

The *Fitway* Alabama Colorectal Cancer Prevention Program: An Introduction

**Satellite Conference and Live Webcast
Friday, February 26, 2010
12:30 - 2:00 p.m. Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

**Ann Dagostin
Data Manager**

**Vanessa Motley
Program Coordinator**

***Fitway* Alabama Colorectal Cancer
Prevention Program
Alabama Department of Public Health**

What Will This Program Do?

- Increase colorectal cancer screenings in Alabama
- Provide for limited colorectal cancer screenings and diagnostic testing for low income, uninsured/ under-insured Alabamians who are at average risk for developing colorectal cancer

What Will This Program Do?

- Instruct all Alabamians about colorectal cancer, screening recommendations, and its curability when detected and treated early

Colorectal Cancer

- Colorectal cancer is the second leading cause of cancer deaths in Alabama
- In Alabama from 2004-2007, approx. 40% of colorectal cancer cases were diagnosed at Stage III or Stage IV, when the chance of survival is decreased

Colorectal Cancer

- Colorectal cancer usually begins as pre-cancerous polyps or adenomas
 - These polyps are slow growing and can bleed, making them detectable by specialized screening tools

Colorectal Cancer

- When the screening tool is positive for blood, a colonoscopy is performed to find the polyp(s) and to remove it before it has the chance to become cancerous
- Colorectal cancer screenings can save lives

***Fitway* Eligibility Guidelines**

1. Men and women, ages 50-64 living in one of the following counties
 - Barbour, Bullock, Choctaw, Coffee, Dale, Dallas, Henry, Houston, Lowndes, Macon, Marengo, Mobile, Montgomery, Pike, Sumter, Tuscaloosa

***Fitway* Eligibility Guidelines**

2. Income levels must be at or below 200 percent of Federal poverty guidelines
3. Must be under the care of a primary health care provider
4. Must be uninsured or under-insured, that is
 - No health insurance

***Fitway* Eligibility Guidelines**

- Has health insurance that does not cover 100% of FIT/FOB test or colorectal cancer diagnostic work-up
- Has health insurance that provides a colorectal cancer screening and diagnostic services but requires a deductible or co-insurance amount which the individual cannot pay

***Fitway* Eligibility Guidelines**

5. Persons must be at average risk for developing colorectal cancer
6. Persons must be asymptomatic or do not have any GI symptoms

Ineligible Patients

- Those with medical conditions including inflammatory bowel disease, ulcerative colitis, or Crohn's disease
- Patients with genetic predispositions
 - Familial Adenomatous Polyposis (FAP)
 - Hereditary Non-Polyposis Colorectal Cancer (HNPCC)
 - Clinical diagnosis or suspicion of FAP or HNPCC

Ineligible Patients

- Patients with a personal history of pre-cancerous polyps or colorectal cancer
- Patients with family history of colorectal cancer among first degree relatives
 - Mother, father, siblings, children

Ineligible Patients

- Clients who have had an initial positive screening test performed outside of the program and who are seeking diagnostic services
- Clients who are currently having any of the following GI symptoms
 1. Rectal bleeding, bloody diarrhea, or blood in the stool within the past 6 months

Ineligible Patients

- UNLESS a clinical evaluation has identified the bleeding as known or suspected hemorrhoids in which case the patient is eligible for enrollment
- 2. Prolonged change in bowel habits, such as diarrhea or constipation for more than 2 weeks and which has not been clinically evaluated

Ineligible Patients

3. Persistent abdominal pain
4. Symptoms of bowel obstruction such as bowel distention, nausea, vomiting, severe constipation
5. Unexplained weight loss of 10% or more of starting body weight
6. Consistently small caliber stools
 - Narrow, pencil-sized

Ineligible Patients

7. Blood mixed in with stool
 - Not blood seen on paper/water or hemorrhoids

FFYWAY Patient Eligibility - Risk Assessment Screening Form Tracking #: _____

Medical Record #: _____ Patient's Date: _____

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Residence County: _____ Telephone #: _____

Ethnicity: _____ Gender: _____

Place of birth (or adopted): _____ Blood: _____

Parent Medical History:

1. Are you currently having any of the following symptoms? Yes No

...Diarrhea, frequent stools, or soft stools

...Blood mixed in with stool (not on paper)

...Blood seen on paper/water

...Rectal bleeding or bloody diarrhea

...Change in bowel habits (diarrhea or constipation)

2. Have you ever been diagnosed with colorectal cancer or precancerous polyps? Yes No

3. Has your mother, father, brother(s), sister(s) or child ever been diagnosed with colorectal cancer? Yes No

4. Have you ever been diagnosed with colorectal cancer, Crohn's Disease, IBD, IBS, or other related bowel disease? Yes No

Eligible for the FFYWAY Program

5. Have you ever had a colorectal screening test? Yes No If Yes, which test? _____

Screening Provider's Name: _____ Specialty: _____

Provider Specialty: _____ Family Practitioner _____

General Internist _____ Gastroenterologist _____

Colonologist _____ IBD _____

Physician Assistant _____ Nurse Practitioner _____

Other: _____ Other: _____

Date FFY given to Patient: _____ Indication for FFY screening: _____

Date FFY received: _____ Date FFY tested: _____

Result of FFY (see [the FFY test results of the test](#)):

...FFY Negative (see further testing needed in the CDDG)

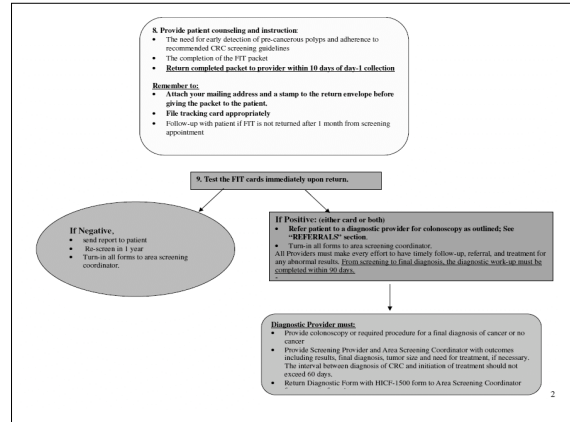
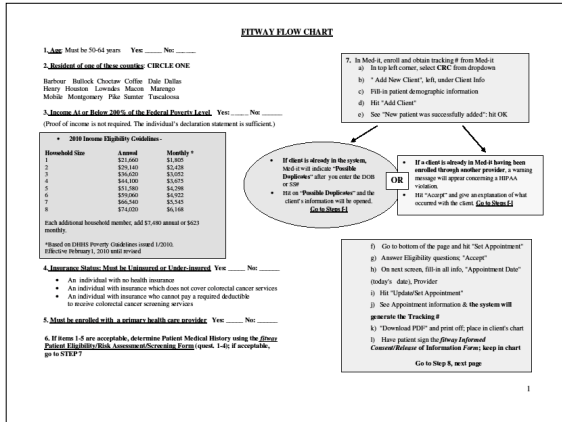
...FFY Positive (see [FFY test results of the test](#))

...FFY pending (see [instructions to follow](#))

**Diagnostic Provider Name: _____

**Diagnostic Provider Telephone: _____

**Date of Diagnostic Colonoscopy: _____



**Fitway Program
Contact Information**

**Program Director
Kathryn L. Chapman
Phone: (334) 206-7066
Kathryn.Chapman@adph.state.al.us**

**Data Manager
Ann Dagostin
Phone: (334) 206-2901
Ann.Dagostin@adph.state.al.us**

**Fitway Program
Contact Information**

**Area Screening Coordinator
Vanessa Motley
Phone: (334) 206-5959
Vanessa.Motley@adph.state.al.us**

**Nurse Supervisor
Kitty Norris
Phone: (334) 206-6227
Katherine.Norris@adph.state.al.us**