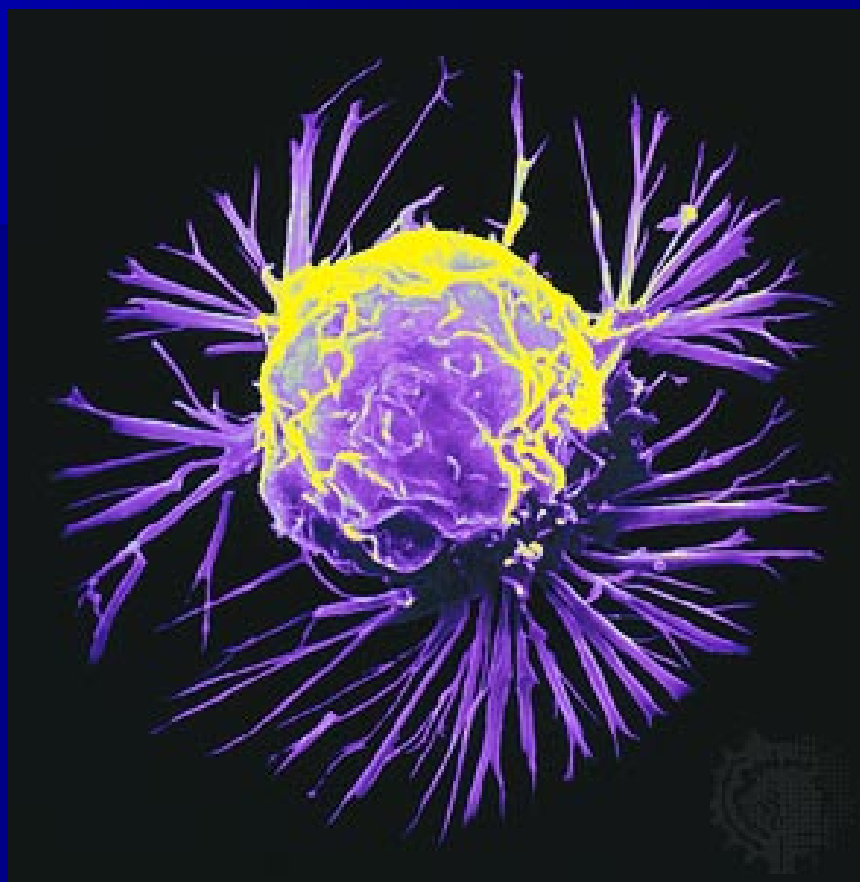




Moving Against Cancer: Effective Detection and Management of Cancer in Underserved Latinos

Presented by the Migrant Clinicians Network
with funding from the
Cancer Prevention and Research Institute of
Texas



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Rationale

- Disparities in Cancer detection, treatment, and survivorship between Texas Hispanic and non-Hispanic populations
- Cancer Prevention and Research Institute of Texas (CPRIT) decision for programmatic interventions at the screening level
- Best Practice opportunity for CHCs
- MCN history in cancer care through Can-Track and LiveStrong Foundation



Objectives

- Effective Communication with Patients
- With Specialists
- With Staff

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Collaboration



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The Big 6

- Skin
- Oral
- Breast
- Cervical
- Colorectal
- Prostate



Factors in Disparities

- Ethnic: Hispanic, with further nuance needed
- Socioeconomic: Poor, underinsured
- Political: Access varies across need
- Educational: Literacy and language
- Cultural: Health beliefs, family systems, and lifestyle

Social Determinants of Health

- Individual behaviors and genetics
- Cultural norms
- Community barriers or helps
- Societal policies, structures, systems



Rosa



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Maria



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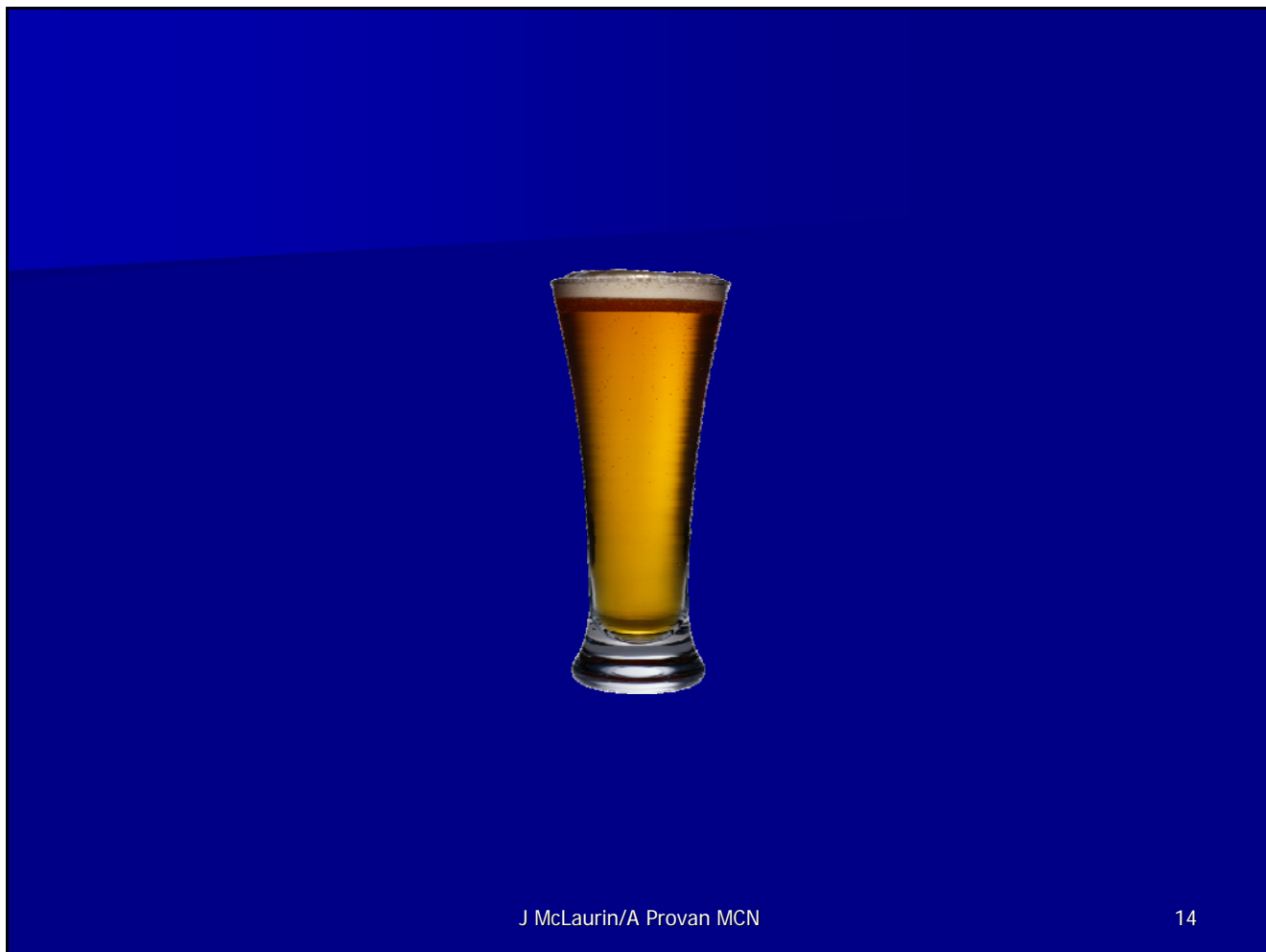


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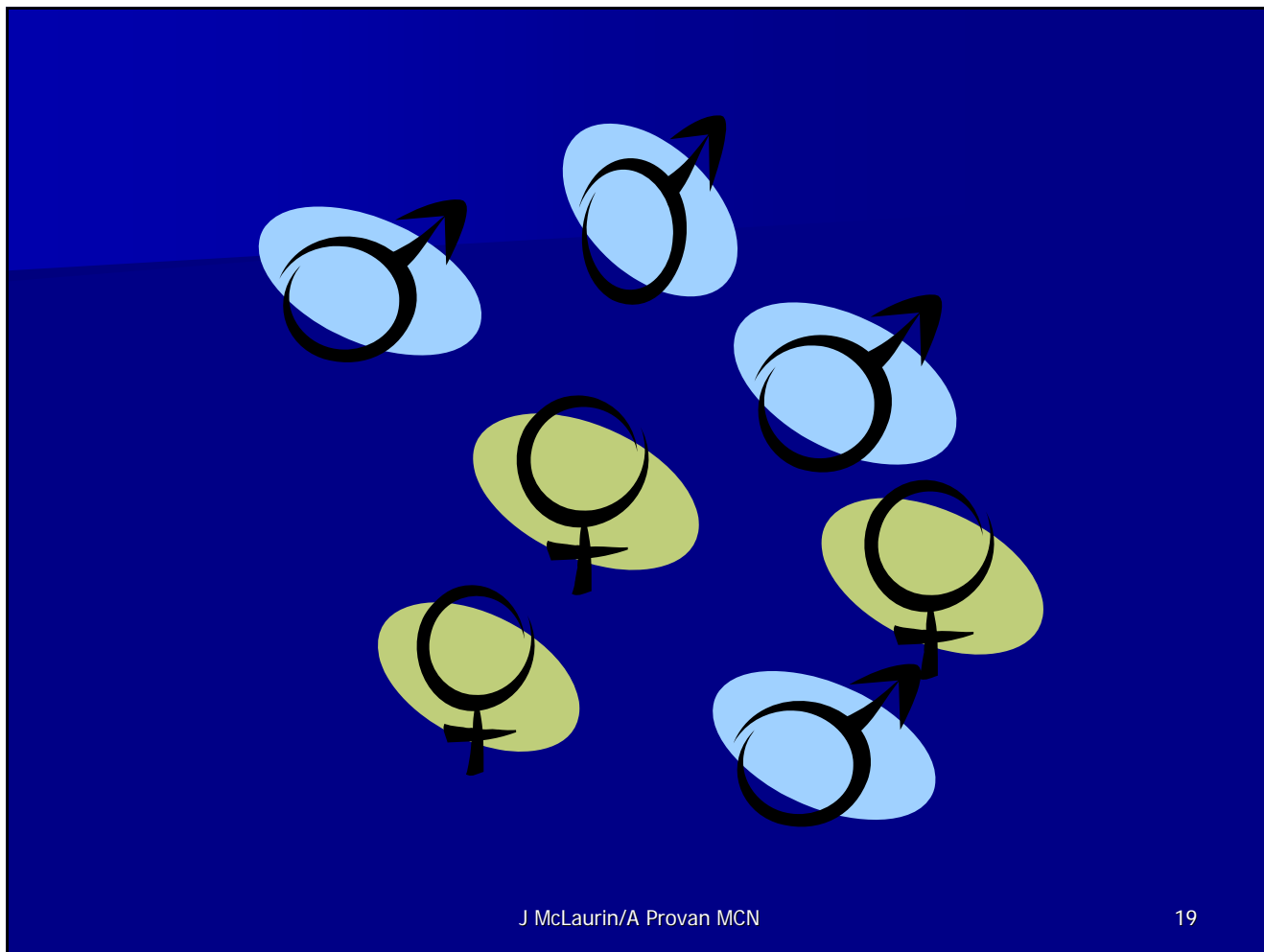


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The Hispanic Population

- Hispanics are more likely to be diagnosed with **advanced** stages of cancer: only 54% of **breast cancers** among Hispanic women during the period 2000-2003 were diagnosed at the local stage, compared to 63% among non-Hispanic White women.



The Hispanic Population

- **Cervical cancer** has a higher incidence rate among Hispanics than non-Hispanic Whites.
- Hispanic men are more likely to die from **prostate cancer** than their White counterparts.

The Hispanic Population

- The 2008 **Texas** Uniform Data Set (UDS), reported by federally funded health centers, tracks Pap smear rates.
- Fewer than 60% of eligible women received timely Pap smears, and over **5500 had abnormal cervical findings**.

2009 Texas Cancer Cases, Deaths and Cost by Health Service Region (HSR)

HSR	2	8	10	11
New cases (est.)	3,033	10,388	2,580	6,906
Cancer deaths (est.)	1,229	4,036	974	2,644
Estimated cost (2007)	\$540 million	\$2.1 billion	\$557 million	\$1.4 billion

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Oral Cancer



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Squamous Cell Carcinoma



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Basal Cell Carcinoma



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Melanoma



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Screening: Breast Cancer

- **Yearly** mammograms are recommended starting at **age 40 (ACS)**
- **or Q other yr after 50** (Nat'l Prev. Taskforce).
- Clinical breast exam every 3 years for women in their 20s and 30s and every year for women 40+.
- Breast **self-exam is an option** for women starting in their 20s.

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Screening: Colorectal Cancer

Beginning at **age 50**, both men and women should have **one of these**:

- Yearly fecal occult blood test (gFOBT)*
- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years

(*If these are positive, a colonoscopy should be done.)



FOBT

- Do not use hemocult!
- Do not do in-office!
- Do serial in-home testing with high sensitivity product
- Can do FOBT or FIT or stool DNA test



Screening: Cervical Cancer

- Begin after age 21. (Change for teens!)
- Screening annually with regular Pap test or every 2-3 years using newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years.
- HPV with Pap ideal after 30



Screening: Cervical Cancer

- Women 70+ who have had **3** normal Pap tests in a row and **no abnormalities in the last 10 years** may choose to stop having Pap tests.
- Women who have had a **total hysterectomy** may also choose to stop having Pap tests, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to have Pap tests.

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Screening: Prostate Cancer

- Research has **not yet proven** that the potential **benefits** of testing outweigh the harms of testing and treatment.
- DRE done in men 50-70 years if obstructive or other urinary tract symptoms are present, typically imaging is now done instead.
- No clear evidence for DRE as routine!!



Screening: Oral Cancer

- Offer an **annual oral cancer screening** examination to all individuals **over age 40**.
- Head, neck, and oral examination.
- Biopsy lesions that persist 3 weeks after removal of local irritants.



Screening: Skin Cancer

- Regular examination of the skin, especially in high risk individuals (eg. Previous melanoma or strong family history of melanoma).
- Melanoma: look for **ABCDE** –
- Asymmetry, Border irregularity, Color variation, Diameter > 6mm, Evolution.



Diagnosis

- Typically a pathologist's job
- If you aren't getting abnormal screens you either aren't screening enough or do not have good screening technique or reporting
- You should be referring a fair number of "false positive" to assure you aren't missing any



Referrals and Treatment

- How many of your center's patients get referred for each of the six cancers?
- How many get timely treatment?
- What are their outcomes?
- What is the hardest cancer for you to address?
- Why?



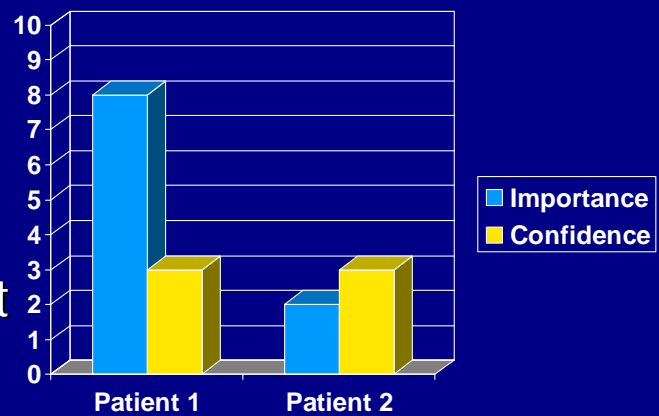
Patient Self-Management

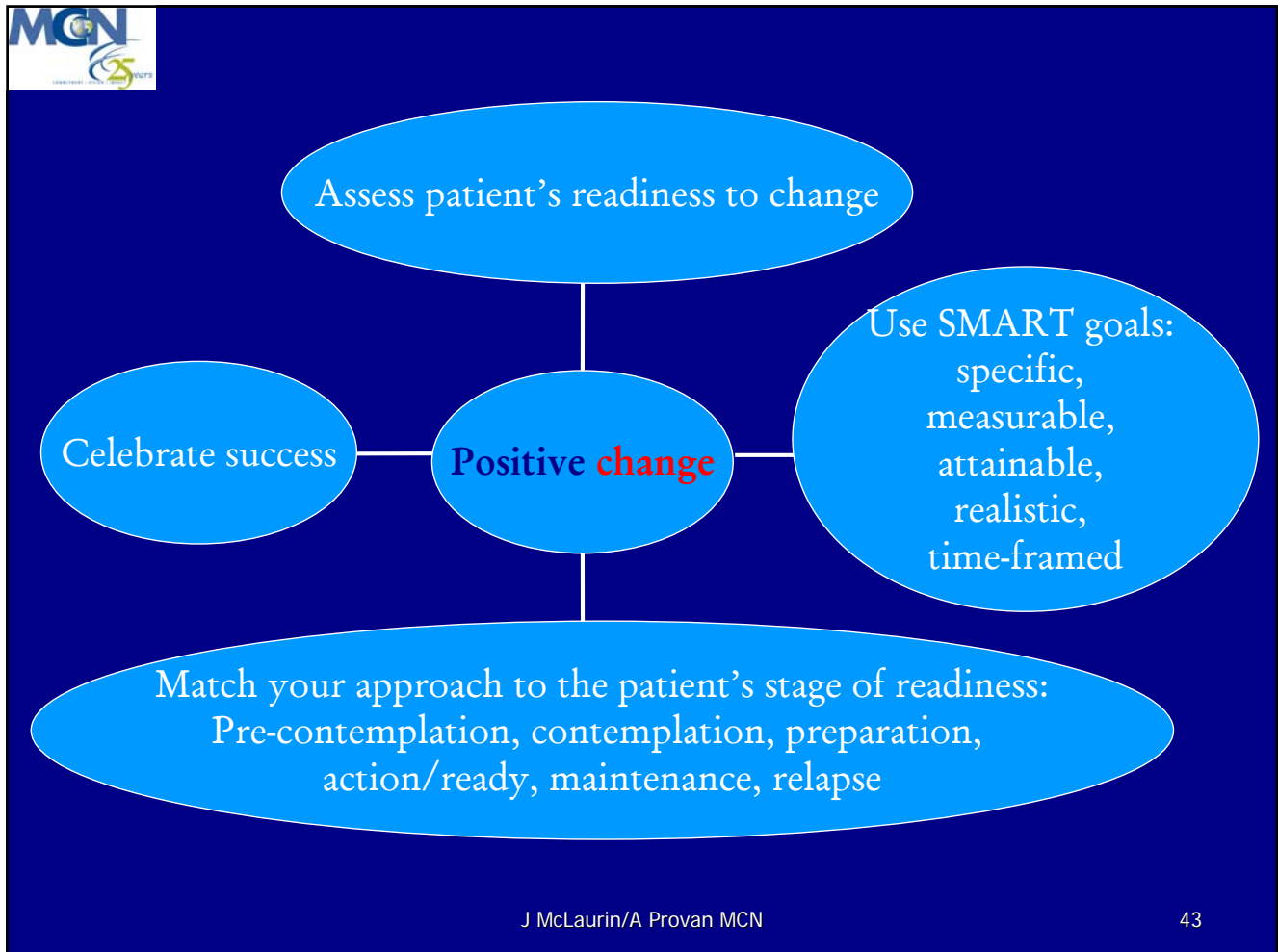
- How do you help patients manage their own schedule of preventive care?
- Understand warning signs?
- Get timely follow up?
- Find resources for referral?
- Change life long cultural habits?
- Adapt to migration?



Assess Patient's Readiness to Change

- Importance: "How important is it to you that you change your diet?"
- Confidence: "How confident are you that you will be able to change your diet?"







Innovations that Work

- FLU-FOBT, Dr. Potter at UCSF.
- Hairdressers and Skin Cancer screening
- MCN's Health Network: CanTrack
- Promotoras/ community health workers
- Family oriented care
- Networked patient navigators with hospital and community



MCN Health Network

- Comprised of 5 projects:
 - *TBNet*
 - Diabetes Track II
 - **CAN-track**
 - Prenatal
 - HIV
- Goal: eliminate health disparities due to patient mobility
- Responds to health provider input about challenges in providing continuity of care
- Services free of charge to clinics and participants

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Health Network Enrollment Criteria

- Patient who is:
 - Mobile
 - Likely to be lost to follow-up
 - Is in need for transfer of records

- Patient who **Needs testing or is at risk for breast, cervical or colon cancer**



Resources

- Great pictures of various cervical lesions with module on treatment:
http://www.gfmer.ch/Books/Cervical_cancer_modules/Aided_visual_inspection_atlas.htm
- Take Five campaign to prevent oral cancer (see posters in Spanish)
- Bethematch.com for bone marrow registry
- www.cancer.org/easyreading fotonovellas

Resources to add...

- Health Literacy Toolkit from ARQH
- Walk through colon
- Promotora/student nurses power points

Cancer Resources

- Access to Cancer Care For Low-Income and Uninsured Patients (in Spanish and English) by County

from www.texascancer.info

"We hope this information is helpful if you are looking for cancer treatment or cancer screening, like a mammogram, Pap test, or prostate exam, and do not have insurance or enough money to pay for medical care."

Contents

- I want to be checked for cancer. Where do I go? Page 1
- I have cancer. Where do I go? Page 6
- I had cancer and need a check-up. Where do I go? Pg 8
- How do I know if I can get help for cancer care? Pg 10
- What if I still cannot get help for cancer care? Page 12
- Where can I learn more about cancer care? Page 14



Composition of Be The Match Registry by Race and Ethnicity

- Adults for bone marrow donation: Only 7% Hispanic (identified as either Hispanic or Latino ethnicity) More than 860,000 donors
- Cord blood donation:
10% Hispanic with More than 25,000 donations

¡Deja las excusas!



Carolina: Hola, Juanita. ¿Cómo estás?

Juanita: Estoy bien. Me acabo de hacer mi mamograma anual. A propósito, tú sabes que necesitas hacerte uno cada año después de cumplir los 40. ¿Ya te hiciste el tuyo?

Carolina: No todavía. Sé que debo de ir pero no puedo faltar al trabajo. Mi trabajo es muy importante.

Juanita: Eso lo he oído antes pero no hay nada más importante que tu salud. Si no lo haces por ti, hazlo por tu familia.

Carolina: Juanita es que una vez me hice un mamograma y me dolió. No quiero pasar por eso otra vez.



Get help anytime.

1.800.ACS.2345 / www.cancer.org

Mammogram (Spanish)



¿Sabía usted que...

- Un mamograma toma rayos X de los senos y no es peligroso.
- Aunque nadie en su familia haya tenido cáncer del seno, usted debe hacerse un mamograma.
- Si su madre, hermana o hija ha tenido cáncer del seno, hable con un médico para saber cuándo debe hacerse los exámenes.
- Pueden haber programas en su comunidad que ofrezcan mamogramas gratis o a bajo costo si usted no tiene seguro médico.

Si desea hacerse un mamograma llame al:

1.800.227.2345

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Prevención del Cáncer Oral

¿Qué se puede hacer?

- Dejar de fumar o disminuir el uso de tabaco (cigarrillos y picadura de tabaco)
- Parar o disminuir el uso de alcohol
- Comer cinco porciones o más de frutas y verduras diariamente
- Usar bálsamo para labios que contenga protector solar
- Chequear su boca en busca de manchas blancas o rojas, aunque no duelan
- Tener un examen para la detección de cáncer oral cada año

Detenga a Tiempo el Cáncer Oral

- Pídale a su dentista o a su médico que le hagan un examen de cáncer oral una vez al año
- Pregúntele a su dentista o a su médico si vio o sintió algo inusual
- Regrese a donde su dentista o médico si tiene un dolor de garganta o cualquier mancha en la boca que dure por más de dos semanas

TAKE 5

Cinco Minutos para seguir vivo

Hágase un examen de cáncer oral

IDPH Toll-free Tobacco Quit Line:
1-866-QUIT-YES or 1-800-784-8937

Southern Illinois University Carbondale

PARTNERING TO FIND A WAY TO ADDRESS DISPARITIES IN ORAL CANCER

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Datos sobre el Cáncer Oral

Estadísticas sobre el cáncer oral

- El cáncer oral afecta a los hombres dos veces más que a las mujeres.
- De 30.000 casos nuevos cada año en los Estados Unidos, mueren cerca de 7.500 personas.
- En cinco años, la mitad de la población diagnosticada hoy con cáncer oral habrá muerto.
- El 90% de los pacientes con cáncer oral usa tabaco
- Cada hora todos los días alguien muere de cáncer oral
- La clave para ganarle al cáncer oral es prevenirlo o detectarlo a tiempo.

El Cáncer Oral Puede Prevenirse

¿Qué causa el cáncer oral?

- El uso de tabaco y de alcohol son las causas más comunes para contraer el cáncer oral
- Son más peligrosos juntos, que si se usa el uno sin el otro
- Es posible que el Virus del Papilloma Humano (VPH) sea uno de los factores que causan el cáncer oral.
- Demasiada exposición al sol puede causar cáncer de los labios
- Una mala nutrición puede facilitar la adquisición del cáncer oral
- Las personas de cualquier edad pueden contraer el cáncer oral, pero tienen más riesgo los mayores de 40 años



¿Qué es un examen de cáncer oral?

Sólo demora cinco minutos.

Su dentista o su médico le examinan la boca:

- Mira debajo de la lengua
- Examina los lados de la lengua usando una gaza para presionar un poco la lengua hacia afuera
- Le palpa el cuello y alrededor de la boca
- Examina las encías, las mejillas y el paladar
- Observa la garganta y revisa las amígdalas


Si se encuentra algo inusual en el área, Ud. será remitido a un especialista.

¡Eso es todo!

*¡No duele para nada!
Lo único que el médico o el
dentista le hacen es mirar y
palpar.*

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Colorectal screening in CHCs

Options for
Increasing Colorectal
Cancer Screening Rates
in North Carolina Community Health Centers

January, 2011

US PUBLIC HEALTH SERVICE SCREENING RECOMMENDATIONS

Adults age 50 – 75: Screen with Fecal Occult Blood Test (FOBT) / Fecal Immunochemical Test (FIT), flexible sigmoidoscopy, or colonoscopy.

Adults age 76 – 85: Do not screen routinely.

Adults older than 85: Do not screen.

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Marti Wolf, RN, MPH
Anna Schenck, PhD, MPH
Venkat Prasad, MD
Sandra Diehl, MPH

UNC J. McLaurin/A. Provan-MCN NCI NCCCHA

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Ventanillas de Salud

- Located at Mexican Consulates
- Partners in health education in safe culturally accessible and free setting
- Immunizations, cancer screenings, and domestic violence initiatives with MCN
- Training in basics: benign v. malignant, tumor, screening test, risk factors, where to go for care.
- Bone marrow registry....



MCN Partnership

- Health Network
- Be The Match
- Ventanillas de Salud
- Webcasts
- Patient education materials (HPV newest)
- TA for clinical measures of cancer tracking
- Environmental health resources
- Site visits

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