

Module 4: Colorectal Cancer

Review the Objectives (Time Frame: 10 minutes)

By the end of the session, participants will be able to:

- Define colorectal cancer.
- Know the risk factors, detection methods, and treatment options for colorectal cancer.
- Understand the American Cancer Society's recommendations for reducing the risk of colorectal cancer.
- Understand how to take preventative steps to reduce the risk of developing colorectal cancer.

Worksheets/Handouts

- *Colorectal Cancer: Early Detection* fact sheet (www.cancer.org)
- *Taking Charge of Your Health – For African Americans* (www.cancer.org)
- *Five Myths About Colon Cancer* fact sheet (www.cancer.org)

Materials/Resources

- Blackboard/chalk or dry erase board
- Pens or pencils
- Notepads or extra paper
- Internet access

Welcome the participants. Tell them that today's module will focus on developing a clear understanding of colorectal cancer.

Overview

Open the session by discussing the following points:

- Colorectal cancer is the third most common cancer in men and women.
- It begins in either the colon or rectum, which are both part of the digestive system (where food is processed in the body).
- According to the American Cancer Society, approximately 153,760 new cases of colorectal cancer were diagnosed in the United States in 2007.

- Colorectal cancer rates are higher among African Americans than among whites, for both men and women. And although death rates from the disease have dropped, the decline has been greater among whites.
- Colorectal cancer is the third leading cause of cancer death among African-American men *and* women. It killed about 7,070 African Americans in 2007.

You may find it helpful to copy the cancer points onto a PowerPoint slide so that participants can follow along as you discuss the points. You could also copy and paste the points into a Microsoft Word document and pass them out to the participants. A detailed overview of colorectal cancer can be found on the American Cancer Society's Web site at www.cancer.org.

Who Is At Risk?

- People over 50. Over 90 percent of colorectal cancers are diagnosed in this age group.
- African Americans. We have the highest rates of colorectal cancer of all racial or ethnic groups in the United States.
- People with a personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease.
- Physically inactive people.
- Those whose diets are high in fat (especially fat from red meat), and low in fruits and vegetables.
- Obese people.
- Smokers.
- People who drink alcohol.
- Having a family history of colorectal cancers, certain other cancers, and benign colon polyps. (Fewer than 10 percent of colorectal cancers are caused by inherited gene mutations.)

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Detection Methods

Colorectal cancers can almost always be cured if detected early.

Methods for detecting colorectal cancer include:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT).
These tests look for hidden blood in the stool.
- Flexible sigmoidoscopy. To conduct this test, a doctor looks inside the rectum and the lower part of the colon (sigmoid colon) through a lighted tube.
- Double-contrast barium enema. X-rays are taken after the patient is given a barium enema. Barium helps to outline the intestines on the x-rays.
- Colonoscopy. A doctor exams the colon using a flexible, lighted instrument called a colonoscope.

Treatment

- Surgery. This is the main treatment for colorectal cancer. Usually the cancer and a length of normal colon on either side of the cancer (as well as nearby lymph nodes) are removed.
- Radiation therapy. This treatment uses high-energy rays to shrink or kill cancer cells.
- Chemotherapy. This option uses anticancer drugs that attack cancer cells and normal cells. The drugs are usually given by injection or taken by mouth.

What Can You Do About It?

- Get screened. Early detection can help find and remove pre-cancerous tissue.

- Starting at age 50, people of average risk with no symptoms should follow one of five screening options:
 - Yearly FOBT or FIT, or
 - Flexible sigmoidoscopy every five years, or
 - Yearly FOBT and flexible sigmoidoscopy every five years, or
 - Double-contrast barium enema every five years, or
 - Colonoscopy every ten years

American Cancer Society prefers yearly FOBT and flexible sigmoidoscopy every five years to either test alone.

- Maintain a healthy weight throughout life.
- Adopt a physically active lifestyle.
- Consume a healthy diet, with an emphasis on fruits and vegetables.
- Limit alcohol consumption.
- Be aware of the symptoms and early signs:
 - Rectal bleeding
 - Blood in stool
 - Change in bowel habits
 - Cramping pain in the lower abdomen

These are also warning signs of other, less serious illnesses, so if they appear, discuss them with a doctor.

Suggested Activities (Time frame: 25 minutes)

Activity 1 – In Search of the Truth

Emphasize the importance of not just being well informed, but taking action!

Pass out the fact sheets *Colorectal Cancer: Early Detection* and *Five Myths About Colon Cancer*. Ask participants to follow along as you summarize each section of the fact sheets.

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Activity 2 – Empowerment Through Prevention

Pass out *Taking Charge of Your Health – For African Americans* and ask participants to review the information. Remind them that what they eat and drink, how they live, and where they work can affect their risk for developing cancer. Encourage the participants to read more about the risk factors. Write the most common risk factors on the board. Ask participants to discuss realistic ways to minimize their risk of developing colorectal cancer.

Activity 3 – Getting the Church Involved

Talk with the church administration about creating a cancer support group to help those in the congregation and community deal with cancer on a more personal level.

Reflections (Time frame: 10 minutes)

Ask participants to announce any behavioral changes they have made since the last session that may reduce their risk of cancer. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn't go as planned? What could they have done differently? As you listen to the answers from the participants, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, offer your own.

Allow time for questions and comments about the topics discussed in the session today.

Where Can I Get Additional Information?

National Cancer Institute
Cancer Information Service
Ph: 1-800-4-CANCER
Web site: www.cancer.gov

American Gastroenterological Association
Ph: 301-654-2055
Web site: www.gastro.org

Colon Cancer Alliance
Ph: 1-877-422-2030
Web site: www.ccalliance.org

United Ostomy Association
Ph: 1-800-826-0826
Web site: www.uoa.org

How Can I Get Involved?

Phi Beta Sigma

The American Cancer Society and Phi Beta Sigma fraternity have created Sigma's Waging War Against Cancer, a project focusing on awareness, early detection, and prevention of prostate and colorectal cancer among African-American men. For additional information on this program, please contact American Cancer Society 1-800-227-2345. You may also visit the American Cancer Society Web site at www.cancer.org.