

**Kansas  
Colorectal Cancer  
Model Project**

**Kansas Cancer Partnership  
March 2008**



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*Special thanks to Via Christi Regional Medical Center in Wichita and the American Cancer Society for their contribution to this project and the use of their materials and information.*

## **Colorectal Cancer Model Project Overview**

The Colorectal Cancer Model Project is provided as an information resource and tool, which can be replicated in whole or used as a basis to create your own community project to screen for colorectal cancer.

The project was conducted in Wichita in March of 2007, and involved the partnership of Via Christi Regional Medical Center, the American Cancer Society and Walgreen's Drugstores. Funding for the project was provided by Via Christi Volunteers- Partners in Caring, part of the Via Christi Wichita Health Network.

The project provided free Fecal Occult Blood Tests (FOBT's) to the community, primarily targeted in lower-income areas, identified by zip code. Kits were prepared and delivered to participating Walgreens pharmacies. A participating lab was identified who could test the kits and provide results. Instructions for completing the kits were available in both English and Spanish.

A goal of the project was to increase the overall awareness of the need for colorectal cancer screenings to the community. Information about the free colorectal screening was included in Via Christi's community calendar, "A Healthier You." This newsletter is mailed bi-monthly to 20,000 individuals in selected communities in and around the Wichita area. Other awareness activities included the use of announcements on the hospital and pharmacy marquees and public service announcements on the radio targeting the Hispanic community who were urged to contact the American Cancer Society at 1-800-227-2345 with questions about screening.

Individuals could visit their local Walgreen's to obtain a FOBT kit. A participant was asked to complete a Patient Information card, which gathered basic demographic data and allowed follow up with participants. Patients also picked up an instruction sheet along with the FOBT kit. The sheet gave detailed instructions about how to collect samples, guidelines for diet and drug use during testing and instructions for mailing back the kit to the local, participating lab in the pre-addressed envelope provided.

Each participant was notified by letter of the testing results. These letters were sent whether results were negative or positive. In addition, if the participant indicated his/her physician, the physician received a letter and a copy of the lab results. American Cancer Society volunteers provided follow-up to individuals who picked up kits but failed to return them. In addition, notification was given to individuals who had a positive reading and needed help to identify further diagnostic testing.

Other materials included in this model project include information sheets, the "Screen for Life" ads and fact sheets about colorectal cancer.

As previously mentioned, please feel free to use this project in whole, modify it for your own use or use just the materials that fit the need in your local community. These materials and resources can be found on the Kansas Cancer Partnership web site at [www.cancerkansas.org](http://www.cancerkansas.org)

## **Process for FOBT kits**

Kits will be assembled by your entity (local center/clinic or hospital and/or ACS) and delivered to the drug store (or other partner or clinic).

Staff will disseminate to individuals who request a kit. Target audience are individuals age 50 or over, but can be distributed to any individual requesting a kit.

Participant/Client will receive:

- Return envelope
- Three specimen sticks
- Three Hemocult® cards (or other kit as you prefer)
- Patient Instruction sheet in English/Spanish
- Lab form (pre-printed with peel-off labels to attach to each card)
  - the areas for the patient to fill in will be highlighted
  - this form will need be sent in with the specimens
- Half-sheet information page
  - This sheet will be filled out by the client and left with the drug store. These forms should be picked up on a regular basis by the entity conducting the project.

Staff should review instructions with each client.

Client will need to fill out the form and leave with staff.

It is the client's responsibility to mail in the specimens and the 3-part lab sheet.

Results of the test will be sent to your center/clinic/hospital (or your designee)  
Letters will be mailed to each of the clients and to their physician (if identified). The contact or coordinator and staff for this project will be responsible for notifying clients of the results.

Time frame: It is best to determine a specific time period for your project that coincides with the awareness campaign to be conducted in March 2008. It is suggested that a period from around the last part of February, throughout the month of March and into the first week of April (4-6 weeks) be used. You may also need to cut off the project when all kits are distributed, most likely on a first-come, first-served basis.



*Note: These sheets were printed with English on the front and Spanish on the back*

## **Patient Instructions for Fecal Occult Blood Tests**

### **Patient Instructions:**

- For accurate test results, apply samples from bowel movements collected on three different days to slide. Date and time should be printed on each card.
- Do not collect sample if blood is visible in your stool or urine (e.g. menstruation, active hemorrhoids, urinary tract infection).
- Remove toilet bowl cleaners from toilet tank and flush twice before proceeding
- For the most accurate test results collect each stool sample before contact with the toilet bowl water. You may use any clean, dry container.
- Return completed slides to the AMS laboratory no later than 14 days after your first sample collection.
- Protect slides from heat, light, and volatile chemicals (e.g., ammonia, bleach, bromine, iodine, household cleaners).

### **Drug Guidelines**

- For seven days before and during the stool collection period, avoid non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen or aspirin (more than one adult aspirin a day).
- Acetaminophen can be taken as needed.
- For three days before and during the stool collection period, avoid vitamin C in excess of 250 mg a day from supplements and citrus fruits and juices.

### **Diet guidelines**

- For three days before and during stool collection period, avoid red meats (beef, lamb and liver).
- Eat a well balanced diet including fiber such as bran cereals, fruits and vegetables.

### **Notes:**

1. Please talk to your doctor or pharmacist if you have any questions about medications you take regularly.
2. 100% of RDA of Vitamin C for an adult is 60 mg a day.
3. Some iron supplements contain Vitamin C in excess of 250 mg.

### **Instructions for mailing the Fecal Occult Blood Tests (FOBT):**

In the pre-addressed envelope place:

1. **Three (3) hemoccult cards.** Each card should have one of the peel-off number strips placed on the outside of the card. These strips are located in the upper right hand corner of the AMS lab form. The date and time of the specimen collection should be printed on each card.
2. **AMS lab form**—this is a triplicate form—**DO NOT SEPARATE.** Fill in the highlighted portions on the upper left part of the form. Add two 41-cent stamps for postage.

For additional questions about the test please call:

XXXXXX, at XXXXXX, Phone Number

Results of the test will be mailed to you and to your physician

**Instrucciones para el paciente:**

- Para obtener resultados mas exactos, aplique las muestras de heces obtenidas de 3 diferentes dias en las tarjetas.. Ponga la fecha y la hora en cada tarjeta.
- No colecciona la muestra si hay sangre visible en las heces o en la orina (por ejemplo, menstruacion, sangramiento por hemorroides, infeccion de orina).
- Remueva los desinfectantes del tanque del servicio sanitario y deje ir el agua dos veces antes de obtener la muestra .
- Para resultados mas exactos obtenga cada muestra antes de que la muestra se mescle con el agua del servicio sanitario. Usted puede usar cualquier deposito limpio y seco.
- Devuelva las tarjetas completas a el laboratorio AMS, no mas de 14 dias desde que obtuvo la primera muestra.
- Proteja las tarjetas del calor, luz y quimicos de spray, ( ejemplo: amonia, blanqueador, bromuro, yodo y productos de limpieza caseros ).

**Guia con el uso de medicamentos:**

- Por 7 dias antes y durante la coleccion de las muestras, no use medicamentos antiinflamatorios sin esteroides como ibuprofeno, naproxen o aspirina ( mas de una aspirina para adulto al dia).
- Acetaminofeno puede tomarlo si se necesita.
- Por 3 dias antes y durante el periodo para la coleccion de las muestras evite tomar vitamina C mas de 250 miligramos al dia contenidas , en vitaminas o en frutas citricas y jugos.

**Guia para los alimentos:**

- Por 3 dias antes y durante el periodo de coleccion, no ingiera carnes rojas(res, oveja o hígado)
- Ingiera una dieta balanceada que incluya fibra como cereales de trigo, frutas y vegetales.

**Notas:**

- 1- Por favor hable con su Doctor o Farmaceutico si usted tiene cualquier pregunta acerca de los medicamentos que usted toma regularmente.
- 2- 100 por ciento de la recomendacion diaria de vitamina C para adultos es 60 miligramos al dia.
- 3- Algunos suplementos de hierro contienen vitamina C en exceso de 250 miligramos.

**Instrucciones para enviar el examen de Sangre Oculta en las Heces(FOBT):**

En el sobre preparado con la direccion del laboratorio, ponga:

- 1- **Tres (3) tarjetas de hemocultivo.** Cada tarjeta contiene un numero en la parte de afuera de la tarjeta, despegue la linea para ver el numero. Estas lineas estan localizadas en la parte de arriba a mano derecha de la esquina de la forma del laboratorio AMS. La fecha y la hora en que colecciono la muestra debera escribirlo en cada tarjeta.
- 2- **Forma de laboratorio AMS-** esta es una forma triplicada- No Separe La Forma. Complete la parte que esta iluminada en la parte izquierda de la forma. Use dos estampillas para el correo de 41 centavos.

Si tiene preguntas acerca de este examen por favor llame:

A la Enfermera XXXXXX, del Centro del Cancer de XXXXXXXX (XXX-XXXX)

El resultado del examen sera enviado por correo y al Doctor encargado de su cuidado.

## Positive FOBT Results Letter to Participant

*(date)*

Dear Colorectal Screening Participant,

The results of the Fecal Occult Blood Test you recently took indicated the presence of hidden blood in your stool. Hidden blood may be due to dietary factors, conditions such as hemorrhoids, ulcers or colorectal cancer.

You should see your physician without delay. It is important that additional testing be done and treatment started, if necessary. A copy of your test results is included and one was mailed to your physician. If you did not write in a physician on the lab form and need a referral please call the staff at *(XXX, at XXXX-phone number)*.

If you have any further questions please call me at *(project coordinator's phone number)*. We are glad you participated in the screening program and commend you for taking the steps to protect your health.

Sincerely,

*Project Coordinator's Name*

*Title*

Center/clinic/hospital

## Positive FOBT Results Letter in Spanish to Participant

(date) de (month) 2008

Name

Address

Address

Estimado \_\_\_\_\_:

Los resultados del análisis que se hizo recientemente indican la presencia de sangre oculta en sus heces fecales. Sangre oculta puede ser el resultado de factores dietéticos, condiciones tales como hemorroides, úlceras o cáncer coló rectal.

Usted debe hacer cita de seguimiento con su médico tan pronto sea posible. Es importante que le hagan pruebas adicionales y si es necesario comenzar tratamientos. Si usted firmó la autorización de divulgación de información en la parte de atrás de la hoja informativa de este dispositivo nosotros le enviaremos los resultados de esta prueba al médico que usted haya indicado.

Si tiene alguna pregunta por favor llámenos al \_\_\_\_\_. Nos alegramos que tomó parte en este programa de escrutinio y le felicitamos por tomar pasos para proteger su salud.

Sinceramente,

*Project Coordinator's Name*

*Title*

*Center/clinic/hospital*

## Positive FOBT Test Results Letter to Physician

*(date)*

Dear Dr. \_\_\_\_\_

Your patient: *Name*  
*DOB:*

recently participated in a colorectal screening program conducted by the (your center/clinic/hospital name) and (*partner name i.e. the American Cancer Society or other*) in partnership with (*your local pharmacy name*). Participants were given three Hemocult II slides (*or other test kit*) to be completed at home and mailed to (*your lab name*) for processing.

(*Participant's name*) test was positive and we encouraged him to contact you immediately for further evaluation.

If you should have any questions regarding this program please feel free to call (*your name and phone number*).

Sincerely,

*Project Coordinator's Name*  
*Title*  
*Center/clinic/hospital*

## Negative FOBT Results Letter to Participant

*(date)*

Dear Colorectal Screening Participant,

We are pleased to inform you that the Fecal Occult Blood Test , which you recently took shows no evidence of hidden blood in your stool.

Although your test was negative, please remember that this test is not a complete cancer detection examination, but a screening for blood in the stool. Blood in the stool can be a sign of colorectal cancer or other gastrointestinal disorders. It is important that you continue to have regular checkups with your physician and discuss other screening tests for colorectal cancer including a flexible sigmoidoscopy, barium enema, and colonoscopy (the “gold standard” for colon screening). One copy of the results is included with this letter, and if you wrote in your physician’s name on the lab form, one was sent to him/her. If you do not have a physician, or need more information, you may call *(project coordinator’s name and phone number)*.

We at *(center/clinic/hospital)* in partnership with *(your partner name, i.e. the American Cancer Society, local drug store, etc.)* were happy to process your hemocult test and wish you continued good health in the future.

Sincerely,

*Project Coordinator’s name*

*Title*

*Organization*

## Negative FOBT Results Letter in Spanish to Participant

*(date)*

Estimado Participante del Escrutinio Coló rectal:

Nos complace informarle que la prueba que se le tomó recientemente no demostró evidencia alguna de sangre oculta en sus heces.

Aunque la prueba salió negativa, por favor recuerde que este no es un examen completo para la detección de cáncer, sino es un escrutinio para detectar sangre oculta. Sangre en las heces fecales puede ser señal de cáncer coló rectal u otros problemas gastrointestinales. Es importante que continúe haciendo estas pruebas incluyendo un análisis de sangre oculta anual y una sigmoidoscopia flexible con su médico ahora y cada cinco años.

Por favor comparta estos resultados con su médico de cabecera. Hemos incluido una carta para su médico. Si usted no tiene un médico, o necesita más información puede llamar al \_\_\_\_\_.

Nos complace en \_\_\_\_\_ poder procesarle su muestra de sangre oculta, y le deseamos que continúe saludable en el futuro.

Sinceramente,

*Project Coordinator's Name*

*Title*

*Center/clinic/hospital*

## Negative FOBT Results Letter to Physician

*(date)*

*Dear Dr.*

*Your patient:*

*Name*

*DOB:*

recently participated in a colorectal screening program conducted by the *(center/clinic/hospital name)* and *(your partners, i.e. the American Cancer Society in partnership with your local pharmacy)*. Participants were given three Hemocult SENSEA slides *(or other kit name)* to be completed at home and mailed to *(your local lab name)* for processing.

*(Participant's name)* test was negative. A copy of the lab results is enclosed. If you should have any questions regarding this program please feel free to call *(project coordinator's name and phone number)*.

Sincerely,

*Project Coordinator's Name*

*Title*

*Center/clinic/hospital*

Sample Flyer

# Free Fecal

## Occult Blood Test

What: FREE Fecal Occult Blood Test (FOBT) kits will be available to members of the community between the ages of 50 to 65 years of age.

When: March 1st thru 31st.

Where are kits available?

XXX Drug Store Pharmacy at the XXXXX location.

Each participant can pick up a Colon Cancer Kit, the appropriate paperwork, and three FOBT cards.

Why Test?

Colon Cancer is 90% curable if caught in the early stages. It is the third most common cancer to be diagnosed. It is the third most common cancer to cause death. Taking an FOBT test can help an individual be diagnosed for colon cancer as early as possible and to start lifesaving treatment.

For more information, contact:

XXX, at XXX, Phone number

This program is sponsored by:

Add your log here

*Sample radio Public Service Announcements (PSA's) for Radio*

*In addition to the paid media for Colorectal Awareness, which will be done by the Kansas Cancer Partnership, you may also opt to contact your local radio station about taping and running Public Service Announcements about your screening program. Most radio stations have a community calendar and are looking for ways to promote community awareness programs such as yours.*

**Colon Cancer Awareness Month**

:30

MARCH IS COLON CANCER AWARENESS MONTH. COLON CANCER IS THE THIRD MOST COMMON CANCER IN BOTH MEN AND WOMEN. THE (list your organization and partners here) ARE OFFERING FREE KITS TO HELP YOU SCREEN FOR COLON CANCER. TAKE THE TEST IN THE PRIVACY OF YOUR OWN HOME, SEND THE TEST IN FOR LAB ANALYSIS, AND YOU WILL BE NOTIFIED OF RESULTS BY THE (list your organization here). FOR MORE INFORMATION CALL (contact name, organization and phone number). LET US HELP STOP COLON CANCER, BEFORE IT STARTS.

###

:30

GET SCREENED FOR COLON CANCER DURING MARCH. STOP BY (name of participating drug store or pharmacy) TO PICKUP A FREE KIT. COLON CANCER IS THE THIRD MOST COMMON CANCER IN BOTH MEN AND WOMEN AND THE (your organization and partners names here) HAVE TEAMED UP TO OFFER THESE FREE KITS. FOR MORE INFORMATION CALL (contact name, organization and phone number). LET US HELP STOP COLON CANCER BEFORE IT STARTS.

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# Colorectal Cancer Information Sheet

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## Risk Factors

*Age:* The risk of colorectal cancer increases with age. More than 90 percent of cases are diagnosed in individuals 50 and older.

*Family History:* A personal family history of colorectal cancer or polyps or of inflammatory bowel disease of significant duration increases the likelihood of having colorectal cancer. Also, there are certain genetic factors that increase the likelihood of having colon cancer, including conditions call familial adenomatous polyposis (FAP), Gardner's syndrome, hereditary non-polyposis colorectal cancer, and being of Ashkenazi Jewish descent.

*Race:* African Americans have the highest colorectal cancer rates can the highest rate of death from the disease of any racial or ethnic group in the United States.

*Other risk factors include:*

- Smoking
- Alcohol consumption
- Obesity
- Physical inactivity
- Diet high in red meat or processed meat
- Diet low in fruits and vegetables

## Symptoms

Early colorectal cancer usually causes no symptoms and can be detected by available cancer screening tests. However, as colorectal cancer progresses, the disease may cause symptoms. People with the following symptoms should see their doctor immediately:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that last for more than a few days
- A feeling that you need to have a bowel movement that doesn't go away even after you do have a bowel movement
- Bleeding from the rectum or blood in the stool
- Cramping or gnawing stomach pain
- Weakness and fatigue

**Note: Signs and symptoms of colorectal cancer typically occur in advanced stages of the disease.**

### **Testing/Detection**

There are several colorectal cancer early detection tests. According to the American Cancer Society guidelines for the early detection of colon cancer, starting at age 50 both men and women should discuss the full range of testing options with their doctor or health professional and choose one of the following testing options.

- Yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year.
- Flexible sigmoidoscopy every five years.
- Yearly FOBT and flexible sigmoidoscopy every five years (preferred over either FOBT alone, or flexible sigmoidoscopy along)
- Double-contrast barium enema every five years
- Colonoscopy every 10 years

*Note: All positive tests should be followed up with a colonoscopy. People with a family or personal history of colon cancer or polyps or history of chronic inflammatory bowel disease should be tested earlier, and may need to undergo testing more often.*

### **Common Treatments**

- Surgery is the most common form of treatment for colorectal cancer. For cancers that have not spread, it frequently controls the disease.
- Chemotherapy or chemotherapy with radiation treatment is given before or after surgery to most patients whose cancer has spread into the bowel wall or to the lymph nodes.
- A permanent colostomy (creation of an abdominal opening for elimination of body wastes) is very seldom needed for colon cancer and is frequently not required for rectal cancer.

### **Survival**

- When colon cancers are detected at an early (or localized) stage, the five-year survival rate is approximately 90 percent; however, because screening rates are so low, only 39 percent of colorectal cancers are detected at this stage.
- There is a 68 percent chance of five-year survival when the cancer has only spread to nearby organs or lymph nodes.
- Once the cancer has spread to other parts of the body, the five-year survival rates is about 10 percent.

*Information source American Cancer Society 1-800-ACS-2345 or [www.cancer.org](http://www.cancer.org)*

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### Screen for Life Campaign



CDC's multi-year *Screen for Life: National Colorectal Cancer Action Campaign* informs men and women aged 50 years or older about the importance of having regular colorectal cancer screening tests. Screening tests can find precancerous polyps so they can be removed before they have a chance to turn into cancer, thus preventing the disease. However, screening rates are low and more than 60 percent of adults aged 50 or older—the age group at greatest risk of developing colorectal cancer—have not been screened appropriately. To increase screening rates, *Screen for Life*:

- 
- Increases awareness among adults aged 50 or older that colorectal cancer is the second leading cancer killer
  - Increases awareness of the benefits of being screened for colorectal cancer
    - Helps to motivate patients to talk to their doctor and get screened for colorectal cancer



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In new *Screen for Life: National Colorectal Cancer Action Campaign* **television and radio public service announcements (PSAs)**, Emmy<sup>®</sup> Award-winning actor Jimmy Smits explains why screening for colorectal cancer is important and how getting screened can help prevent the disease. He says, "I've been screened. Now it's your turn." The PSAs are available in both English and Spanish.



The ads with Mr. Smits are the latest *Screen for Life* PSAs created by CDC in partnership with the National Colorectal Cancer Research Alliance (NCCRA), a program of the Entertainment Industry Foundation. Katie Couric is co-founder of NCCRA. Other PSAs created by CDC with NCCRA feature Ms. Couric, as well as Diane Keaton and Morgan Freeman.

TV PSAs with Academy Award<sup>®</sup>-winning actress Diane Keaton talks about her "Grammy Keaton," who died of colon cancer. She speaks poignantly about her grandmother, as well as her own commitment to do everything in her power to remain healthy. Flashing her trademark smile, she says, "Just get screened... If I can do it, you can do it. How's that for a deal?"



And in **new posters and print ads**, Katie Couric asks, "Are you the picture of health?" She says, "Colorectal cancer is the second leading cancer killer. But it doesn't have to be." She goes on to urge that if you are 50 or older, make sure you are the picture of health, by getting screened for colorectal cancer.

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## Campaign Messages

The campaign was launched on March 2, 1999 by then-U.S. Surgeon General David Satcher and is based on extensive review of existing communication and behavioral science literature, and formative research and concept testing. Approximately 170 focus groups, including both consumers and health professionals, have been conducted in more than 25 cities across the country to assess knowledge, behaviors, and screening practices of the target audiences. CDC continues to develop campaign messages and materials based on this research.

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### **The central messages of Screen for Life are:**

- Colorectal cancer is the second leading cancer killer in the U.S.
  - Screening saves lives.
  - Colorectal cancer often can be prevented. Regular screening tests can find precancerous polyps so they can be removed before they turn into cancer.
  - Screening can find colorectal cancer early, when treatment can be very effective.
  - Polyps and colorectal cancer may not cause symptoms, especially at first.
  - Both men and women are at risk.
  - Many insurance plans, including Medicare, help pay for colorectal cancer screening.
-

## Fact Sheet: Colon Cancer in Kansas

*Colorectal cancer (commonly referred to as “colon” cancer) develops in the lower part of the digestive system, also referred to as the gastrointestinal, or GI, system. The digestive tract processes the food you eat and rids the body of solid waste matter. This cancer usually develops from precancerous changes or growths in the lining of the colon and rectum. These growths in the colon or rectum are called polyps. Colon cancer can be prevented if precancerous polyps are found and removed. Testing is critical since it can detect and remove precancerous polyps, and, therefore, prevent or find cancer at the earliest, most treatable stage.*

### Colon Cancer in Kansas

- An estimated 1,360 new cases of colon cancer are expected to be diagnosed in Kansas during 2007.
- An estimated 520 colon cancer deaths are expected in Kansas during 2007.
- From 2000 to 2004, 7,361 Kansans were diagnosed with colorectal cancer and during the same period 2,744 died of the disease.

### Colon Cancer in the United States

- In 2007, an estimated 154,000 new cases of colorectal cancer will be diagnosed in the United States. Of these new cancer cases, 112,340 will be colon cancer and 41,420 will be rectal cancer.
- An estimated 52,180 deaths due to colorectal cancer are expected to occur in 2007, accounting for **almost** 10 percent of cancer deaths this year in the United States.
- About **26,000** lives a year could be saved if everyone over the age of 50 got screened for colorectal cancer.
- When women and men are considered separately, colorectal cancer is the third most common cause of cancer death in each sex.
- Colorectal cancer is the third most common cancer among African American women and the third most common cancer among African American men.
- African Americans have the highest incidence rate and death rate from colorectal cancer of any racial or ethnic group in the US.
- Colorectal cancer is the second most commonly diagnosed cancer in both Hispanic Latino men and women.
- Colorectal cancer is the second leading cause of cancer deaths among African American men and women combined.
- Colorectal cancer is the second leading cause of cancer death among Hispanic Latino men and women combined.

*Source: American Cancer Society and Kansas Cancer Program, KDHE*