

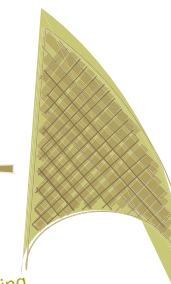
Tagatanu'u Pasefika ma le Kanesa o le Ga'au/Taufale ma le Maliuga (Colon/Rectum)

Colorectal Cancer Screening
Samoa



O lenei lolomiga ua mafaia ona o le Alagatupe Numera CA U01 114591 mai le National Cancer Institute Center to Reduce Cancer Health Disparities. O fa'amatalaga ma mataupu uma i totonu o lenei lolomiga o le totino a le vaega o lo'o latou lolomiina ma tusinga lenei tusi, e le o ni manatu po'o ni taofi mai le ofisa o le National Cancer Institute's Center to Reduce Health Care Disparities.

WINCART
Weaving an Islander Network for Cancer Awareness Research and Training



Pacific Islanders & Colorectal Cancer Flipchart Facilitation Guide

Introduction

The “Pacific Islanders & Colorectal Cancer” flipchart was developed and designed by a group of health educators, professionals and leaders in the Pacific Islander community as a culturally appropriate outreach and education tool. Its purpose is to increase awareness of the impact of colorectal cancer (CRC) on the Pacific Islander community, the various risk factors associated with CRC, CRC prevention information, and CRC screening tests available. When used with the accompanying video and bookmark, two key health messages are highlighted: 1) There are ways that Pacific Islanders can prevent CRC, 2) Pacific Islanders need to ask their doctor about the recommended screening tests for CRC, and 3) to get screened for yourself and your family. Community health educators, outreach workers and community organizations can utilize these flipcharts with small groups of Pacific Islanders at workshops, information sessions, and other Pacific Islander health outreach activities to raise awareness about CRC in the Pacific Islander community. The flipchart is for adult Pacific Islander men and women 50 years of age or older.

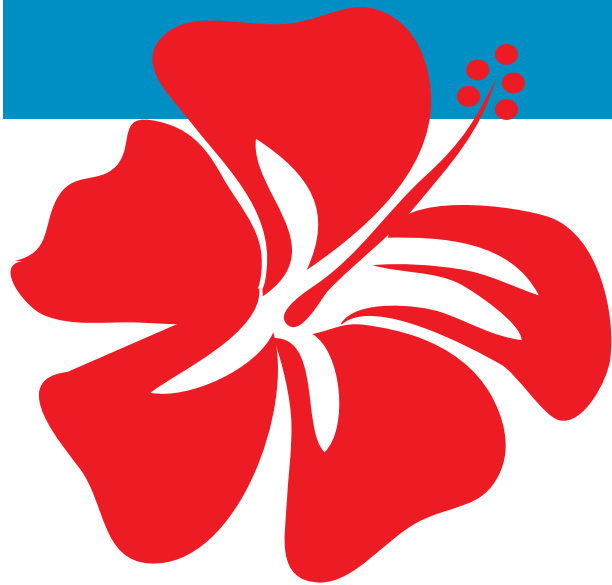
This facilitation guide provides learning objectives and talking points for each flipchart page.

Thank you!

INTRODUCTION (page 2)

OBJECTIVE: To share and discuss participants’ beliefs about colorectal cancer.

O le a se mea ua e Faalogo i ai e Uiga i le
Kanesa o le Ga'au/Taufale ma le Maliuga?



INTRODUCTION (page 3)

OBJECTIVE: To convey how important CRC is for Pacific Islanders.

TALKING POINTS:

- Colorectal cancer is among the most common cancers among Guamanian/Chamorro and Tongan women, Marshallese and Samoan men.
- Native Hawaiian males have the highest colon cancer mortality rates compared to the different race/ethnicities in Hawaii.
- Most Samoans and other Pacific Islanders are diagnosed with colorectal cancer at later stages in California; Hawaiians have the highest rate of colorectal cancer in Stage I and II and Samoans have the highest rates for Stages III and IV.

O le Kanesa o le Ga'au/Taufale
ma le Maliuga e Ta'atele i Tagata
o le Atu Pasefika



UNDERSTANDING COLORECTAL CANCER (page 4)

OBJECTIVE: To provide a general overview and definitions associated with CRC.

TALKING POINTS:

- The colon and rectum are parts of the digestive system. They form a long, muscular tube called the large intestine (also called the large bowel). The colon is the first 4 to 5 feet of the large intestine, and the rectum is the last several inches.
- Cancer begins in cells. Normally, cells grow and divide to form new cells as the body needs them. When cells grow old, they die, and new cells take their place. Sometimes, this process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor.
- Benign tumors are rarely life-threatening and can be removed. Since they do not invade the tissues around them and usually do not grow back, cells from benign tumors do not spread to other parts of the body.
- Malignant tumors are generally more serious than benign tumors and may be life-threatening. They often can be removed but sometimes grow back and invade nearby tissues and organs.
- Cancer cells can break away from a malignant tumor and spread to other parts of the body. Cancer cells spread by entering the bloodstream or the lymphatic system. The cancer cells form new tumors. The spread of cancer is called metastasis.

Ina ia Malamalama i le Kanesa o le Ga'au ma le Maliuga

GA'AU TELE (LARGE INTESTINE)

4 i le 5 futu o le ga'au

MALIUGA (RECTUM)

Pe a ma nai inisi mai le pito i lalo o le ga'au tele

KANESA (CANCER)

O sela ua le mafai ona taofia le sosolo (po'o le ola)

KANESA O LE GA'AU MA LE MALIUGA

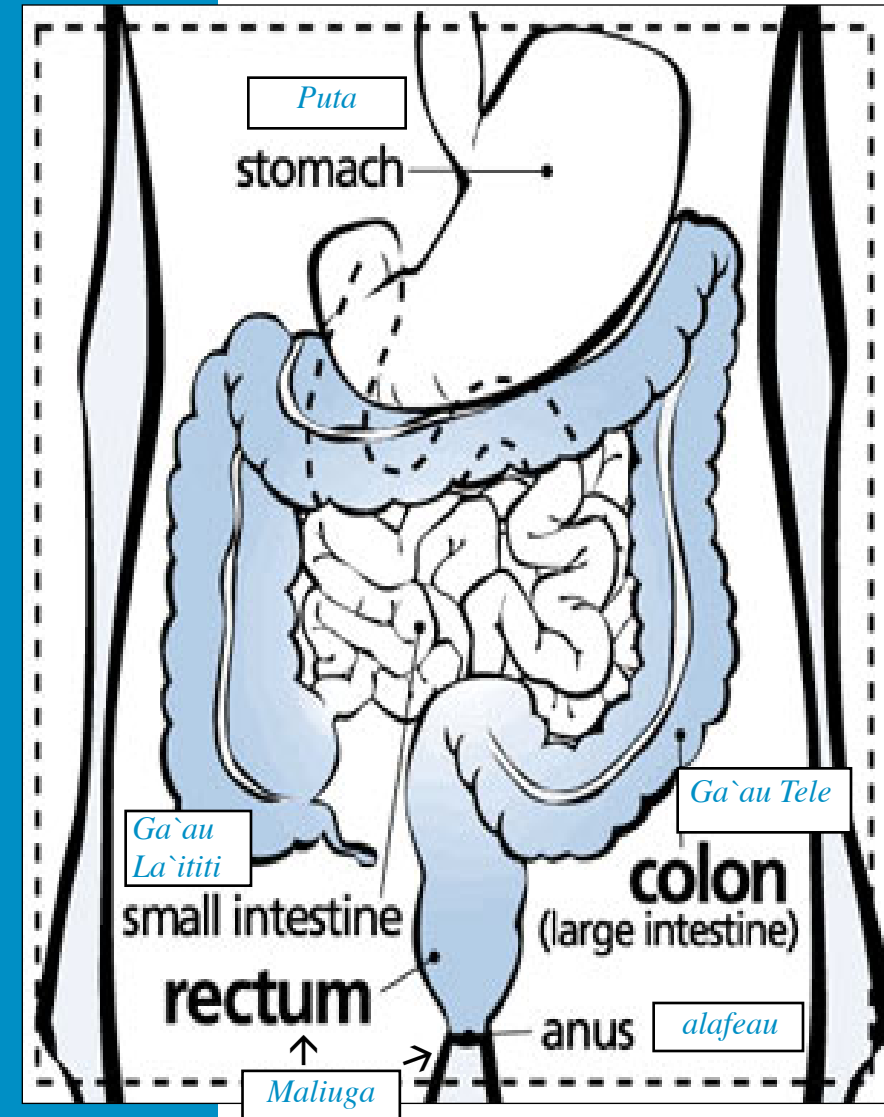
Kanesa lea e amata i le ga'au po'o le maliuga

Benign tumors

Tuma e le'i afaina i le kanesa

Malignant tumors

Tuma ua afaina i le kanesa ma ua sosolo



RISK FACTORS (page 5)

OBJECTIVE: To highlight the various risk factors associated with CRC.

TALKING POINTS:

- A risk factor is something that increases your chance of getting the disease. These are some of the risk factors associated with colorectal cancer among all individuals.
- Colorectal cancer is more likely to occur as people get older.
- Colorectal Polyps are common in people over age 50.
- Close relatives (parents, brothers, sisters, or children) of a person with a history of colorectal cancer are somewhat more likely to develop this disease themselves, especially if the relative had the cancer at a young age. If many close relatives have a history of colorectal cancer, the risk is even greater.
- A person who has already had colorectal cancer may develop colorectal cancer a second time. Also, women with a history of cancer of the ovary, uterus (endometrium), or breast are at a somewhat higher risk of developing colorectal cancer.
- Changes in certain genes increase the risk of colorectal cancer.
- A person who has had Crohn's disease or another condition that causes inflammation of the colon is at risk.
- Studies suggest that diets high in fat (especially animal fat) and low in calcium, folate, and fiber may increase the risk of colorectal cancer. Also, some studies suggest that people who eat a diet very low in fruits and vegetables may have a higher risk of colorectal cancer.
- A person who smokes cigarettes may be at increased risk of developing polyps and colorectal cancer.

Tulaga Masalomia e Mafua ai le Kanesa

- Sili atu i le 50 tausaga o le soifua
- Fa'a'ofu'ofu (polyp) i totonu o le ga'au ma le maliuga
- Tala'aga o le aiga i le kanesa o le ga'au ma le maliuga
- Lou lava tala'aga i le kanesa
- Tulaga ese ese o le fausiga o le tagata
- Fulafula pe palagia totonu o le 'afu'afu ole ga'au po'o le maliuga
- Mea tausami e tele ai le ga'o
- Ulaula sikareti



SYMPTOMS (page 6)

OBJECTIVE: To highlight the various symptoms associated with CRC.

TALKING POINTS:

- Most often, these symptoms are not due to cancer. Other health problems can cause the same symptoms.
- Anyone with these symptoms should see a doctor to be diagnosed and treated as early as possible.
- Usually, early cancer does not cause pain. It is important not to wait to feel pain before seeing a doctor.
- Sometimes CRC can be present even without noticeable symptoms, so please ask your doctor about the appropriate screening tests that you might need.

Uiga Ma Tulaga Va'aia O Le Kanesa

- Manava tata po'o le manava mamau
- Va'aia se toto i lau feau mamao
(mumu malosi pe uliuli)
- Fe'au mamao ua vava'iti nai lo'o le masani
- Fa'alogoia le tiga ma le tele o le ea fa'apea ma se
fa'alogona tumu (bloated)
o le manava
- Lusi pauna ae le iloa pe ai sea le mafua'aga
- Vaivai le tino i taimi uma
- Fa'asuati pe fa'afaufau
- LEAI NITULAGA MASALOMIA EVA'AIA



PREVENTION (page 7)

OBJECTIVE: To highlight the primary ways to help prevent CRC.

TALKING POINTS:

- Prevention is an action taken to lower the chance of getting cancer.
- Regular exercise and a healthy diet may be protective factors for some types of cancer. Avoiding risk factors and increasing prevention may lower your risk, but it does not mean that you will not get cancer.
- Colorectal cancer can be prevented 9 out of 10 times through early detection with proper screening.

Puipuiga

E iai ni su'esu'ega ua fa'ailoa mai e fa'aitiitia le afaina o tagata i le kanesa o le ga'au/taufale ma le maliuga i le faia o mea nei:

- Tele le fa'amalosi tino
- Tausami fuala'au ma lau la'au (Ulu, Taro, Kapisi, Mago, Esi)
- Fa'aitiitia le taumafa i le ava



SCREENING TEST (page 8)

OBJECTIVE: To define and describe the main CRC screening guidelines.

TALKING POINTS:

- Treatment for colorectal cancer is more likely to be effective when the disease is found early.
- Screening tests help your doctor find polyps or cancer before you have symptoms. Finding and removing polyps may prevent colorectal cancer.
- Fecal occult blood test, or FOBT- a test for hidden blood in a sample of stool (feces) you have already passed.
- The FOBT can detect tiny amounts of blood in your stool.
- If this test detects blood, other tests are needed to find the source of the blood. Benign conditions (such as hemorrhoid, where swollen blood vessels around the anus cause itching, pain, and sometimes bleeding) also can cause blood in your stool.

Suega Puipuia

Fecal occult blood test (FOBT)

Faia i tausaga uma, amata i le 50 tausaga. O le suega lea e siakiina ai le toto i le feau mamao. E tu'uina e le ma'i se vaega la'ititi o lana feau mamao i luga o le pepa e fai ai le suega ona toe fa'afo'i lea i le foma'i mo ana su'esu'ega.



SCREENING TESTS (page 9)

TALKING POINTS:

- Double contrast barium enema - patient is given an enema (the injection of a fluid into the rectum to cause a bowel movement) with a barium solution, and air is pumped into your rectum.
- Several x-ray pictures are taken of your colon and rectum.
- The barium and air help your colon and rectum show up on the pictures.
- Polyps or tumors may show up.
- Flexible sigmoidoscopy - a doctor checks inside your rectum and the lower part of the colon with a lighted tube called a sigmoidoscope
- If polyps are found, your doctor removes them. The procedure to remove polyps is called a polypectomy.
- Colonoscopy - your doctor examines inside the rectum and entire colon using a long, lighted tube called a colonoscope.
- Your doctor removes polyps that may be found.

Double-contrast barium enema

Ta'i 5 tausaga ma fai, amata i le 50 tausaga.
 O le fa'ata faapitoa lea o le ga'au (colon).

E fa'aalu atu le vaila'au o le barium e ui atu i le alafeau (anus) aga'i luga o le ga'au tele

O le ata lea ina ua uma ona tu'u iai le vai la'au ole barium

Barium liquid is instilled into the large intestine through the anus

Radiologic view of barium enema

alafeua

Large intestine

Anus

Endoscope

Ga'au tele

Moli

O le fa'agaau e fa'aaoga e su'e ai totomu o le ga'au/taufale

Sigmoidoscopy

Ta'i 5 tausaga ma fai, amata i le 50 tausaga.
 O se auala e su'eina ai se vaega o le ga'au.

Colonoscopy

Ta'i 10 tausaga ma fai, amata i le 50 tausaga.
 O se auala e su'eina ai le ga'au atoa.

O le pito lea e gata mai ai le suega lea o le sigmoidoscopy

End of sigmoidoscopy

Colonoscopy examines the entire length of the colon; sigmoidoscopy examines only the lower third

O le su'ega lea o le colonoscopy e su'e ai atoa le ga'au; o le su'ega lea o le sigmoidoscopy e su'eina na'o le vae tolu pito i lalo o le ga'au tele.

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ASK YOUR DOCTOR! (page 10)

OBJECTIVE: To encourage individuals to ask their doctors about CRC screening.

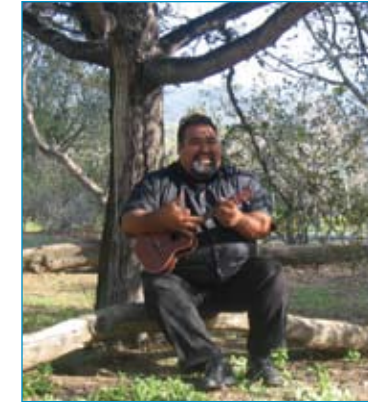
TALKING POINTS:

- People should talk with their health care provider about when to begin screening for colorectal cancer, what tests to have, the benefits and risks of each test, and how often to schedule appointments.
- Insurance coverage varies and individuals should check with their health insurance provider to determine their colorectal cancer screening benefits.
- Additional information about colorectal cancer screening is available from the NCI's Web site at <http://www.cancer.gov/clinicaltrials/> on the Internet, or by calling the Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

Fesili I Lau Foma'i

Fa'amata e te mana'o e fesiligia lau foma'i i fesili nei e fa'atatau i su'ega puipuia:

- O fea su'ega e alagatau mo a'u? Aisea?
- E fia le tau o nei su'ega? Fa'amata e fesoasoani la'u inisiua e totogi nei su'ega?
- E tiga nei su'ega?
- Fa'amata o le a le umi e fa'atali ai fa'ai'uga o nei su'ega?



OTHER RESOURCES (page 11)

OBJECTIVE: To provide other important resources related to CRC.

TALKING POINTS:

If you do not have insurance, please refer to the lists of resources handout. This handout is a list of clinics that offer colorectal cancer screening for individuals without insurance. This list was gathered from the following:

- Coalition of Orange County Community Clinics Directory
- Health Centers- Orange County (www.findahealthcenter.hrsa.gov)
- Health Centers- Los Angeles County (www.findahealthcenter.hrsa.gov)
- Health Centers- San Diego County (www.findahealthcenter.hrsa.gov)
- Community health centers provide health care regardless of your ability to pay and even if you have no health insurance. Phone the nearest community health center for more information or to make an appointment.
- State medical assistance programs help people with incomes under certain limits pay for prescription medications, visits to the doctor, hospitalizations, and insurance premiums. Each program is different and not all States have medical assistance programs. Contact your local department of social services or a local hospital's social worker to see if your State has a program and if you might be eligible to apply.

Nisi Fesoasoani

National Cancer Institute Helpline
www.cancer.gov/help
1-800-4-CANCER

More information on Colorectal Cancer (National Cancer Institute)
www.cancer.gov/cancertopics/types/colon-and-rectal

“Cancer Risk: Understanding the Puzzle” (National Cancer Institute)
<http://understandingrisk.cancer.gov/>

American Cancer Society
www.cancer.org
1-800-ACS-2345



Fa'alauiloaga Ma Folafolaga

WINCART (Lalagaina o se Upega o Feso'otai'ga i le Va o Atua Motu i lo Latou Mataala, Su'esu'e, ma Aoaoga o le Kanesa - Weaving an Islander Network for Cancer Awareness Research and Training)

<http://wincart.fullerton.edu>

'Ainahau O Kaleponi Civic Club

Ainahau O Kaleponi
12534 Valley View St. #343
Garden Grove, Ca 92845
www.aokhcc.org

Guam Communications Network (GCN)

4201 Long Beach Blvd. Suite 218
Long Beach, CA 90807
Telephone: (562) 989-5690
Fax: (562) 989-5694
www.guamcomnet.org

Orange County Asian and Pacific Islander Community Alliance (OCAPICA)

12900 Garden Grove Blvd., Suite 214A
Garden Grove, CA 92843
Telephone: (714) 636-9095
www.ocapica.org

Pacific Islander Health Partnership (PIHP)

9351 Tidewater Circle
Huntington Beach, CA 92646
Telephone / FAX: (714) 968-1785
www.pihp.org

Samoa National Nurses Association (SNNA)

22010 S. Wilmington Ave. Suite 301
Carson, CA 90745
Telephone: (310) 952-1115
www.snna.org

Sons and Daughters of Guam Club

PO Box 740067
San Diego, CA 92174-0067
Telephone: 760-480-9732

Tongan Community Service Center/ Special Service for Groups (TCSC/SSG)

14112 S. Kingsley Drive
Gardena, CA 90249
Telephone: (310) 327-9650
www.ssgmain.org/Tong_GIS.pdf

Union of Pan Asian Communities (UPAC)

1031 25th Street
San Diego, CA 92102
Telephone: (619) 232-6454
www.upacsd.com

Fa'afetai fa'apitua i le vaega a le California Dialogue on Cancer mo lo latou lagolago malosi mo lolomiga.

Lalagaina o se Upega o Feso'otai'ga i le Va o Atua Motu i lo latou Iloa, Uiga, Talitonuga ma Amioga e fa'ataua i le Kanesa (Weaving an Islander Network in Cancer Knowledge, Attitudes, Beliefs and Behaviors-WINKCABB) O se sa'iliga manuia e auala mai i su'ega puipuia mo le kanesa ua sapaapaia e le polokalame a le WINCART (Weaving and Islander Network in Cancer Awareness, Research and Training) Lalagaina o se Upega o Feso'otai'ga i le Va o Atua Motu ina ia Mataala, Su'esu'e ma A'oa'oina i le Kanesa. Ua fa'atupeina e le National Cancer Institute to Reduce Cancer Health Disparities, Grant CA1114591.



