

# HOWARD UNIVERSITY

Cancer Center

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Compliments of the day!

Thank you for agreeing to participate in our Colorectal Cancer Reduction Study here at Howard University. The Principal Investigator for this study is Dr. Adeyinka Laiyemo.

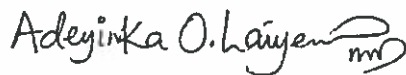
This study will assess the influence of friends and family member's encouragement on completion of recommended colorectal cancer screening process by African Americans. We thank you for your participation in the research study which has an ultimate goal of preventing colon cancer and reducing cancer disparities.

This packet includes information on the colorectal screening process and procedure. Your participation requires you to remind, encourage, and assist with preparation for the procedure. This may also include assisting with transportation or being an escort for the patient when the procedure is performed.

Your participation is voluntary and you have the right to cease participation at any time. If you have any further questions about this study you may call Dr. Adeyinka Laiyemo at 202-865-7186 or Ms Jessica Rogers at 202-806-6828.

Thank you again for your participation.

Sincerely,



Adeyinka O. Laiyemo, MD, MPH, FACP  
Assistant Professor of Medicine



**Transcript of call to the listed social contact for colonoscopy study**

**Participant's name** \_\_\_\_\_ **Date and Time** \_\_\_\_\_

**Social contact's name** \_\_\_\_\_ **Social contact's phone no** \_\_\_\_\_

**1. INTRODUCTION:**

Hello, I am (YOUR NAME). I am calling from Howard University.

**2. REASON WHY YOU ARE CALLING:**

Mr/Ms (PATIENT'S NAME) is participating in a study which is geared towards preventing and reducing the burden of digestive diseases including colon cancer among African Americans.

In the United States, African Americans are more likely to develop colon cancer and are more likely to die from this disease which can be prevented to a great extent with screening. The problem is that African Americans do not undergo screening as they should.

Mr/Ms (PATIENT'S NAME) gave us your contact information that you could serve as his/her facilitator to complete the colonoscopy which his/her doctor has recommended for him/her. He/she has been scheduled to undergo an out-patient colonoscopy at Howard University Hospital Ambulatory Care Center in the basement of the Towers building in Suite B500 on:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ and he/she is to arrive for his/her test at: \_\_\_\_\_ am / pm

This means that:

- A) You will be asked to remind him/her, encourage him/her, and assist him/her as needed to follow the instructions for preparation for the scheduled colonoscopy.
- B) You may also need to assist him/her in the routine care involved in undergoing a colonoscopy such as with transportation or as an escort.

I want to confirm that you will be willing to assist him/her in this regard (WAIT FOR RESPONSE).

**Did the social contact agree to participate?** YES NO

If the social contact refused to participate, thank him/her and end conversation.

However, if the social contact agreed to participate, follow the remaining transcript as outlined:

Thank you for agreeing to participate and assist Mr/Ms (PATIENT'S NAME).

Because only adults can be escorts for patients who undergo colonoscopy, previous experiences do matter, and we would like to mail additional information to you, we would need to confirm some information:

How old are you sir/mam? \_\_\_\_\_ years

**Highest Education Level:** 1. Less than High School 2. High School 3. Some College / Vocational Schools  
4. College graduate

**Have you had colonoscopy before?** YES NO

**Mailing address: Street:** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Transcript of call to the listed social contact for colonoscopy study**

**There are 2 main goals of this study:**

1. To ensure that Mr/Ms (PATIENT'S NAME) comes for his /her scheduled colonoscopy appointment and
2. To ensure that Mr/Ms (PATIENT'S NAME) follows his/her bowel preparation instructions and completes a high quality colonoscopy.

**Scheduled colonoscopy appointment:** Please encourage Mr/Ms (PATIENT'S NAME) to come for his/her scheduled colonoscopy appointment with the gastroenterologist (stomach and colon doctor). If there is any problem and the participant cannot come for his/her scheduled appointment, please encourage him/her to call (202) 865-7186 no less than 24 hours before the scheduled appointment to reschedule.

**Colonoscopy:** Colonoscopy involves the use of a flexible video endoscope to examine the colorectum. It is recommended that patients undergoing colonoscopy should only drink clear liquid diet (such as apple juice, jello, broth and water) the day before their procedure to minimize further stool formation. They are required to drink bowel laxative (such as polyethylene glycol) in 2 split doses with the first dose ingested the day before the procedure and the second dose ingested in the morning of the procedure no later than 2 hours before the start of the scheduled colonoscopy. The procedure is typically performed under conscious sedation with intravenous administration of a narcotic and a fast acting sedative. The use of sedation mandates the need for an adult escort and patients are asked not to operate automobiles, heavy machinery or make important far-reaching decisions after the procedure because of the potential side effect of sedation which includes forgetfulness. Thus, patients take the day of procedure off from work.

Therefore, Mr/Ms (PATIENT'S NAME) will need an escort. We hope you will be able to facilitate this for him/her and you will also encourage him to comply with drinking only clear liquids the day before his/her test and take the laxatives as prescribed. (WAIT FOR RESPONSE). We will remind him/her about his/her colonoscopy within one week of his/her test and give you a courtesy call too. We would like you to note how much time you spent in the course of assisting Mr/Ms (PATIENT'S NAME) complete this task.

Colonoscopy is also the recommended test following an abnormal result from other screening tests such as stool tests, and it is the test of choice for individuals who have had colon polyps removed in the past. Colonoscopy has the distinct advantages that pre-cancerous lesions seen during the procedure can be removed during the procedure and it is the endoscopic procedure that can examine all parts of the colon.

Colonoscopy is generally safe but there is a small risk of bleeding after the procedure especially if a large pre-cancerous polyp is removed but doctors use cautery and clips to minimize the risk of bleeding. There is also a very small risk of perforation (going through the wall of the colon), but this is very uncommon because the test is done with a video camera and doctors see the colon when they advance the scope and it is not a blind test.

Overall, the quality colonoscopy test is that in which there is no stool in the colon and the doctor is able to see the wall of the colon very well so that if there is a pre-cancerous polyp, it can be seen and removed to prevent cancer in the future. This is what we want you to encourage Mr/Ms (PATIENT'S NAME) to achieve.

**Do you have any question Mr/Ms (SOCIAL CONTACT'S NAME)?**  
(If not, or when the questions have been answered):

We will mail an information booklet to you on colonoscopy to serve as reference as you continue to assist Mr/Ms (PATIENT'S NAME). If you have any question later, you can call us at (202) 865-7186 and discuss with Dr. Laiyemo, a gastroenterologist (a stomach and colon doctor) who is conducting this study.

Thank you very much.

Research staff name and signature \_\_\_\_\_ Date and time \_\_\_\_\_

Colorectal cancer is cancer that forms in either the colon or the rectum.

## CANCER IS SECOND

**ONLY TO** heart disease as the leading cause of death in the United States and **COLORECTAL CANCER** is the second leading cause of cancer death in the states.

African-Americans have the highest risk of developing and dying from colorectal cancer than any other racial group in the country. The reasons for this are not yet understood. Learn what you can do today to **REDUCE YOUR CHANCE** of getting colorectal cancer in the future!

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Howard University Cancer Center



## COLORECTAL CANCER

WHAT YOU NEED TO KNOW:  
Early Screening and Detection  
is Your Best Protection

**HUCC**  
Howard University  
Cancer Center

2041 Georgia Avenue, NW  
Washington, DC 20060-0001

Phone: 202.806.7697

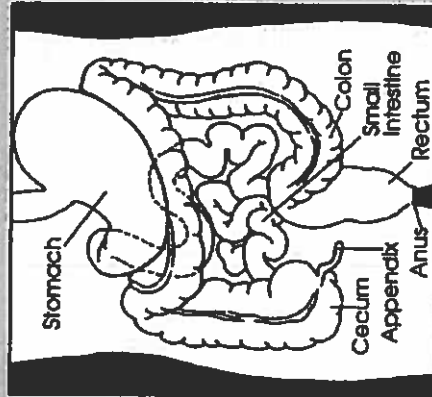
Fax: 202.687.1686

# RISK FACTORS

Associated with Colorectal Cancer

**ANYONE CAN DEVELOP COLORECTAL CANCER.**  
However, your risk may be higher if you have any of the following:

- Higher dietary intake of fat, particularly animal fat
- Low fiber intake
- Low intake of fruit and vegetables
- History of inflammatory bowel disease
- History of ulcerative colitis or Crohn's colitis
- Personal or family history of colorectal cancer or polyps
- Obesity
- History of smoking



## WHAT YOU CAN DO to Reduce the Chance of Getting Colorectal Cancer

- Increase dietary intake of fiber (through fruits, vegetables, legumes, and whole grain breads and cereals)
- Avoid fatty foods and limit your consumption of meat, especially red meat
- Eat 5 servings of fruits and vegetables daily
- Eat folate rich foods such as leafy green vegetables
- Maintain a healthy body weight
- Try to get at least 30 minutes of moderate activity five or more times per week
- Limit consumption of alcoholic beverages
- If you have a family history of colorectal cancer in a first degree relative (mother, father, sister, or child), see your doctor at an early age, so that appropriate screening guidelines can be set for you. If your affected family member was diagnosed with cancer at a young age, your physician will want to have you tested for colorectal cancer earlier than most people.

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## American Cancer Society RECOMMENDATIONS

*(Asymptomatic persons with no known risk factors)*

Beginning at age 50, men and women should follow one of the examination schedules listed below:

- A fecal occult blood test<sup>1</sup> every year.
- A flexible sigmoidoscopy<sup>2</sup> every five years;<sup>3</sup>
- A colonoscopy<sup>2</sup> every 10 years;<sup>3</sup>
- A double-contrast barium enema<sup>1</sup> every 5 years;<sup>3</sup>

<sup>1</sup> A sigmoid rectal exam should be done at the same time as sigmoidoscopy, colonoscopy, or double-contrast barium enema. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.

<sup>2</sup> This test checks for polyps (growth) blood in the stool.

<sup>3</sup> These are tests in which a doctor looks through a lighted tube to check for polyps, tumors, or other abnormalities.

<sup>4</sup> This test involves taking a series of x-rays of the colon and rectum.

Colorectal cancer can cause many symptoms. Warning signs to watch for include:

- sudden diarrhea or constipation;
- blood in the stool;
- pencil-like or narrow stools;
- change in bowel habits;
- general abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps);
- frequent gas pains;
- feeling of incomplete bowel emptying;
- unexplained weight loss;
- constant tiredness; and,
- loss of appetite.

If you are experiencing any of these symptoms, just remember this—don't diagnose yourself and don't delay. See your doctor or phone Howard University Cancer Center for an appointment.



DC Screen for Life

# Health Bulletin

HOWARD UNIVERSITY CANCER CENTER



## Get Checked!

50 or Older?

Get a Colonoscopy to Prevent Colon Cancer

A colonoscopy tests for—and can also prevent—colon cancer. Did you know?

- Colonoscopy detects more than 95% of early colon cancer.
- Colonoscopy is the only test that can prevent colon cancer by identifying pre-cancerous polyps—or small growths and removing them during the procedure.

### Risk Factors for Colon Cancer

- Being 50 or older. More than 90% of colon cancers occur in this age group.
- Personal or family history:
  - A history of colon polyps, colon cancer or other cancers in your immediate family—parents, brothers, sisters—increases your risk.
- Smoking
- Being overweight or obese.
- Ethnicity: African-Americans
- Having other colon diseases such as ulcerative colitis or Crohn's disease.

### How to lower your risk

- Quit smoking. For free help quitting in the District of Columbia, call 1 (800) QUIT-NOW (784-8669).
- Exercise regularly. Get at least 30 minutes of moderate physical activity at least 5 days a week.
- Eat a healthy diet high in fiber and low in red meat.



**Colon cancer is one of the most preventable—but least prevented—of all cancers.**



**Colonoscopy is usually needed only once every 10 years if test results are normal. Other screening tests are needed more often.**

### Other Tests for Colon Cancer

*Any test is better than no test. A positive result on any of these tests must be followed by colonoscopy.*

#### Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT)

- Both FOBT and FIT check for hidden blood in the stool. Each includes instructions on how to take stool samples at home and return them for testing.
- They should be done every year.

#### Sigmoidoscopy

- Similar to colonoscopy but examines less than half of the colon.
- Should be done every 5 years.

#### Barium Enema X-Ray

- A liquid is injected into your bowels followed by a series of X-Rays.
- Should be done every 5 years.

#### Virtual Colonoscopy

- Uses X-rays and computers to produce images of the colon.
- Should be done every 5 years, although this procedure is still fairly new and continues to be studied.



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# Colonoscopy Countdown



## What to Expect and How to Prepare

### What to Expect

- Colonoscopy examines the entire colon using a flexible tube with a camera at one end.
- The exam usually lasts about 30 minutes.
- Colonoscopy is safe and usually painless. There may be some discomfort, but patients are usually given a sedative to help them relax.
- Risk of complications is very small.

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### How to Prepare

<b>7 days before</b>	<ul style="list-style-type: none"> <li>■ Your doctor will probably ask you to stop taking aspirin, aspirin substitutes and iron medications.</li> <li>■ Your doctor may also instruct you to stop taking some prescription medicines.</li> </ul>
<b>6 - 2 days before</b>	<ul style="list-style-type: none"> <li>■ You can eat a regular diet.</li> </ul>
<b>1 day before</b>	<ul style="list-style-type: none"> <li>■ Consume only clear liquids (water, apple juice, coffee or tea without milk or cream, clear broth) the day before and until you go to bed.</li> <li>■ Your doctor will ask you to take medicine to empty your colon.</li> </ul>
<b>Day of the test</b>	<ul style="list-style-type: none"> <li>■ Do not eat or drink anything the day of your test except your bowel preparation laxatives and regular medications.</li> </ul>
<b>A few hours after the test</b>	<ul style="list-style-type: none"> <li>■ Most people feel better after the sedative has worn off.</li> <li>■ You will need to be accompanied home by an adult. The DC Screen for Life Program may be able to help arrange transportation as needed.</li> <li>■ Most people can begin eating regular meals right away.</li> </ul>
<b>1 day later</b>	<ul style="list-style-type: none"> <li>■ You should feel better and be able to resume all normal activities within a day.</li> </ul>