

How to talk to you patients about the importance of colorectal cancer screening

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Welcome

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Objectives

- Understand and Identify cancers and risk/protective factors,
- Describe the American Cancer Society Screening Guidelines
- Identify opportunities to promote and create awareness on cancer screening and early detection
- Identify resources provided by the American Cancer Society



American Cancer Society

- We are a United force against all cancers.
- Made up of Advocates, Researchers, Volunteers, Caregivers, Survivors, Patients and Donors.
- Who Exemplify Humanity by being courageous, determined Innovative passionate empathetic and caring
- In order to encourage prevention, raise awareness, foster innovation, inspire generosity, deepen understanding and provide care until the day we Free the world from the pain and suffering of cancer.

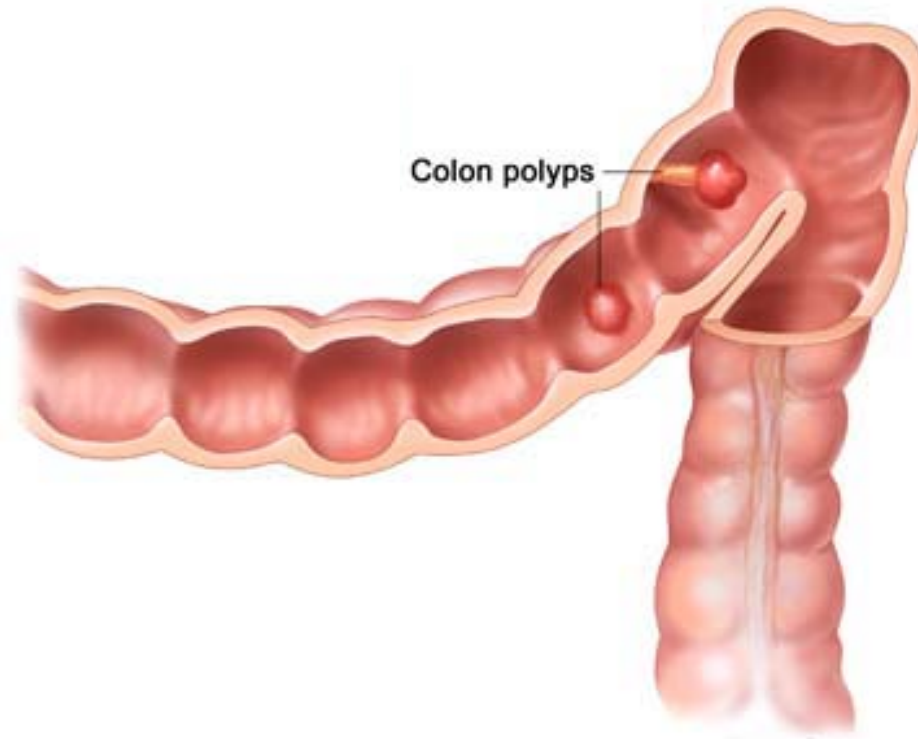
Colorectal Cancer

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About Colorectal Cancer

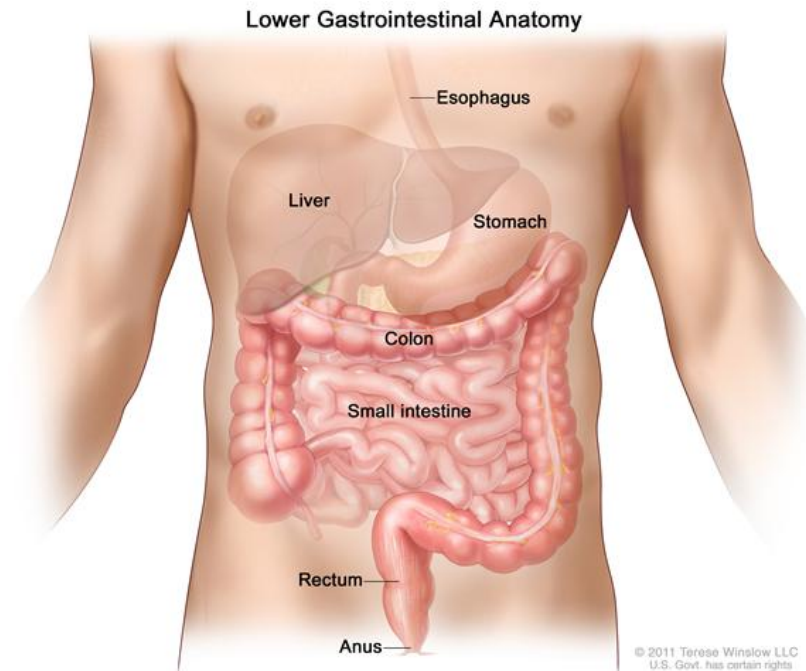
- Cancer is the growth of abnormal cells which invade and damage normal tissues



About Colorectal Cancer



- Colorectal cancer starts in the colon or the rectum.
 - **Colon** – large bowel or large intestine
 - A muscular tube about 5 feet long
 - Part of the digestive system
 - Absorbs water and salt from food
 - Stores waste matter
 - **Rectum** – last 6 inches of the digestive system





Colorectal Cancer Risk Factors

- Age 50 or older
- Diet high in red or processed meats
- Inadequate intake of fruits and vegetables
- Obesity
- Type 2 diabetes
- Those with inflammatory bowel disease
 - Ulcerative colitis
 - Crohn's disease
- People who have had adenomatous polyps
 - *polyp - growth of tissue in the lining of an organ
- Family history
- Personal history of colorectal cancer



Colorectal Cancer Facts

- In 2017 in the US, an estimated 135,430 people will be diagnosed with colorectal cancer and about 50,260 people will die from the disease. Colorectal cancer is the third most commonly diagnosed cancer in both men and women. One in 22 men and one in 24 women will be diagnosed with colorectal cancer in their lifetime.



Colorectal Cancer Prevention

- Colorectal Cancer is one of the most preventable forms of cancer.
- 5-year localized survival rate: 90%
- 5-year overall survival rate: 65%
- If we can achieve 80% screening by 2018, 277,000 cases and 203,000 colorectal cancer deaths would be prevented by 2030.

Get Tested for Colorectal Cancer

- Beginning at age **50**, both men and women who are at average risk should follow one of the following screening options:

- **Tests that find polyps and cancer**

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*

- **Tests that mainly find cancer**

- Guaiac-based fecal occult blood test (gFOBT) every year*,**
- Fecal immunochemical test (FIT) every year*,**
- Stool DNA test every 3 years*
- **Colonoscopy should be done if test results are positive.*
- *** Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening*



Myths & Truths

- Colorectal is a man's disease
- Colorectal cancer only affects people over 50
- I don't have any symptoms there for I don't have the disease
- A colonoscopy is the only way to screen for colorectal cancer.
- If I have colorectal cancer, I will have to have a colostomy bag
- There is nothing I can do to reduce my risk of getting colorectal cancer.



Barriers/Challenges

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Challenges to decreasing disparities in Cancer Screening

- Lack of insurance
- Under-insurance and uncovered costs
- Non-financial barriers
- Lower levels of knowledge
- Mistrust of health care
- Limited English proficiency
- Less self efficacy
- Lower health literacy
- Lack of a usual source of primary care

Strategies for Recruitment/Education

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80%
by 2018



*Recommended Messaging
to Reach the Unscreened*



2017
COMMUNICATIONS
GUIDEBOOK

See Communications Companion Guides for
Messaging to Hispanics/Latinos and Asian
Americans about Colorectal Cancer Screening





Characteristics of the Unscreened

- Younger than those who are screened, between 50-59
- Uninsured
- Lower income than those screened under \$40K/yr
- Hispanic
- Less than a 4 year college degree
- Less likely to be a cancer survivor, and less likely to have a friend/family member with cancer.



Top Barriers to screening

- Rationalized Avoidance- fail to recognize importance
- Lack of Affordability
- No symptoms or family history
- Negative connotation (with test)
- No doctor recommendation
- No personal connection
- Low levels of healthy behavior



Key Colorectal Messages

- There are several screening options available, including simple take home options. Talk to your doctor about getting screened.
- Colorectal Cancer is the second leading cause of cancer death in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.
- Preventing Colorectal Cancer or finding it early doesn't have to be expensive. There are simple affordable tests available. Get screened!
- Many people with colon cancer do not have any symptoms or family history, which is why screening is so important, even when you feel healthy. Get screened! Call your doctor today.



5 priority populations

- Newly insured
- Financially Challenged
- Insured, procrastinators/rationalizers
- African Americans
- Hispanics

Effective Pathways To Screening

It's important to communicate messaging through the proper channels in order to reach our goal to get adults over 50 screened for colorectal cancer. Below depicts the pathway to screening, which will play a critical role in outreach efforts.

Unscreened may be knowledgeable about screening tests but have rationalized avoidance. To change behavior and overcome the barriers limiting screening, personalized messages must:

- Make the case for early detection
- Eliminate real and perceived barriers
- Align systems to reinforce messages
- Engage family and community networks

In order to do this, the messages must:

- Elicit support and testimony from peers and survivors to localize and connect the unscreened with those affected by colorectal cancer
- Engage family and community networks to articulate the need for screening and make it relevant to each person
- Align systems to reinforce messages and equalize the importance of screening among consumers and physicians
- Destigmatize the test and perceived barriers to conquer fear and provide information on screening options

We will motivate the desired action by:

- Identifying influencers and using the right messengers to dispatch the messages
- Using tested messaging
- Executing campaign assets
- Using effective communication channels
- Measuring and improving upon our successes



4 main messages

- #1 There are several screening options available, including simple take-home options. Talk to your doctor about getting screened.
- #2 Colorectal cancer is the second leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage



4 main messages (con't)

- #3 Preventing colorectal cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
- #4 Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.



Other messages

- What else are you hearing from your patients?
- How can we help to correct the myths and hesitations?

Questions





!!Thank you!!

For more information



We **save lives** and create more birthdays
by helping you stay well, helping you get well,
by finding cures, and by fighting back.

cancer.org | 1.800.227.2345