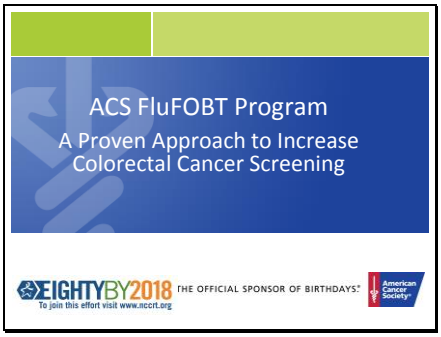
Slide 1



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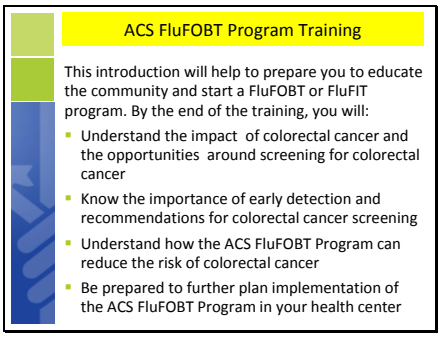

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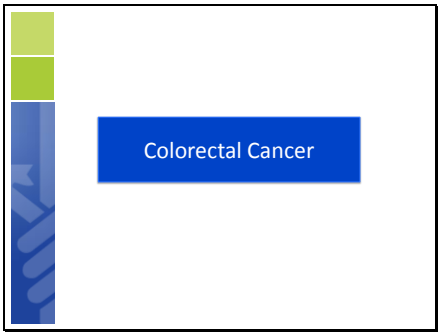


Slide 4

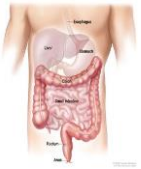
Colorectal Cancer

- The 3rd most common cancer in the U.S.
  - 132,700 new cases expected in 2015
- The 2nd deadliest cancer
  - 49,700 deaths this year
- Highly preventable and treatable
  - More than 1 million U.S. colorectal cancer survivors

Slide 5

Colon and Rectum

- The colon (large bowel or large intestine)
  - is a muscular tube about 5 feet long
  - absorbs water and salt from food
  - stores waste matter
- The rectum is the last 6 inches of the digestive system.



Slide 6

Colorectal Cancer

- Cancer that begins in either the colon or rectum
- Often called simply “colon cancer”, or “CRC”
- Usually develops from pre-cancerous growth called a “polyp” in the lining of the colon or rectum.
- Finding and removing polyps can prevent CRC from occurring.

Slide 7

Who Can Get Colorectal Cancer?

Anyone.

Men and women of all ages and races get CRC.

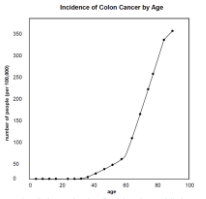
The good news is that screening can prevent getting the disease and dying from it.

Slide 8

Age: the most impactful risk factor

CRC usually develops after age 50.

The chances of getting it increases as you get older.



http://science.education.nih.gov/supplements/nih1/cancer/guide/pdfs/ACT3M.PDF.

CRC screening should begin at age 50 for most people, earlier for those with a family history.

Graph obtained from http://science.education.nih.gov/supplements/nih1/cancer/guide/pdfs/ACT3M.PDF
Accessed 07/08/2013

Slide 9

Who's at **High** Risk of Colon Cancer?

- A personal history of
  - Polyps
  - Colorectal cancer
  - Inflammatory bowel disease
    - Ulcerative colitis
    - Crohn's disease
- A family history of
  - Colorectal cancer or polyps
  - Hereditary colorectal cancer syndrome

People with these conditions may need different screening. Check with a provider before giving an FOBT kit.

Slide 10

Screening

- **Screening** tests are done for people who don't have symptoms ("asymptomatic"). They are part of routine health care – like checking your blood pressure. They should be done at regular intervals.
- **CRC Screening** tests look for early cancer or pre-cancer (polyps) of the colon and/or rectum.

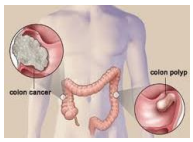
Slide 11

Why Test?

There are two aims of testing:

1. Prevention
Find and remove polyps to prevent cancer

2. Early Detection
Find cancer in the early stages, when best chance for a cure



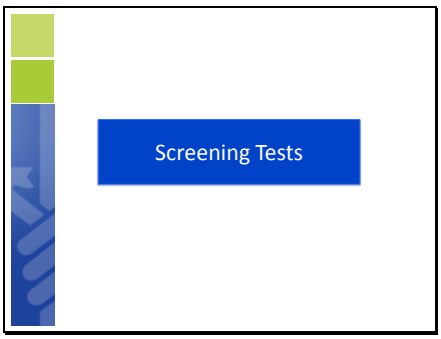
Slide 12

Why Testing is Important

People can't feel abnormal growths (polyps or early cancer) growing inside of them.

The only way to find them is by getting tested.

Slide 13



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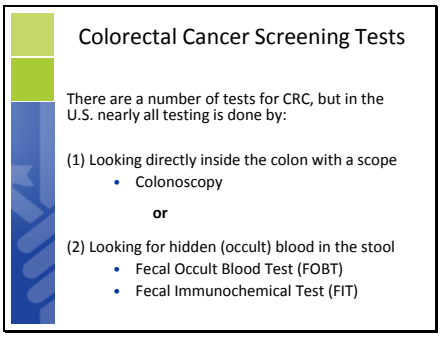

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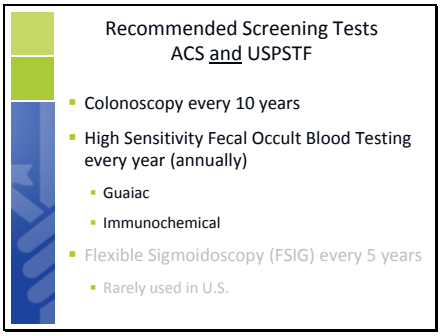
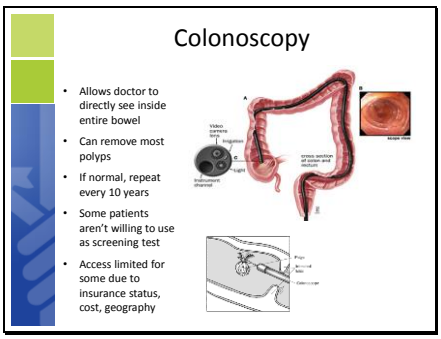


Flexible sigmoidoscopy is included on this slide because it is recommended by both ACS and USPSTF, but the pale grey text reflects its' low level of usage. It is available in only a few places in the US and accounts for only a tiny proportion of screening.

Slide 16



Colonoscopy: A **colonoscope** is a long, lighted flexible scope that is inserted through the rectum. Allows the doctor to see the lining of the entire colon. The colonoscope is also connected to a video camera and display monitor so the doctor can closely examine the inside of the colon.

If a small polyp is found, the doctor may remove it. Polyps, even those that are not cancerous, can eventually become cancerous. For this reason, they are usually removed. This is done by passing a wire loop through the colonoscope to cut the polyp from the wall of the colon with an electrical current. The polyp can then be sent to a lab to be checked under a microscope to see if it has any areas that have changed into cancer.

If the doctor sees a large polyp or tumor or anything else abnormal, a **biopsy** will be done. In this procedure, a small piece of tissue is taken out through the colonoscope. Examination of the tissue can help determine if it is a cancer, a noncancerous (benign) growth, or a result of inflammation.

Slide 17

Stool Testing (FOBT and FIT)

Polyps and cancer often leak only small amounts of blood which can't be seen (hidden or "occult" blood).

Fecal Occult Blood Tests (FOBT) and Fecal Immunochemical Tests (FIT) can find this small amount of blood in the stool.

If blood is found in the stool the patient needs a colonoscopy.

Slide 18

FOBT and FIT

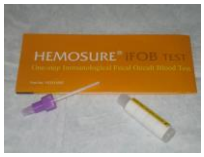
Variety of brands and collection methods.

Some require patients to collect stool samples on cards.

Slide 19

FOBT and FIT

Others require stool samples be placed in a tube.



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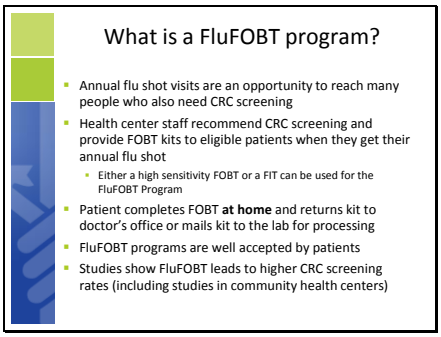
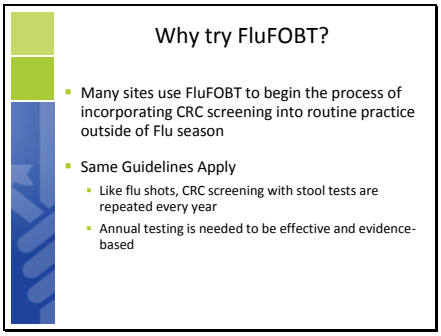
Slide 21



Discuss the pairing of flu and FOBT. Clinic staff need to understand the connection (both flu vaccination and FOBT/FIT testing must be done annually to be effective) and it is also important for them to share this with patients.

Slide 22



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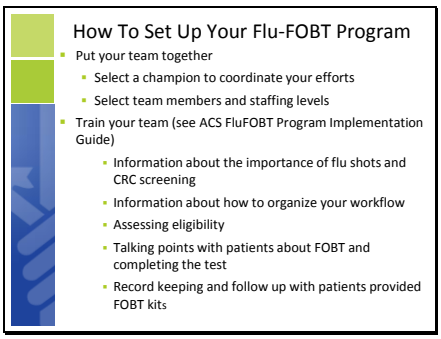
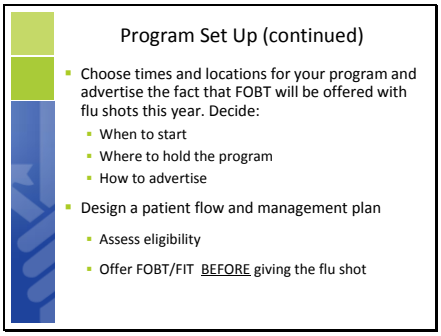


Detail each component of the set up

Slide 24



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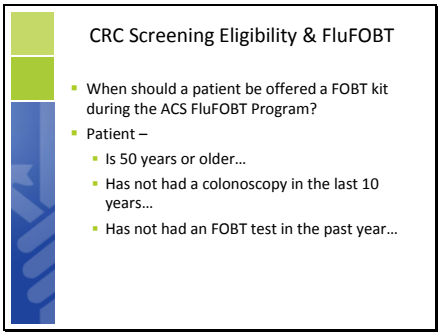

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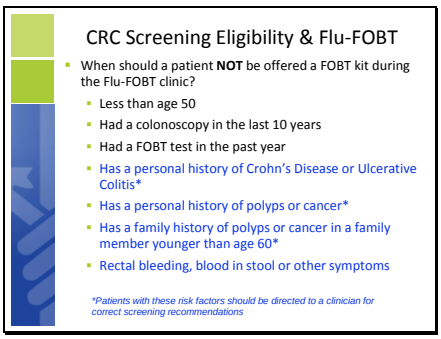

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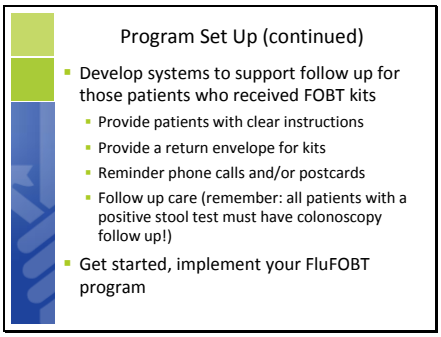

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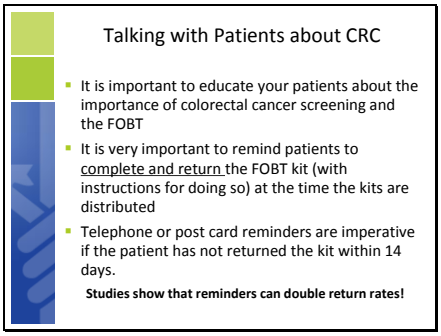
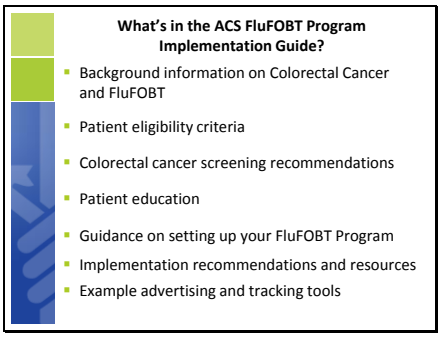


Discuss useful points to share with patients regarding facts about CRC and screening as well as FOBT kits. It is important for the patient to understand the instructions on how to do the test they are given. Patients should be asked to return it within 2 weeks.

Telephone calls may have even more of an impact than mailed reminders but both types of reminders work to increase return rates. 2 weeks is the optimal time to call/or send a reminder to patients who have not returned a kit.

Slide 29

Slide 30



Discuss why the Implementation Guide was developed; what is included and the goals/purpose/use of the Guide

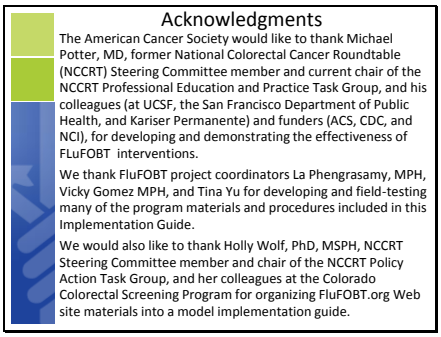
Slide 31

University of California, San Francisco put together by Dr. Michael Potter and colleagues
Flufobt.org or flufit.org

Includes: CDC flu Vaccine Guidelines; Info on commonly used FOBT and FIT brands; patient instructions on commonly used brands (in a few languages and visual to address lower literacy levels; Talking points for clinic staff to use with patients about crc screening and fit/fobt;
Sample fit/fobt results tracking sheet; sample postcard reminder; sample telephone reminder script;

Sample posters to advertise the flu/fobt program.

Slide 32



http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-033144.pdf

Share and leave behind the **Clinician's Reference: FOBT** document (link above) This document is designed to educate clinicians about important elements of colorectal cancer screening using fecal occult blood tests (FOBT). It provides state-of-the-science information about the major types of fecal tests (guaiac and immunochemical), test performance, and characteristics of high quality screening programs.

Slide 33

Questions