Your patients are waiting to hear from you.

COLORECTAL CANCER SCREENING &

The Power of Talk

Iowa Department of Public Health

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. People who are at increased risk of colorectal cancer because of family history or medical conditions should begin colorectal cancer screening before age 50.

When diagnosed and treated early, colorectal cancer has a 5-year survival rate of 90 percent. However, despite the success of early treatment, nearly 42 percent of Iowans over age 50 **have not been screened** for colorectal cancer in the last 10 years.

Some of the reasons:

NO TIME TO TALK ABOUT SCREENING:
In a national sample, 61 percent of patients indicated that they did not have adequate time during their exam to discuss screening with their physician.

WAS NEVER ADVISED:
47 percent of individuals over age 45 have never had a doctor, nurse, or other health professional advise them to get screened for colorectal cancer.

DIDN'T UNDERSTAND:
About 40 percent of U.S. adults have problems understanding medical or health-related written materials.

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. [1, 2, 3]

Individuals report that **"having discussed screening with my doctor"** was the most influential factor in their decision to receive colorectal cancer screening.[4, 5]

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."** [6]

What is the most critical factor in Iowa residents' decision to get screened for colorectal cancer?

Your recommendation.

"More than 90% of Iowans said they would get a colorectal cancer screening test, if their doctor suggested that they should get one."[7]

Start a conversation today.

If you talk . . .

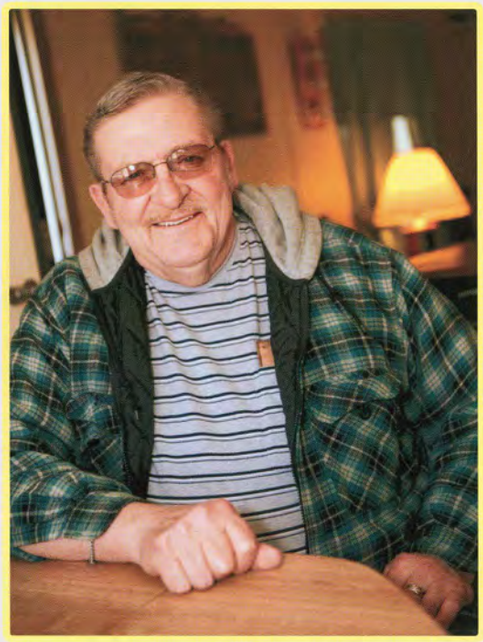
DR. JASON POWERS: "I met Mr. Nelson during a routine physical exam. It was the first time I'd examined him, and so I asked if he'd ever had a colonoscopy. He said he hadn't. I was concerned because I recommend to all my patients that they get their first colonoscopy at age 50. Mr. Nelson was 68 years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

Jason Powers, MD, University of Iowa Family Care

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. At first patients may be apprehensive about the procedure, but when they see that their doctor is serious about it, they usually schedule a screening and it goes pretty smoothly."



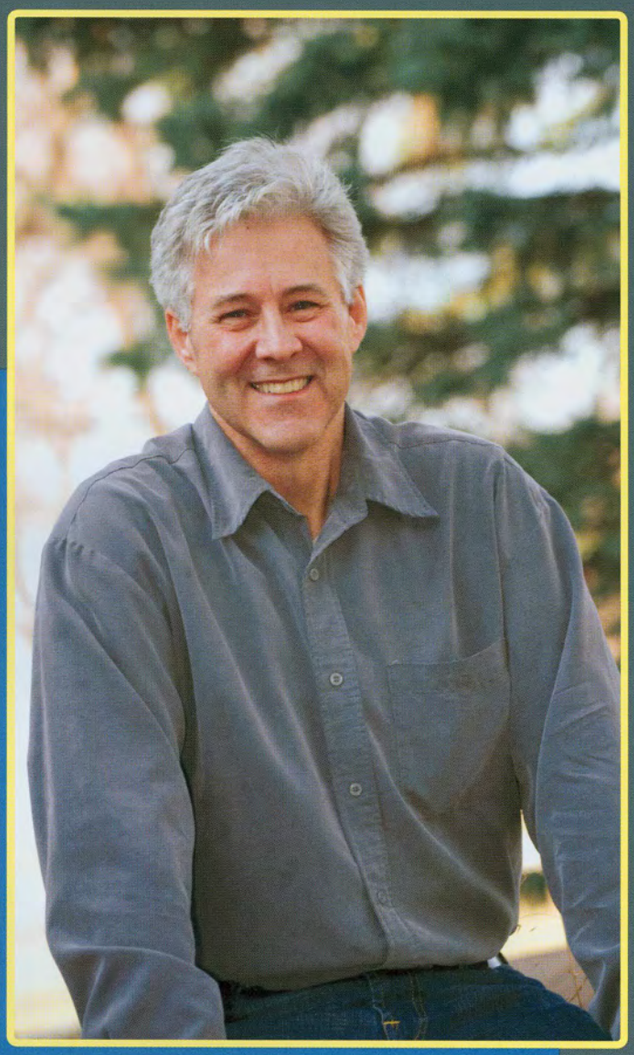
Norman Nelson, age 68, North Liberty, Iowa

MR. NORMAN NELSON: "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."

It might take more than one conversation.

"When I turned 50 both my wife and my doctor told me I needed to get a colonoscopy screening, but I ignored the advice. It was sort of a guy-kind-of-thing—I didn't like going to doctors, and I felt like a million bucks, so what could be wrong with me? After a few years of their nagging, I finally got screened. The exam found a tumor in my colon.

Robert Fassler, age 54, Cedar Rapids, Iowa



When you are ready to talk, keep in mind that patients may not always understand what you say . . .

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. Therefore, you need to talk to your patients about their conditions using words and phrases they understand.

In the chart below, think about the common medical terms on the left. What type of patient would really understand these terms? Probably only another physician. The suggested phrases below will help you reformulate your language into every day terms most patients can understand.

Instead of this . . .	**Consider using this . . .**
Colorectal cancer	Cancer in the lowest parts of your digestive system
Screening for colorectal cancer	Checking to see if there are any signs of cancer in the bottom part of your digestive system
Precancerous/Precancer	Something that is not usually inside your body that can lead to cancer but is not cancer right now
Polyps	Things that grow inside your body that are not cancer right now but could become cancer in the future
Colonoscope/Endoscope/ Sigmoidoscope	A skinny, flexible tube that has a light and a camera on the end of it—with this tube, the doctor is able to see inside of your body
Anesthesia/Sedation	Medicines to relax you and help you fall asleep so that you are not awake for the exam
Laxative	A medicine that will cause you to go to the bathroom a lot
Biopsy	Seeing something inside your body and taking a small piece of it to test it for cancer or precancer

Nor may they know what questions to ask . . .

You may want to anticipate patients' questions and provide the following information in your conversation:

- **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?**

No matter how you decide to talk about colorectal cancer screening with your patients, make sure it's a conversation they'll remember.

References

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7. Campo, S. & Askelson, N. (2006). Evaluation of Iowa's new colorectal cancer screening promotion campaign. Iowa Department of Public Health.

Resources for Talking about Colorectal Cancer Screening

In the following links, you can find basic information, tips and resources that you can use when you talk with your patients about colorectal cancer screening.

- **The Iowa Department of Public Health – Comprehensive Cancer Control Program**
  http://www.idph.state.ia.us/hpcdp/comp_cancer_control.asp
  1-515-242-6516
- **The Iowa Cancer Consortium**
  http://www.canceriowa.org/
  1-800-237-1225
- **The Centers for Disease Control and Prevention – Division of Cancer Prevention and Control**
  http://www.cdc.gov/cancer/colorectal/
  1-800-CDC-INFO
- **The American Cancer Society**
  http://www.cancer.org
  1-800-ACS-2345
- **National Cancer Institute**
  http://www.cancer.gov
  1-800-4-CANCER
- **U.S. Preventive Services Task Force**
  http://www.ahrq.gov/clinic/uspstf/uspscolo.htm
- **CA – A Cancer Journal for Clinicians**
  http://caonline.amcancersoc.org/

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Supported by the Grant/Cooperative Agreement Number U58DP000794-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.