡稱 FOBT)，乙狀大腸鏡檢查，大腸直腸鏡檢查，和鋇劑灌腸檢查。</p> <p>請跟你的醫生商量，哪種檢查最適合你，應該多久做一次。</p> <p>四種檢查中，大便檢查相當簡單，可以拿回家做。早期的大腸直腸癌可能令大便隱藏有血跡，這個檢查正是要找出大便裏隱藏的血跡。大便檢查是這樣做的。</p> <p>(示範)：首先，病人把名字和其他資料填好。然後，用木棒在大便的一端取一點點樣本，塗在 A 格子裏。再用同一根木棒，在大便的另一端取一點點的樣本，塗在 B 格子裏。連續這樣做三天。完成以後，把卡片放入信封裏，寄回給你的醫生或診所。做大便檢查之前，要避免進食某些食物和藥物。請你向醫生或護士查詢哪些食物和藥物是需要戒一下的。</p> <p>(第三場待續。 . . . )</p>
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<p>If the results show some hidden blood, your doctor may ask you to do a colonoscopy.</p> <p>A colonoscopy uses a tube with a video camera at one end. This is used to look at the walls of your colon. The doctor can see polyps or abnormal tissues in your large intestine. Some polyps can become cancer, if they are discovered early and taken out, they will not harm you.</p> <p>To prepare for the colonoscopy, the doctor will ask you to drink a large amount of special fluid, to clean out your colon for the test.</p> <p>A colonoscopy may be used for testing for colorectal cancer instead of the FOBT.</p>	<p>如果檢查結果發現有大便裏面有血跡的話，你的醫生可能要你進一步做大腸直腸鏡檢查。</p> <p>大腸直腸鏡檢查用安裝了錄像機的幼管，查看大腸的內壁。醫生可以看到大腸裏的息肉或不正常組織。有些息肉可能會轉變成癌組織，如果及早發覺，開刀拿掉，對人體沒有害處。</p> <p>做大腸直腸鏡檢查之前，醫生會給你喝大量的特別液体，清洗大腸以便做檢查。</p> <p>大腸直腸鏡檢查有時會用來代替大便檢查，來測試大腸直腸癌。</p>
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## Scene 4

Mr. Wang is back at work in his restaurant and discusses colorectal cancer with his colleagues.

Duration: 2 minutes 45 seconds

<p>&lt;Scene 4&gt; Time: Day Place: Restaurant kitchen Characters: Wang, Lee (colleague), Ho (Boss)</p> <p>(Wang and Lee are busy working in the kitchen. They cut vegetables, marinate meat, and organize utensils. Throughout the scene their hands never stop.)</p> <p>Lee: It's so nice that you're back. We were all worried about you. You look very well!</p> <p>Wang: Thank you. The doctor says that these days, medical science is so advanced that the survival rate of colorectal cancer is pretty good when it is discovered early.</p> <p>Lee: Is that so? (Lowers voice) Two of my friends died of colorectal cancer. One was a friend's wife, only 50 something when she died. When we met her, she looked quite sick. We told her to see a doctor but she didn't have time. Her kids were young and needed a babysitter and she had to work. It was difficult to take time off from work. Since there was no discomfort, she kept putting it off.</p> <p>Wang: Putting it off! That's real bad.</p> <p>Lee: When she knew it was cancer, it was too late. She died in a few months.</p> <p>Wang: What a tragedy!</p> <p>(Scene 4 to be continued....)</p>	<p>&lt;第四場&gt; 時：日 地：酒樓廚房 人：王昌，李(同事)，何(老板)</p> <p>(王和李忙碌地在廚房做事，切菜，醃肉，排好碗碟。整場自始至終手沒停過。)</p> <p>李：你沒事回來就好了，我們都擔心你。現在面色多好！</p> <p>王：你有心了。現在醫學昌明，醫生說如果發覺得早，腸癌醫好的成數很高。</p> <p>李：是嗎？(低聲)我有兩個朋友都是患大腸直腸癌死的。一個是朋友的太太，過世時才 50 出頭！認識她的時候，她的面色就不好。叫她去看醫生呢，沒有時間。孩子要人看，又要上班，請假那麼容易嗎？反正沒什麼不舒服，所以就一直拖。</p> <p>王：唉，這些真不能拖的呀。</p> <p>李：等到發現是癌症的時候，就太遲了，沒幾個月就過世了。</p> <p>王：唉，真是可惜了。</p> <p>(第四場待續。 . . . )</p>
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Lee: The other was older and he looked fine. Because he did not speak much English, going to see a doctor or doing a test was quite cumbersome. Besides, he wanted to save his money for something else. Hardly thought about doing the kind of regular exams that doctors recommend. He waited until one day he felt so bad in his abdomen that he then had to tell his children. They took him to the doctor and did a bunch of tests. They said it was colorectal cancer but by then, it was too late. He suffered all kinds of tests and treatments. But, he still died. (Sigh)

Wang: Take my word. The doctor said that people who are 50 or over should take a stool test regularly. If they find any bleeding, they can do some tests to further examine your body. Now I keep telling others to do screening early. Prevention is better than treatment. Health is the most important. Yeah, you do need to save money, but without health, you have nothing.

Ho: (Moves a large carton into the kitchen)  
Wang, you're back!

Wang: Hi Boss. Lee: (same time.) Morning.

Ho: You know what? When you were in the hospital, we were one staff member short and we were so busy. Are you OK now?

Wang: (Smile) I'm fine. Thanks.

He: Last time you took time off to do the stool test and then the colonoscopy, I didn't know it was that serious. Fortunately you discovered it early. You good workers should stay healthy, and then my business can keep going, OK?

Wang and Lee: (Laugh) OK.

李：另外一個呢，年紀已經大，平常看起來還好。因為不會講英文，看病，作檢查都挺麻煩的。能省則省呀，平常很少想到要作什麼醫生說的定期檢查。他是一直到有一天肚子真的很不舒服了，他才只好告訴他的小孩，送去看醫生，作了一堆檢查，發現是大腸直腸癌。大概太遲了，折磨了好一段時間，還是過世了。

王：你聽我說，醫生說，到了 50 歲，最好定期做大便檢查，如果發現有什麼出血的話，可以早點作進一步的檢查。現在我到處跟朋友講，要盡早做檢查，預防勝於治療。健康最重要。真的，錢是要省啦，但是沒有健康，就什麼都沒有了。

何：(手抬大紙箱進廚房。)昌叔，回來啦！

王：喂，老板。 李：(齊聲)早晨。

何：哎呀，你在醫院那幾天，我們少了一對手，忙死了。現在沒事了嗎？

王：(笑)托您的福(粵：托賴)，全好了。

何：上次你告假去做大便檢查，然後去做直腸鏡檢查，我還不知道這麼嚴重呢。幸好發現得早。我的好伙計要健健康康的，生意才能做下去，嘎？

王，李：(笑)知道啦。

## Scene 5

A patient shares his experience.

Duration: 1 minute

<p>&lt;Scene 5&gt; Time: Day Place: Interior Characters: Patient A</p> <p>(Patient A was found to have polyps in his colon, he received a minor treatment and is healthy as before.)</p> <p>(OR: A Chinese-speaking patient with any stage of colorectal cancer.)</p> <p>(Testimonial from patient A:</p> <ul style="list-style-type: none"><li>• How polyps/abnormal tissues were discovered and diagnosed.</li><li>• The treatment process.)</li></ul> <p>Patient A: I'm lucky I found out early, the polyps are gone and cannot turn into cancer tissues.</p>	<p>&lt;第五場&gt; 時：日 地：室內 人：病人 A</p> <p>(病人 A 被發現大腸內有息肉，他接受簡單治療後，現在和從前一般健康。)</p> <p>(或：說中文的病人，經歷過任何階段的大腸直腸癌都可以。)</p> <p>(病人 A 自述：</p> <ul style="list-style-type: none"><li>• 如何發現息肉。</li><li>• 醫療過程。)</li></ul> <p>病人 A：幸好及早發現，現在息肉清除了，不會變作癌組織。</p>
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## Scene 6

Mrs. Wang goes shopping and discusses colorectal cancer with a friend.

Duration: 2 minute

<p>&lt;Scene 6&gt; Time: Day Place: Supermarket Characters: Mrs. Wang, Mrs. Yip (Friend)</p> <p>(Wang and Yip shop together. They carry several plastic grocery bags. They stop by and choose groceries from a fruit and vegetable stand.)</p> <p>Wang: (In high spirit.) Today's vegetables are real fresh.</p> <p>Yip: Look at you! You must feel so relieved now that your husband is OK.</p> <p>Wang: Yes, that's why I am buying more stuff, so he can eat better.</p> <p>Yip: It's difficult to tell who can get colorectal cancer. You know Mrs. Ho's husband?</p> <p>Wang: (Nodding.) Hm.</p> <p>Yip: He has been pretty healthy. Haven't had any serious illnesses. He eats moderately, never too much. He eats quite a bit of vegetables. He walks and does physical activity everyday. He drinks good soups whenever it is necessary. Nobody in his family has cancer.</p> <p>Wang: That's really quite good.</p> <p>(Scene 6 to be continued ....)</p>	<p>&lt;第六場&gt; 時：日 地：超級市場 人：王太太，葉太太(朋友)</p> <p>(王，葉一起買菜。手裏拿著大小塑膠袋。她們駐步并選擇貨品於果菜攤。)</p> <p>王：(開心地。)今天的菜真新鮮哦。</p> <p>葉：看你這麼開心！阿昌沒事，你現在放下心頭大石啦。</p> <p>王：是呀，所以多買點菜，讓他吃得好點。</p> <p>葉：其實大腸直腸癌真的很難說。你知道何太的先生？</p> <p>王：(點頭。)唔。</p> <p>葉：他身體一向很好，從來沒有什麼大病。飲食均衡，從來不吃太飽，吃很多蔬菜，湯水不缺乏。每天都散步，做體操。他家裏又沒有人得過癌症。</p> <p>王：那就不錯呀。</p> <p>(第六場待續。。。。)</p>
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Yip: Exactly. After he came to America, his son took him to do some kind of physical exam. The doctor said that he was over 50, and should have a FOBT just in case. Guess what? The lab reports came back and showed there was hidden blood in his stool, so he needed to do a colonoscopy. They found polyps inside his colon. Luckily, the biopsy showed they're benign.

Wang: That's very fortunate.

Yip: His English isn't good. He has to rely on his son or an interpreter to talk to the doctor or nurses. He said, thinking back, that he was glad that he did that stool test. If he had waited longer, those polyps could've turned cancerous. It would be a big problem.

Wang: Yes, Wang's doctor also said that early detection is good.

Yip: My husband and I are going to our doctor next week, to pick up an envelope to do the stool test at home.

Wang: Yes, a healthy diet and regular exercise are important, heredity is not what you can control. To keep healthy, regular screening is important.

葉：是呀。來美國之後，他兒子帶他去做健康檢查。醫生說他超過 50 歲，應該要做大便檢查，預防萬一。誰知報告出來，說大便裏面隱藏有血跡，要再做大腸直腸鏡檢查。結果發現大腸裏面有息肉。幸好，切片結果說是良性的。

王：那算好運。

葉：他英文又不好，看醫生護士都要靠兒子或翻譯的人幫他說，很麻煩。但他說幸好做了大便檢查。如果多等一段時間，說不定那些息肉變成惡性，那時候就真的麻煩了。

王：是呀，阿昌醫生也說，早發現就好。

葉：我阿葉和我下星期也會到醫生那裏，去拿套信封，回家做做大便檢查。

王：是呀，我這次也明白了，飲食運動固然重要，遺傳這個東西也不由得自己控制。要保持健康，定期檢查是很重要的。

Scene 7

A patient shares his experience.

Duration: 1 minute

<p>&lt;Scene 7&gt; Time: Day Place: Interior Characters: Patient B</p> <p>(Patient B has early stage colorectal cancer, he received treatment – surgery and subsequent therapy – and is on his way to recovery.)</p> <p>(Testimonial from patient B:</p> <ul style="list-style-type: none"><li>• How colorectal cancer was discovered and diagnosed.</li><li>• The treatment process.)</li></ul> <p>Patient B: I wish I had found out earlier then I would have avoided the surgery.</p>	<p>&lt;第七場&gt; 時：日 地：室內 人：病人 B</p> <p>(病人 B 患早期大腸直腸癌，他接受治療 - 手術和隨後的療法 - 現正在康復中。)</p> <p>(病人 B 自述：</p> <ul style="list-style-type: none"><li>• 如何發現患上大腸直腸癌。</li><li>• 醫療過程。)</li></ul> <p>病人 B：如果我早些發現病徵，就可以避過這次手術了。</p>
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## Scene 8

The Wangs and friends has a family mahjong game. Martin Yan's video comes on TV. Mr. Wang declares that he is a big winner in life.

Duration: 1 minute 15 seconds

<p>&lt;Scene 8&gt; Time: Evening Place: Wang's Home Characters: Mr. Wang, Mrs. Wang, Ted, Jackie, Lee, Mrs. Yip.</p> <p>(Wang, Ted, Lee and Mrs. Yip are playing mahjong. Atmosphere is relaxed. TV is on and quite loud. Jackie watches TV. Mrs. Wang watches TV and keeps eye on cooking dessert.)</p> <p>Ted: (All his mahjong pieces are turned down. Holding one piece. Proudly.) I am warning everyone, I am going to win soon.</p> <p>Lee: (Arranging pieces carefully. Laughs and rebuts.) Not if I win before you.</p> <p>Mrs. Yip: (Moving 3 pieces to the comer.) Well, although my set isn't that great, I do expect to win this game.</p> <p>Wang: (Pleasingly.) Hey, you all seem to be so lucky. I haven't won a single game today.</p> <p>Mrs. Wang: (Leaving the kitchen.) Dessert is ready and is to be taken hot. Is this game over yet?</p> <p>(TV shows the Martin Yan video.)</p> <p>Jackie: (Excitedly.) Hey Dad, its about colorectal cancer on TV. (Jackie turns up the volume. The Yan video audio cuts in.)</p> <p>(Scene 8 to be continued....)</p>	<p>&lt;第八場&gt; 時：晚 地：王家 人：王昌，王太太，Ted，Jackie，李，葉太太。</p> <p>(王昌，Ted，李，葉太太正在打麻張。氣氛融洽熱鬧。電視開著，聲音相當大。Jackie 看電視，王太太看電視同時煮糖水。)</p> <p>Ted: (面前牌已全翻低，手裏拿一隻牌，炫耀地。) 我現在警告大家，我快要胡了。</p> <p>李: (專心排列面前的牌，取笑地反駁。) 不好意思，我才快要胡了。</p> <p>葉: (把一組三隻牌拿到角落。) 咦？雖然我做的牌不大，但也快胡了。</p> <p>王: (討好地。) 唉，今天你們都好手氣，只我一把都沒胡過！</p> <p>王太太: (從廚房出來。) 糖水煮好啦，要趁熱吃哦。這場打完了沒有？</p> <p>(電視播出 Martin Yan 片段。)</p> <p>Jackie: (興奮地) 爸，電視正在說大腸直腸癌哦。(把聲音調高。電視音響切入。)</p> <p>(第八場待續。 . . . )</p>
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(Wang holds a piece in the air but watches TV attentively. Mrs. Wang stops and pays attention to TV. Ted, Lee and Mrs. Yip keep chatting to each other. In the middle of the Yan video, Wang discards his piece.)

Ted: (Screams, stands up and picks up the discarded piece on the table.) I won. I won. Auntie Yip, how much do I win?

Lee: (Laugh.) Well, tonight, the person with the worst technique has the best luck! (Stands up and look at Ted's set.)

Jackie: (Runs to the table.) Is Ted this lucky?

Mrs. Yip: (Looks at Ted's set.) Let me count how much you have won here. (Start counting.) Wow, Ted, I think you are the lucky winner tonight.

(The Yan video audio cuts in. Wang and Mrs. Wang finish watching the Yan video.)

Mr. Wang: (Looks at Mrs. Wang who looks back understandingly.) It's like I got another chance with life. I feel that I am the lucky winner.

(王手上拿著一隻牌停在空中留神看電視，王太太停步看電視。Ted，葉太太和李互相喋喋。在片段中途，王先生望著電視打出手上拿著的牌。)

Ted: (尖叫，站起來檢起。)我贏了，我贏了。葉阿姨(粵：葉 Auntie)，這是多少番？

李：(笑。)想不到今晚技術最差的人手氣最好！(起來看 Ted 的牌。)

Jackie: (跑到檯前。)阿哥手氣真的這麼好？

葉：(伸頭。)看看，幫你算算贏了多少番？(動手計算。)嘩，阿 Ted 今晚是大贏家哦。

(Martin Yan 電視音響切入。王和王太太專心看完 Martin Yan 片段。)

王先生：(跟王太太對望，王太太回以會心微笑。)這次竟然可以檢回老命，我是大贏家才真。

## Scene 9

US Preventative Services Tasks Force recommends to the general population on colorectal cancer, FOBT and colonoscopy.

Duration: 30 seconds

<p>&lt;Scene 9&gt; Narration</p> <ul style="list-style-type: none"><li>• Colorectal cancer does not have to be a terrifying terminal disease. With early detection and early treatment, the survival rate is high.</li><li>• Everyone at age 50 years or older should have regular colorectal screening.</li><li>• For your own health and your family, ask your doctor about regular colon testing for you including FOBT and colonoscopy.</li></ul>	<p>&lt;第九場&gt; 敘述</p> <ul style="list-style-type: none"><li>• 大腸直腸癌不一定是可怕的絕症。早期發現，早期治療，存活率很高。</li><li>• 年紀在 50 歲或以上，都應該定期做大腸檢查。</li><li>• 爲了您的健康和家庭，請向您的醫生查詢有關適合你的定期大腸檢查，包括大便檢查和大腸直腸鏡檢查。</li></ul>
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END OF SCRIPT

## **PROBLEM SOLVING BARRIERS TO COLORECTAL CANCER SCREENING**

- 1. Avoids Doctors**
- 2. Lack of Knowledge**
- 3. Believes Unnecessary**
- 4. Fear of Results**
- 5. Believes Painful**
- 6. Believes Embarrassing, Unpleasant, or Inconvenient**
- 7. Lack of English Proficiency**
- 8. Concern about Cost**

## 1. AVOIDS DOCTORS

Counseling Guidelines	Suggested Responses
Find out why she/he doesn't go to doctors.	<ul style="list-style-type: none"> <li>• Is there a reason why you don't go to doctors?</li> </ul>
<p><i>If she/he believes that traditional Chinese healing methods are better than American methods, listen carefully and show respect for her/his beliefs. Explain that American tests can be added to traditional methods.</i></p>	<ul style="list-style-type: none"> <li>• Back home, many people did not see a doctor unless they were very ill.</li> <li>• Many of our Chinese elders have always taken care of themselves by drinking herbal teas and getting help from Chinese herbalists.</li> <li>• We can improve our health by adding American tests to our traditional Chinese methods.</li> </ul>
<p><i>If she/he fee/s doctors don't listen to her/him, show respect for her/his opinion. Explain that every doctor is different.</i></p>	<ul style="list-style-type: none"> <li>• Reputations of doctors who listen to patients are important. Ask your friends, relatives, neighbors, or interpreters for referrals.</li> </ul>
<p><i>If she feels American doctors don't understand uniquely Chinese health complaints, acknowledge and respect her/his opinion. Suggest that she/he explains her/his health complaints in terms of symptoms and not in Chinese syndromes.</i></p>	<ul style="list-style-type: none"> <li>• Avoid using Chinese health syndromes. Focus on symptoms. For example, avoid telling the doctors that "I have too much internal heat" or "I feel hot inside". It is more effective to focus on symptoms such as "my throat is dry and sore, my lips are dry and cracking, I am thirsty all the time, I cough a lot, my sputum is very green or yellow etc..."</li> <li>• A good interpreter (if available) can help you describe a list of symptoms from common Chinese syndromes.</li> </ul>
<p><i>If she/he believes that seeing a doctor is unnecessary, refer to barrier 3.</i></p>	
<p><i>If she/he is frightened of invasive procedures, refer to barrier 4.</i></p>	

## 2. LACK OF KNOWLEDGE

<b>Counseling Guidelines</b>	<b>Suggested Responses</b>
Find out whether the woman or man knows whether she/he has had a FOBT test, and if she/he is familiar with the test.	<ul style="list-style-type: none"><li>• Have you ever had a FOBT test?</li><li>• Do you know what a FOBT test is?</li><li>• Do you know why FOBT tests are done?</li></ul>
If she/he doesn't know what a FOBT test is or why it is done, provide a simple explanation.	<ul style="list-style-type: none"><li>• The FOBT test is a simple, painless test used to detect blood in your stool.</li><li>• The FOBT test is used to find problems like colorectal cancer early so a woman or man can be treated easily before the cancer has grown or spread.</li><li>• All women and men age 50 or older should do regular FOBT tests because nobody knows who will get colorectal cancer or when it may start.</li></ul>

### 3. BELIEVES UNNECESSARY

Counseling Guidelines	Suggested Responses
Find out why the woman or man does not think she/he needs a FOBT test.	<ul style="list-style-type: none"> <li>• Why don't you think you need a FOBT test?</li> <li>• Do you think FOBT tests are important for other women or men?</li> </ul>
<i>If she/he does not believe FOBT tests are necessary unless a person has symptoms, explain why this is not true.</i>	<ul style="list-style-type: none"> <li>• A FOBT test can find problems that a person does not know about because she or he does not have any symptoms yet.</li> <li>• Some polyps and cancers bleed but in such small amounts that you can't see it. The FOBT test checks for this hidden blood in your stool.</li> <li>• Symptoms often appear only during the late stages of the disease, too late for possible effective treatment. This is why testing when one "feels healthy" is so important.</li> <li>• If problems are found early through a FOBT test, they can be treated easily and surgery is usually minor.</li> </ul>
<i>If she/he does not believe Chinese people get colorectal cancer, explain that people from Asia are at high risk.</i>	<ul style="list-style-type: none"> <li>• All people can get colorectal cancer.</li> <li>• Women and men from China are just as likely to be affected by colorectal cancer as people from other Asian countries.</li> </ul>
<i>If she/he believes she/he will not get colorectal cancer because her/his family has no history of cancer.</i>	<ul style="list-style-type: none"> <li>• The risk of developing cancer is higher in families with a cancer history: however, all people can get colorectal cancer whether their families have a history of cancer or not.</li> </ul>
<i>If she/he gives her/his age as the reason, explain why someone her/his age should do the FOBT test.</i>	<ul style="list-style-type: none"> <li>• Anyone can get colorectal cancer, but it usually strikes women and men 50 years or older.</li> </ul>

#### 4. FEAR OF RESULTS

Counseling Guidelines	Suggested Responses
<p>Find out if the woman or man has a particular reason for being frightened of the results.</p>	<ul style="list-style-type: none"> <li>• Are you frightened that your FOBT test might be abnormal?</li> <li>• Are you frightened about what may happen if the test is abnormal?</li> <li>• A FOBT test does not, in itself, make the result become abnormal: it simply tells you if there is a potential problem.</li> </ul>
<p><i>If she/he says that it is better not to know because knowing about abnormal results will cause one to worry, be sad, or have bad emotion (or negative attitude), explain the benefits of knowing the results early.</i></p>	<ul style="list-style-type: none"> <li>• Early treatment could prevent long-term anxiety about any problems.</li> <li>• It is normal to feel afraid, angry, and sad about a negative outcome; however, ignoring and denying a problem will not make abnormal results go away.</li> <li>• Disease can get worse if left untreated.</li> </ul>
<p><i>If she/he is worried because she/he believes cancer is a/ways incurable, explain that cancer can often be cured and discuss the benefits of early detection.</i></p>	<ul style="list-style-type: none"> <li>• Cancer is a very common disease.</li> <li>• Many people are cured of cancer if it is found early.</li> <li>• The best way to prevent colorectal cancer is to find any changes in the colon or rectum early.</li> <li>• If cancer has already developed, screening tests like the FOBT can find it early, when it's most treatable.</li> </ul>
<p><i>If she/he is afraid of surgery, explain how surgery can be avoided through early detection.</i></p>	<ul style="list-style-type: none"> <li>• A FOBT test can help detect any changes early.</li> <li>• Early changes can usually be treated without surgery.</li> <li>• If polyps or abnormal tissue are found in the colon or rectum, they can be easily removed through a minor procedure called a colonoscopy. This procedure is usually done as a hospital outpatient.</li> <li>• If a person waits until early cancer changes have progressed, then surgery is usually necessary.</li> </ul>

## 5. BELIEVES PAINFUL

Counseling Guidelines	Suggested Responses
Find out why the woman or man is worried about pain or discomfort.	<ul style="list-style-type: none"> <li>• Have you ever had a screening test? If so, what was it like?</li> <li>• What part of the procedure was painful or uncomfortable?</li> </ul>
<i>If she/he believes the FOBT is painful or uncomfortable to do, provide a brief explanation of the test.</i>	<ul style="list-style-type: none"> <li>• The FOBT can be done at home.</li> <li>• You will need to collect 3 stool samples to place on special cards that the doctor will give you. When all samples have been collected, you return the cards to the clinic, and if there are any problems, the doctor or clinic will call you.</li> </ul>
<i>If she/he believes the colonoscopy is painful or uncomfortable to do, provide a brief explanation of the procedure.</i>	<ul style="list-style-type: none"> <li>• The colonoscopy is usually done as part of a routine screening for colorectal cancer.</li> <li>• The rectum and colon must be completely emptied of stool prior to the exam. Preparation for this involves drinking a large volume of liquid, laxatives and enemas. You may experience watery diarrhea but the large amount of liquid you will drink will replace electrolytes your body needs. You will also be asked to follow a restricted diet prior to the exam. These steps may be uncomfortable for you.</li> <li>• The procedure may be uncomfortable, however, it is not usually painful. It is most often done at the hospital as an outpatient.</li> <li>• You may experience pressure, gassiness, bloating or cramping during the test. The doctor will give you a sedative to help you relax during the procedure. A family member or friend will need to take you home after the test.</li> <li>• The doctor will use a colonoscope, a thin, flexible, lighted tube to examine the lining of the rectum and colon for any</li> </ul>

	polyps or abnormal tissue. If these are found, the doctor will remove them. The procedure may take from 30 minutes to a couple hours to complete.
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## 6. BELIEVES EMBARRASSING, UNPLEASANT, OR INCONVENIENT

Counseling Guidelines	Suggested Responses
<i>If she or he is embarrassed by the procedure itself, provide information about the procedure.</i>	<ul style="list-style-type: none"><li>• You can do the FOBT yourself at home with a kit that you get from your doctor.</li><li>• You only need to collect a small amount of your stool for the test.</li></ul>
<i>If she or he believes that the test is inconvenient, provide information about the procedure.</i>	<ul style="list-style-type: none"><li>• You can perform the FOBT at home when it is most convenient for you.</li></ul>

## 7. LACK OF ENGLISH PROFICIENCY

<b>Counseling Guidelines</b>	<b>Suggested Responses</b>
<i>If the woman or man has limited English proficiency, find out if she/he is anxious about communicating through medical interpreters..</i>	<ul style="list-style-type: none"><li>• Many clinics have specially trained medical interpreters to help women and men explain things to the doctor. These people can be trusted to keep everything confidential, and communicate what you say as accurately as possible.</li><li>• Would you be comfortable having someone from the clinic to help you talk to your doctor?</li></ul>
<i>If she/he is not comfortable communicating through interpreters, offer to: help her/him at the clinic and act as the interpreter.</i>	<ul style="list-style-type: none"><li>• Would it help if I translated for you at your clinic visit?</li></ul>

## 8. CONCERN ABOUT COST

Counseling Guidelines	Suggested Responses
Find out if the woman or man has any medical insurance.	<ul style="list-style-type: none"> <li>• Do you have any health insurance?</li> <li>• Do you have medical coupons?</li> <li>• Do you have Medicare?</li> <li>• Do you have the state Basic Health Plan?</li> </ul>
<i>If she/he is unsure of what her/his insurance plan will cover, offer to help find out what is covered by contacting the clinic's eligibility worker.</i>	<ul style="list-style-type: none"> <li>• The clinic has a staff person called the eligibility worker who can tell you what your options are for coverage or payment of the tests.</li> <li>• Would it help if I spoke to the eligibility worker for you to see what your insurance will pay for?</li> </ul>
<i>If she/he has Medicaid, tell her/him that the Washington Medicaid system pays for the FOBT test.</i>	<ul style="list-style-type: none"> <li>• You can use medical coupons to get a FOBT test.</li> </ul>
<i>If she/he has Medicare, tell her/him that Medicare pays for the FOBT test.</i>	<ul style="list-style-type: none"> <li>• Medicare will pay for FOBT tests.</li> </ul>
<i>If she/he has the Basic Health Plan, tell her/him that it pays for FOBT test.</i>	<ul style="list-style-type: none"> <li>• The Basic Health Plan will pay for FOBT tests.</li> </ul>
<i>If she/he has no insurance or is unsure of what her/his insurance plan will cover, offer to help find out how or what is covered by contacting the clinic's eligibility worker.</i>	<ul style="list-style-type: none"> <li>• The clinic has a staff person called the eligibility worker who can tell you what your options are for coverage or payment of the tests.</li> <li>• Would it help if I spoke to the eligibility worker for you to see what your insurance options are?</li> </ul>
<i>If she/he has no insurance, offer to help find out if the clinic has a sliding scale for screening tests.</i>	<ul style="list-style-type: none"> <li>• The clinic has a staff person called the eligibility worker who can tell you what your options are for coverage or payment of the tests.</li> <li>• Would it help you if I spoke to the eligibility worker and asked if the clinic uses sliding scales for the FOBT?</li> </ul>

## TALKING WITH PATIENTS ABOUT SCREENING FOR COLORECTAL CANCER

One of the most important factors for predicting whether individuals have been appropriately screened for colorectal cancer is whether their provider has discussed screening with them. Below are some suggestions for communicating effectively with patients about colorectal cancer. This dialogue is intended to serve as an example of language you may want to use with your patients and is **not intended** to be an exact script for you to follow.

<b>Not So Good</b>	<b>Better</b>
<p><i>“You shouldn’t worry about colorectal cancer. It doesn’t run in your family.”</i></p> <p>(This statement may make patients feel embarrassed about being concerned about colorectal cancer. In addition, most people who get colorectal cancer don’t have any special risk factors for the disease.)</p>	<p><i>“I’m glad that you brought up the issue of colorectal cancer. It’s a good idea for everyone over the age of 50 to get tested for colorectal cancer – whether they have family members who’ve had it or not. Let’s talk about some of the different tests that are available.”</i></p> <p>(This approach validates the patient’s concern and takes advantage of a “teachable moment.”)</p>

<b>Not So Good</b>	<b>Better</b>
<p><i>“57,000 people die from colorectal cancer each year.”</i></p> <p>(Statistics such as this one focus on the “bad news” about the disease, rather than on helping the patient see the importance of screening.)</p>	<p><i>“The good news is that colorectal cancer is much more curable if it is found early. Also, testing can prevent colorectal cancer by finding small growths in the large intestine called polyps. That way, they can be removed before they become cancer.”</i></p> <p>(This approach focuses on the importance of screening, thus helping to empower the patient.)</p>

Not So Good	Better
<p data-bbox="256 329 1063 435"><i>“Colorectal cancer has the third highest incidence of any cancer in the United States: approximately 747,500 new cases a year.”</i></p> <p data-bbox="256 508 1052 686">(These population-based statistics don’t help individual patients evaluate their personal risk for colorectal cancer. Also, for patients who have difficulty understanding statistics, this approach may cause them to “tune out” to the rest of the message.)</p>	<p data-bbox="1090 329 1982 508"><i>“Colorectal cancer is a common type of cancer. In fact, it is the second leading cause of cancer related death. Both men and women get colorectal cancer, and most people who get colorectal cancer don’t have any special risk factors for the disease.”</i></p> <p data-bbox="1090 581 1993 719">(This explanation focuses on the individual patient’s risk, helping to show him or her that colorectal cancer can happen to anyone. Patients who are interested in statistics will likely ask follow-up questions.)</p>

Not So Good	Better
<p data-bbox="256 946 993 1019"><i>“You could have colorectal cancer even if you don’t have symptoms.”</i></p> <p data-bbox="256 1092 961 1198">(This approach instills fear, but does not provide patients with anything they can do to protect their health.)</p>	<p data-bbox="1090 946 1982 1019"><i>“There are several tests that can find colorectal cancer early – even before there are symptoms.”</i></p> <p data-bbox="1090 1092 1982 1198">(This approach reinforces the benefits of screening tests, while still getting across the message that a person with cancer can have no symptoms.)</p>

<b>Not So Good</b>	<b>Better</b>
<p><i>“The fecal occult blood test (FOBT) detects minute amounts of blood in the gastrointestinal tract. To do the test you will need to collect specimens from three individual feces samples.”</i></p> <p>(The language used here is highly technical, and may not be understood by laypeople.)</p>	<p><i>“The stool test looks for bleeding in the large intestine. For this test, you collect samples from three bowel movements.”</i></p> <p>(This language is simpler, and more likely to be understood by laypeople, especially patients who do not have a high level of formal education.)</p>

<b>Not So Good</b>	<b>Better</b>
<p><i>“Another option is the flexible sigmoidoscopy, a test that only has to be done every 5 years.”</i></p> <p>(This explanation, does not address how the test is done or some of the potentially uncomfortable aspects of it. Although providers want to do everything they can to promote screening, it is important to discuss pros and cons of each screening option.)</p>	<p><i>“Another screening test is the flexible sigmoidoscopy which only has to be done every 5 years. It is done by inserting a small, flexible tube – about the width of my little finger – into the rectum. The tube, which has a light on the end, is used to look for growths in the lower part of the large intestine. This test is safe and takes only about 10 to 20 minutes. You would need to have an enema before the test. Most people say that they feel some discomfort, which feels like gas pain, during the test. But most people say it wasn’t as uncomfortable as they thought it might be.”</i></p> <p>(This explanation includes the pros and cons about the test, allowing a patient to make an informed decision.)</p>

<b>Not So Good</b>	<b>Better</b>
<p>On the telephone, after giving a patient negative results for a FOBT: “Your <i>results were negative.</i>”</p> <p>(The term “negative” may be confusing to some patients. In addition, this statement does not reinforce the need for regular screening or encourage the patient to come back at a specific interval.)</p>	<p>On the telephone, after giving a patient negative results for a FOBT: “I’m <i>glad that you returned your screening test. Your test was negative, which means that everything looks fine. Remember, this test needs to be done every year. Do you have any questions?</i>”</p> <p>(This statement reinforces the patient’s efforts in taking the test, explains that the test results were “fine,” and provides a specific time frame for rescreening. In addition, it provides the patient with an opportunity to ask any questions he or she may have.)</p>

## Summary of Forms

Form 1	Study Entry
Form 2	Intervention Summary
Form 3	Positive FOBT

**FORM 1A: TRIAL ENTRY**

Study ID#: F \_\_\_\_ \_\_\_\_ \_\_\_\_

1. Date of first clinic visit after mailing: \_\_\_\_\_  
month day year

2. Date of birth: \_\_\_\_\_  
month day year

3. Age at first clinic visit after mailing: \_\_\_\_\_ years

4. Gender (*check one*):

- Male
- Female

5. Health insurance (*check all that apply*):

- Medicare
- Medicaid
- Basic Health Plan
- Private → *Specify:* \_\_\_\_\_
- Other → *Specify:* \_\_\_\_\_

**FORM 1A: TRIAL ENTRY**

Study ID#: F \_\_\_\_\_

6. Previous FOBT (*check one*):

Yes → *Date of last FOBT:* \_\_\_\_\_

No ↓ month day Year

*Specify where:* \_\_\_\_\_

7. Previous sigmoidoscopy (*check one*):

Yes → *Date of last sigmoidoscopy:* \_\_\_\_\_

No ↓ month day year

*Specify where:* \_\_\_\_\_

8. Previous colonoscopy (*check one*):

Yes → *Date of last colonoscopy:* \_\_\_\_\_

No ↓ month day year

*Specify where:* \_\_\_\_\_

9. Outcome of pre-visit chart review (*check one*):

Eligible

Ineligible → *Specify why:*

History of colorectal cancer → *Skip to Q. 11 and mark "none"*

End-stage disease → *Specify:* \_\_\_\_\_



*Skip to Q. 11 and mark "none"*

FOBT within last year → *Skip to Q. 11 and mark "cohort"*

Colonoscopy within last 10 years → *Skip to Q. 11 and mark "cohort"*

Other → *Specify:* \_\_\_\_\_



*Skip to Q. 11 and mark "none"*

**FORM 1B: TRIAL ENTRY**

Study ID#: F\_\_\_\_ \_

10. Outcome of visit eligibility assessment (*check one*):

Eligible

Ineligible → *Specify why:*

Acute medical problem → *Specify:* \_\_\_\_\_  
\_\_\_\_\_

Symptomatic lower gastrointestinal disease  
→ *Specify:* \_\_\_\_\_

Refused participation

Other → *Specify:* \_\_\_\_\_

} Go to  
Q.11 and  
mark  
"none"

**FORM 1C: TRIAL ENTRY**

Study ID#: F \_\_\_\_ \_\_\_\_ \_\_\_\_

11. Study group (*check one*):

- Trial intervention arm
- Trial control arm
- Cohort (participates in survey only)
- None

**FORM 2A: INTERVENTION SUMMARY**

Study ID#: F\_\_\_\_ \_

1. Date of first clinic visit after mailing: \_\_\_\_\_  
month day year

2. Health educator: \_\_\_\_\_

3. Health educator delivered intervention to patient (*check one*):

Yes

No → *Specify reason:* \_\_\_\_\_



**END OF FORM**

4. Intervention timing (*check one*):

Before seeing provider

After seeing provider

5. Video (*check one*):

Watched at first clinic visit after mailing

Watched at special clinic visit → *Specify date:* \_\_\_\_\_  
month day year

Taken home → *Specify date returned:* \_\_\_\_\_ (if video not returned,  
month day year enter, "77 77 77")

Refused

6. Project pamphlet (*check one*):

Accepted

Refused

**FORM 2A: INTERVENTION SUMMARY**

Study ID#: F\_\_\_\_

7. Medical society pamphlet (*check one*):

- Accepted
- Refused

8. FOBT instruction sheet (*check one*):

- Accepted
- Refused

9. FOBT kit (*check one*):

- Accepted →  Dispensed by MD
- Refused  Dispensed by CRC Project

10. Health educator discussion (*check one*):

- Yes → *Complete this section:*
- No ↓

- FOBT instructions
- FOBT barriers → *Specify:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Referred to project coordinator → *Specify why:* \_\_\_\_\_

\_\_\_\_\_

- Other → *Specify:* \_\_\_\_\_

\_\_\_\_\_

- Time spent with patient: \_\_\_\_\_ minutes



**FORM 3: POSITIVE FOBT**

Study ID#: F \_\_\_\_ \_\_\_\_ \_\_\_\_

1. Follow-up actions (*complete a-c*):

a)  Yellow lab form sent to medical records

Date: \_\_\_\_\_

b)  Follow-up actions recorded in patient medical records

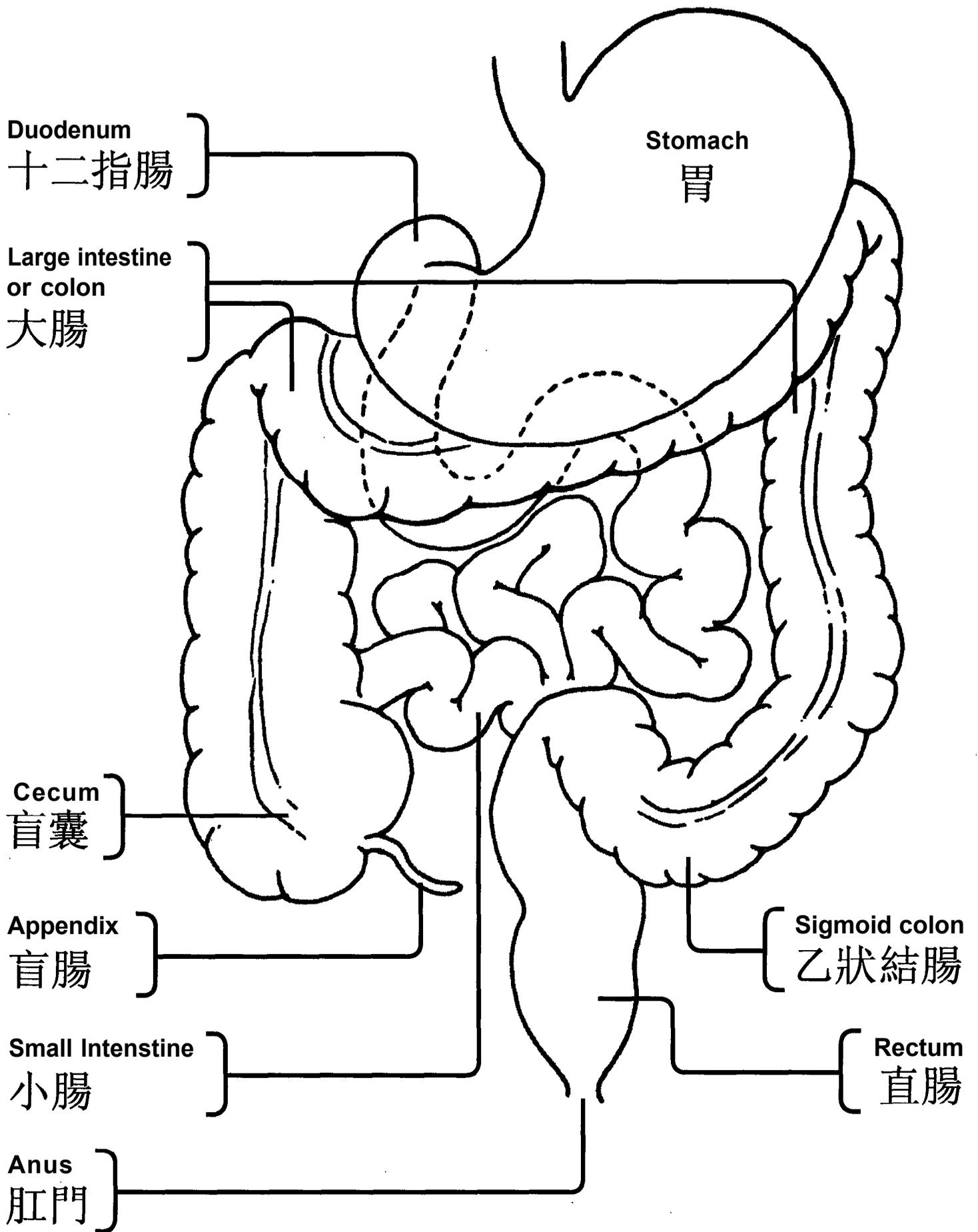
Date: \_\_\_\_\_

c)  Other *Specify*: \_\_\_\_\_

\_\_\_\_\_

2. Final diagnosis: \_\_\_\_\_

3. Form filled out by: \_\_\_\_\_



Duodenum  
十二指腸

Stomach  
胃

Large intestine  
or colon  
大腸

Cecum  
盲囊

Appendix  
盲腸

Small Intenstine  
小腸

Anus  
肛門

Sigmoid colon  
乙狀結腸

Rectum  
直腸

### Colorectal Cancer Rates

