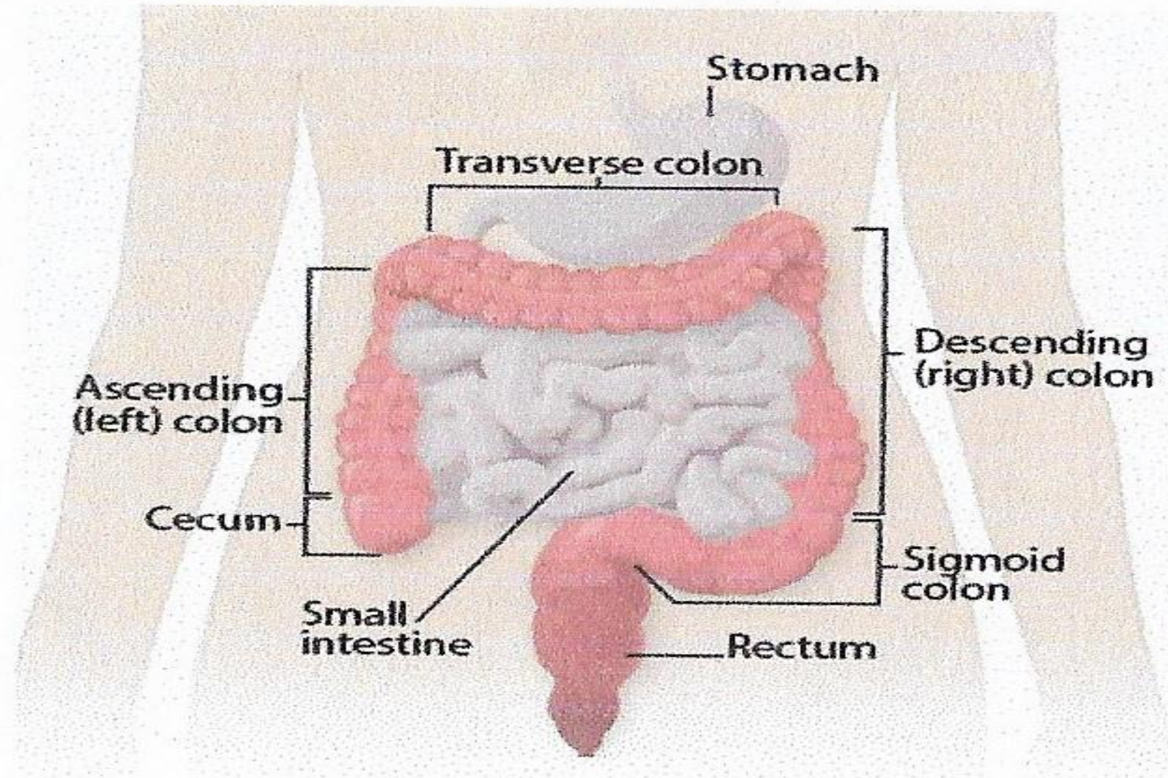
KAREN CROWELL, MD
PHYSICIAN EDUCATOR AND CLINICAL COORDINATOR
HEALTH INITIATIVES AND DISPARITIES RESEARCH

Colorectal Anatomy



RISKS FOR COLORECTAL CANCER

Non-modifiable

- Age
- Race
- Family History
- Inflammatory Bowel Disease
- Genetic Disorders
- Type 2 Diabetes

Modifiable

- Diet
- Obesity
- Sedentary Lifestyle
- Smoking
- Alcohol Use
- Type 2 Diabetes

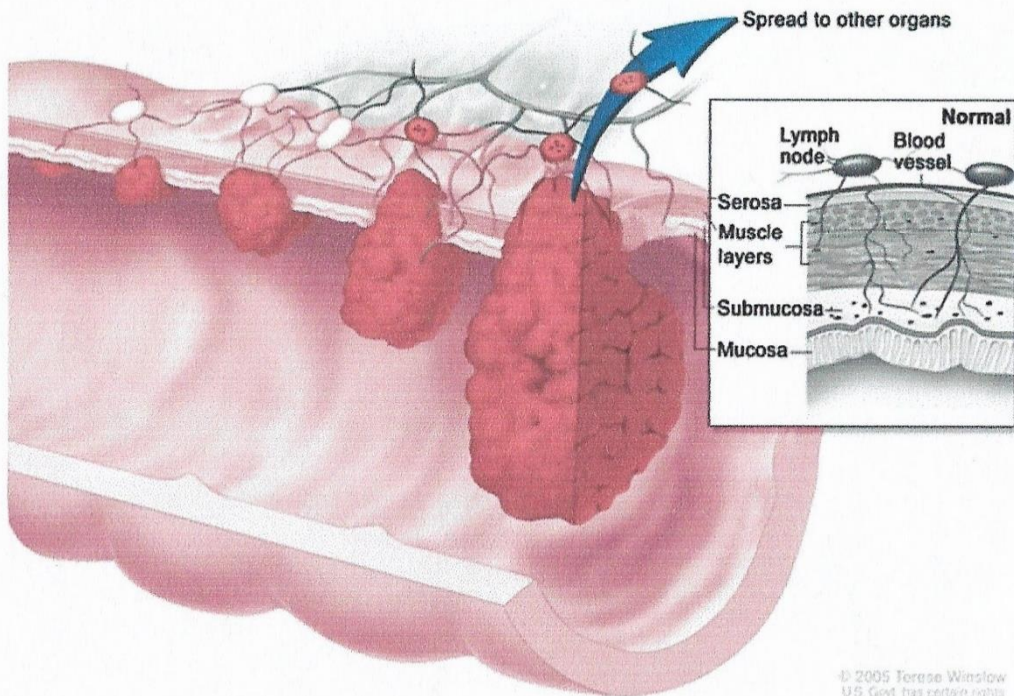
Symptoms Of Colorectal Cancer

- Bleeding From Rectum Or Blood In Stool
- Black Or Tarry Stool
- Change In Bowel Habits/Stool Caliber
- Discomfort In Lower Abdomen
- Weight Loss
- Constant Urge To Have BM

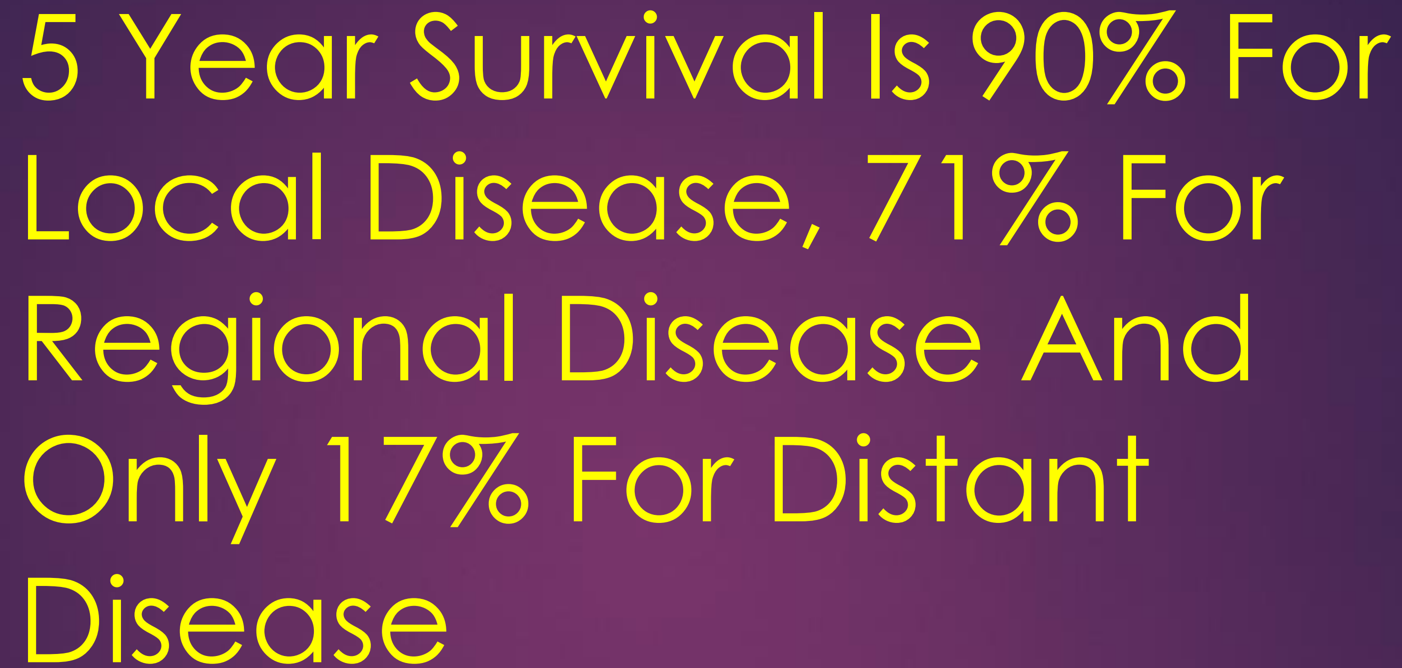
OR…….

Symptoms Of Colorectal Cancer

Stages Of Colorectal Cancer



- Stage 0: Involves only the inner lining of the colon or rectum
- Stage I: Involves the wall of the colon or rectum, but has not extended through the wall
- Stage II: Involves the entire thickness of the wall of the colon or rectum and involves surrounding tissue, but has not spread to lymph nodes
- Stage III: Involves the tissue and lymph nodes surrounding the colon or rectum and the lymph nodes
- Stage IV: Involves the tissue surrounding the colon or rectum, the lymph nodes and other distant organs such as the liver or lungs



ONLY 39% OF CASES ARE DIAGNOSED IN EARLY OR LOCAL STAGE DISEASE

THIS IS WHY WE
SCREEN

CRC Screening Guidelines

- People At Average Risk For CRC Start Regular Screening At Age 45
- Screening Should Continue Through Age 75 If They Are In Good Health
- People Ages 76-85 Should Screen Based On Overall Health, Life Expectancy And Personal Preference
- People Over 85 Should Not Continue Screening

CRC Screening Options

Stool-based Tests

- Guaiac-based Fecal Occult Blood Test
- Fecal Immunochemical Test (FIT)
- Stool DNA Test

Visual Tests

- Sigmoidoscopy
- Colonoscopy
- CT Colonography

Colorectal Cancer Screening and Education Program

A State-wide Screening Program That Offers Colorectal Cancer Screenings For Patients In All Five Arkansas Public Health Regions.

Program Purpose

To Reduce The Physical And Economic Burden of Colorectal Cancer In The State of Arkansas By Increasing The Awareness of And Participation In Colorectal Cancer Screening.

Screening Options

- Fecal Immunochemical Test (FIT)
- Colonoscopy

Program Documents

Health Initiatives and Disparities Office

University of Arkansas for Medical Sciences
College of Medicine / Department of Surgery
4301 W. Markham St., Slot #827-1
Little Rock, AR 72205-7199
501-526-5260
501-526-7048 (fax)

Ronda S. Henry-Tillman, MD, FACS
Jonathan Laryea, MD, FACS
Karen Crowell, MD

CCSP PARTICIPATING PROVIDER

PROVIDER NAME ____________________

PRACTICE NAME ____________________

ADDRESS ____________________

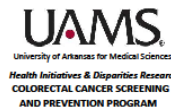
____

PHONE# ____________________

FAX # ____________________

EMAIL ____________________

CONTACT PERSON ____________________



Health Initiatives & Disparities Research
COLORECTAL CANCER SCREENING AND PREVENTION PROGRAM

Provider Referring Staff Only:
ID#: ______ Date: ________
Please fax completed form to 501-526-7048 or scan and email to CCSP@uams.edu.
Call 501-526-7101 if you have any questions.

PATIENT REFERRAL AND CONSENT FORM

Name:		**Date of Birth:** ___/___/_____
Address:		**Age:**
City & Zip:		**County:**
Daytime Phone:		**E-mail:**
Gender: _____ Male _____ Female _____ Transgender _____ Non-Binary	**Sexuality:** _____ Heterosexual _____ Homosexual _____ Bisexual _____ Other (__________)	**Race:** _____ African American or Black _____ American Indian or Alaskan Native _____ Asian _____ Native Hawaiian or other Pacific Islander _____ Caucasian or White _____ Other (specify ____________________) **Ethnicity:** _____ Hispanic _____ Non-Hispanic
Insurance Coverage: _____ Not Insured _____ Medicaid _____ Medicare _____ Private (Company: ______________)		
Primary Care Physician or Clinic *(if known)* Name: ____________________ Phone: ____________________		**Have you ever been screened for colorectal cancer?** *(fecal immunochemical test (FIT), fecal occult blood test, FOBT, colonoscopy, sigmoidoscopy)* _____ Yes _____ No

I, ____________________ (print), agree to be referred to the Colorectal Cancer Screening and Prevention Program (CCSP).

To be released to:
University of Arkansas for Medical Sciences
Health Initiatives and Disparities Research
Colorectal Cancer Screening & Prevention Program
4301 W. Markham St., #827-1, Little Rock, AR 72205

- I agree to release my contact information and medical history to the CCSP.
- I agree to allow the CCSP to contact my health care provider(s) and me.
- I acknowledge participation in the program may include receipt of one or more of the following:
  - Fecal Immunochemical Test (FIT)
  - Colonoscopy for Positive FIT
  - Lab/Pathology Results
- I agree to be contacted regarding results and follow-up when appropriate for the test(s) listed above.
- I acknowledge this consent and release is valid for one year following the date of my signature.
- I understand I may revoke authorization at any time by giving written notice to University of Arkansas for Medical Sciences.
- I agree a photocopy of this authorization shall constitute a valid authorization.
- I understand that the referring facility, its employees, and attending physicians are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

Signature: ____________________ Date: ___/___/_____ Time: _______ (am/pm)

Does CRC Run In The Family?

Who Has Cancer? 1st Or 2nd Degree Relative? Mother Or Father's Side?

Type Of Cancer? Is It Rare?

Age At Diagnosis?

Risk Factors?

Has Any Genetic Testing Shown Abnormal Genes?

Amsterdam Criteria

One First-degree Relative With CRC

Three Or More Relatives With A Cancer Linked With Lynch Syndrome- One Must Be A First-degree Relative Of The Other Two

Two Or More Successive Generations Affected

At Least One Relative Diagnoses Before Age 50

Revised Bethesda Guidelines

Younger Than Age 50

History Of Previous CRC Or Other Cancer

Younger Than Age 60 With A Tumor Having Microscopic Changes Seen With Lynch Syndrome

CRC Or Other Lynch Syndrome-related Cancer Before Age 50

Two Or More First Or Second-degee Re

Thank You