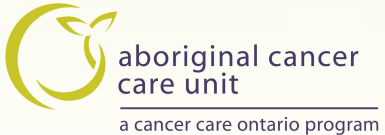




*“Let’s take a stand against...
Colorectal Cancer!”*

**Community Learning Series
Reference Manual**





Organizational Partners



Aboriginal Cancer Care Unit, Cancer Care Ontario

The Aboriginal Cancer Care Unit (ACCU) is responsible for developing the Aboriginal Cancer Strategy and is based on a holistic approach to cancer prevention, screening and research.

Vision

- honouring the Aboriginal path of wellbeing.

Guiding principles:

- Holistic approach: traditional Aboriginal approach to health, physical, mental, emotional, spiritual and cultural needs of the individual family and community.
- Community based: needs to make a difference at the community level and be inclusive of Aboriginal peoples voices.
- Culturally competent: involves working in conjunction with natural, informal support and helping networks with culturally diverse communities, understanding the Aboriginal world view and recognizing community knowledge and assets.

Cancer Care Ontario is the provincial organization that steers and coordinates Ontario's cancer services and prevention efforts so that fewer people get cancer, and patients receive the highest quality of care.



Regional Cancer Program

Programme régional de cancérologie

a Cancer Care Ontario partner
Un partenaire d'Action Cancer Ontario

Regional Cancer Program of the Hôpital régional de Sudbury Regional Hospital

The mission of the Northeastern Regional Cancer Centre is to control cancer and its impact on the people of Northeastern Ontario through partnerships with patients, their families and other individuals and agencies. The Regional Cancer Program will fulfill this mission through quality programs in preventive, surgical radiation, medical and palliative oncology, supportive care services, research and education and with care delivery as close to citizens' homes, as reasonably possible, in Northeastern Ontario. ¹

The organizational partners of this manual would like to acknowledge Doris Mitchell. While a medical student at the Northern Ontario School of Medicine, Doris held an Aboriginal Recruitment Coordination Office summer studentship, and contributed to the clinical content of this manual.



Canadian Cancer Society
Société canadienne
du cancer

Canadian Cancer Society

Mission

The Canadian Cancer Society is a national, community-based organization of volunteers whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

The Canadian Cancer Society achieves its mission through research, education, patient services and advocacy for healthy public policy. These efforts are supported by volunteers and staff and funds raised in communities across Canada.

Vision

Creating a world where no Canadian fears cancer.

Values

These serve as guidelines for the Society's conduct and behaviour as it works towards its vision.

- *Caring*

We are passionate, considerate, respectful and empathetic toward those individuals and families touched by cancer and our colleagues. We believe that all people should be treated with consideration and dignity. Our encouraging and supportive environment allows volunteers and staff to thrive, and contributes to our ability to advance our cause.

- *Courage*

We value the determination and drive of our volunteers and staff to take bold steps to effect positive change. We recognize that such spirit requires a unique strength of character—an inherent quality found in the hearts and minds of people who champion the cancer cause.

- *Integrity*

We are honest and ethical in all that we do, and engage in responsible decision-making that reflects the highest standards of conduct. This ensures that our credibility, leadership and use of donor dollars is never in question.

- *Progressive*

We value our history of learning as we strive for continuous improvement and development at all levels of the organization. We embrace a creative approach to finding solutions that are appropriate and consistent with the strategy, character and abilities of the organization. We value diversity and work hard to create a

collaborative environment where we benefit from the cultural perspectives of others.

To learn more, visit www.cancer.ca.

Introduction:	Community Learning Series	
	Colorectal Cancer Incidence Rates	4
	Screening Challenges	5
	How the Community Learning Series Concept Evolved	5
	Purpose of the Community Learning Series	5
Section One:	Introduction to Cancer	7
	What is cancer?	7
Section Two:	Cancer Myths	8
	Myths 1-6	8
	Myths 7-11	9
Section Three:	Cancer Prevention	10
	Reduce Your Risk	10
	Healthy Eating with Canada's Food Guide	10
	Nutrition and Cancer Prevention	10
	Physical Activity	13
	Alcohol	13
	Tobacco: Keep It Sacred	13
Section Four:	Introduction to Colorectal Cancer	15
	What is Colorectal Cancer?	15
	Anatomy and Function of the Colon and Rectum	15
Section Five:	Risk Factors	16
	What are Risk Factors?	16
Section Six:	Cancer Screening	17
	What is Cancer Screening	17
	Screening Tests	17
	Balanced Living - 7 Steps to Health	19
	Where to Access Trustworthy and Reliable Cancer Information	20
	References	21

Colorectal Cancer Incidence Rates – First Nations' Population: *

The Aboriginal People of Canada, which consists of First Nations, Inuit and Métis people, face many unique challenges. This results in Aboriginal people having poorer health and poorer health outcomes compared to non-Aboriginal populations of Canada. In addition to this, evidence suggests that Aboriginal people are less likely to or able to, access conventional programs and services required to assist in improving health outcomes. ²

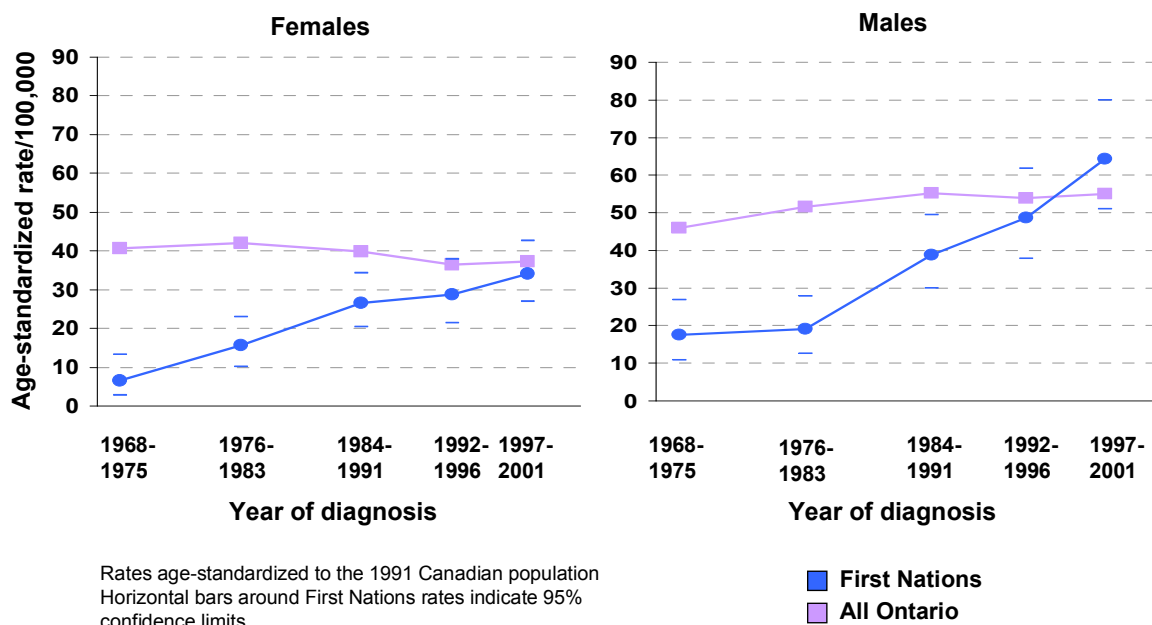
Dr. Lorraine Marrett, Director of Surveillance unit, division of preventive oncology, Cancer Care Ontario, has conducted surveillance research on cancer incidence and mortality in First Nations. As a result, the data on First Nations cancer trends was strengthened. Dr. Marrett's research showed that the overall incidence of cancer, while still below the rate for the general population, is rising more quickly in Aboriginal populations. Much of this increase is due to a rise in colorectal cancer rates and rapidly rising lung cancer rates. ³

Cancer is the second most common cause of death in Aboriginal people. Between 1968 and 1975 and 1997 and 2001, the incidence rate for all types of cancer combined increased in both First Nations men and women. Incidence rates rose more rapidly in First Nations men and women than in Ontario as a whole. ⁴

Colorectal cancer was much less common in Ontario First Nations people in the late 1960s and throughout the 1970s. Since then, incidence rates have increased in females to a level similar to the Ontario population. In males, the incidence rate is even higher. Ontario First Nations people have also experienced a dramatic increase in diabetes rates. Colorectal cancer and diabetes share several risk factors: obesity, physical inactivity and some aspects of diet.

These factors need to be taken into consideration and thoughtful planning is required for cancer prevention and care of Aboriginal peoples.

Colorectal Cancer Incidence Rates Ontario, 1968-2001 (First Nation)



* Surveillance rates not available for Métis and Inuit populations.

Cancer Care Ontario's Aboriginal Cancer Care Unit (ACCU) conducted a needs assessment with Aboriginal communities across Ontario in 2002. Community members and health care providers working in and with Aboriginal communities were asked to provide feedback on a variety of questions related to cancer. This was accomplished by:

- community questionnaire
- community-based interviews
- service provider questionnaire
- service provider discussion groups and interviews

The ACCU also conducted an informal needs assessment of some of the Aboriginal communities across Ontario in 2006-2007. From this needs assessment it was learned that many Aboriginal communities do not know what colorectal cancer is or how to screen for it. With the notable rise in colorectal cancer incidence rates among First Nations people this lack of knowledge and understanding of colorectal cancer is of great concern.

Screening Challenges

There is a lack of culturally appropriate information about cancer. Unless patients and families understand the concepts of prevention screening, early detection, treatment and aftercare, they are not likely to comply with or trust the process of disease management.

- Many Aboriginal communities reported that colorectal screening is not easily accessible to them
- Right now most cancer screening programs do not reach many of the rural and remote Aboriginal communities in Ontario
- Members of remote and rural communities must travel significant distances to access these services
- Because many of the remote communities do not have road accessibility people living in these communities require air travel in order to access preventative screening programs
- Although there are some programs in place to provide funding to assist with the cost of travel, the funds are generally reported to be inadequate. Funding is made available for treatment procedures but usually not to obtain screening
- It was reported that the people who have already been diagnosed with cancer must bear significant costs to gain access to cancer treatments

- There is a lack of culturally appropriate materials to explain the importance of colorectal cancer screening
- Community members, especially those in remote access communities, are challenged by a lack of medical professionals who provide referral to screening

How the Community Learning Series Concept Evolved

The ACCU has taken its direction from this needs assessment and developed a plan to address the need for health promotion and cancer prevention initiatives among the Aboriginal populations of Ontario. Part of this plan includes the Community Learning Series. Armed with the information from the needs assessment, surveillance data, as well as the knowledge that the province is preparing to roll out a population-based colorectal cancer screening program – the ACCU decided it was important to find ways to increase the knowledge and understanding of colorectal cancer among the Aboriginal peoples of Ontario.

An important consideration learned from the needs assessment was that the Aboriginal people surveyed wanted to learn about cancer in a way that was enjoyable, interactive and delivered in a way that reduced fears associated with cancer. This Community Learning Series on colorectal cancer has been designed to do just that.

Purpose of the Community Learning Series Goal

- to deliver a culturally-appropriate learning series for First Nations, Métis and Inuit communities to increase their knowledge around the importance of cancer prevention and colorectal cancer screening
- to increase knowledge of colorectal cancer and screening participation rates in Ontario's Aboriginal population.

Objectives

- to create a facilitator's manual about colorectal cancer and prevention techniques
- to design a set of playing cards with colorectal cancer messages on them for Aboriginal people
- to design a teaching wheel about the signs and symptoms of colorectal cancer
- to develop a poster series on colorectal cancer and the Seven Grandfather Teachings
- to provide training to First Nation, Métis and Inuit health care providers that encompass prevention, promotion, awareness and education components

Desired Outcomes

- increase the number of Aboriginal people getting colorectal cancer screening
- decrease negative attitudes towards colorectal cancer screening
- increase knowledge about colorectal cancer
- create culturally appropriate messages for the Aboriginal population that supports the province-wide colorectal population-based screening program
- increase general awareness about cancer and where follow-up can be sought

Throughout the developmental phases of the Community Learning Series, the ACCU has worked in partnership with the Canadian Cancer Society, Ontario Division as well as the Regional Cancer Program of the Hopital regional de Sudbury Regional Hospital.

Cancer is on the rise in the Aboriginal population, and the rates are growing faster than in other Canadian population groups. More Aboriginal people with cancer are dying from cancer as compared to non-Aboriginal populations with cancer. Cancer is the second most common cause of death in the Aboriginal population. ⁵

What is Cancer?

- Cancer is not one disease. There are more than 200 types of cancer
- Cancer is a disease that starts slowly, and it can often be found with certain tests long before you notice any symptoms
- Cancer occurs when cells in your body become abnormal – the cancer cells do not act like healthy cells
- These cells grow out of control. They do not let the healthy cells do their job and can affect the way your body normally works
- Sometimes they form a mass called a tumour.
- These can be either benign (non-cancerous) or malignant (cancerous)
- Benign tumour cells stay in one place in the body and are not usually life-threatening
- Malignant tumour cells can spread and invade almost any part of the body (metastases)
- The earlier malignant tumours are found, the easier they are to treat and the better your chances of survival
- Cancers are named after the part of the body where they start. For example, cancer that starts in the colon is called colon cancer
- The four most common cancer sites are lung, large bowel, breast and prostate
- Cancer has many causes - there is not one single cause ⁶

Section Two: Cancer Myths ⁷

Cancer Myth 1 : The risk of dying from cancer is increasing.

Reality: The risk of being diagnosed with cancer and the risk of dying of cancer have decreased since the early 1990s. Fewer than half the people diagnosed with cancer today will die of the disease. Some are completely cured, and many more people survive for years with a good quality of life, thanks to treatments that control many types of cancer. The earlier cancer can be detected the greater the chance of survival.

Cancer Myth 2 : Regularly eating meat cooked on a charcoal grill will not increase cancer risk.

Reality: You can increase your cancer risk by eating too much grilled red meat or chicken or even meat pan-fried at a very high temperature. Meat or chicken that is well-done or burnt appears to be the most problematic.

Based on the existing research, the best approach may be to enjoy grilled meats occasionally, but not on a regular basis.

Cancer Myth 3 : You can prevent skin cancer by putting on one application of sunscreen at the start of each day.

Reality: The use of sunscreen on a daily basis is a good practice for reducing skin cancer risk. The problem with it is that it can sometimes give a false sense of security. Sunscreen needs to be reapplied. Sun damage remains in deeper layers of skin. It's cumulative and can eventually cause cancer. Some people believe having darker skin colour protects them from the sun's harmful rays. This is not so. Everyone, regardless of skin colour needs to make a habit of using sunscreen.

Cancer Myth 4 : Household bug spray can cause cancer.

Reality: Available evidence does not suggest a link between household use of pesticides (bug spray) and cancer. On the other hand, these products can be dangerous if precautions regarding breathing and direct contact are not followed. Careful use of pesticides is especially important for agricultural workers, who may be exposed at much higher levels than people who occasionally spray a bug in their home or garden.

Cancer Myth 5 : Treating cancer with surgery causes it to spread throughout the body.

Reality: Specialists in cancer surgery know how to safely take biopsy samples and to remove tumours without causing the spread of cancer. In many cases, surgery is an essential part of the cancer treatment plan and surgeons take extra precautions to prevent any chance of the cancer spreading.

Cancer Myth 6 : Living in a polluted city is a greater risk for lung cancer than smoking a pack of cigarettes a day.

Reality: Air pollution is far less likely to cause lung cancer than smoking cigarettes. Being a smoker or even being frequently exposed to second-hand smoke is more dangerous than the level of air pollution encountered in cities. Dirty air does contribute to lung cancer risk, but has a greater impact on heart disease, asthma and chronic bronchitis.

Cancer Myth 7 : Some injuries can cause cancer later in life.

Reality: The fact is that a fall, a bruise or any other injury is almost never the cause of a cancer. Sometimes a person might visit the doctor for an injury and a tumour is found at that time. But the injury did not cause the tumour; it was already there.

Cancer Myth 8 : Electronic devices, like cell phones, can cause cancer in the people who use them.

Reality: A few studies suggested a link with certain rare types of brain tumours, but the consensus among well-designed population studies is that there is no consistent association between cell phone use and brain cancer. There is no apparent cancer link for other electronic devices such as microwaves.

Cancer Myth 9 : There is currently a cure for cancer, but the medical industry will not tell the public about it because they make too much money treating cancer patients.

Reality: One overarching fact that clearly disputes this conspiracy theory is that doctors and laboratory scientists along with their families die of cancer at the same rate as everyone else. Also, finding one all-encompassing cure for cancer is not possible. Cancer comes in many different forms, and for several of them, there are already cures available for the majority of patients.

Cancer Myth 10 : What someone does as a young adult has little impact on their chances of getting cancer later in life.

Reality: The truth is that lifestyle choices made as a young adult do increase your risk of developing cancer, particularly the use of tobacco, but also your diet, the amount of physical activity you get and your exposure to the sun.

Most cases of cancer are the consequence of many years of exposure to several risk factors. What you eat, whether you are physically active, whether you get sunburned regularly, and especially whether you smoke, as a young person have a substantial influence on whether you develop cancer later in life. ⁸

Cancer Myth 11 : Pesticides on fruit and vegetables can cause cancer.

Reality: The amount of pesticides contained in foods is very small and the benefits of a diet high in vegetables and fruit far outweigh the risks of the small amounts of pesticides used. Fresh vegetables and fruit should be washed thoroughly before eating them.

Over the years a number of water supplies and environments in some areas have become contaminated. This is important to consider when hunting and fishing.

Community members will need to be aware of contaminated areas and avoid food from these areas. ⁹

Section Three: Cancer Prevention

Reduce Your Risk

The chance of developing colorectal cancer (and many other chronic diseases and cancers) is reduced with a healthy lifestyle, including:

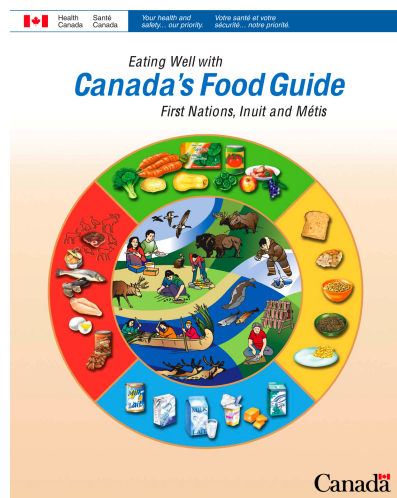
- maintaining a healthy diet that is low in fat and red meat, but high in fruit, whole grains, fibre and vegetables
- achieving and maintaining a healthy weight
- staying physically active
- abstaining from or consuming less alcohol
- avoiding tobacco use and exposure to second-hand smoke.

Healthy Eating with Canada's Food Guide

Diet and nutrition are important elements in the prevention of disease and the promotion and preservation of health. One's diet may determine whether or not a person will develop a disease, such as cancer, heart disease and diabetes later in life.¹⁰

Canada's Food Guide

- In 2007, Canada's Food Guide, a tool to help the general population make healthy food choices, was revised.



- A specific guide was developed for the Aboriginal population.
- Foods are divided into four food groups which include vegetables and fruit, grain products, milk and alternatives, meat and alternatives. Other food and drinks have little nutritional value and should only be enjoyed in small amounts.¹¹

Recommended number of Food Guide servings per day:

	19 - 50 yrs		51+ yrs	
	M	F	M	F
Vegetables & fruits	7-8	8-10	7	7
Grains	6-7	8	6	7
Milk Products	2	2	3	3
Meat & alternates	2	3	2	3

Some examples of serving sizes from each food group are:

- *grains or starchy food*: choose an amount no bigger than your fist
- *fruit*: choose an amount no bigger than your fist
- *milk*: choose up to 1 cup of 1% or skim milk (or fortified soy milk, for example)
- *meat or fish*: choose an amount the size of your palm (without your fingers)
- *vegetables*: choose as much as you can hold in two hands
- choose an amount up to the size of your thumb tip¹²

Nutrition and Cancer Prevention

What is in vegetables and fruit that can help reduce your risk of developing cancer?

Antioxidants:

- are a type of phytochemicals, vitamins or other compounds that protect our cells from damage
- may help protect your body from cancer cells
- are found in many fruits and vegetables including berries, carrots, squash, spinach and citrus fruit
- vitamins C, E and A are examples of antioxidants

Phytochemicals:

- are natural plant compounds in vegetables and fruit. Some phytochemicals reduce the risk of cancer by acting as antioxidants, while others prevent cells from changing into cancer cells
- give vegetables and fruit their bright colour
- each colour group is associated with a different phytochemical, so choose vegetables and fruit of many colours each day¹³
- are found in broccoli, berries, pecans, turnips, celery, carrots, tomatoes, garlic, onions, apples and cabbage

Fibre:

- is the part of the plant that your body cannot digest
- helps keep your gut working properly to prevent sickness

There are two types of fibre, insoluble and soluble.

- Insoluble fibre cannot be digested in your body, but it does provide bulk to the stool to help prevent constipation. There are many foods high in insoluble fibre, such as vegetables, fruit, whole grain breads and cereals and brown rice
- Soluble fibre can be partially broken down and digested. This fibre may help to lower cholesterol. Beans and lentils are a good source of soluble fibre

Here are a few ideas to get more fibre:

- Try using whole wheat flour, oatmeal, bran or flax when you make bannock
- Eat whole wheat bread (such as 100% stone ground), wild or brown rice and brown (whole wheat) noodles and spaghetti
- Eat more fruit and vegetables.
- Have oatmeal for breakfast
- Add barley and veggies to moose or fish head stew
- Open a can of kidney beans (rinse a few times to cut down on salt as well as “gas”) and pour it into your soup, spaghetti sauce or macaroni and cheese. Try lentils, black beans or chick peas for variety
- Try munching slowly on a small handful of plain almonds, walnuts or peanuts for a snack instead of chips (Remember that nuts have a lot of oil in them. So even though they are healthy, too many is too much!)
- Add fresh or frozen wild berries or fruit to your oatmeal, cereal, baking, salad, or, just have some for a snack ¹⁴

Although the association between fibre and risk of cancer is inconclusive, eating more high-fibre foods is still a healthy choice. When combined with a low-fat diet, eating more fibre could reduce the risk of heart disease and chronic diseases, including cancer. ¹⁵

Grilled Meats

Based on the existing research, the best approach may be to enjoy grilled meats occasionally, but not on a regular basis.

When you do grill or broil meat, you can minimize your consumption of unhealthy chemicals in a few ways:

- Do not eat blackened or burnt parts
- Precook meats in the oven or microwave, and then finish on the grill for just a few minutes
- Substitute grilled vegetables or fruits (onions, green and red bell peppers, zucchini, broccoli, carrots, potatoes, pineapple) for part of the meat in your meal
- Eat smaller portions of grilled meats

Folate

Research has found that folate consumed from vegetables and fruit has been linked with lower risk of colorectal cancer in people with a family history of the disease. ¹⁶

Folate may be found in fortified whole grain breads and cereals, dried peas, beans, dark leafy greens and fruit.

Vitamin D

There is evidence to show that vitamin D may be an important cancer fighter, including for colorectal cancer. Sunlight is the primary source of vitamin D. However, rays emitted from the sun are the primary cause of skin cancer, therefore it is important to protect yourself from exposure. Protect yourself and your family particularly between 11 a.m. and 4 p.m. Use a sunscreen with a sun protection factor (SPF) of 15 or higher and SPF of 30 if you work outside or will be outside for most of the day.

Check with your doctor about taking vitamin D supplements in the fall and winter, or all year round for those who can not make enough vitamin D from sunshine.

Fats

We all need fat in our diets. Eating the low fat way means choosing healthy fats instead of harmful fats and choosing lower fat options more often.

Section Three: Cancer Prevention

Types of Fats:

Unsaturated Fats:

- They are considered healthy fats because they seem to protect against diseases such as heart disease and cancer and are found in nuts and seeds, non-hydrogenated soft margarines, and vegetable oils like olive oil, canola oil, sunflower oil and salad dressings that contain these oils
- A particularly helpful type of unsaturated fat is omega-3 fat. It is found in fish such as salmon, herring and mackerel. You can also find omega-3 fat in canola oil, flax seeds and flax oil, nuts, other seeds and soybeans

Saturated Fats:

- Saturated fats and Trans-fats (hydrogenated) are potentially harmful fats. They seem to increase the risk of cancer and heart disease
- These fats are found in animal sources of food such as red meats, poultry, butter and cheese
- Trans fats are usually found in foods that are highly processed, such as cookies, crackers, packaged foods, hydrogenated margarines

Traditional Diet

Traditional foods have many nutritional benefits including lower fat and calorie content and higher levels of zinc and iron. Eating local fish, meat, wild greens and berries provides the necessary dietary intake of most vitamins, essential elements and minerals. There's also the social, cultural, spiritual and physical value of traditional foods.

If traditional foods are so much healthier for us, why is it that only half of First Nations adults eat traditional protein-based foods today? ¹⁷

There are many reasons for why this may be:

- many Aboriginal people now live in urban centres
- working patterns that do not allow for hunting and trapping activities
- better food storage (many have fridges and freezers)
- access to store bought foods
- growing concern over contaminants
- decline of traditional skills and knowledge

There are many reasons why Aboriginal people are eating less traditional foods, however, studies have shown that when people ate both traditional and market foods, their diets were better than when they ate only market food.

Follow the Eating Well with Canada's Food Guide specifically developed for First Nations, Inuit and Métis groups. Nutritional benefits of traditional foods include:

- less calories – helpful for weight control
- less saturated fat – better for the heart
- more lean meats and fish
- more iron – better for muscles and blood
- more zinc – better for wound healing and fighting infection
- more vitamin A – better for vision and fighting disease
- more calcium – better for strong bones and teeth ¹⁸

Traditional teachings can help guide food intake. One such teaching is that of the Coyote. Coyote planted berries in the mountains so that we would not become lazy. Coyote taught people to build canoes and catch fish. People were also taught not to cook more than they needed. If they did, the salmon would become ashamed and not return. Are the salmon ashamed because so many of us are overeating? ¹⁹

Food Accessibility

The challenge of access to affordable food needs to be considered when offering advice on how to meet the recommended daily food requirements. To be effective, prevention programs must focus on eliminating the environmental barriers to healthy food choices. Access to fresh fruit and vegetables and dairy products at a reasonable cost can be an enormous barrier to try to overcome. In the absence of fresh produce, alternative choices that are locally available, can be just as healthy. Here are a few examples:

- canned fruit in its own juice or water (avoid those packed in syrup)
- choose no sugar added products
- frozen vegetables with little or no salt added
- choose vegetables and fruit like apples, oranges, carrots, turnip, squash and cabbage that are relatively inexpensive
- encourage community members to start their own gardens.
- contact your Community Health Representative or local health organization to assist with how to go about starting this.
- see what kinds of food grows best in your area.
- this not only provides access to healthy foods but also encourages active living

Other traditional practices include:

- Canning and preserving of fresh fruit and vegetables can provide access to produce in off season
- Freezing berries and other available fruit to eat during the winter months

Physical Activity

Physical activity can reduce the risk of colorectal cancer by as much as 50 percent.²⁰ There were an estimated 8,700 deaths in Canada from colorectal cancer in 2007, with an estimated 20,800 new cases occurring. Research also shows that physical activity may protect against breast cancer. Over 5,300 Canadian women will die of breast cancer in 2007 with an estimated 22,300 new cases estimated in 2007.²¹

Exercise does not have to be painful. Choose activities that you enjoy.

	for example:	
traditional dancing	jigging (step dancing)	lacrosse
hockey	softball	tai chi
karate	walking	swimming
gardening	yoga	biking

Benefits of physical activity:

- prevention of a number of diseases
- reduced anxiety and stress
- improved confidence and self-esteem
- improved fitness
- maintenance of a healthy weight
- stronger muscles and bones
- continued independent living in later life

Alcohol

Alcohol has been linked with greater incidence of colorectal cancer.

The amount consumed rather than the type of alcohol (beer, wine, or spirits), appears to influence the risk of cancer. Because there is evidence that moderate alcohol use also has beneficial health effects, safe drinking guidelines have been developed in Canada to recognize the need for balance. (Moderate use, for example, appears to reduce overall mortality, but not cancer-related

mortality.) The guidelines recommend no more than two drinks a day, with a weekly maximum of nine drinks for women and 14 for men. Persons with a family history of cancer are encouraged to drink even less.

If you choose to drink alcohol, limit the amount you drink.

For women: less than one drink a day. (Pregnant women should avoid alcohol).

For men: less than two drinks a day. A drink is: • one 12 oz (350ml) bottle of beer (5% alcohol) • one 5 oz (145ml) glass of wine (12% alcohol) • one 1.5 oz (45ml) shot of spirits (40% alcohol)²²

Tobacco: Keep it Sacred

- Tobacco is the first plant that the Creator gave to Native people.
- It is the main activator of all the plant spirits
- Three other plants, sage, cedar and sweetgrass, follow tobacco, and together they are referred to as the four sacred medicines
- The four sacred medicines are used in everyday life and in ceremonies.
- It is said that tobacco sits in the eastern door, sweetgrass in the southern door, sage in the west and cedar in the north
- Traditional people say that tobacco is first. It is used in an offering for everything and in every ceremony. Traditional tobacco was given to Aboriginal people so they can communicate with the spirit world. It opens up the door to allow that communication to take place
- When Aboriginal people make an offering of tobacco, they communicate their thoughts and feelings through the tobacco as they pray for themselves, their family, relatives and others
- Tobacco has a special relationship to other plants: it is said to be the main activator of all the plant spirits. Tobacco is always offered before picking medicines
- When one seeks the help and advice of an Elder, Healer or medicine person, traditional tobacco is given
- It is put down as an offering of thanks to the family and the natural world, after a fast
- Traditional tobacco is still grown in some communities

Source: "The Four Sacred Medicines" Anishnawbe Health Toronto

Section Three: Cancer Prevention

Facts about Non-traditional Tobacco Use:

Commercial tobacco products are addictive. Smoking is the number one preventable cause of death in Canada. Compared to the Ontario population as a whole, a high proportion of First Nations people use commercial tobacco.

The First Nations and Inuit Health Survey released in 1999 reveals that 62% of First Nations smoke commercial tobacco compared to 31% among other Canadians. Smoking kills more than 45,000 Canadians each year – that's three times more people than car accidents, suicides, murder and AIDS combined.

Smoking is the cause of one-third of all cancer deaths and at least 85% of lung cancers. Commercial tobacco use is also linked to cancer of the bladder, kidney, pancreas, cervix, mouth, esophagus, larynx and colon. One of every two long-term smokers will die from smoking.

Eliminating commercial tobacco use is one of the most effective ways to reduce your risk of developing cancer.

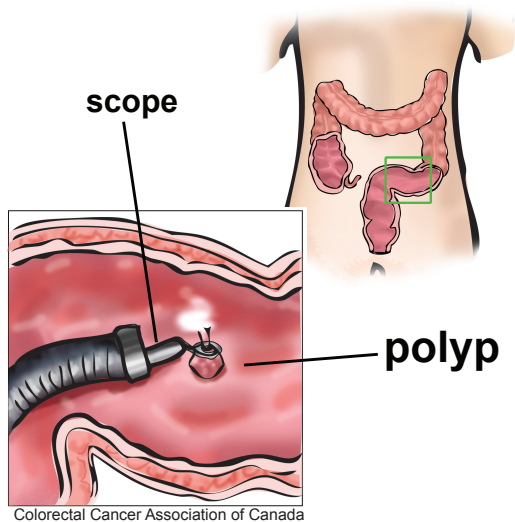
- Tobacco causes lung cancer, many upper airway (mouth, throat, larynx) and urinary tract cancers (bladder and kidney), cervical cancer, as well as some cancers of the stomach and pancreas
- All forms of tobacco - smoking, chewing and second-hand tobacco smoke - can cause cancer including exposure to second-hand smoke
- Tobacco is also a major cause of death from other common conditions such as cardiovascular and lung diseases
- People who stop smoking substantially reduce their chances of dying from cancer or cardiovascular disease ²³

Section Four: Introduction to Colorectal Cancer

What is Colorectal Cancer?

Colorectal cancer is the third most common cancer among Canadian men and women. Colorectal cancer can be cured when it is found early through screening.

Colorectal cancer includes cancer of the colon (large bowel) and rectum. Most colorectal cancers start as small growths (polyps) on the lining of the bowel.

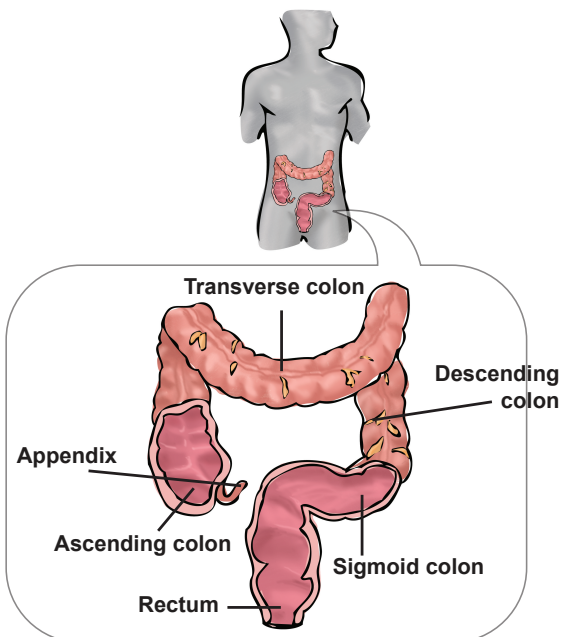


Colorectal Cancer Association of Canada

Anatomy and Function of the Colon and Rectum

Anatomy:

- The entire colon is about five feet (150 cm) long.
- It is divided into parts · ascending · transverse · descending · sigmoid



CCAC - Colorectal Cancer Association of Canada

- The colon (large intestine) is a smooth muscular tube that starts at the end of the small intestine and ends at the rectum
- The rectum is about eight inches long and is the lower end of the large intestine
- The colon and rectum serve, basically, as a warehouse for waste matter or poop, which is commonly referred to as "stool"

Function:

- The main job of the colon is to absorb water from the watery stool that comes from the small intestine
- The colon helps our body keep a good balance of water
- The colon absorbs nutrients from digested food

Symptoms of Colorectal Cancer

- In its early stages, colorectal cancer causes no symptoms - this is why you need to get screened to find out if you have it.
- over time as the cancer grows it can cause symptoms.

Symptoms include:

- general discomfort in the abdomen (bloating, fullness and/or cramps)
- change in bowel habits, such as diarrhea or constipation, for no apparent reason
- blood in the stool
- stools that are narrower than usual
- urgent need to have a bowel movement
- a feeling that the bowel has not completely emptied
- feeling very tired
- unexplained weight loss

Having any of these symptoms does not necessarily mean you have colorectal cancer. They could be caused by other medical problems. But if you have any of these symptoms you need to check with your doctor to be sure.²⁴

Section Five: Risk Factors

What are Risk Factors?

A risk factor is something that can increase your chance of getting a disease like cancer (for example: your age, your family history etc.).

Colorectal cancer risk factors:

Colorectal cancer cannot be linked to just one single cause. There are things that can increase the risk of getting it, but some people develop colorectal cancer without any of these risk factors.

Age (over age 50)

While younger adults can develop colorectal cancer, your chances of developing colorectal cancer increase significantly after age 50. This is why screening in the population needs to begin at the age of 50.

Over 90% of people diagnosed with colorectal cancer are older than 50.

Family history of cancer

While most colorectal cancers occur in people without a family history of colorectal cancer, those with a family history of colorectal cancer in a first-degree relative are considered at increased risk for the disease.

(First-degree relatives are parents, siblings, and children.)

Living with another bowel problem (Ulcerative colitis or Crohn's Disease)

Inflammatory bowel disease (IBD), including ulcerative colitis and Crohn's colitis, are conditions in which the colon is inflamed.

Long-standing ulcerative colitis and Crohn's colitis are associated with an increased risk of colorectal cancer.

Talk to your doctor or health care worker about the need for screening.

Diet

A diet that is high in fat, especially fats from animal sources, can increase your risk of colorectal cancer. Over time, eating a lot of meats and processed meats can increase your colorectal cancer risk.

The Canadian Cancer Society recommends choosing most of your foods from plant sources and limiting your intake of high-fat, high calorie foods such as those from animal sources.

The Canadian Cancer Society also recommends eating at least 5 to 10 servings of vegetables and fruit every day and several servings of other foods from plant sources, such as breads, cereals, grain products, rice, pasta, or beans.

Many fruits and vegetables contain substances that interfere with the process of cancer formation.

Obesity

If you are very overweight, your risk of developing colorectal cancer is increased.

Low physical activity

If you are not physically active, you have a greater chance of developing colorectal cancer.

Long-term heavy alcohol use

Colorectal cancer has been linked to the heavy use of alcohol.

Smoking

Smoking has recently been linked to increased colorectal cancer risk, in addition to an established relationship with other cancers, such as lung and breast.

Sex

The life-time risk of developing colorectal cancer is equal in women and men.

What is Cancer Screening?

Screening is testing for a disease such as cancer in a person who does not have symptoms of the condition.

Screening is used to detect a condition before it becomes serious, and when it is readily treatable.

Colorectal Screening

There is a 90 per cent chance of curing colorectal cancer if it is caught early through screening.

Colorectal cancer screening should also be promoted as part of a lifelong strategy for health maintenance for both men and women.

Who should be screened?

Men and women aged 50 years and over should complete a Fecal Occult Blood Test (FOBT) once every two years.

A colonoscopy is recommended if you have a first degree relative (mother, father, brother, sister, son, daughter) diagnosed with colorectal cancer. In this situation you need to be screened at age 50, or 10 years before the age at which your relative was diagnosed, whichever comes first. For example,

if your father was diagnosed at age 44, then you should go for screening starting at age 34.

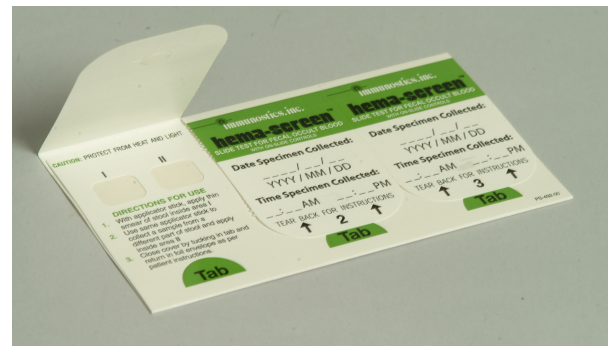
If you see visible blood in your stool, or have any other symptoms of colorectal cancer (see page 16), talk to your primary caregiver (doctor or nurse practitioner).

Screening Test

1. Fecal Occult Blood Test (FOBT)

This test checks for invisible blood in stool samples taken over three different days. A person collects the samples at home and sends the completed FOBT kit to a laboratory (where it will be examined) via mail, or by dropping it off. If blood is found, colonoscopy is advised.

FOBT has been proven to reduce deaths from colorectal cancer by at least 16 per cent when performed every two years over a 10 year time period.²⁶



What does a positive or negative FOBT mean?

The FOBT does not test directly for cancer, but it detects blood in the stool because cancers can bleed.

Positive FOBT:

Any person who has a positive FOBT is advised to have a colonoscopy.

The majority of people who test positive are found not to have cancer at colonoscopy. However, approximately 10 per cent of people with a positive FOBT are found to have cancer at colonoscopy.

Negative FOBT:

Using FOBT in repeated testing every 2 years detects 50% of cancers.

If a test is falsely negative, cancer may not be found until the next round of screening, or until symptoms develop. This is why it is important to be tested regularly (every two years).

Section Six: Cancer Screening

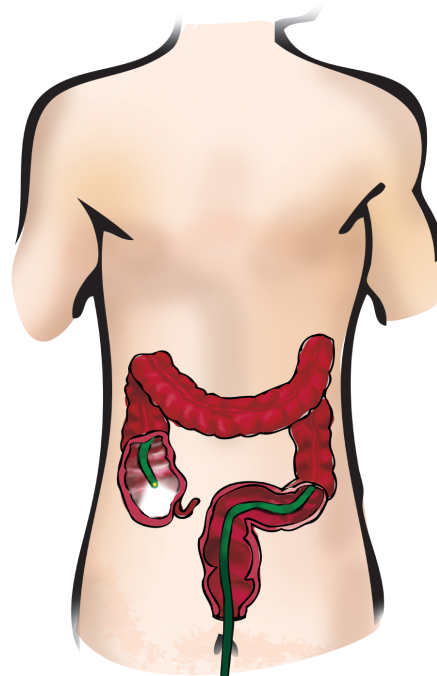
2. Colonoscopy

A soft, bendable tube with a camera on the end is inserted into the rectum and through the entire colon. The rectum and entire colon are examined, and if necessary, biopsies can be taken and polyps can be removed.

This test is usually done after you have received a small dose of medication to help you relax.

Colonoscopy is used as the follow-up test in those with a positive FOBT. Colonoscopy is also used as the first screening test in those with a family history of one or more first-degree relatives with colorectal cancer.

A person must “prepare” their colon for examination by completely emptying it with special laxatives prior to the exam.



National Cancer Institute

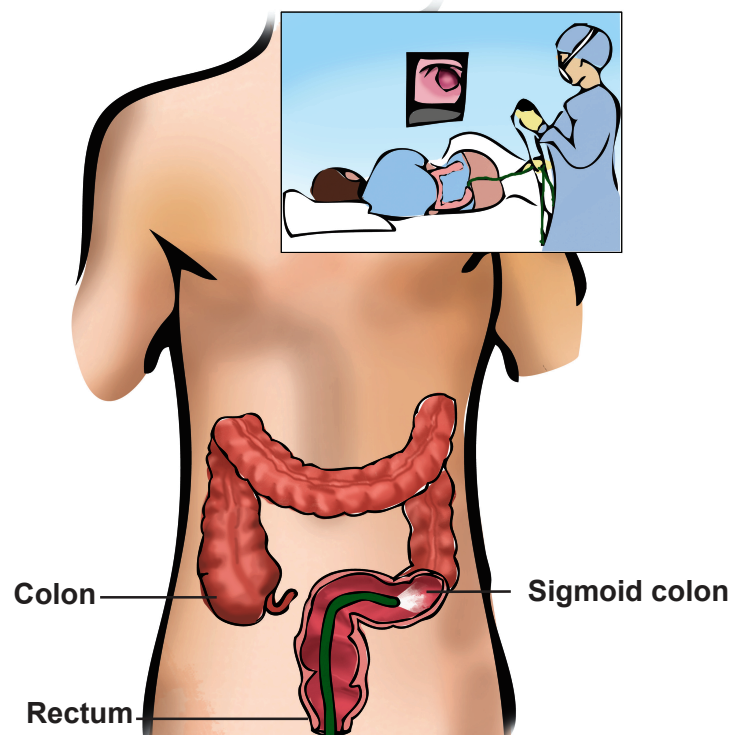
3. Flexible Sigmoidoscopy

A soft, bendable tube with a camera on the end is inserted into the rectum and lower colon. The rectum and lower third of the colon are examined, and if necessary, biopsies can be taken and polyps can be removed.

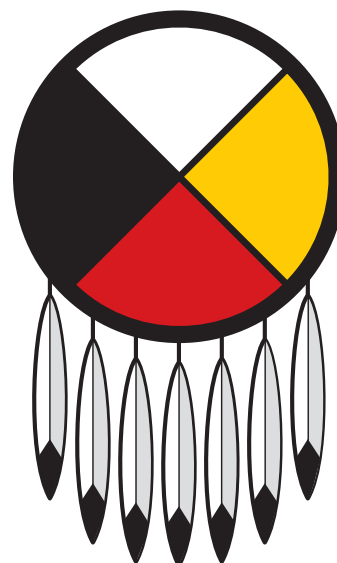
Flexible sigmoidoscopy is similar to a colonoscopy, except that only the rectum and lower third of the colon are examined.

A person must “prepare” their colon for examination by taking two enemas prior to the exam. It does not require sedation.

A flexible sigmoidoscopy cannot directly detect polyps higher up in the colon.



Incorporating traditional Aboriginal philosophies – bravery, honesty, love, humility, wisdom, truth and respect – helps to keep the body, mind, spirit in a healthy balance. You can take steps to help reduce the risk of developing cancer as research continues to show that some cancers can be prevented.



7 STEPS to HEALTH

STEP 1

Don't smoke

Gego zgaswaa-ke

STEP 2

Eat healthy food

*Waa-zhi-mnobmaadziyin
nanjgen*

STEP 3

Be active

*Nawaj gegoo
zhibmigwiin aapiichin*

STEP 4

Be sensible in the sun

*Naanaagdawendan
enaasmaatek
bbaa-yaayin*

STEP 5

Follow cancer screening
guidelines

*Naagdoon ezhibiigaadek
ge-zhichgemba
maadaa wiigkendman
giishpin maajii-mogyin*

STEP 6

Report changes in
your health

*Dbajman bkaan gegoo
zhayaayin*

STEP 7

Use caution with
hazardous material

*Aangwaamzin nakaazyin
gegoo enniizaanak*

Where to Access Trustworthy and Reliable Cancer Information

Access to trustworthy information is an important step in assisting people to take control over and improve their health. How do you know what is good information and what is less reliable? And how do you decide if you can trust the information you find about health? People obtain information on health, wellness and disease from many different sources. Some of these sources include:

- the knowledge and experiences of others
- health care professionals
- written materials
- media sources
- internet
- unfortunately, not all sources of information are trustworthy and each area has its limitations.

The following organizations are good sources for reliable and up-to-date information.

We have done some of the work for you!

Cancer Care Ontario - Aboriginal Cancer Care Unit: Provides up to date information about cancer as it relates to the Aboriginal populations of Ontario. This resource uses research data to support health information. The site is useful for healthcare providers and the general public to learn about the things that are happening in the province around cancer prevention, screening and treatment for the Aboriginal population. To learn more, visit www.cancercare.on.ca/english/about/programs/aborstrategy

Cancer Care Ontario: Provides up to date information about cancer as it relates to the entire population of Ontario. This resource uses research data to support health information. The website is useful for health care providers and the general public to learn about the things that are happening in the province around cancer prevention, screening and treatment. To learn more, visit www.cancercare.on.ca

Canadian Cancer Society: Cancer can be difficult to understand and coping can be stressful. It helps to have someone you can talk to and trust for reliable information. The Canadian Cancer Society's Cancer Information Service is a national, bilingual, toll-free service available to cancer patients, their families, the general public and healthcare professionals. Trained information specialists take the time to answer your questions in clear understandable terms and search for the information you need about: all types of cancer; cancer treatment and side effects; coping with cancer; emotional support services; prevention; help in the community; complementary and alternative therapies.

The service is available Monday to Friday 9 a.m. to 6 p.m. in English and French.

For other languages, there is access to an interpreter service.

Call toll-free 1 888 939-3333 Up-to-date and reliable information is also provided at www.cancer.ca

Health Canada: At Health Canada's website, www.hc-sc.gc.ca, you can find information on Canada's Food Guide and Physical Activity Guide, available at the below links.

Canada's Food Guide: www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

Eating Well with Canada's Food Guide First Nations, Inuit and Métis:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index_e.html

Health Canada: Healthy Living Unit: www.phac-aspc.gc.ca/pau-uap/fitness/index.html

There are many other sources of information on cancer, and the Public Health Agency of Canada can give you tips on how to find them. www.phac-aspc.gc.ca

To see every link in this reference online please visit www.cancercare.on.ca/accu/cls_crc/

01. **Northeastern Ontario Regional Cancer Centre**
www.hrsrh.on.ca/portal/desktopdefault2.aspx?tabIndex=172&tabid=352
02. **Health Canada, (2005)**
First Nations Longitudinal Health Survey. RHS (2002/3), Ottawa, ON. K1P 5Z9
03. **Dr. Loraine Marrett**
Surveillance Research on Cancer incidence and Mortality in First Nations. Cancer Care Ontario
04. **Cancer Care Ontario**
Ontario Cancer Plan. Toronto CCO, 2004
05. **Cancer Care Ontario**
Ontario Cancer Plan. Toronto CCO, 2004
06. **Canadian Cancer Society. What is Cancer?**
http://www.cancer.ca/ccs/internet/standard/0,3182,3543_562847522__langId-en,00.html
07. **American Cancer Society**
Top 10 Cancer Myths. <http://health.discovery.com/centers/cancer/top10myths/top10myths.html>
08. **Canadian Cancer Society**
Signs and Symptoms of Colorectal Cancer.
www.coloncancercheck.ca/whatiscoloncancer.html#3
09. **Alberta Cancer Board**
Division of Epidemiology, Prevention and Screening
Tree of Life – Healthy Choices for Well-being. © 2002, Alberta
10. **World Health Organization**
Diet Nutrition and the Prevention of Chronic Disease. Report of the WHO/FAO Expert Consultation. WHO Technical Report Series 916. Geneva, Switzerland: World Health Organization, 2003
11. **Health Canada**
Eating Well with Canada's Food Guide, First Nations ,Inuit and Métis .
http://hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index_e.html
12. Adapted from *First Nations, Inuit and Metis in, Beyond the Basics: Meal Planning for Diabetes Prevention and Management*. © 2006, Canadian Diabetes Association
13. **Canadian Cancer Society**
Phytochemicals and antioxidants.
http://www.cancer.ca/ccs/internet/standard/0,3182,3543_1736569999_1739704552__langId-en,00.html
14. Adapted from *First Nations, Inuit and Metis in, Beyond the Basics: Meal Planning for Diabetes Prevention and Management*. © 2006, Canadian Diabetes Association
15. **Canadian Cancer Society.**
Eat the Low Fat Way.
http://www.cancer.ca/ccs/internet/standard/0,3182,3543_1736690825__langId-en,00.html
16. **American Cancer Society**
Folate Reduces Risk of Colon Cancer For People with Family History (2002).
www.cancer.org/docroot/NWS/content/NWS_1_1x_Folate_Reduces_Risk_of_Colon_Cancer_For_People_wit_h_Family_History.asp

References

17. **Assembly of First Nations**
A First Nations Diabetes Report Card, Part 1: Making a Path to Community Wellness. June 2006
 18. **Centre for Indigenous Peoples' Nutrition and Environment**
McGill University.
www.mcgill.ca/cine
 19. Adapted from
First Nations, Inuit and Metis in, Beyond the Basics: Meal Planning for Diabetes Prevention and Management.
© 2006, Canadian Diabetes Association
 20. **Public Health Agency of Canada**
Healthy Living Unit Physical Activity for Health: The Evidence.
<http://www.phac-aspc.gc.ca/pau-uap/fitness/evidence.html#2>
 21. **Canadian Cancer Society/National Cancer Institute of Canada**
Canadian Cancer Statistics 2007.
 22. **Cancer Care Ontario**
Cancer Facts, Alcohol Use Increases Cancer Risk (2005).
<http://www.cancercare.on.ca/english/ocs/snapshot/ont-cancer-facts/alcoholrisk/>
 23. **Canadian Cancer Society**
Tobacco Facts. http://www.cancer.ca/ccs/internet/standard/0,3182,3543_10175_266200_langId-en,00.html
 24. **Cancer Care Ontario**
Signs and Symptoms of Colorectal Cancer (2007).
www.coloncancercheck.ca/whatiscoloncancer.html#3
 25. **Cancer Care Ontario**
What is Screening. <http://www.cancercare.on.ca/english/pcs/screening/>
 26. **Mandel, J.S., Bond, J.H., Church, T.R., Snover, D.C., Bradley, G.M., Schuman, L.M., Ederer, F. (1993)**
Reducing mortality from colorectal cancer by screening for fecal occult blood. Minnesota Colon Cancer Control Study.
New England Journal of Medicine, 328, 1365-1371
- Scholefield, J.H., Moss, S., Sufi, F., Mangham, C.M., Hardcastle, J.D. (2002)**
Effect of faecal occult blood screening on mortality from colorectal cancer: Results from a randomized controlled trial.
Gut, 50, 840-844
- Kronborg, O., Fenger, C., Olsen, J., Jorgensen, O.D., Sondergaard, O. (1996)**
Randomized study of screening for colorectal cancer with faecal-occult-blood test.
Lancet, 348, 1467-1471



*“Let’s take a stand against...
Colorectal Cancer!”*

Community Learning Series

Reference Manual