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*Cancer Education Program, the American*

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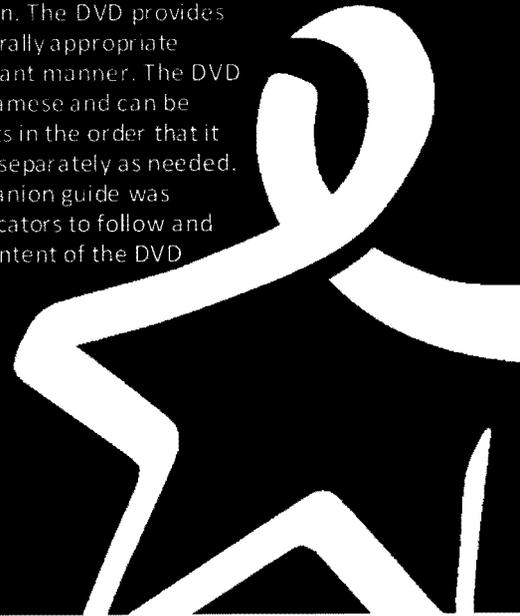
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# Colon Cancer and How to Prevent It

"Colon Cancer and How to Prevent It" is a 3-part DVD developed to educate Vietnamese-American men and women about colorectal cancer prevention and early detection. The DVD provides linguistic and culturally appropriate material in a relevant manner. The DVD is entirely in Vietnamese and can be viewed in segments in the order that it was developed or separately as needed. This English companion guide was developed for educators to follow and understand the content of the DVD.



## PART I: COLON CANCER

Dr. Gill: Colon cancer is cancer of the colon – the lower intestine, also called the large bowel. So it's a new growth, a malignant growth, that can spread from the colon and this is what causes trouble.

*[Graphic of colon and intestine]*

Narrator: Recommendations from the American Cancer Society:

Starting at age 50, both men and women should have a colon cancer screening. There are many options: a stool test every year; a sigmoidoscopy every 5 years; or a colonoscopy every 10 years. For the rest of this video, we will talk about the colonoscopy.

Dr. Gill: For people with no family history, no symptoms, no bleeding, weight loss, pain, usually we say starting at age 50 they should have a colonoscopy. In general, if there is a family history of colon cancer at an early age, say under the age of 62 or thereabouts, usually we have your first colonoscopy 10 years before your first relative was diagnosed – time of diagnosis. So if your father had colon cancer at age 59 then maybe you should have a colonoscopy when you're 49. If your father had colon cancer diagnosed age 49 then maybe you should have your screening colonoscopy at 39.

Narrator: But what exactly is a colonoscopy?

Dr. Gill: Colonoscopy is the name of the procedure that we use to investigate the colon, to look at the colon, in order to find polyps, and/or cancer, or any other abnormalities that would require diagnosis and treatment. So with the colonoscopy, the patient is prepped – we'll talk more about that later – but the patient is prepped by that I mean has taken a solution to flush out the whole colon so the colon is clean and then we, in the colonoscopy, in the procedure room will examine their colon with a long scope about four and a half feet long and we'll insert that through the rectum and look at the entire colon.

*[Graphic of polyp]*

Narrator: Doctors look for polyps – little growths on the wall of the colon. Polyps might turn into cancer if they are not removed. When doctors remove polyps, they prevent most cancer from starting.

Dr. Gill: That procedure colonoscopy can then be utilized to remove polyps, which are the lesions, the new growths that pre-dispose to colon cancer. So for most intents and purposes, if we can remove all polyps, then we're going to prevent most colon cancers, almost all of colon cancers, with a few rare exceptions

Narrator: No matter how old you are, if you have these symptoms, you should talk to your doctor: bleeding, constipation with pain, and weight loss.

Dr. Gill: It is important to do, have your screening colonoscopy because of symptom: bleeding, pain, constipation, weight loss. It is important because we can find polyps, which pre-dispose or are precursors or which can turn into cancer.

Narrator: Preparing for your colonoscopy is easy. Your doctor will tell you what food you can eat in the days before the colonoscopy. It's different for everyone. But the night before the procedure, everyone does take a medicine to clean out their bowels. In this day and age the patients are anxious about the prep because they've heard from their friends that the prep can be difficult. But mostly they are afraid of the unknown. We have 3 or 4 preps, actually more than that. The idea on these preps is that we want the colon to be clean. My exam is only as good as the prep. If the colon is not clean then I can't see what is there to be seen. And the prep is basically going to be fluid which causes diarrhea. So, you drink the fluid, and it causes the body to put fluid into the colon, which flushes the colon out.

*[Dr Gill holding the Half Lytely Prep Kit]*

Dr. Gill: This is one of the preps we use for colonoscopy. This is the inside the box. In this particular prep, Half Lytely, you take some pills, either 2 pills or 4 pills the day before the procedure. These tend to cause diarrhea. You take this material, you get it off the bottle, there, put it in here, put water in, shake it up, and you drink it according to schedule. Usually one glass every 10 minutes (he put the bottle back in the box) until you're done. And usually, about half way through that you'll start to have the diarrhea and you'll feel better. And that way we get a good prep, and if there are polyps we can see them and remove them and if there's an early colon cancer, we can find it and deal with it.

Narrator: Even if you feel healthy, you may ask "Why I should get a colonoscopy?"

Dr. Gill: Early detection is key here. When I am doing a screening colonoscopy and the patient has no symptoms, no pain, no weight loss, no bleeding, and no anemia: 1 out of 100 times we will find a curable colon cancer, 1 percent, or one out of a hundred. So you do 99 cases and you wonder, why am I doing this and you do the 100th case and find a curable colon cancer – now that patient is NOT going to die from a colon cancer in a year or two but is going to live for a long time. So, it's a 10 minute procedure that could save your life.

## PART II: THE COLONOSCOPY

*[Nurse prepping Mr. Truong's arm]*

Narrator: Mr. Truong is getting prepared for a colonoscopy. In this video, you will see how the procedure is performed, how easy it is, how the patient is made very comfortable, and most important, you'll see why getting a colonoscopy is so important. Everyone who is 50 years old should ask for a colon cancer screening – even if you feel fine and there are no signs of trouble. Catching cancer early is the best approach. Mr. Truong is worried, he has been bleeding a little bit from his rectum, he has never had a colonoscopy before, and he heard stories from friends.

Mr. Truong: You might think that the scope can puncture the colon, but that is not likely to happen. Why? You can see it on the TV screen where exactly the scope is in your colon. Just that we never saw it being done before, so we are afraid of the unknown, and we scare ourselves to avoid screening, which is a big mistake. Medical technology is quite advanced and procedure is quite accurate.

Narrator: The doctor knows many of his patients are worried when they come to him.

Dr. Gill: This is a routine procedure for me – not for you. I've done this 24,000 times.

Narrator: The doctor tells Mr. Truong he will get medicine injected into his arm, which will make him comfortable.

Dr. Gill: We'll give you the medicine in the vein. You'll be awake, you'll be aware, but you will not care much what's going on because of the medicine.

Narrator: The doctor also explains if they discover a polyp, they will remove it. The patient won't feel that, but there may be a little bleeding as a result.

*[Graphic of the colon]*

Narrator: Here is how the procedure works. The doctor will insert a small camera into the rectum and then he will push that camera up into the colon.

Dr. Gill: You can see on the TV screen what we're seeing, but you don't have to look if you don't want to.

*[Shots of the TV monitor]*

Narrator: The camera sends video to the monitor; this is how the doctor will see inside.

Dr. Gill: This will take about 10 minutes, and we'll be done. Whatever we know about your colon, I'll be able to tell you.

Narrator: The patient can even watch if he wants to ... although many patients get sleepy because of the medicine. When the doctor inserts the scope into the rectum, the scope also pumps air into the colon. That helps the doctor see the colon clearly. But all that air can sometimes make you a little uncomfortable.

Dr. Gill: Through the scope we'll put air in, take it out, put air in, and take it out. You'll feel that through some cramping. So you breathe through the nose, easily, and relax the stomach muscles. That will help with the cramping. If that's not working, you calmly let us know so we can fix it right away.

Narrator: Now that Mr. Truong is ready, the procedure is about to begin. Dr.

Gill: Lie on your side, good.

Narrator: Mr. Truong lies on his side and the camera is inserted into the rectum. A lubricant is used to make this easy and painless.

*[Doctor Gill is looking at the TV monitor]* Narrator:

Now the doctor can see inside.

Dr. Gill: So far, everything looks normal. You did an excellent job with the prep, the colon is clean, and we're getting a good look.

Narrator: Because Mr. Truong followed directions about what to eat and drink before the procedure, it is easy for the doctor to see the colon.

Dr. Gill: So far, things look good.

*[Graphic of the colon with a scope inserted]*

Narrator: The scope will go all the way up to here.

Dr. Gill: That is our destination and our turnaround point.

*[Shot of the heart rate monitor]*

Narrator: During this time the nurse and the doctor keeps an eye on uncle's heart rate and breathing to make sure everything is okay. Then the doctor sees something in the colon.

*[Doctor Gill looking at monitor]*

Dr. Gill: We have a polyp, a little polyp. I'm not worried about it.

Narrator: Many polyps are innocent – they do not have cancer. The doctor isn't worried about it, but he will take out the polyp, it takes only a moment.

Dr. Gill: This polyp that I took out is too small to be a cancer.

Narrator: But what has caused Mr. Truong's bleeding? Finally, the doctor finds the answer.

Dr. Gill: Internal hemorrhoids. I suspect that is what was causing your bleeding. It's no big deal.

*[Wheeling Mr Truong out of the procedure room]*

Narrator: And with that, the procedure is over. It lasted only ten minutes. But now, Uncle's family no longer worries that he is sick with cancer.

*[Family members talking with Mr Truong]*

Mr. Truong: The preparation is not bad at all. It does not make you tired, pain, or any such.

It is a little inconvenient that you need to stay close to the bathroom, but the liquid is not bad to drink at all. Chinese medicine is much bitter and harder to take in comparison. For us older folks, there are three things that we all fearful of: aging, sickness, and dying. Aging and dying are the two you cannot control, but sickness you can do something to prevent it. The best thing to do is to have check-up regularly to make sure you are not sick, and to find out early if you are sick to ensure better treatment outcomes. If we wait, and only six months left then it might be too late. Therefore, you are not the only one that suffers but the family and loved ones also suffer. Just like the fire, if you get it early, it is easier to control, otherwise when it spreads the whole village will burn.

### **PART III: SURVIVOR STORY**

**Chinh:** I am 48 years old. I had symptoms like bloody stool, constipation, and weight loss that prompted me to go to the doctor, and then I found out that I had colorectal cancer. There were many mix emotions, shock, confused feeling at first, but once diagnosed with cancer, we need to consult and follow-up with doctors for treatment options. Depend on the stage of the cancer, doctor recommend my treatment with chemo and radiation. My chemo treatment was for 6 weeks and administered by a pump that attached to me 24 hours a day that pump the medicine to the veins. The radiation treatment was done daily at the clinic to help shrink down the tumor in the colon. After that, the tumor was removed by surgery. During treatment, I was able to continue working, and that is a good thing. The chemo pump is a little inconvenient, but stay working helps you keep things in perspective. The side effects from the chemo included dry mouth, tiredness but no hair loss and not too bad.

The symptoms like weight loss, stomach pain, changing bowel habit, bloody stool might be indicators for colorectal problems or cancer, that need to be consulted with a doctor right away. If you can detect the problem early, treatment can be very effective, late stage cancer is very complicated and treatment can be very difficult.

Cancer can affect you psychologically; we need to understand that the older we get the more chance that we can get sick. Nevertheless, there are things that we can do to help our body relaxed and to prevent cancer like exercise, stay active with physical activities, better diet that are rich with vegetable and fruits. Like they say "pay now or pay later". It is important to take an active role in your treatment if you are diagnosed with cancer. If colorectal cancer happened to you, it is important that other siblings get a appropriate screening like colonoscopy.