



**Family Health Administration
Center for Cancer Surveillance and Control
Cigarette Restitution Fund Programs Unit**

**Colorectal Cancer:
Ambassador's Guide to Community Education**

Dear Colorectal Cancer Ambassador:

Welcome to the Cancer Prevention, Education, Screening, and Treatment (CPEST) Program! I am pleased that you have chosen to give your time and knowledge to your local health department's CPEST Program. The goal of this program is to reduce colorectal cancer deaths and eliminate the cancer differences between minorities and non-minorities in Maryland.

This Guide will help you learn about the CPEST program and colorectal cancer so you can teach members of the community, including your family members, neighbors, and colleagues, about the importance of early colorectal cancer testing. You will also get the telephone numbers of local health departments' cancer programs so that people you educate can call and find out if the programs have funds for colorectal cancer testing and if they qualify for it. You may also refer people to the National Cancer Institute's Cancer Information Service 1-800-422-6237 for information on colorectal and other cancers, clinical trials, and cancer care centers in Maryland.

There are public education materials in this Guide: a colorectal cancer fact sheet; *Definitions for Common Conditions Found During A Routine Colonoscopy Procedure* that explains common health problems found during colorectal cancer testing; and *Colonoscopy Fact Sheet*. These will be available for you to share with others you educate.

If the people you are providing information about colorectal cancer ask you how to get free colorectal cancer testing or ask you more questions about colorectal cancer, please give them the phone number of local health departments' colorectal cancer program. Staff of the cancer program will do their best to answer these questions.

I hope you will find the *Colorectal Cancer: Ambassador's Guide to Community Education* helpful for your public education activities. If you have any questions or comments about this publication, please contact me.

Once again, welcome to our program! We appreciate your support.

Sincerely,

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TABLE OF CONTENTS

	PAGE
Five key messages Ambassadors can use during a brief public education	4
A brief history of the Cancer Prevention, Education, Screening, and Treatment (CPEST) program	5
What is cancer and how does it develop?	6
Cancer in the United States and Maryland	7
Colorectal cancer in the United States and Maryland	7
What is colorectal cancer?	8
What causes colorectal cancer?	9
What are the risk factors for colorectal cancer?	10
What are the signs and symptoms for colorectal cancer?	11
How do you find or test for colorectal cancer?	12
Three common tests for colorectal cancer	13
Who should be tested for colorectal cancer?	14
Where can I get tested for colorectal cancer?	15
What is the basic colorectal cancer information that should be given to the public?	16
Colorectal Cancer Fact Sheet	17
Colonoscopy Fact Sheet	18
Definitions for Common Conditions Found During A Routine Colonoscopy Procedure	19
Contact information for the Maryland cancer programs	20

FIVE KEY MESSAGES AMBASSADORS CAN USE DURING A BRIEF PUBLIC EDUCATION

- 1) If you are 50 years of age and over, call your doctor to schedule your colorectal cancer testing. Over 90% of colorectal cancer is found in people ages 50 years and over.
- 2) If you are under 50 years of age and have a personal or family history that increases their risk of getting colorectal cancer, call your doctor to see if you should be tested.
- 3) African Americans are more likely to die from colorectal cancer than people of other races.
- 4) Early stages of colorectal cancer may not have symptoms. A person can look healthy, feel fine, and not know there may be a problem.
- 5) There are several colorectal cancer tests available. Colonoscopy is a test that looks at the whole colon to find cancer and remove polyps. Adenomas are a type of polyp (or growth) that can turn into cancer.

A BRIEF HISTORY OF THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT (CPEST) PROGRAM

The Maryland Cigarette Restitution Fund (CRF) was established in 2000 by the Maryland General Assembly (Maryland lawmakers) with two goals:

- Decrease cancer deaths in Maryland
- Eliminate cancer differences (also known as cancer disparities) between minorities and non-minorities in Maryland

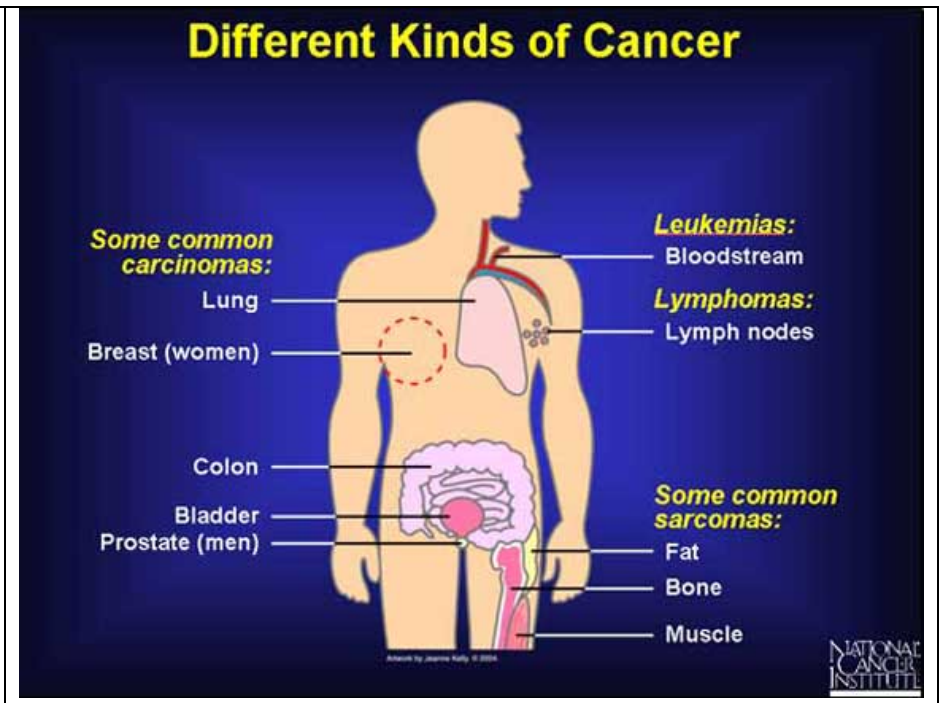
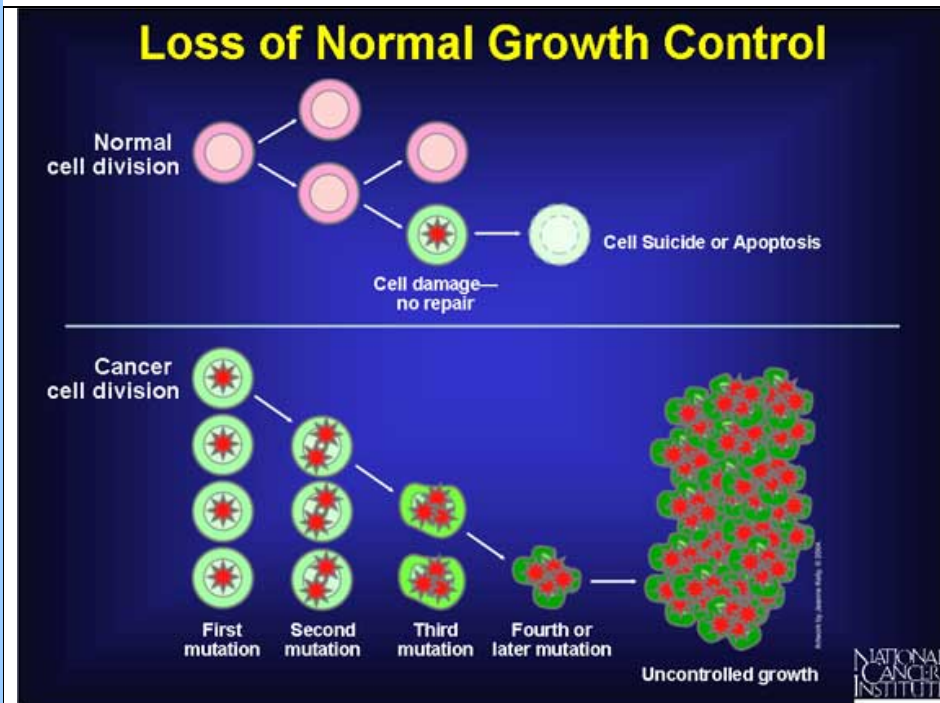
The law that created the CRF provides grants to the local health departments, Johns Hopkins University, and University of Maryland to establish a Cancer Prevention, Education, Screening, and Treatment Program (CPEST). The CPEST programs are managed by Cigarette Restitution Fund Programs Unit of the Center for Cancer Surveillance and Control in the Maryland Department of Health and Mental Hygiene.

The CRF funds can be used for the prevention, early detection, diagnosis, and treatment services for the following seven cancers:

1. Breast
2. Cervical
3. Colorectal
4. Lung
5. Oral
6. Prostate
7. Skin

WHAT IS CANCER AND HOW DOES IT DEVELOP?

Cancer can start in most parts of the body. Cancer begins in cells, the body's basic unit of life. When the normal cells turn into cancer cells, they acquire mutations and begin growing out of control. These cancer cells can grow and sometimes spread to other parts of the body to cause serious health problems or even death.



CANCER IN THE UNITED STATES AND MARYLAND

Cancer is the second leading cause of death in the United States.

The American Cancer Society (ACS) estimates that in 2009, about 1.5 million individuals will get cancer and 560,000 will die from cancer in the United States.

In Maryland, the ACS estimates that approximately 26,650 people will develop cancer and 10,320 will die from cancer in 2009.

The National Institutes of Health estimates the financial cost of cancer (for example, medical costs and loss of income) in the U.S. to be about \$228 billion in 2008.

COLORECTAL CANCER IN THE UNITED STATES AND MARYLAND

In the United States, the American Cancer Society (ACS) estimates about 146,970 will develop colorectal cancer and 49,920 will die from the cancer in 2009.

The ACS also estimates that 2,620 individuals will get colorectal cancer and 940 will die from the cancer in Maryland in 2009.

Over 5% of men and women (or one person in every 19 people) will develop colorectal cancer at some point during their lifetime.

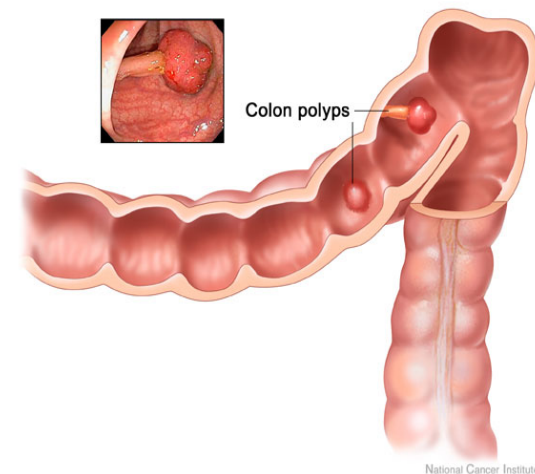
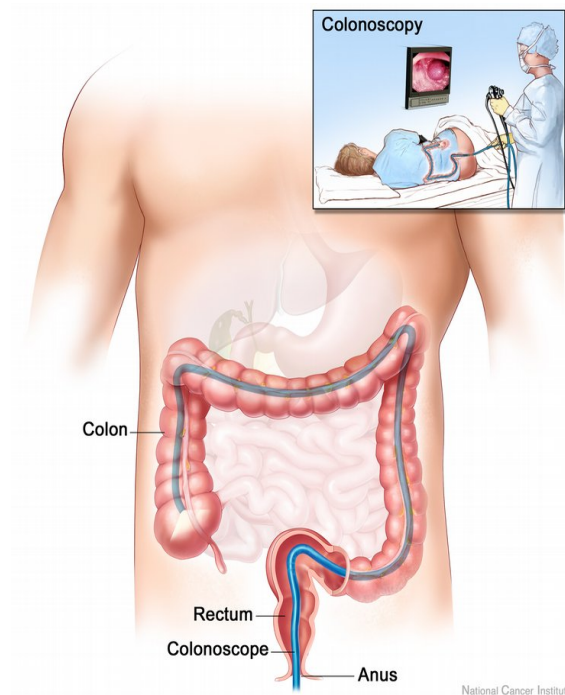
WHAT IS COLORECTAL CANCER?

Colorectal cancer is a cancer that begins in the colon (bowel or large intestine) or rectum (the lower part of the bowel).

The colon and the rectum together are about 5 feet long.

Colorectal cancer can happen in any part of the colon or rectum.

Most colorectal cancer starts in an "adenoma." An adenoma is a type of growth or polyp.



WHAT CAUSES CANCER?

- A risk factor is something that increases someone's chances of getting a disease.
 - Some risk factors for cancer cannot be changed are:
 - age (cancer risk increases with age); and
 - and family history of cancer.
 - Some cancer risk factors can be changed or eliminated, such as:
 - smoking and other tobacco use;
 - obesity;
 - lack of physical activity; and
 - diets low in vegetables and fruits



If people have more questions about the causes of cancer or colorectal cancer beyond what is in this guide, you may:

1. Give them the phone number of the local health department's cancer program so they can speak to staff.
2. Tell them to call their doctor.
3. Give them the number of Cancer Information Service at 1-800-422-6237.

Smoking causes many cancers.

Call Maryland's Quit Line for help: **1-800-Quit Now** or **1-800 -784-8669**

WHAT ARE THE RISK FACTORS FOR COLORECTAL CANCER?

A risk factor is something that increases someone's chances of getting a disease. The following are personal and family risk factors for colorectal cancer:

- Age is the most important risk factor for colorectal cancer.
 - More than 90% of colorectal cancer is found in people ages 50 and over.
- Family history (in a mother, father, brother, sister, or child) of:
 - Colorectal cancer, especially if diagnosed at <60 years of age
 - Adenomatous polyps or "adenomas" (small growths that can turn into cancer)
- Personal history of:
 - Colorectal cancer
 - Adenomatous polyps or "adenomas" (small growths in the colon or rectum that can turn into cancer)
 - (For women) Ovarian or endometrial cancer before age 50
 - Inflammatory bowel disease* (IBD)
 - IBD is inflammation (redness and/or swelling) of the lining of the small or large intestines or both. It can cause pain, diarrhea, bleeding, weight loss
 - Ulcerative colitis and Crohn's disease are the two types of inflammatory bowel disease.

* See the *Definitions for Common Conditions Found During A Routine Colonoscopy Procedure*

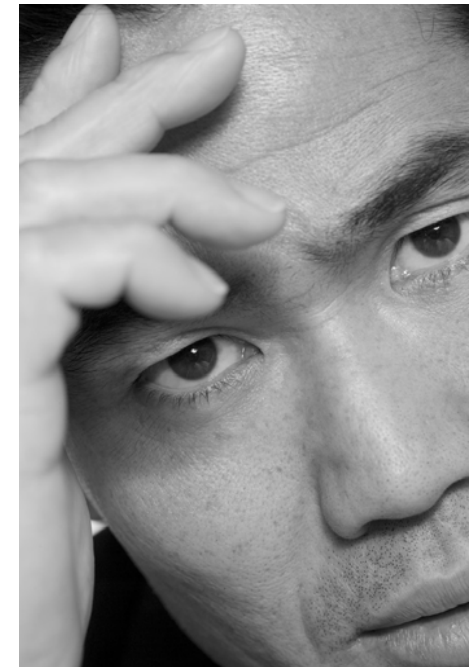
WHAT ARE THE SYMPTOMS OF COLORECTAL CANCER?

A big problem with colorectal cancer is that a person may not feel sick when the cancer is early. You can look healthy, feel fine, and not know there may be a problem. Symptoms of colorectal cancer may include:

- bleeding from the rectum or blood in the stool,
- change in bowel habits,
- cramps, pain, or a mass in the abdomen, and
- iron deficiency anemia that is not caused by other health problems.

If people have more questions about family and personal risk factors and the signs and symptoms for colorectal cancer other than what is in this guide, you may:

1. Give them the phone number of the local health department's cancer program so they can speak to staff.
2. Tell them to call their doctor.
3. Give them the number of Cancer Information Service at 1-800-422-6237.

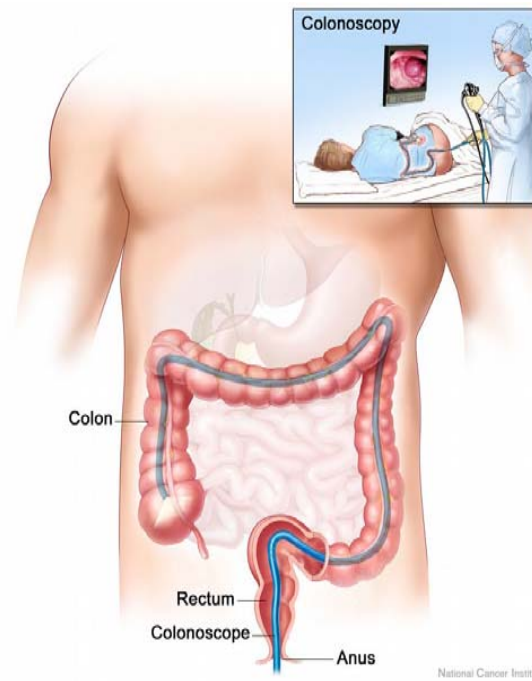


HOW DO YOU GET TESTED FOR COLORECTAL CANCER?

There are several tests for colorectal cancer screening. One test is called colonoscopy.

Colonoscopy is a test where a doctor uses a long flexible tube with a camera to look inside your large intestines (colon or gut).

This test lets your doctor look at the whole colon to find any abnormal growths that may be present and allows the doctor to remove these growths for further analysis. If any growths are removed during the colonoscopy, the results of the analysis of the growths will be shared with you after a short period of time (days to weeks) following the colonoscopy.



THREE OF THE COMMON TESTS FOR COLORECTAL CANCER

Colonoscopy: This test uses a long flexible tube with a camera to look inside the large intestines (colon or gut). The doctor can see the entire colon and rectum.

Flexible sigmoidoscopy: This test uses a short flexible tube with a camera to look inside your large intestines (colon or gut). The doctor can see the rectum and about 1/3 of the colon.

FOBT (fecal occult blood test): FOBT looks for small amounts of blood in a person's stool (feces). The person puts a sample of his or her stool into a kit at home. The kit is then mailed in for testing. There are different types of kits available.



WHO SHOULD BE TESTED FOR COLORECTAL CANCER?

The American Cancer Society recommends testing for:

- People who are 50 years of age and over.
- People under 50 years of age with:
 - ❖ a personal or family history of colorectal cancer or adenomatous polyps (small growths that can turn into cancer); or
 - ❖ a personal history of Inflammatory Bowel Disease* (ulcerative colitis and Crohn colitis); or
 - ❖ a woman with a history of cancer of the ovary or endometrium (womb) before age 50.

* See the *Definitions for Common Conditions Found During A Routine Colonoscopy Procedure*

It is very important that people call their doctors and ask them if they should be tested for colorectal cancer. **Medicare, Medicaid, and private health insurance in Maryland provide coverage for colorectal cancer testing.**

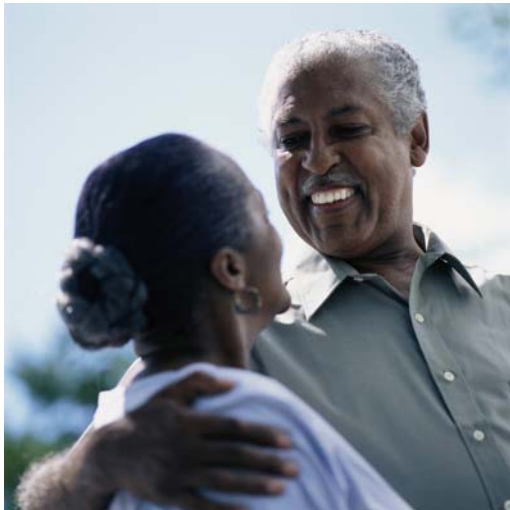
“I just turned 50. It is time to call my doctor and get tested for colorectal cancer.”



WHERE CAN I GET TESTED?

It is important to let the members of your community know that Medicare, Medicaid, and private health insurance in Maryland provide coverage for colorectal cancer testing. Depending on the availability of funds, the local health departments may provide colorectal cancer testing to people who have low income and are uninsured. The local health departments may also provide colorectal cancer education to individuals and community groups.

To request colorectal cancer education or find out if you qualify for a free colorectal cancer testing, please contact your local health department (see the Contact Information for the Maryland Cancer Programs).



“Our health insurance help paid for our colorectal cancer screening”

Please let people know that Medicare, Medicaid, and private health insurance in Maryland provide coverage for colorectal cancer testing.

WHAT IS THE BASIC COLORECTAL CANCER INFORMATION THAT SHOULD BE GIVEN TO THE PUBLIC?

Basic colorectal cancer information that should be given to the public includes:

- Testing for colorectal cancer can save lives.
- 90% of colorectal cancer is found in men and women ages 50 years and over, so it is important that men and women ages 50 years and over get tested for colorectal cancer.
- Men and women under 50 years with the following should get tested for colorectal cancer:
 - ❖ a personal or family history of colorectal cancer or adenomatous polyps (small growths that can turn into cancer); or
 - ❖ a personal history of Inflammatory Bowel Disease* (ulcerative colitis, Crohn colitis); or
 - ❖ a woman with a history of cancer of the ovary or endometrium (womb) before age 50 years.
- Colorectal cancer may be present even when a person does not have any changes in his or her health.
- Everyone should speak with their doctor to find out if and when they should be tested for colorectal cancer. People should not wait for their doctor to speak with them about this important issue.

* See the *Definitions for Common Conditions Found During A Routine Colonoscopy Procedure*

Colorectal Cancer Fact Sheet

Most colorectal cancer can be prevented or cured

Screening (or testing) for colorectal cancer (that is, cancer of the colon or rectum) can save lives. When colorectal cancer is found at an early stage, it can be cured. Some polyps can turn into colorectal cancer. Polyps can be taken out before they grow into cancer.

People who should be screened for colorectal cancer include:

- Anyone 50 years old and older; and
- Anyone under 50 years old who:
 - has had any of the following: colorectal cancer in the past, an “adenomatous polyp,” inflammatory bowel disease (ulcerative colitis or Crohn’s colitis), or cancer of the ovary or endometrium;
 - has a mother, father, brother, sister, or child who had colorectal cancer or an adenomatous polyp; or
 - has a family history of genetic forms of colorectal cancer or polyps.

Screening for colorectal cancer

These are the main ways to be screened (tested) if you have an **average risk** of colorectal cancer:

- **Colonoscopy;**
- **Fecal occult blood test** once a year, **along with a sigmoidoscopy** once every five years;
- **Fecal occult blood test once a year; or**
- **Sigmoidoscopy every five years.**

Colonoscopy and **sigmoidoscopy** are special tests where a doctor uses a long, flexible tube with a light (scope) to look inside the large intestines (colon). Colonoscopy looks at the whole colon. Sigmoidoscopy looks at the lower third of the colon.

Fecal occult blood test (FOBT) checks for blood in the stool or feces--even when you cannot see the blood. Blood can be in the stool because of cancer, but also because of other problems. Sometimes the test does *not* show blood even when a person has a cancer. That is why an FOBT is best done along with a sigmoidoscopy. The stool samples are taken at home. The test kit is then mailed in for results. Medicines and foods may affect test results of some types of tests.

Colorectal cancer in Maryland

There were 2,558 people in Maryland diagnosed with colorectal cancer in 2005 and 1,017 people died of colorectal cancer in Maryland that year.

People with colorectal cancer usually do not have symptoms, but sometimes they have:

- blood in the stool;
- a mass or lump in the abdomen;
- cramps or pain in the abdomen;
- change in the size of the stool (for example, the stool is thinner) or constipation.

Call your doctor to find out more about being screened.

Call your doctor if you have symptoms of colorectal cancer.

Web sites of interest:

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/cancer/screenforlife>

Cancer Information Services: <http://cancernet.nci.nih.gov/>

American College of Gastroenterology: <http://www.acg.gi.org/>

American Cancer Society: <http://www.cancer.org>

National Colorectal Cancer Roundtable: <http://www.nccrt.org/>

COLONOSCOPY FACT SHEET

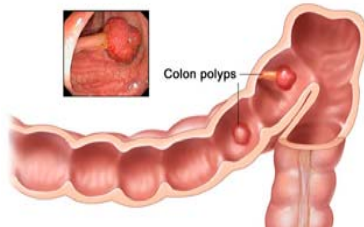
Did you know that colorectal cancer is the second leading cause of cancer deaths in Maryland?

What is Colonoscopy?

Colonoscopy is a test where a doctor uses a long, flexible tube with a light to look inside your large intestine (colon or guts).

Colonoscopy looks at the whole colon to find and remove polyps or to find cancer.

Adenomatous polyps or "adenomas" are small growths that can turn into cancer. A "hyperplastic" polyp is a type of polyp that usually does **not** cause cancer. Removing polyps can **prevent** cancer.



Need Help?

Contact the _____ Program at _____-_____ for:

- ◆ Free colorectal cancer screening for eligible people
- ◆ Information on colorectal cancer and screening

If your insurance covers screening, contact your doctor.

Colonoscopy Can Also Find:

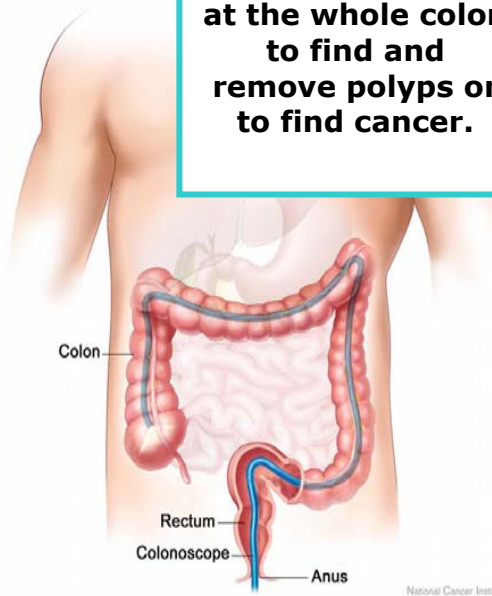
Inflammatory Bowel Disease:

this includes Ulcerative Colitis and Crohn's colitis. Inflammatory bowel disease increases the risk of colorectal cancer.

Diverticula: finger-like pouches from the wall of the colon due to weak muscles. They do **not** increase the risk of colorectal cancer.

Hemorrhoids: big veins in and around the anus. Hemorrhoids can cause pain or bleeding. They do **not** increase the risk of colorectal cancer.

Colonoscopy looks at the whole colon to find and remove polyps or to find cancer.



Who Should Get Colorectal Cancer Screening?

- ◆ People ages 50 years and over (over 90% of colorectal cancer is found in people age 50 years and older).
- ◆ People under 50 years:
 - o With a personal or family history of colorectal cancer or adenomas;
 - o With a personal history of inflammatory bowel disease (ulcerative colitis, Crohn's colitis); or
 - o Women who have had cancer of the ovary or endometrium (womb) before age 50 years.

Screening Saves Lives

How is the Test Done?

Before your colonoscopy, your colon must be clean so the doctor can see inside of the entire colon. To do this, you will be asked to take a laxative and go on a clear liquid diet before the test.

Just before the test, you will be given medicine to relax you. After the test, you are sent home, but you will need someone to drive you home. Although this procedure is relatively safe, all medical procedures involve some risk.

DEFINITIONS FOR COMMON CONDITIONS FOUND DURING A ROUTINE COLONOSCOPY PROCEDURE

CONDITION	DEFINITION
Polyp	A polyp is a small growth. Polyps can grow in the colon and rectum (also known as the large intestine or “gut”). Under the microscope, a doctor can tell the type of polyp.
Adenomatous polyp	An adenomatous polyp or “ adenoma ” is a type of polyp found in the colon or rectum. Adenomatous polyps can turn into cancer in the future. They are removed during colonoscopy in order to prevent colorectal cancer. About 20% of older adults have adenomas.
Hyperplastic polyp	A hyperplastic polyp is another type of polyp. Hyperplastic polyps do not usually turn into colorectal cancer. They are common in the colon or rectum of older adults. They are usually removed during colonoscopy.
Inflammatory bowel disease	Inflammatory bowel disease (IBD) is inflammation (redness and/or swelling) of the lining of the small or large intestines or both. Ulcerative colitis and Crohn’s disease are the two types of inflammatory bowel disease. IBD can cause pain, diarrhea, bleeding, weight loss, and other symptoms.
Ulcerative colitis	Ulcerative colitis is a type of inflammatory bowel disease. It causes inflammation (redness and/or swelling) in the colon and/or rectum. Ulcerative colitis can increase the chance of getting colorectal cancer.
Crohn’s colitis	Crohn’s disease is a type of inflammatory bowel disease. It causes inflammation (redness and/or swelling) of any part of the digestive track—from the mouth to anus—but usually is in the last part of the small intestines. Crohn’s colitis is Crohn’s disease in the colon. It can increase the chance of getting colorectal cancer.
Diverticula	Diverticula are tiny pouches or sacs of the intestines that bulge out from the side of the colon. When a pouch becomes infected, it is called “diverticulitis” and can cause severe pain, bleeding, fever, etc. Diverticula are very common in older adults and do not lead to cancer.
Hemorrhoids	Hemorrhoids are swollen blood vessels in and around the anus. Hemorrhoids can cause pain and can bleed but are not associated with colon cancer.
Irritable Bowel Syndrome	Irritable bowel syndrome (IBS) is cramping, abdominal pain, bloating, constipation, and diarrhea. IBS causes discomfort, but it does not permanently harm the intestines and does not lead to serious disease, such as cancer.

For more information, please contact your physician. You may also contact the National Institute of Diabetes, Digestive, and Kidney Diseases of the National Institute of Health at **301-496-3583** or National Cancer Institute’s Cancer Information Service (in English or Spanish) at **1-800-422-6237**.

CONTACT INFORMATION FOR THE MARYLAND CANCER PROGRAMS

You may be asked questions about income, health insurance, and where you live to determine if you qualify for colorectal cancer testing.

Allegany	301.759.5121
Anne Arundel	410.222.7979
Baltimore City (Johns Hopkins Medical Institutions)	410.887.5456
Baltimore City (University of Maryland)	410.328.4673
Baltimore County	410.887.3456
Calvert	410.535.5400
Caroline	410.479.8080
Carroll	410.876.4966
Cecil	410.996.5168
Charles	301.609.6900
Dorchester	410.228.3223
Frederick	301.600.3362
Garrett	301.334.7770
Harford	410.612.1780
Howard	410.313.4255
Kent	410.778.7970
Montgomery	301.759.5121
Prince George's	301.883.3524
Queen Anne's	410.758.0720
Saint Mary's	301.475.4356
Somerset	443.523.1760
Talbot	410.819.5600
Washington	240.313.3350
Wicomico	410.543.6938
Worcester	410.632.1100 Extension 4

People can also call the public phone line of the National Cancer Institute's Cancer Information Service at 1-800-422-6237 for information about colorectal, clinical trials, and cancer care centers in Maryland.



DEPARTMENT OF
HEALTH AND MENTAL HYGIENE



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