There are many reasons why people don't get screened for colorectal cancer, but for Iowans who do get screened, **one factor mattered most when making their decision:**

Your recommendation.

- People consider physicians to be their primary source of information about cancer screening, even though other sources of health information, like the Internet, are readily available.
- Individuals report that "having discussed screening with my doctor" was the most influential factor in their decision to receive colorectal cancer screening.
- One of the major reasons why individuals do not receive any type of colorectal cancer screening is that "the doctor did not tell me to."

Start a conversation today.

If you talk . . .

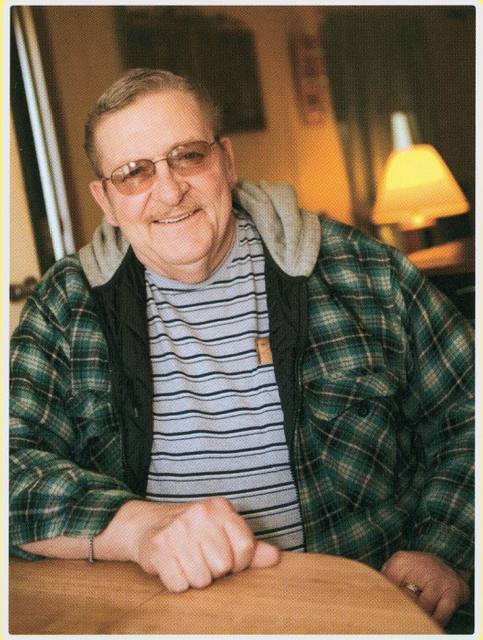
Jason Powers, MD, University of Iowa Family Care

DR. JASON POWERS: "I met Mr. Nelson during a routine physical exam. It was the first time I'd examined him, and so I asked if he'd ever had a colonoscopy. He said he hadn't. I was concerned because I recommend to all my patients that they get their first colonoscopy at age 50. Mr. Nelson was 68 years old, and so I wanted to schedule him immediately for an exam."

They will listen . . .

MR. NORMAN NELSON: "I'd never heard of colon cancer screening until my check up with Dr. Powers at the UI North Liberty Clinic. He explained the procedure and urged me to get one. At first I was just going to forget about it, but then I figured the doctor wouldn't have taken the time to explain it if it wasn't important. Boy was I lucky I scheduled an exam then. I found out I had early stage colon cancer and started radiation and chemotherapy right away."

DR. JASON POWERS: "Mr. Nelson is not an atypical patient. Patients put off having a screening for many reasons. Therefore I advise all primary care providers to talk frankly to their patients about colon cancer and to emphasize that it is very treatable and has a good prognosis when caught early."



"Dr. Powers is a real thorough doctor. He makes sure I'm up to date on everything. He's a doctor I wish I'd had a couple of years ago."

Norman Nelson, age 68, North Liberty, Iowa

More Iowans need to be screened for colorectal cancer

Despite the high success rate of early detection and treatment of colorectal cancer—the 5-year relative survival rate is 90 percent—**nearly 42 percent of Iowans over age 50 have not been screened for colorectal cancer in the last 10 years.**

Iowa still has ***not*** met the Healthy People 2010 objective for colorectal cancer mortality rate which is 13.9 deaths/100,000 people. In 2005, Iowa's colorectal cancer mortality rate was 19.5 deaths/100,000 people. Iowa's colorectal cancer mortality rate is even higher than the national average, which is 18.8 deaths/100,000 people. More people need to be screened for colorectal cancer in Iowa.

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.

Make it a talk they'll remember.

Talking Tips

1. **Be prepared to answer questions your patient might have, even if he or she doesn't voice them:**
   - What is colorectal cancer?
   - Who should get screened for it?
   - If I don't have any family members who have had colorectal cancer, do I still have to get a screening?
   - Are some people more likely to get colorectal cancer than others?
   - What screening options are available and how are they different?
   - Will it hurt?
2. **Be clear and persistent.**
   - Realize it might take more than one conversation to convince your patient to get screened.
3. **Use words and phrases the average patient can understand.**
   - Although some patients are highly educated and will understand medical jargon, most of them will not. The average level of verbal understanding for these patients is 6th grade English. Try to use plain words for technical jargons.

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Iowa Department of Public Health

COLORECTAL CANCER SCREENING &

The Power of Talk

Your patients are waiting to hear from you.