

# LANCASTER COUNTY CRUSADE AGAINST COLON CANCER

## Colon Cancer

Preventable { Treatable { Beatable

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**PUBLIC** Every One.  
**HEALTH** Every Day.  
Every Where.





The Lancaster Crusade Against Colon Cancer (Crusade) is a partnership of community agencies, organizations and volunteers who work together to increase colon cancer awareness in the community and promote compliance with screening recommendations.

- Promotion – Awareness
- Education – Outreach
- Screening

\*Funding is provided by the DHHS Nebraska Colon Cancer Prevention Program (source CDC)

# Crusade Partners



- Lincoln and Waverly Pharmacies
- Colon Cancer Survivors and other volunteers

# Colon Cancer Facts

- Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States and the third most common cancer in men and in women.
- In 2015, it is estimated 850 Nebraskans will be diagnosed with colorectal cancer and 340 will die from the disease.
- Colorectal cancer screenings should begin at age 50 for both men and women who are at average risk.
- If you are at an increased risk of colorectal cancer, you should begin colorectal cancer screening before age 50 and/or be screened more often.

# State Theme 2015



*“I don’t  
have time  
for colon  
cancer.”*

**That’s why I got screened.  
*Take the time.*  
Get screened.**

### **Colon Cancer Screening Saves Lives**

Colon cancer is the 2nd leading  
cancer killer in the U.S.

### **But it can be prevented.**

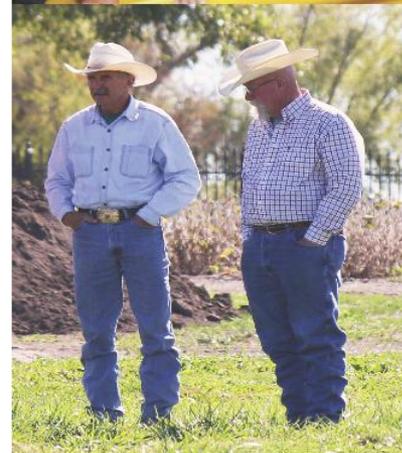
Screening helps find precancerous  
polyps so they can be removed before  
they turn into cancer. Screening can  
also find colon cancer early,  
when treatment is most effective.

**If you’re 50 or older—don’t wait.  
Talk to your doctor and get screened.**

For more information call the  
Nebraska Colon Cancer  
Screening Program at  
**1-800-532-2227**



5/US8DP002043-06





# Capitol Lit Blue





# Promotions

How did you hear about the Crusade and colon cancer awareness in Lancaster County

- (620) Newspaper
- (120) Pharmacy Store Display
- (119) Place of Work
- (111) Mail
- (84) Radio
- (67) Television
- (66) Doctor
- (41) Theater

**STOP!** **Colon Cancer**  
before it **starts.**  
March is Colon Cancer Awareness Month.

If you're 50 or older, get your free colon cancer test kit.  
Go to [LancasterCrusade.org](http://LancasterCrusade.org) to find the distribution location nearest you.

**Lancaster Crusade Against Cancer**  
EDUCATION • DETECTION • PREVENTION  
*Your best defense against colon cancer.*

**American Cancer Society**

# "YOU DON'T HAVE TIME FOR COLON CANCER." TAKE THE TIME. GET SCREENED.

Tsuni Waddington calls herself a proctoid child for a colonoscopy. At the age of 50, she went to her annual check-up and her health care provider told her it was time for her to have a routine colonoscopy. Tsuni listened – and she is glad she did.

"The colonoscopy revealed several precancerous polyps, which were able to be removed during the procedure. The polyps were sent to pathology to determine if they were cancerous. "It was scary when we were waiting for the pathology report to come back," shares Tsuni. "I've had friends that were diagnosed with stage 3 or 4 cancer, but it didn't hit home until I was faced with this."

"Tsuni received good news. They polyps were not cancerous. She is thankful that she listened to her physician and had the colonoscopy when she did. If she had put off

her colonoscopy, the polyps could have spread to full-blown cancer. Since then, Tsuni has received three screening colonoscopies – at one year, three years and five years – to make sure the precancerous polyps didn't return and grow into cancer. All the screenings have come back cancer free for which she is very grateful.

Now at 57, Tsuni describes herself as more aware of her health. She says active. She is an avid bike rider and makes trips to Colorado – her favorite getaway – when she can.

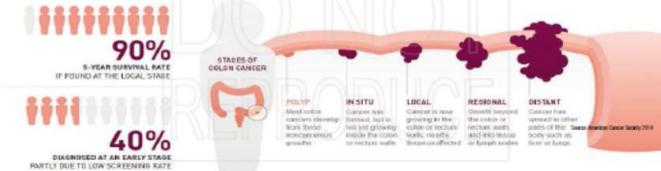
Tsuni reminds all her family and friends to get screened. "The prep is the worst part, but really double considering you could be faced with surgery or death if you put it off."



American Cancer Society / Infographic / 2014 / 310

## COLON CANCER: CATCHING IT EARLY

Despite substantial decreases in colon cancer death rates over the past two decades, it remains the third-leading cancer in the United States among both men and women. Routine screening can prevent colon cancer or find it at an early, treatable stage. If it's found and treated early, however, the 5-year survival rate is about 90%. Many more lives could be saved by understanding colon cancer risks, increasing screening rates and making lifestyle changes.



Light the Capitol Blue Event  
Friday, March 6, 2015  
7:00 pm  
West Plaza

Come join the Lancaster County Crusade Against Colon Cancer to light the Capitol Building Blue!

- Wear Blue (March 6 is Wear Blue Day)
- Welcome and message from Dr. Kelly Krier, MD
- Hear inspiring cancer survivor stories

► Walk around the Capitol with blue glow sticks and take your photos with the rare sight of the Capitol lit blue

Provided by Lancaster County Crusade Against Cancer

### Take the time. Get screened.

Get your FREE Colon Cancer test kit.

Present this coupon to pick up your free FOBT kit at any of the following pharmacies:

• Four Star Drug, Lincoln and Wesley	• Ruz's Market Pharmacy, all Lincoln locations	• Wegmans Drug Stores, all Lincoln locations
• Hy-Vee Pharmacy, all Lincoln locations	• Super Saver Pharmacy, all Lincoln locations	• Wal-Mart Pharmacy, all Lincoln locations
• National Pharmacy, 33rd & S Street	• Whiggy Drug, 27th & Vine Street	

Valid only at the pharmacies listed on this coupon, March 1 - March 31, 2015.  
www.lincolnso.gov. keyword: health  
Kits made available by the Lancaster Crusade Against Cancer.

2015 Lancaster County Sponsors Include:



# Star City Health

# Insert LJS March 5

# STOP! Colon Cancer before it starts.



Diane Krupka considers herself to be a healthy person who proactively manages her health. When she turned 50, her family physician recommended a colonoscopy. But, Diane put off the screening colonoscopy as so many people do.

It was ten years later, when she returned for her annual physical that her physician said, "You really must get this done." This time, Diane listened. She scheduled the colonoscopy and was relieved when the doctor said everything looked okay. It was nearly four years later when Diane noticed blood in her stool. She was a little alarmed, but it went away. She didn't think too much about it after that. One month later, it appeared again. She pushed it to the back of her mind a second time.

Diane had a scheduled appointment with her health care provider. She had gone through the entire appointment and almost didn't say anything about the blood in her stool. But just before they wrapped up, she decided to mention it.

Even though it had only been a few years since her last colonoscopy, her provider told her that a

second colonoscopy was necessary to make sure everything was okay.

"When the results came back, Diane was shocked by the diagnosis – cancer. "It just rolls you," says Diane.

Additional tests determined that the cancer had not spread beyond the colon. Shortly after, Diane had surgery, which successfully removed the cancer. Now Diane continues blood tests and CT scans to make sure the cancer hasn't come back. Diane is relieved that she acted when she did. "If I wouldn't have said something, the cancer would have gone on much longer. A lot could have happened," adds Diane.

Diane's message is an important one – if you are having symptoms, it doesn't matter if you were recently screened. You need to get checked. "My advice is that once you see signs to tell your doctor, and show their recommendations. After all, it saved my life."

## Colon Cancer in Nebraska:

In 2015, it is estimated 850 Nebraskans will be diagnosed with colorectal cancer and 340 will die from the disease. Over the past ten years, the incidence and deaths from colorectal cancer in Nebraska have been decreasing, but still remain higher compared to the rest of the United States.

Colorectal cancer screenings should begin at age 50 for both men and women who are at average risk. "There are a number of recommended screening options and each person should discuss the options with their physician to determine what is the best test for them and when to start," explains David Humm, Chronic Disease Prevention Coordinator with Lincoln-Lancaster County Health Department. Mr. Humm goes on to say, "If you are at an increased risk of colorectal cancer, you should begin colorectal cancer screening before age 50 and/or be screened more often." According to the American Cancer Society, personal history or strong family history of colorectal cancer or polyps or a personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease) make your risk higher than average.

## If You're 50 or Older,\* Talk to Your Doctor about Getting Tested

TYPE OF SCREENING TEST	PROS	CONS
<b>Flexible Sigmoidoscopy</b> Shoos the inserted through the rectum into the colon. Provides visual exam of rectum and lower 1/3 of colon.	Quick and safe, but often usually not used. Does not require a specialist.	Doesn't view upper 2/3 of colon. Can't remove all polyps. May be more discomfort.
<b>Colonoscopy</b> Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.	Can usually view entire colon. Can biopsy and remove polyps. Done every 10 years.	Does more than other tests. Higher risk than other tests. Full bowel preparation needed.
<b>Double-Contrast Barium Enema</b> Radiological exam of colon. Barium sulfate is introduced through the rectum and spreads throughout the colon.	Can usually view entire colon. Relatively safe. No radiation needed.	Can miss small polyps. Can't remove polyps during test. Full bowel preparation needed.
<b>CT Colonography</b> Detailed, cross-sectional, 2D or 3D views of the colon and rectum with an x-ray machine linked to a computer.	Fairly quick and safe. Can usually view entire colon. No radiation needed.	Still fairly new test. Can't remove polyps during test. Full bowel preparation needed.
<b>Fecal Occult Blood Test (Fecal Immunochemical Test)</b> Can detect blood in stool caused by tumors or polyps. At home kits obtained from a health care provider.	No blood test or colon. No bowel preparation, depending done at home.	Colorectal cancer not if detected. May miss some polyp precursors. Should be done every 3 years.

\*For average-risk individuals with no symptoms, screening should begin at age 50. If you are at increased risk or are experiencing symptoms, speak to your doctor right away. Symptoms include: abdominal blood in stool, such as black or bright red stool, change in stool, lower stomach cramping, unnecessary weight loss, unexplained iron deficiency anemia, and unexplained weight loss.

## Know Your Risk for Colorectal Cancer

Most people have never heard of colorectal cancer. However, there are other factors that can increase a person's risk for developing colorectal cancer besides age.

**Age** – About 10% of people diagnosed with colorectal cancer are age 45 or older. It can occur in younger people and the incidence of colorectal cancer is increasing in men and women below 45.

**Diet** – A diet high in red meats and processed meats can increase colorectal cancer risk. Physical inactivity – If you are not physically active, you have a greater chance of developing colorectal cancer.

**Obesity** – If you are overweight, your risk of developing and dying from colorectal cancer is increased. Obesity raises the risk of colorectal cancer in both men and women, but the link seems to be stronger in men.

**Smoking** – Long-term smokers are more likely than non-smokers to develop and die from colorectal cancer.

**Heavy alcohol use** – Colorectal cancer has been linked to the heavy use of alcohol. Some of this may be due to heavy alcohol users tending to have low levels of folate in the body.

**Personal history of colorectal polyps or colorectal cancer** – If you have a history of polyps (adenomas) or have had colorectal cancer, you are at an increased risk of colorectal cancer.

**Personal history of inflammatory bowel disease** – Inflammatory bowel disease such as Crohn's disease or ulcerative colitis increases the risk of colorectal cancer.

**Family history of colorectal cancer or adenomatous polyps** – Most colorectal cancers occur in people without a family history of colorectal cancer. However, people with a history of colorectal cancer in a parent, sibling or child are at increased risk. If you have a family history of colorectal cancer, you will need to begin screening at a younger age.

**Hereditary syndromes** – About one in 10% of people who develop colorectal cancer have an inherited gene mutation that can lead to a person getting the disease.

**Race** – African Americans have the highest incidence of colorectal cancer of all racial groups. Type 2 diabetes – People with type 2 diabetes have an increased risk of developing colorectal cancer.

## What You Can Do to Reduce Your Risk

Reduce your risk by managing your diet, weight and physical activity.

### Diet

- Eat more vegetables, fruit and whole grains
- Get the recommended levels of calcium and vitamin D
- Limit intake of red and processed meats, fried foods and high-calorie fats

### Weight

- Avoid obesity and weight gain around the midsection (your middle)
- Maintain a healthy Body Mass Index (BMI) of 18-25

### Physical Activity

- Increase intensity and amount of physical activity
- Limit the time you spend sitting, lying down, watching TV, etc.

### Lifestyle

- Avoid tobacco in any form
- If you drink alcohol, limit the amount to 1 drink per day for women, 2 drinks per day for men

## For More Information on Colorectal Cancer

American Cancer Society  
5733 South 34th St, Suite 500,  
Lincoln NE 68516  
402-423-4893  
www.cancer.org 1-800-227-2345

National Cancer Institute  
1-800-4-CANCER  
(1-800-422-6237)  
www.cancer.gov

National Comprehensive Cancer Network  
www.nccn.org  
Patient Resources

# Pharmacist Education/Outreach

## Training

- Meetings with pharmacist
- Promotional Packets



## Promotion

- Prominent Display Tables/Posters
- Intercom Announcements
- Tags on Prescription Bags
- Friendly Competition



## Interaction

- Available – set aside time
- Intentional – outreach



# From Our Experience



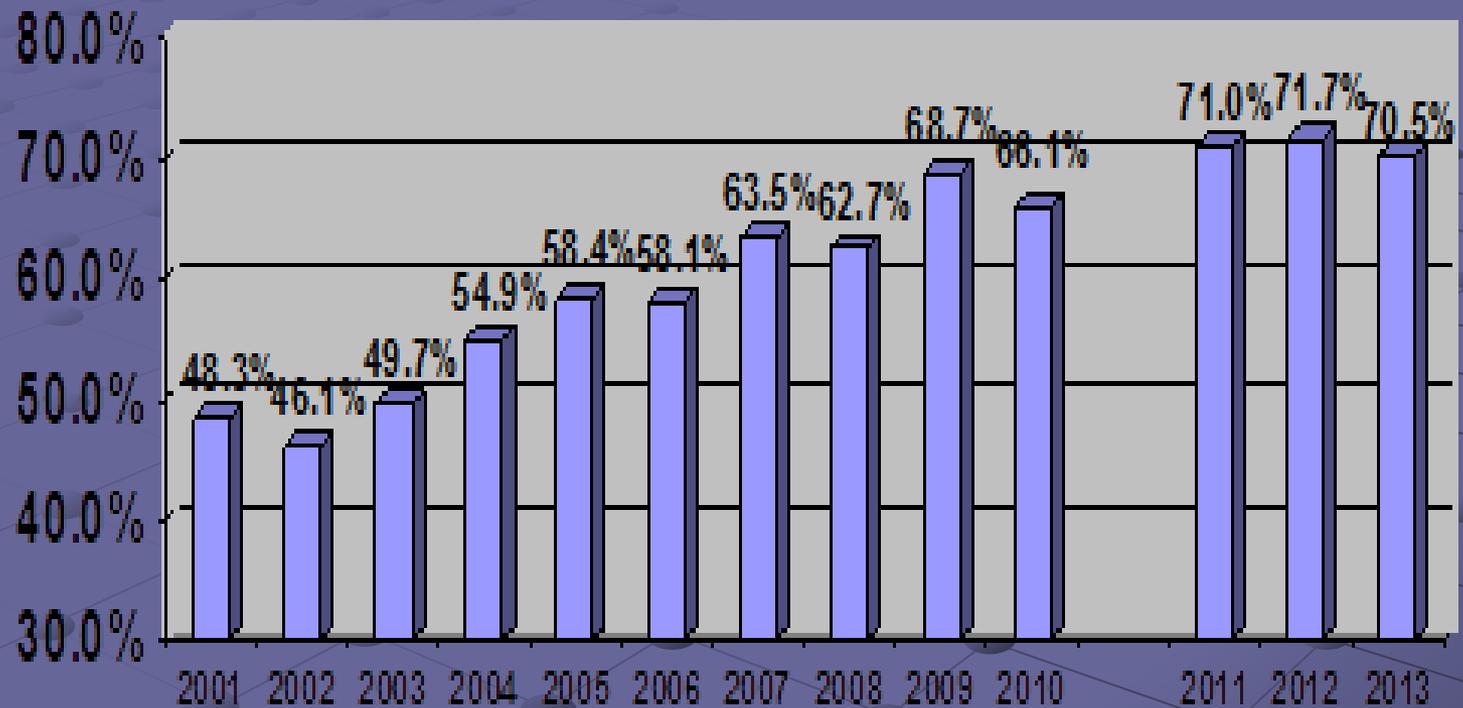
We want to distribute kits to the target audience, but the return rate is something we have focused on improving.

	<u>2003</u>	<u>2009 –</u> <u>2012</u>	<u>2014</u>
Total Kits Distributed	588	1,791	1,414
Total Kits Returned	295	741	812
Return Rate	50%	41%	57%

# Positive FOBT Test – Patient Follow Up Results

	Six Year Total 2009-2014
FOBT Positive Test Results	152
Repeat FOBT – or no follow up reported (Age – Dietary Guidelines – Refusal)	38 (25%)
Reported Completing Colonoscopy	<b>114 (75%)</b>
Benign Polyps Removed or Normal Results	83
Precancerous Polyps Removed	<b>19</b>
Cancer Found – Successful Surgery (2-stage 2 & 1-stage 4)	<b>3</b>
Other Findings: Ulcerated bowel; Hemorrhoids; Diverticulitis; etc.	9

## Colorectal Cancer Screening: 2001 - 2013 Lancaster County BRFSS



Persons 50 and older who have had a sigmoidoscopy or colonoscopy

**BRFSS DATA**

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