



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.™

January 2017

Portions adapted from CANCER 101: A Cancer Education and Training Program for Hispanics by:
Katherine Josa Briant, MPH, CHES; in collaboration with
Teresa Garrett Hill, DNP, MN, RN

De Casa en Casa

A Cervical Cancer Education and Training Program for Community Outreach Workers Participant Manual

For further information contact:



Navkiran Shokar, MPH MD

Professor Family Medicine & Biomedical Sciences
Director Cancer Prevention and Control
Center of Excellence for Cancer
Texas Tech University Health Sciences Center at El Paso
Paul L Foster School of Medicine
9849 Kenworthy Street, El Paso, TX 79924

This training curriculum for Community Outreach Workers or *Promotoras* was developed with the materials used to train the De Casa en Casa *Promotoras* to deliver cervical cancer education interventions to eligible participants in El Paso County.

Additional information from various cancer organizations was used to enhance the training in order to receive certification from the Texas Department of State Health Services (DSHS). This curriculum was submitted for certification under the Community Health Workers Training and Certification Program and granted certification in [redacted], and offers (7) Continuing Education hours for community health workers and/or instructors.

*No portions of this curriculum can be copied or adapted without the written consent of the De Casa Project Director

Acknowledgements

Many individuals made the De Casa en Casa program successful, which in turn contributed to the development of this curriculum.

Contributors from Texas Tech University Health Sciences Center at El Paso Paul L. Foster School of Medicine

Navkiran Shokar, MA MPH, MD	Theresa Byrd, Dr. PH, RN
Adam Alomari, MPH	Rebekah Salaiz, MS
Silvia Flores, PhD, MD	Alok Dwivedi, PhD

A special appreciation to:

Katherine Josa Briant, MPH, CHES at the Center at Fred Hutchinson Cancer Research Center in Seattle, Washington, for allowing portions of this training curriculum to be adapted from "Cancer 101: A Cancer Education and Training Program for Hispanics."

Special thanks to:

Pema B. Garcia, MBA MAOM with the Western Rio Grande Region (El Paso, TX) Colonias Program with the College of Architecture at Texas A&M University for technical assistance on curriculum certification through Texas DSHS

Muchisimas Gracias to the De Casa Promotoras

The De Casa program would not have been a success without the hard work and commitment of these amazing women

Estrella Pena

Bertha Ostos

Alma Cobos

Additional thanks to the following people who contributed to the De Casa program:

Dr. Eribeth Penaranda, Dr. Jennifer Molokwu, Dr. Agathe Frank, Dr. Stella Winters, Jessica Calderon-Mora, Anabel Orquiz, TTUHSC-El Paso Family Residency Program, Indika Mallawaarachchi, Maria Chaparro

Preface

¡Bienvenidos / Welcome to De Casa en Casa!

The De Casa en Casa program began in 2014 with funding from the Cancer Prevention & Research Institute of Texas (CPRIT) and was specifically designed to decrease the various barriers encountered by El Paso residents to get screened for cervical cancer [1].

DE CASA EN CASA PROGRAM JUSTIFICATION AND OVERVIEW

Despite the dramatic decline in cervical cancer mortality in the United States over the last 50 years, inequalities in cervical cancer outcomes still exist and can be linked to poverty and race/ethnicity. In Texas, Hispanics have the greatest incidence of all race/ethnicities and are 1.9 times more likely to die from cervical cancer than non-Hispanic Whites. In El Paso and Hudspeth County, women are at disproportionate risk and face overwhelming socioeconomic, cultural and access barriers. Women in these counties are predominantly Hispanic, have a high poverty rate, a high proportion of uninsured and have low educational attainment. Women on the Border have a higher incidence rate, are diagnosed at later stages and have higher mortality compared to non-Border women.

De Casa En Casa is an evidence based cervical cancer screening program providing outreach and education by a lay health worker, with no cost screening and navigation services provided to uninsured or underinsured 21-65 year old predominantly Hispanic women that are not up to date with screening throughout community and clinic sites. The program is based out of Texas Tech University Health Sciences Center, Department of Family and Community Medicine and collaborates with many community organizations to increase screening rates by delivering an evidence-based intervention to address specific barriers through the use of educational material.

Program Goals

- 1. Increase community awareness and knowledge** about and screening.
- 2. Increase uptake of cervical cancer screening** among uninsured/underinsured women in El Paso and Hudspeth County.
- 3. Increase uptake of diagnosis and treatment** services by reducing structural barriers.
- 4. Increase colposcopy capacity** and create a pipeline of primary care physicians equipped to provide diagnostic and treatment colposcopies.

We are dedicated to continuing to work together to reduce the burden of cancer. Although the intervention tools were developed for Hispanics (mainly Mexicans/Mexican Americans) due to this group being the majority in El Paso County, this curriculum can be adapted to serve any population. The modules on cancer, and screening were developed to be applied to any group. We hope that the De Casa en Casa training will be a useful tool in your community. We look forward to hearing from you as you use it.

Table of Contents

Introduction and Course Objectives

De Casa en Casa

...provides an overview of the training, including the overall course objectives
Group Norms, Training Expectations, Ice-breaker, Pre-test

Module 1

“What is Cancer?”

...describes how cancer develops and discusses the five main groups of cancer, plus cancer statistics in the state of Texas.

Section 1: Myths about Cancer and Definition of Cancer	11
Section 2: Benign vs. Malignant Tumors and Types of Cancer	12
Section 3: Common Cancers in the State of Texas	14
Glossary of Terms	15
References	16

Module 2

“Cervical Cancer”

...describes the different kinds of conditions of the cervix, signs or symptoms of, ways to reduce risk and treatment options

Section 1: The Cervix and Common Conditions of the Cervix	18
Section 2: CC and the Facts	19
Section 3: Warning symptoms and Risk Factors of CC	20
Section 4: Stages of CC and Treatment	23
Glossary of Terms	29
References	31

Module 3

“Cervical Cancer Screening”

...focuses on the importance of screening to reduce deaths associated with.

Section 1: CC screening	34
Section 2: Screening Guidelines and Screening Tests	35
Section 3: Importance of screening and Barriers to Screening	38
Glossary of Terms	41
References	42

Module 4

“De Casa en Casa Program: Cervical Cancer Education and Prevention

...describes the components of a successful education and prevention program.

Section 1: Justification Based on Need for De Casa Program in El Paso County	44
Section 2: Program Eligibility and Program Overview	45
Section 3: Education Tools	47
Section 4: Intervention Delivery and Demonstration	49
Glossary of Terms	57

Module 5

“Cervical Cancer Teach-Backs”

...focuses on giving participants time to plan and deliver a brief education session and receive feedback from peers to strengthen education delivery.

Section 1: Giving and Receiving Feedback	59
Section 2: Teach-Back Preparation	60
Section 3: Teach-backs with peer feedback	61

Module 6

“Building a Cervical Cancer Education Program”

...focuses on participants identifying important criteria when developing a local resource list and potential education delivery sites.

Section 1: Role of Community Health Worker/Promotora	65
Section 2: Developing a Community Resource List	66
Section 3: Identifying Community Partners	68

Module 7

“Next Steps and Action Planning”

...focuses on participants identifying a goal for delivering education in their local community

Section 1: Developing an Action Plan	72
---	-----------

Evaluation and Closure	73
-------------------------------	-----------

Resources for Learning More	76
------------------------------------	-----------

Welcome & Overview

Contents of Welcome & Overview

- ❖ PowerPoint Presentation
- ❖ Pre-test

Length: 45 min

- ❖ Introductions and Training Overview
- ❖ Group Norms & Training Expectations
- ❖ Pre-test

Purpose

To introduce trainers and participants, orient participants to the overall course objectives and create a safe and comfortable learning environment.

Activities

- ❖ Introductions
- ❖ Course Objectives and Training Content overview
- ❖ Group Rules & Expectations
- ❖ Ice-breaker: Finish the Sentence
- ❖ Pre-Test

Pre-Test

Name: _____

Date: _____

Pre Self-Assessment:

Do you agree (A), disagree (D), with these statements, or are you not sure (NS). Circle your choice - A, D, or NS.

Module 1: What is Cancer?

1.	A	D	NS	Cancer is a disease that occurs when cells grow, or divide, in an orderly fashion.
2.	A	D	NS	Malignant tumors do not spread to other parts of the body.
3.	A	D	NS	A tumor is always cancerous.
4.	A	D	NS	Treatment decisions are based on the type of cancer involved.
5.	A	D	NS	The site where cancer begins in the body is called the "primary site".

Module 2: Cervical Cancer

6.	A	D	NS	The cervix is tubular in shape and is approximately 2-3 inches long.
7.	A	D	NS	HPV is found in about 51% of all cervical cancers.
8.	A	D	NS	There are often many warning signs to catch cervical at an early stage.
9.	A	D	NS	Prevention consists of eliminating or decreasing harmful factors so natural body defenses are able to work efficiently.
10.	A	D	NS	There are 3 different stages of cervical cancer.
11.	A	D	NS	There are a number of different ways to treat cancer in general.

Module 3: Cervical Cancer Screening

12.	A	D	NS	Treatment for cervical cancer depends on the stage of the cancer.
13.	A	D	NS	All women should begin cervical cancer testing (screening) at age 18.
14.	A	D	NS	The most important risk factor for cervical cancer is infection with HPV.
18.	A	D	NS	A colposcopy is performed if the pap smear result is abnormal.
16.	A	D	NS	There are many barriers associated with CC screening including financial constraints and embarrassment.
17.	A	D	NS	Cervical cancer survival can be improved if one participates in screening and early detection.

Overall Confidence in Teaching Content

	Not Confident	Low Confidence	Confident	High Confidence	
18.	①	②	③	④	I feel confident in following the recruitment process for De Casa en Casa.
19.	①	②	③	④	I feel confident in increasing the community's knowledge about cervical cancer screening.
20.	①	②	③	④	I feel confident in describing the signs and risk factors of cervical cancer.
21.	①	②	③	④	I feel confident in addressing the barriers and challenges in obtaining a pap test.
22.	①	②	③	④	I feel confident in describing the process of receiving a pap and any treatment needed in the future.

Module 1: What is Cancer?

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ Glossary
- ❖ Resources for Learning More
- ❖ References

Length: 45 min

- ❖ Introduction of session/module overview
- ❖ Presentation of module
- ❖ Closing

NOTE

- Each major learning point is clearly identified by **boldface** type throughout the guide and emphasized in the PowerPoint presentation.
- See the glossary (at the end of the module) for words that are in **bold blue italics** throughout the module.

Goals

In this session, participants will gain an understanding of the following:

- ❖ The meaning of the word “cancer”
- ❖ The difference between benign and malignant tumors
- ❖ The process by which cancer spreads
- ❖ Types of cancer

Objectives

At the completion Module 1, participants will be able to demonstrate the following:

- ❖ List at least two myths related to cancer
- ❖ Describe the process through which normal cells become cancerous
- ❖ Describe the difference between benign and malignant tumors
- ❖ Describe two types of cancers and where they are in the body
- ❖ List at least two common cancers in Texas

What is Cancer?

Common Misconceptions about Cancer

Misconceptions or myths about certain health topics make it challenging trying to create appropriate health education and prevention programs in the community. Cancer is no exception, especially due to the many different kinds of cancer that exists and differences in survivorship.

Many Hispanics have witnessed the devastating effects of this disease either through their own personal experience or that of a family member or friend. For this reason, mention of the word cancer often generates feelings of fatalism and resignation among Hispanics affected by this disease. In addition, some Hispanics view cancer as a death sentence.¹ There is a critical need to educate Hispanics about cancer in order to move beyond myths toward understanding and knowledge. Education about cancer will assist Hispanics in developing focused interventions that will reduce the risk of developing cancer.

It is always important to ask the individual or group you are delivering education to what *they* have heard or what *they believe*. Once acknowledged, a true and factual learning environment can be created and true and accurate information can replace the myths that exist about cancer.

What is Cancer?

The term “**cancer**” refers to a group of more than 100 different diseases that begin in **cells**, the body’s basic unit of life. Cells are the structural and functional units of all living organisms. They are so small, that they can only be seen through a microscope. Some organisms, such as bacteria, are unicellular, consisting of a single cell. Other organisms, such as humans, are multi-cellular, or have many cells. We have billions of cells in our bodies.

Cancer is a disease that develops when cells grow (divide) and form more cells without control or order. All organs of the body are made up of cells. Cells have many parts, each with its own function. For example, each cell can take in nutrients, convert them into energy, carry out special functions, and grow or divide, as necessary. Each cell has a nucleus, which serves as the cell’s brain, sending directions to the cell to grow, mature, divide, or die. Under normal circumstances, new cell growth and old cell death are kept in balance. In cancer, this balance is disrupted. This disruption can result from uncontrolled cell growth or loss of a cell’s ability to self-destruct. This process may be easily understood by first considering “normal cell growth”.

Normal cell growth: The process of making new body cells is called cell division or mitosis. Take, for example, the skin. The outer layer of normal skin, called the **epidermis** is roughly a dozen cells thick. Cells in the bottom row of this layer, called the basal layer, divide just fast enough to replenish cells that are continually being shed from the surface of the skin. Each time one of these basal cells divides, it produces two cells. One remains in the basal layer and retains its capacity to divide. The other travels out of the basal layer and loses the capacity to divide. The number of dividing cells in the basal layer therefore stays the same.

Abnormal cell growth - the beginning of cancerous growth: During the development of skin cancer, the normal balance between cell division and cell death, or **apoptosis**, is disrupted. Apoptosis protects the body by removing genetically damaged cells that could lead to cancer. The basal cells now divide faster than is needed to replenish the cells being shed from the surface of the skin. Each time one of these basal cells divides, the two newly formed cells will often retain the capacity to divide, thereby leading to an increase in the total number of dividing cells.

This gradual increase in the number of dividing cells creates a growing mass of tissue called a “tumor”. If the rate of cell division is relatively rapid, and no “self-destruct” signals are in place to trigger the cell to die, the tumor will grow quickly in size. If the cells divide more slowly, tumor growth will be slower. But regardless of the growth rate, tumors ultimately increase in size because new cells are being produced in greater numbers than needed. As more and more of these dividing cells accumulate, the normal organization of the tissue gradually becomes disrupted. Tumors can either be benign (non-cancerous) or malignant (cancer).

Benign vs. Malignant Tumors

Benign tumors are not cancer. They do not spread to other parts of the body and are usually not a threat to life. Benign tumors are often removed because their size may cause a problem or for cosmetic reasons.

Malignant tumors are cancer. Cancerous cells in these tumors are abnormal and divide without control or order due to **oncogenes**. Oncogenes are normal genes that have been changed, or mutated and therefore have affected a cell's ability to control functions such as cell replication and cell death. When the cell cycle (cell division and cell death) proceeds without control, cells can divide without order and accumulate genetic defects that can lead to a cancerous tumor. Cancer cells can invade and damage nearby tissue and organs by breaking away from a malignant tumor and entering the bloodstream or the **lymphatic system**. This is how cancer spreads from what is called the original or **primary site** to form new tumors in other parts of the body.

The process by which cancer spreads from its original or primary site to another part of the body is referred to as **metastasis**. When cancer spreads or **metastasizes**, the new tumor has the same kind of abnormal cells as the **primary (original) tumor** and is referred to by the same name as the primary tumor. For example, if colon cancer metastasizes (spreads) to the liver, the cancer cells in the liver are colon cancer cells. The disease is called metastatic colon cancer (not liver cancer).

Types of Cancer²

As discussed earlier, there are over 100 different types of cancer and they can originate almost anywhere in the body. **Treatment decisions are based on knowing the type of cancer involved.** In addition to the primary organ site, cancers are described by the types of cells that become malignant. **Knowledge of the terms used to describe the various types of cancers helps us to better understand information about the cancer diagnosis.**

Cancers are divided into five main groups:

- **Carcinomas** are cancers that begin in the **epithelium**, the body's skin or in tissues that line or cover the internal organs such as the lung, breast, and colon. Eighty to ninety percent of all cancers are carcinomas.
- **Sarcomas** are cancers that start to grow in bones, cartilage, fat, muscle, blood vessels, or other **connective tissues** such as nerves, joints, or deep skin tissues.
- **Lymphomas** are cancers that arise in the **lymph nodes** and **lymphoid tissues** (tissues of the body's immune system.)
- **Leukemias** are cancers that start in the tissue that forms blood such as the **bone marrow**. In a person with leukemia, the bone marrow makes abnormal **white blood cells**.
- **Myelomas** are cancers that start in plasma cells, which are a type of white blood cell.

Naming Cancers

Scientists use a variety of technical names to distinguish among the many

different types of cancers. **In general, these names are created by using different prefixes that stand for the name of the cell type involved.** For example, the prefix “osteo” means bone, so a cancer arising in bone is called osteosarcoma. Similarly, the prefix “adeno” means gland, so a cancer of gland cells is called adenocarcinoma - for example, a breast adenocarcinoma.

Texas Cancer Facts 3, 4, 5, 6

So, now that you know more about cancer, what are the most diagnosed kinds of cancer in the state of Texas?

- Among women, the most common cancer is breast cancer for all women regardless of race/ethnicity. Among Hispanic women breast cancer is also at the top.
- In 2017, it is estimated that there will be 12,820 new cases of cervix uteri cancer and an estimated 4,210 people will die of this disease.
- Cervical cancer Incidence rates are higher in Texas (9.2) than the national level (7.5); with nearly 1,350 new cases reported in 2016.
- In 2016, an estimated 1,112 Texas women were expected to be diagnosed with cervical cancer and 390 were expected to die from the disease.
- Approximately 12,425 Texans diagnosed between 1995 and 2012 with CC are survivors as of 2013. Some of these individuals were cancer free, while others may have ongoing treatment

Glossary of Terms

apoptosis	A type of cell death in which a series of molecular steps in a cell leads to its death. This is the body's normal way of getting rid of unneeded or abnormal cells. The process of apoptosis may be blocked in cancer cells. Also called programmed cell death.
benign	A tumor that is not cancerous. Benign tumors may grow larger, but do not spread to other parts of the body. Also called nonmalignant.
bone marrow	A soft sponge-like material found in the center of most bones. Its principle function is to produce red blood cells (cells that carry oxygen to all parts of the body), white blood cells (cells that help the body fight infections and other diseases), and platelets (cells that help the blood clot to prevent bleeding; also called a thrombocyte).
cancer	A term for diseases in which abnormal cells divide without control or order and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. There are more than 100 different types of cancer. Also called malignancy.
cells	Cells are the basic unit in the organization of living substance. Although cells may be widely differentiated and highly specialized in their function, they have the same basic structure; that is they have an outer covering called the membrane, a main substance called the cytoplasm and a control center called a nucleus.
connective tissue	Supporting tissue that surrounds other tissues and organs. Specialized connective tissue includes bone, cartilage, blood and fat.
epidermis	This is the outer most layer of skin.
epithelium	A thin layer of tissue that covers organs, glands, and other structures within the body.
lymph node	A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid), and they store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called a lymph gland.
lymphatic system	The tissues and organs that produce, store, and carry white blood cells that fight infections and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes, and lymphatic vessels (a network of thin tubes that carry lymph and white blood cells). Lymphatic vessels branch, like blood vessels, into all the tissues of the body.
lymphoid tissue	Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop.
malignant	Tumors which are cancerous; they grow wildly and have the potential to spread.
metastasis	The spread of cancer from one part of the body to another. Cells in the metastatic (secondary) tumor are like those in the original (primary) cancer.
oncogene	A gene that is a mutated (changed) form of a gene involved in normal cell growth. Oncogenes may cause the growth of cancer cells. Mutations in genes that become oncogenes can be inherited or caused by being exposed to substances in the environment that cause cancer.
primary site	The place in the body where cancer originates.
tumor	An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Tumors may be benign (not cancer), or malignant (cancer). Also called neoplasm.
white blood cells	A type of blood cell that is made in the bone marrow and found in the blood and lymph tissue. White blood cells are part of the body's immune system. They help the body fight infection and other diseases. Checking for the number of white blood cells in the blood is usually part of a complete blood cell test. Also called leukocyte and WBC.

References

1. National Cancer Institute (1996). *Communicating with Hispanic cancer patients: A focus group study*. Washington, DC.
2. "What Is Cancer?" *National Cancer Institute*. National Institutes of Health, 7 Mar. 2014. Web. 14 Aug. 2014.
<<http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer>>.
3. <https://seer.cancer.gov/statfacts/html/cervix.html>
4. American Cancer Society; Cancer Facts and Figures for Hispanics/Latinos 2012-2014
5. <http://www.cancer.net/cancer-types/cervical-cancer/statistics>
6. American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.

Module 2: Cervical Cancer

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ Glossary
- ❖ Resources for Learning More
- ❖ References

Length: 70 min

- ❖ Introduction of session/module overview
- ❖ Presentation of module
- ❖ Closing

Goals

In this session, participants will gain an understanding of the following:

- ❖ The different kinds of conditions of the cervix
- ❖ Description of Cervical Cancer, including symptoms, risk factors and ways to reduce CC risk
- ❖ Types of treatment

Objectives

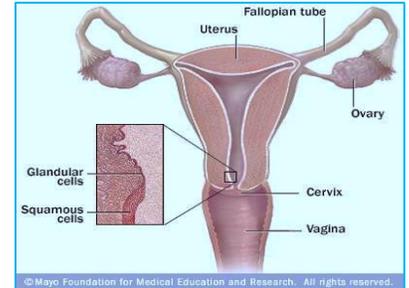
At the completion of Learning Module 2, participants will be able to demonstrate the following:

- ❖ List at least two CC facts
- ❖ Name at least three warning signs/symptoms of CC
- ❖ Describe at least three risk factors associated with CC
- ❖ List at least three ways to reduce risk
- ❖ Name at least two CC treatment options

The Cervix

The **cervix** is the lower, narrow end of the **uterus** (the organ where a fetus grows). The cervix leads from the uterus to the vagina (birth canal).

It widens during childbirth to allow for the passage of the baby. It also allows the passage of menstrual fluid from the uterus and sperm needs to travel through the cervix in order to reach the uterus. Despite the variety of objects passing through the cervix, it is only approximately two inches long and is tubular in shape¹.



What does it do?

- The cervix carries out many critical functions that contribute to the overall reproductive health and wellbeing of women. The cervix is the portion of the uterus which is connected to the vaginal canal¹, and:
 - Allows the passage of **menstrual fluid**
 - Promotes **fertility**
 - Protects the uterus, upper reproductive tract and a developing fetus from **pathogens**

Infections of the Cervix²

- **Gonorrhea:** this is usually passed from one person to another during intercourse. The bacteria can live inside the cells of your cervix. Treatment is with antibiotics.
- **Chlamydia:** this is caused by a bacterium called Chlamydia trachomatis and is passed on during intercourse. Nearly 7 out of 10 women with this infection do not have any symptoms. Chlamydia is easily treated with a course of antibiotics.
- **Genital herpes:** this is usually a sexually transmitted infection which is passed on by skin-to-skin contact or during intercourse. Many people infected with this virus never have symptoms but can still pass on the infection to others. If symptoms occur, they can range from a mild soreness to painful blisters on the genitals and surrounding area.
- **Trichomonas:** this is a tiny parasite which causes an infection and is usually passed on during intercourse. Parasites are living things (organisms) that live within, or on, another organism. Around half of women with this infection do not have symptoms. This infection leads to the cervix becoming very red which may be noticed during a smear test. Trichomonas is usually treated with a course of antibiotics.
- **Human papillomavirus (HPV):** there are more than 100 different types of HPV. HPV is very common and most people have an infection with HPV at

some time in their lives. Some types of HPV can lead to changes in the cells of the cervix and (very rarely) some types can increase the risk of developing cancer of the cervix. The NHS cervical screening program now offers women with borderline and mild cell changes a test to check for HPV.

Keeping your Cervix Healthy

Prevention consists of eliminating or decreasing harmful factors so natural body defenses are able to work efficiently. A number of factors affect your overall health as well as your cervix, including:

- **Strong *immune system***: a healthy immune system helps clear harmful bacteria and virus naturally from your bodies. Try to get enough sleep, avoid exposure to harmful chemicals and have a healthy diet.
- **Avoid Smoking**: smoking has been linked with the development of cervical cancer. Nicotine and other by-products of smoking concentrate in the cervical mucus of smokers. Women who smoke, especially women who have HPV, are much more likely than non-smokers to develop abnormal changes or cancerous changes in the cervix.
- **Healthy diet**: research has found that there's a connection between ***folic acid*** a B vitamin and a reduction in cervical cancer. This vitamin can be found in green and yellow vegetables, juices, citrus fruits, liver and yeasts.
- **Stress**: Lots of women receive abnormal Pap results after major negative life events. Researchers believe that how well we cope with stressful events is related to whether or not we get abnormal Pap results.

Cervical Cancer – What is it?

Cervical Cancer (CC)³

- Cervical cancer starts in the cells lining the cervix -- the lower part of the uterus (womb). This is sometimes called the uterine cervix. The fetus grows in the body of the uterus (the upper part). The cervix connects the body of the uterus to the vagina (birth canal).
- The 2 main types of cells covering the cervix are ***squamous cells*** (on the exocervix) and ***glandular cells*** (on the endocervix). These 2 cell types meet at a place called the transformation zone. The exact location of the transformation zone changes as you age and if you give birth.
- The ***transformation zone*** is where cervical cells are most likely to become cancerous. It is located around the opening of the cervix, leading on to the ***endocervical canal***. During cervical screening doctors and nurses will focus on this area.

- Cervical cancers and cervical pre-cancers are classified by how they look under a microscope. The main types of cervical cancers are squamous cell carcinoma and adenocarcinoma.
- Although almost all cervical cancers are either squamous cell carcinomas or adenocarcinomas, other types of cancer also can develop in the cervix. These other types, such as melanoma, sarcoma, and lymphoma, occur more commonly in other parts of the body.

Cause of Cervical Cancer⁴

- Human papillomavirus (HPV) is found in about 99% of cervical cancers. There are over 100 different types of HPV, most of which are considered low-risk and do not cause cervical cancer. High-risk HPV types may cause cervical cell abnormalities or cancer. More than 70% of cervical cancer cases can be attributed to two types of the virus, HPV-16 and HPV-18, often referred to as high-risk HPV types.

Warning Signs of CC & Risk Factors

Warning Signs and Symptoms

Often there are no warning signs for this deadly disease, so when symptoms do appear, it may be too late. Possible warning signs are:

- Abnormal vaginal bleeding
- Unusual discharge from the vagina
- Bleeding after menopause
- Pain during sex
- Painful urination
- Pelvic pain
- Fatigue & weight loss

These symptoms may be caused by other conditions as well. You know your body best so if you notice change, then its best to see your doctor. Warning signs often our late, so do not wait for pain because it is a very late sign of cancer.

Risk Factors for CC

Doctors often cannot explain why one person develops cancer and another does not. But research shows that certain **risk factors** increase the chance that a person will develop cancer.

Risk Factors for Cervical Cancer³

A risk factor is anything that increases a person's chance of developing cancer. Although risk factors often influence the development of cancer, most do not directly cause cancer. Some people with several risk factors never develop cancer, while others with no known risk factors do. However, knowing your risk factors and talking about them with your doctor may help you make more informed lifestyle and health care choices. The following factors may raise a woman's risk of developing cervical cancer:

- **Human papillomavirus (HPV) infection.** The most important risk factor for cervical cancer is infection with HPV. This virus is most commonly passed from person to person during sexual activity. There are different types, or strains, of HPV, and some strains are more strongly linked with certain types of cancers. HPV vaccines protect against specific strains of the virus.
- **Immune system deficiency.** Women with lowered immune systems have a higher risk of developing cervical cancer. A lowered immune system can be caused by immune suppression from corticosteroid medications, organ transplantation, treatments for other types of cancer, or from the human immunodeficiency virus (HIV), which is the virus that causes acquired immune deficiency syndrome (AIDS). When a woman has HIV, her immune system is less able to fight off early cancer.
- **Herpes.** Women who have genital herpes have a higher risk of developing cervical cancer.
- **Smoking.** Women who smoke are about twice as likely to develop cervical cancer as women who do not smoke.
- **Age.** Girls younger than 15 rarely develop cervical cancer. The risk goes up between the late teens and mid-30s. Women over 40 remain at risk and need to continue having regular cervical cancer screenings, which include both a Pap test and HPV test.
- **Race.** Cervical cancer is more common among black women, Hispanic women, and American Indian women.
- **Oral contraceptives.** Some research studies suggest that oral contraceptives, which are birth control pills, may be associated with an increase in the risk of cervical cancer. However, more research is needed to understand how oral contraceptive use and the development of cervical cancer are connected.
- **Exposure to diethylstilbestrol (DES).** Women whose mothers were given this drug during pregnancy to prevent miscarriage have an increased risk of developing a rare type of cancer of the cervix or vagina. DES was given for this purpose from about 1940 to 1970. Women exposed to DES should have an annual pelvic examination that includes a cervical Pap test as well as a four-quadrant Pap test, in which samples of cells are taken from all sides of the vagina to check for abnormal cells.

The conditions that influence the development of cancer are related to lifestyle, environment, viral agents, and heredity.

The most important risk factor for cancer is growing older. Most cancers are in people over the age of 65, but people of all ages, including children, can get cancer too.⁵

Lifestyle: Some types of cancer are related to lifestyle (how we live and the choices we make). What we eat and drink, how much we exercise, and whether or not we smoke influences our risk for developing cancer. Although smoking and alcohol intake rates are lower among Hispanics when compared to non-Hispanic whites, rates of **obesity** are higher among Hispanics⁶.

Hereditary: This refers to **genes** that control cell growth and death that are passed from parent to child. Some types of cancer (including melanoma and cancer of the breast, colon, ovary, and prostate) tend to occur more often in some families than in the rest of the population. This may be due to an alteration in the genes that increases a person's chance to develop cancer. It is often unclear whether a pattern of cancer in a family is primarily due to heredity, factors in the family's environment or lifestyle, or just a matter of chance. But remember most cancer occurs in people with no family history of cancer.



Risk Reduction: Many risk factors can be avoided. According to scientific evidence, about two-thirds of all cancer deaths are related to preventable factors including tobacco, overweight or obesity, physical inactivity and poor nutrition.⁷

The lifestyle we lead today has an influence on our health as we age. It takes many years for a single cancer cell to develop into a cancer that is detectable and requires treatment. Although some cancers are unavoidable such as those linked to heredity, the burden of many cancers can be reduced through education, taking personal action to reduce cancer risk, and participating in routine screening for early detection.

Reducing Cancer Risk⁸

By practicing healthy habits and teaching them to your family members, you can help reduce your family's risk for cancer. Start making an effort to reduce your risk now by following these suggestions:

- **Don't use tobacco.** One of the worst things you can do for your body is use tobacco. Not only is smoking a leading cause of cancer and death from cancer, it harms nearly every organ in the body and reduces your overall health. Tobacco use (smoking, chewing tobacco and snuff) causes cancers of the lung, esophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach and cervix in addition to other smoking related health problems such as heart disease, stroke and emphysema.⁶ Reject tobacco, and if you smoke, consider seeking help to quit. If you don't smoke, avoid exposure to secondhand smoke. Being around others who smoke may increase your risk for lung cancer.
- **Maintain a healthy weight.** Being **overweight** or obese (weighing 20% or more than recommended for normal range) may increase the risk for certain forms of cancer (breast, colon, esophagus, kidney, stomach and uterus). Balancing the amount of food we eat with daily exercise will help us maintain a healthy weight and reduce our risk of cancer. Maintaining a healthy weight also reduces risk for other chronic diseases such as diabetes and heart disease. Lifestyle factors that contribute to increased risk for these diseases include not eating enough fruits and vegetables, eating too many foods high in saturated fats (fried foods, fatty cuts of meat) and not getting enough exercise.
- **Be active.** Get at least 30 minutes of physical activity each day. This can be as simple as a brisk walk 15 minutes twice a day. Any amount of physical activity is better than none. Being physically active lowers the risk for cancer.
- **Limit alcohol consumption.** Heavy drinking increases the risk for cancer. People who smoke and drink heavily have a particularly high risk for certain types of cancer. Choosing non-alcoholic beverages (juices, sodas, water) at parties, avoiding occasions centered around alcohol, and seeking professional help to limit alcohol (if needed) will help reduce the risk for cancer. Limiting alcohol consumption – two drinks per day for males and one drink per day for females - may lower the risk of cancers of the breast, colon, esophagus, liver, mouth and throat.
- **Limit sexual partners and use a condom.** The risk of developing cervical cancer is directly related to the number of sexual partners a woman has had. It's important to note that this is not due to the amount of sex a woman has had, but to the chances that she has been exposed to the human papillomavirus (HPV.) Unprotected sex raises your risk of a host of sexually transmitted infections.

CC Stages & Cancer Treatment

Stages of CC: There are five **stages** of cervical cancer⁹:

The process of finding out how far the cancer has spread is called **staging**. Information from exams and diagnostic tests is used to determine the size of the **tumor**, how deeply the tumor has invaded tissues in and around the cervix and the spread to lymph nodes or distant organs (**metastasis**). This is an important process because the stage of the cancer is the key factor in selecting the right treatment plan⁹.

- **Stage 0:** the cancer cells are confined to the surface of the cervix. This stage is also called carcinoma in situ (CIS) or cervical intraepithelial neoplasia (CIN) grade III (CIN III).
- **Stage I:** the cancer has grown deeper into the cervix, but has not spread beyond it. This stage is additionally divided into two subcategories:
 - **Stage IA:** There is a very small amount of cancer, less than 5 mm deep and less than 7 mm wide, that can only be seen under a microscope.
 - **Stage IB:** The cancer can be seen and measures 4 cm or less; or the cancer can only be seen under a microscope and measures more than 5 mm deep and 7 mm wide.
- **Stage II:** the cancer has grown beyond the cervix and uterus, but has not reached the walls of the pelvis or the lower part of the vagina. In this stage, the disease has not spread to lymph nodes or distant sites. Stage II has two additional subcategories:
 - **Stage IIA:** The cancer has not spread into the tissues next to the cervix, the **parametria**, but it may have grown into the upper part of the vagina.
 - **Stage IIB:** The cancer has spread into the tissues next to the cervix, the parametria.
- **Stage III:** the cancer has spread to the lower part of the vagina or the walls of the pelvis, but not to nearby lymph nodes or other parts of the body. This stage is separated into two subcategories:
 - **Stage IIIA:** The cancer has spread to the lower third of the vagina, but not to the walls of the pelvis.
 - **Stage IIIB:** The cancer has grown into the walls of the pelvis and/or has blocked both ureters, but has not spread to the lymph nodes or

distant sites. Also, the cancer has spread to the lymph nodes in the pelvis, but not towards distant sites.

- **Stage IV:** the disease has spread to nearby organs or other parts of the body. Stage IV is separated into two subcategories:
 - **Stage IVA:** The cancer has spread to the bladder or rectum, but not to the lymph nodes or distant sites.
 - **Stage IVB:** The cancer has spread to organs beyond the pelvis, such as the lungs or liver.

Cancer Treatment

There are a number of different ways to treat cancers. For **some Hispanics, treatment may involve a combination of Western medicine and folk medicine, such as curanderos (lay folk healers), prayer, and herbal remedies**¹⁰. While Western medicine uses an approach based on science and is focused on the physical aspect of disease, folk medicine includes the use of treatments such as massage, herbal remedies, and spiritually oriented care⁹ to restore a person to a state of wellness that includes the physical, mental, and spiritual dimensions of health^{11,12}.

For some Hispanics facing cancer treatment, the use of curanderos and folk medicine may be an important part of becoming well again. The use of folk medicine is reported to be more prevalent in Mexican communities. Since most studies have focused on Mexican Americans, there is not much information on health beliefs among different Hispanic subgroups in the United States¹³. However, among Mexican Americans, folk medicine may often be used instead of Western medicine because it is delivered in a more culturally appropriate way¹⁰. Some Hispanic patients may move back and forth between Western and folk medicine depending on what services they may/may not be able to access, what they feel they can relate to, and what they believe works the best¹⁴. Unfortunately, while some Hispanics may use folk medicine, few may share this information with their healthcare providers due to language barriers, fear of being reproached by their provider, or assumption that their provider may not believe in folk remedies¹⁰. This presents challenges to effective treatment.

The Western medical approach to cancer involves a team of doctors (**surgeons, medical oncologists**, radiation oncologists, nurses, and others) who specialize in the treatment of people with cancer. Teams of doctors develop treatment plans to fit each person's situation based on their cancer diagnosis. The treatment plan may include **surgery, chemotherapy, radiation therapy, hormone therapy, biological therapy, stem cell transplantation, complementary medicine**, or participation in a **clinical trial**.

Treatment for cancer depends on the type of cancer, the size of the tumor, location and stage of the disease, the person's general health, and other factors. Treatment for cancer can be either local or systemic. Local treatments affect cancer cells in the tumor and the area around it. **Systemic treatments** travel through the bloodstream, reaching cancer cells all over the body. Surgery and radiation therapy are types of local treatment. Chemotherapy, hormone therapy, and biological therapy are examples of systemic treatment.

Because cancer treatment damages healthy cells and tissues in addition to cancer cells, it often causes side effects. Side effects of cancer treatment depend mainly on the type and extent of the treatment. Also, the effects may not be the same for each person, and they may change for a person from one treatment to the next. Patients undergoing treatment for cancer are closely monitored by the specialists (medical oncologists and others) involved in their care. This team of specialists provides education on side effects that may occur during and after treatment, and ways to manage or lessen the effects.

When traditional medicine is combined with Western medicine in the treatment of cancer, sharing information about treatment is important. The use of traditional practices such as herbal teas or hot springs baths, etc. may affect some medications and therapies.¹⁰ Thus, both the medical specialist and healer should be aware that the patient is using both approaches.

The goals of treatment vary according to the situation. A particular treatment might be recommended because it offers the best chance of a cure. When cure is not possible, treatment may improve the quality of life by relieving pain, pressure and other symptoms of cancer.

Whatever treatment plan is used, Hispanics are most likely to benefit when the plan is focused on a holistic approach to care that may involve a blending of standard and alternative medicine. Such an approach addresses not only the physical illness but also the mental, emotional, and spiritual dimensions of the disease.

The following is a description of common methods used in the treatment of cancer.¹⁵

Surgery

Surgery refers to removing the cancerous tumor. Part or all of the organ tissue in the cancer started and a small amount of healthy tissue around the cancer is removed. Nearby lymph nodes may also be removed. Surgery is most effective when the cancer is still confined to its original site and when the tumor can be completely removed. Sometimes surgery is done on an outpatient basis (in and

out the same day), or the patient may stay overnight in the hospital. This decision depends mainly on the type of surgery and the type of **anesthesia**.

The side effects of surgery depend on many factors, including the size and location of the tumor, the type of operation, and the patient's general health. The discomfort that may occur after surgery can be controlled with medicine. Patients may also feel tired or weak for a while after surgery. The length of time it takes to recover from an operation varies among patients.

Some patients have concerns that cancer will spread during surgery or a biopsy. This is a very rare occurrence. Surgeons use special techniques and take many precautions to prevent cancer from spreading during surgery. For example, if tissue samples must be removed from more than one site, they use different instruments for each one. Also, a margin of normal tissue is often removed along with the tumor. Such efforts reduce the chance that cancer cells will spread into healthy tissue. Similarly, some people worry that exposing cancer to air during surgery will cause the disease to spread. This is not true. Air does not make cancer spread.

Chemotherapy

This refers to the use of drugs to kill cancer cells. Most patients receive chemotherapy by mouth or through a vein. It is a systemic treatment, meaning that the drugs flow through the bloodstream to nearly every part of the body. Chemotherapy primarily works **by attacking cells that divide and grow rapidly, such as cancer cells**. The doctor may use one drug or a combination of drugs.

Chemotherapy is used most often when there is a possibility that cancer cells may be located somewhere other than the primary tumor. It may be the only kind of treatment a patient needs, or it may be combined with other forms of treatment. **Neoadjuvant chemotherapy** refers to drugs given before surgery to shrink a tumor; **adjuvant chemotherapy** refers to drugs given after surgery to help prevent the cancer from recurring. **Chemotherapy also may be used (alone or along with other forms of treatment) to relieve symptoms of the disease.**

Chemotherapy is usually given in "cycles". A cycle includes a treatment period (one or more days when treatment is given) followed by a recovery period (several days or weeks), then the cycle repeats. Most anticancer drugs are given by intravenous (IV) injection into a vein; some are injected into a muscle or under the skin; and some are given by mouth. For some types of cancer, doctors are studying whether it helps to put anticancer drugs directly into the affected area.

Often, patients who need many doses of intravenous chemotherapy receive the drugs through a catheter (a thin, flexible tube) that stays in place until treatment is over. Usually a patient has chemotherapy as an outpatient (at the hospital, at the doctor's office, or at home). However, depending on which drugs are given, the dose, how they are given, and the patient's general health, a short hospital stay may be needed.

The side effects of chemotherapy depend mainly on the drugs and the doses the patient receives. As with other types of treatment, side effects vary from person to person. Generally, anticancer drugs affect cells that divide rapidly. In addition to cancer cells, these include blood cells, which fight infection, help the blood to clot, and carry oxygen to all parts of the body. When blood cells are affected, patients are more likely to get infections, may bruise or bleed easily. They may also feel unusually weak and very tired.

Rapidly dividing cells in hair roots and cells that line the digestive tract may also be affected. As a result, side effects may include loss of hair, poor appetite, nausea and vomiting, diarrhea, or mouth and lip sores.

Chemotherapy may also affect cells that line the digestive tract, in which case side effects include poor appetite, nausea and vomiting, diarrhea, or mouth and lip sores. Some chemotherapy drugs also affect fertility. Women may be unable to become pregnant, and men may not be able to father a child.

Although the side effects of chemotherapy can be distressing, most of them are temporary and they can usually be treated or controlled.

Biological Therapy (immunotherapy)

Biological therapy is another type of systemic therapy. Biological therapy helps the body's natural ability (immune system) to fight disease or protects the body from some of the side effects of cancer treatment. **Monoclonal antibodies, interferons, interleukins, colony-stimulating factors,** and **vaccines** are some types of biological therapies. The side effects caused by biological therapy vary with the specific treatment. In general, these treatments tend to cause flu-like symptoms, such as chills, fever, muscle aches, weakness, loss of appetite, nausea, vomiting and diarrhea. Patients also may bleed or bruise easily, get a skin rash, or have swelling. These problems can be severe, but they go away after the treatment stops.

Radiation Therapy (radiotherapy)

Radiation therapy is the use of high-energy rays to kill cancer cells or stop them from growing and dividing. For some types of cancer, radiation might be used instead of surgery as the primary treatment. In other cases, radiation might be given after surgery to destroy any cancer cells that remain in the area.

There are two forms of radiation therapy: external and internal.

- External radiation comes from a machine outside the body that directs radiation at the cancerous cells. Most people go to a hospital or clinic for treatment 5 days a week for several weeks.
- With internal radiation, radioactive material is sealed in a container (capsules, tubes, seeds, etc.) and placed directly in or near the tumor. Radiation is a local treatment; it can only affect cancer cells in that area.

The side effects of radiation depend on the amount of radiation given (the dose), the part of the body that is treated, and the individual patient's response.

For example, radiation to your abdomen can cause nausea, vomiting and diarrhea. A common side effect is extreme tiredness and skin changes in the treated area. Most side effects will go away in time.

Glossary of Terms

adjuvant chemotherapy	Refers to drugs given after surgery to help prevent the cancer from recurring.
anesthesia	Loss of feeling or awareness. Local anesthetics cause a loss of feeling in a part of the body. General anesthetics put the person to sleep.
biological therapy	Treatment to try to get the body to fight cancer. It uses materials made by the body or made in a laboratory to improve the body's natural response to disease. Also called immunotherapy.
chemotherapy	Treatment with drugs that kill cancer cells.
clinical trials	Research studies that evaluate promising new therapies and answer scientific questions about ways to prevent, detect, diagnose, and treat cancer; the psychological effects of the disease; and ways to improve comfort and quality of life.
cervix	The narrow neck like passage forming the lower end of the uterus.
colony-stimulating factors	Substances that stimulate the production of blood cells.
complementary medicine	Practices often used to enhance or complement standard treatment; these include dietary supplements, megadose vitamins, herbal preparations, special teas, acupuncture, massage therapy, magnet therapy, spiritual healing, and meditation.
diarrhea	Stools that are frequent, loose or watery and mostly due to infections of the colon or small intestine
Endocervical canal	The cavity running the length of the cervix
fertility	The ability to conceive children or young.
folic acid	A vitamin of the B complex found in leafy green vegetables, liver & kidney.
gene	The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein.
glandular cell	Cells which excrete some substance in the body. When glandular cells become cancerous, the resulting tumor is called an adenocarcinoma.
heredity	The transmission of traits from parents to offspring.
hormone therapy	Treatment of cancer by removing, blocking, or adding hormones.
interferon	A type of biological treatment that interferes with the division of cancer cells and slows the growth of the tumor.
interleukin	One of a group of related proteins made by white blood cells (leukocytes) and other cells in the body. Interleukins regulate immune responses. Interleukins made in the laboratory are used to boost the immune system in cancer therapy.
immune system	The body's defense against infectious organisms and other invaders.
local treatment	Treatment that affects cells in the tumor and the area close to it.
medical oncologist	A doctor who specializes in diagnosing and treating cancer using chemotherapy, hormone therapy and biologic therapy. A medical oncologist often serves as the person's main caretaker and coordinates treatment provided by the other specialists.

menstrual fluid	The regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina.
metastasis	The development of secondary malignant growths at a distance from a primary site of cancer.
monoclonal antibodies	Substances produced in a laboratory that can locate cancer cells and bind to them wherever they are in the body. Monoclonal antibodies can be used alone or they can be used to deliver drugs, toxins, or radioactive material directly to the tumor.
neoadjuvant chemotherapy	Refers to drugs given before surgery to shrink a tumor.
obesity	If an individual's Body Mass Index (BMI) is 30 or higher, this individual is considered obese.
overweight	If an individual's Body Mass Index (BMI) is between 25 and 29.9 this individual is considered overweight.
parametria	The fibrous tissue that separates the supravaginal portion of the cervix from the bladder.
pathogen	A bacterium, virus, or other microorganism that can cause disease.
radiation therapy	Treatment with high-energy radiation from x-rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy). Also called irradiation and radiotherapy.
rectum	The last portion of the large intestine which is a temporary holding place for the feces during the defecation process.
risk factor	Something that increases the chance of developing a disease. Some examples of risk factors for cancer are age, a family history of certain cancers, use of tobacco products, being exposed to certain chemicals, infection with certain viruses or bacteria, and certain genetic changes.
side effects	Problems that occur when treatment affects healthy cells. Common side effects of cancer treatment are fatigue, nausea, vomiting, decreased blood cell counts, hair loss, and mouth sores.
stage	The extent of a cancer in the body. Staging is usually based on the size of the tumor, whether lymph nodes contain cancer, and whether the cancer has spread from the original site to other parts of the body.
staging	Describes how far the cancer has spread from the original site to other parts of the body (i.e. in situ, local, regional, or distant).
stem cell transplantation	A method of replacing immature blood-forming cells in the bone marrow that have been destroyed by drugs, radiation, or disease. Stem cells are injected into the patient and make healthy blood cells. A stem cell transplant may be autologous (using a patient's own stem cells that were saved before treatment), allogeneic (using stem cells donated by someone who is not an identical twin), or syngeneic (using stem cells donated by an identical twin).
surgeon	A doctor who specializes in surgery - removing or repairing a part of the body.
systematic treatment	Using substances that travel through the bloodstream, reaching and affecting cells all over the body.
transformation zone	Dynamic entity formed during puberty and, histologically, is the area where the glandular epithelium is being replaced by squamous epithelium.

tumor	A swelling of a part of the body, generally without inflammation, caused by an abnormal growth of tissue, whether benign or malignant.
uterus	The organ in the lower body of a woman where offspring are conceived and in which they gestate before birth; the womb.
vaccines	A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. A http://www.cancer.gov/cancertopics/pdq/treatment/colon/Patient/vaccine can help the body recognize and destroy cancer cells or microorganisms.

References

1. http://www.rhfp.org/fertility/cervix/documents/RoleofCervixinReproductiveHealthBES_001.pdf
2. Casey PM, Long ME, Marnach ML; Abnormal cervical appearance: what to do, when to worry? *Mayo Clin Proc.* 2011 Feb;86(2):147-50; quiz 151. doi: 10.4065/mcp.2010.0512. Epub 2011 Jan 26
3. <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-what-is-cervical-cancer>
4. <http://www.nccc-online.org/hpvcervical-cancer/cervical-cancer-overview/>
5. National Cancer Institute at the National Institutes of Health. Available at: <http://cancer.uc.edu/cancerinfo/ScreeningRiskFactors.aspx>
6. American Cancer Society Cancer Facts & Figures for Hispanics/Latinos 2012-2014. Atlanta, GA. 2012. Available at: <http://www.cancer.org/research/cancerfactsfigures/cancerfactsfiguresforhispanicslatinos/cancer-facts-figures-hispanics-2012-2014>
7. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2013. Atlanta, GA. 2013. Available at: <http://www.cancer.org/research/cancerfactsfigures/cancerpreventionearlydetectionfactsfigures/cancer-prevention-early-detection-facts-figures-2013>
8. Mayo Clinic / Mayo Foundation for Medical Education and Research <http://www.mayoclinic.org/healthy-living/adult-health/in-depth/cancer-prevention/art-20044816>
9. <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-staged>
10. Tafur MM, Crowe TK, Torres E. A review of curanderismo and healing practices among Mexicans and Mexican Americans. *Occup Ther Int* 2009;16(1): 82-88.
11. Lopez RA. Use of alternative folk medicine by Mexican American women. *J Immigr Health.* 2005 Jan;7(1):23-31.
12. Amerson R. Reflections of a conversation with a curandera. *J Transcult Nurs* 2008 Oct;19(4):384-7.
13. Caban A, Walker EA. A systematic review of research on culturally relevant issues for Hispanics with diabetes. *Diabetes Educ.* 2006 Jul-Aug;32(4):584-95.
14. Kiesser M, McFadden J, Belliard JC. An interdisciplinary view of medical pluralism among Mexican Americans. *J Interprof Care.* 2006 Jun;20(3):223-34.
15. National Cancer Institute at the National Institutes of Health <http://www.cancer.gov/cancertopics/treatment/types-of-treatment>.

Module 3: Cervical Cancer Screening

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ Glossary
- ❖ References

Length: 1 hr. 15 min

- ❖ Introduction of session/module overview
- ❖ Presentation of module
- ❖ Individual & Group activities
- ❖ Closing

Goals

In this session, participants will gain an understanding of the following:

- ❖ Recognize the importance of screening to reduce deaths associated with cervical cancer

Objectives

At the completion of Learning Module 3, participants will be able to demonstrate the following:

- ❖ Describe the Screening Guidelines
- ❖ Name screening exams for cc
- ❖ Identify at least four barriers to testing / screening
- ❖ List at least two reasons why it is important to get screened for CC

Screening

The sooner cancer is detected and treated; the better a person's chances are for a full recovery.

- With that said, a way to prevent cervical cancer is to have testing (**screening**) to find pre-cancers before they can turn into **invasive cancer**. The **Pap test** (sometimes called the Pap smear) and the **HPV** (human papilloma virus) tests are used for this. If a pre-cancer is found, it can be treated, stopping cervical cancer before starting. Since no **HPV vaccine** provides complete protection against all of the HPV types that can cause cancer of the cervix, it cannot prevent all cases of cervical cancer. This is why it is very important that women continue to have cervical cancer screening even after they've been vaccinated. Most invasive cervical cancers are found in women who have not had regular screening¹.
- Treatments for cancer of the cervix depend on the stage of disease, the size of the tumor, age, overall physical condition, and a woman's desire to have children. Treatment for women with cancer of the cervix may include surgery (removing the cancer in an operation); radiation therapy (using high-dose x-rays or other high-energy rays to kill cancer cells); and/or chemotherapy (using drugs to kill cancer cells). Your provider will work you and may consult with an oncologist who specializes in gynecologic cancers, as well as a team of cancer providers to provide you with the best treatment plan².

Cervical Cancer Guidelines¹:

According to the American Cancer Society, women should follow the following guidelines to help find cervical cancer at an early stage. Following these guidelines can also find pre-cancers, which can be treated to keep cervical cancer from forming¹.

- All women should begin cervical cancer testing (screening) at age 21. Women aged 21 to 29, should have a Pap test every 3 years. HPV testing should not be used for screening in this age group (it may be used as a part of follow-up for an abnormal Pap test).
- Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This is called co-testing and should continue until age 65.
- Another reasonable option for women 30 to 65 is to get tested every 3 years with just the Pap test.

- Women who are at high risk of cervical cancer because of a suppressed immune system (for example from HIV infection, organ transplant, or long term steroid use) or because they were exposed to DES in utero may need to be screened more often.
- Women over 65 years of age who have had regular screening in the previous 10 years should stop cervical cancer screening as long as they haven't had any serious pre-cancers (like **CIN2** or **CIN3**) found in the last 20 years. Women with a history of CIN2 or CIN3 should continue to have testing for at least 20 years after the abnormality was found.
- Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer).
- Women of any age should NOT be screened every year by any screening method
- Women who have been vaccinated against HPV should still follow these guidelines.

Some women believe that they can stop cervical cancer screening once they have stopped having children. This is not true. They should continue to follow American Cancer Society guidelines¹.

Cervical Cancer Screening Methods¹:

The Pap (Papanicolaou) Test

The Pap test is a procedure used to collect cells from the cervix so that they can be looked at under the microscope to find cancer and pre-cancer. The health care professional first places a **speculum** inside the vagina. The speculum is a metal or plastic instrument that keeps the vagina open so that the cervix can be seen clearly. Next, using a small **spatula**, a sample of cells and mucus is lightly scraped from the exocervix. A small brush or a cotton-tipped swab is then inserted into the opening of the cervix to take a sample from the. If your cervix has been removed (because you had a **trachelectomy** or **hysterectomy**) as a part of the treatment for a cervical cancer or pre-cancer, the cells will be sampled from the upper part of the vagina (known as the vaginal cuff).

The cell samples are then prepared so that they can be examined under a microscope in the laboratory. This is done either by

- Smearing the sample directly onto a glass microscope slide and spraying it with a preservative. The slide is then sent to the laboratory, this is called conventional cytology
- Putting the sample of cells from the cervix into a special preservative liquid (instead of putting them on a slide directly). The bottle containing the cells and the liquid is sent to the lab. The cells in the liquid are spread onto

slides in the lab. This is called liquid-based cytology, or a liquid-based Pap test.

Although the Pap test has been more successful than any other screening test in preventing a cancer, it's not perfect. One of the limitations of the Pap test is that the results need to be examined by humans, so an accurate analysis of the hundreds of thousands of cells in each sample is not always possible. Engineers, scientists and doctors are working together to improve this test. Because some abnormalities may be missed (even when samples are looked at in the best laboratories), it's not a good idea to have this test less often than American Cancer Society guidelines recommend. Unfortunately, many of the women most at risk for cervical cancer are not being tested often enough or at all¹.

Making your Pap Tests More Accurate

You can do several things to make your Pap test as accurate as possible:

- Try not to schedule an appointment for a time during your menstrual period. The best time is at least 5 days after your menstrual period stops.
- Don't use tampons, birth-control foams or jellies, other vaginal creams, moisturizers, lubricants or vaginal medicines for 2 to 3 days before the test.
- Don't **douche** for 2 to 3 days before the test.
- Don't have sexual intercourse for 2 days before the test.

Abnormal Pap - Further Testing

The Pap test is a screening test; therefore it cannot tell for certain that cancer is present. An abnormal Pap test result means that other tests will need to be done to find out if a cancer or a pre-cancer is actually present. The tests that are used include **colposcopy** (with **biopsy**) and **endocervical scraping**. If a biopsy shows a pre-cancer, doctors will take steps to keep an actual cancer from developing. Sometimes these tests are also done to follow-up a positive HPV test result when the Pap test is normal.

Colposcopy

If you have certain symptoms that suggest cancer or if your Pap test shows abnormal cells, you will need to have a test called colposcopy. In this procedure you will lie on the exam table as you do for a pelvic exam. A speculum will be placed in the vagina to help the doctor see the cervix. The doctor will use a colposcopy to examine the cervix. The colposcopy is an instrument that has magnifying lenses (like binoculars). Although it stays outside the woman's body, it lets the doctor see the surface of the cervix closely and clearly. The doctor will apply a weak solution of acetic acid (similar to vinegar) to your cervix to make any abnormal areas easier to see¹.

A colposcopy itself causes no more discomfort than any other speculum exam. It has no side effects, and can be done safely even if you're pregnant. Like the

Pap test, it's rarely done during your menstrual period. If an abnormal area is seen on the cervix, a biopsy will be done. For a biopsy, a small piece of tissue is removed from the area that looks abnormal. The sample is sent to a **pathologist** to look at under a microscope. A biopsy is the only way to tell for certain if an abnormal area is a pre-cancer, a true cancer, or neither. Although the colposcopy procedure is not painful, cervical biopsy can cause discomfort, cramping or even pain in some women¹.

Importance of Cervical Cancer Screening

Each year, about 12,000 women get cervical cancer in the United States and about 4,000 die of the disease. It is highly treatable when detected early, but more than half of new cases occur in women who have never, or rarely, been screened. If it's detected early, cervical cancer is one of the most successfully treatable cancers. In the United States, the cervical cancer death rate declined by more than 50% over the last 30 years. This is thought to be mainly due to the effectiveness of Pap test screening¹.

Barriers related to Cervical Cancer Screening

Just as it is significant to know about the importance of CC screening, it is also just as important to know and address the barriers some groups face in getting tested. In designing the De Casa en Casa program; focus groups and/or discussions with the community in El Paso found that people identified the following as barriers to screening:

- Embarrassment
- Unpleasantness of tests
- Lack of Transportation (to clinic sites or Dr. Office)
- Lack of Insurance or Financial constraints
- Fear of bad results / Fear of Complications / Fear of Cancer
- Not feeling sick or having no symptoms
- Fear of pain / Fear of Prep
- Lack of Doctor Recommendation to have a screening test
- **Fatalistic beliefs**
- Not knowing the importance or benefits of getting screened for CC
- Anxiety about the tests and not knowing what it is like (often times people mentioned "horror" stories)
- Concern about the preparation
- Lack of time to actually do the tests or competing priorities like work, etc.

Addressing the Barriers

What did your group discuss to come up with solutions to these barriers so as to make a better education program in your community?

Embarrassment Solutions:

Unpleasantness of tests Solutions:

Lack of Transportation Solutions:

Lack of Insurance or Financial constraints Solutions:

Fear of bad results Solutions:

Not feeling sick Solutions:

Fear of pain / Fear of Prep Solutions:

Lack of Doctor Recommendation Solutions:

It's a Man's problem Solutions:

Fatalistic beliefs Solutions:

Not knowing the importance of CC screening Solutions:

Anxiety about the tests Solutions:

Concern about the preparation Solutions:

Lack of time Solutions:

Glossary of Terms

biopsy	An examination of tissue removed from a living body to discover the presence, cause, or extent of a disease.
CIN2	CIN 2 is not cancer, but may become cancer and spread to nearby normal tissue if not treated. Treatment for CIN 2 may include cryotherapy, laser therapy, loop electrosurgical procedure (LEEP), or cone biopsy to remove or destroy the abnormal tissue.
CIN3	Severely abnormal cells are found on the surface of the cervix. CIN 3 is usually caused by certain types of human papillomavirus (HPV) and is found when a cervical biopsy is done. If not treated, these abnormal cells may become cancer and spread to nearby normal tissue.
colposcopy	A procedure to closely examine your cervix, vagina and vulva for signs of disease. During colposcopy, your doctor uses a special instrument called a colposcope.
douche	Stream of water applied into the vagina for cleansing purposes. A douche can use a solution, such as vinegar and water, rather than simple water, and it can be directed at any body cavity or part.
endocervical scraping	A procedure in which the mucous membrane of the cervical canal is scraped using a spoon-shaped instrument called a curette. The procedure is used to test for abnormal, precancerous conditions, or cervical cancer.
fantastic beliefs	An attitude of resignation in the face of some future event or events which are thought to be inevitable. Cancer fatalism is the health belief that death is inevitable when cancer is present, has been linked to low cancer screening rates, delays in cancer treatment after diagnosis and reluctance to engage in healthy lifestyle behaviors to reduce cancer risk. In each case, patients with fatalistic health beliefs feel that there is nothing they can do to prevent cancer or avoid death from cancer. The belief is that death is simply their fate.
HPV	A viral infection that is passed between people through skin-to-skin contact. There are more than 100 varieties of HPV , but most emphasis is given to the 40 varieties that affect the genitals, mouth, or throat, that are passed through sexual contact.
HPV vaccine	Vaccines that prevent infection by certain types of human papillomavirus. Available vaccines protect against two, four, or nine types of HPV. All vaccines protect against at least HPV 16 and 18 that cause the greatest risk of cervical cancer.
hysterectomy	A surgical operation to remove all or part of the uterus.
invasive cancer	The cancer cells have broken out of the lobule where they began and have the potential to spread to the lymph nodes and other areas of the body. Invasive lobular carcinoma makes up a small portion of all breast cancers.
pap test	A test to detect cancer of the cervix or uterus, using a specimen of cellular material from the neck of the uterus spread on a microscope slide
pathologist	Physician who interprets and diagnoses the changes caused by disease in tissues and body fluids
risk factor	Any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

screening	To test or examine for the presence of disease or infection.
spatula	A blade often made of wood or plastic, with an indented tip adapted to ensure sampling during a Papanicolaou test of the squamous cells of the endocervix of the uterus.
speculum	A metal or plastic instrument that is used to dilate an orifice or canal in the body to allow inspection.
trachelectomy	A surgical removal of the uterine cervix.

References

1. <http://www.cancer.org/acs/groups/cid/documents/webcontent/003167-pdf.pdf>
2. https://www.womenshealthct.com/about_us/news/cervical_cancer_and_importance_screening
3. <http://www.cancer.net/cancer-types/cervical-cancer/risk-factors>

Module 4: De Casa Program

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ De Casa Education Tools
- ❖ Glossary
- ❖ References

Length: 1 hr. 15 min

- ❖ Introduction of session/module overview
- ❖ Presentation of module
- ❖ Individual & Group activities
- ❖ Closing

Goals

In this session, participants will gain an understanding of the following:

- ❖ The components of a successful CC education and screening program
- ❖ Identify all the Steps in the De Casa CC education delivery demonstration

Objectives

At the completion of Module 4, participants will be able to demonstrate the following:

- ❖ Describe at least three eligibility criteria for free CC screening
- ❖ List at least three recruitment site strategies
- ❖ Name at least two education interventions
- ❖ Describe at least two education tools used by De Casa promotoras

De Casa en Casa

De Casa: Program Justification and Background ¹

- **El Paso County (EPC) and Hudspeth County (HC)** are two border counties with a combined population of 822, 266, where women are at **disproportionate** cervical cancer risk and face overwhelming **socioeconomic**, cultural, and access barriers.
- Women on the Border have a higher cervical cancer **incidence rate**, are diagnosed at later stages, and have higher **mortality** compared to non-Border women. In addition, Hispanic women have almost double the incidence of all race/ethnicities and are twice as likely to die from cervical cancer as Non-Hispanic women. Resource availability is low in in these counties because they are medically **underserved** and the safety net is overwhelmed¹.
- Between 2004 and 2008 there were 190 new cases and 63 deaths linked to cervical cancer in El Paso County. Data from the County safety-net hospital (University Medical Center) during 2006-2010 reflects a late diagnosis rate of 41.8%, which is higher than the rate seen at the state level (36.3%) ².
- De Casa en Casa is a multicomponent **evidence-based** program designed to reduce the cervical cancer (CC) burden among uninsured women in the counties of El Paso and Hudspeth.
- Services include cervical cancer education, including screening methods, no-cost screening to individuals that are eligible, transportation and additional resources that the patient may need.

Program Eligibility for Free Screenings

- To be eligible for free CC screenings, participants have to be between the ages of 21-65 years; have a self-reported Texas address (reside in El Paso County), have no health insurance and due for CC screening.

Program Overview

- The long term goal of the program is to address a **CPRIT** priority in reducing the burden of cervical cancer in Texas Border Counties. Guided by our literature review, needs assessment and barriers identified in the current system of care delivery, we will improve cervical cancer prevention and early detection in El Paso and Hudspeth County with a multiple component evidence-based program,

Program Eligibility Criteria

When a De Casa Promotora approaches a member of the community at **recruitment sites**, he or she will fall into one of these four categories:

- **Ineligible**: meaning that the person is either younger than 21 years of age or older than 65 years of age; they are not residents of Texas or do not live in El Paso County. They may still receive education.
- **Education Only**: people are of age and live in El Paso County, but do not receive free CC screening because they have insurance or they are up to date with screening, meaning less than three years of having a pap test.
- **Navigation**: these individuals have already had CC, a hysterectomy, an abnormal pap smear and/or have the HPV; they can opt to receive navigation services such as finding a primary care provider in case the individual does not have one or other issues with accessing health care.
- **Screening**: these individuals have been screened and have met program eligibility requirements and will be scheduled an appointment for a pap smear.

Outreach

- The outreach component is led by community outreach workers through developing a network of community partnerships in the El Paso and Hudspeth County. In addition, the community outreach workers recruit from pre-existing organizations from the ACCION program. These included churches, food banks, and community centers, parental classes and GED/ESL programs at local school districts. The program also continues to attend health fairs in the community to distribute information about the program and recruit potential participants. In addition, the program built a new collaboration with El Pasoans Fighting Hunger Food Bank which allowed us to increase program involvement at various mini health fairs and food banks (over 4 per month). There has been continuous collaboration between the ACCION program, BEST program and the OBGYN Department at Texas Tech through a referral system.

Education

- The education component was developed from the AMIGAS intervention, a culturally tailored bilingual educational outreach intervention that focuses on behavioral determinants for cervical cancer screening. Minor adaptations were made to the modeled AMIGAS intervention in order for it to be tailored properly to the program's target population and recruitment methods; this included updating the screening cervical cancer guidelines and replacing the door-to-door recruiting method to a community based approach. Additionally, the determinants addressed include knowledge about pap test screening, outcome expectations, barriers (such as fear, embarrassment, lack of knowledge and myths

about screening) benefits of screening, self-efficacy and perceived social norms. The education is presented in a flip chart that presents information about cervical cancer, what is cervical cancer, who can get cervical cancer, what is a pap test, why screening for cervical cancer screening is important and short stories about real women. Throughout the education the community outreach worker uses additional materials (message cards, body diagrams, medical instruments and informational sheets and brochures) to help women make informed decisions about their cervical cancer screening.

Navigation

- The navigation process is a key component of the De Casa en Casa program in aiding participants through the program and the medical system if needed. De Casa's program navigator is responsible for tracking patients as they go through the system after they enter the program; assisting with scheduling appointments, making reminder phone calls, ensuring appointments are kept and that the patient understands the screening process. Additionally, the navigator assists in finding financial assistance, transportation, child care, health care coverage and a primary care provider if needed. Once the participant has been recruited into the program, the navigator facilitates the transition to treatment for anyone diagnosed with cervical cancer and tracks the patient through this process. Ultimately, the navigator serves as a community resource, utilizing the Rio Grande Cancer Foundation Cancer Care Resource Directory, which lists available cancer relevant resources such as support groups, financial assistance, providers/clinics, help with transportation, child care and the Green House library (a comprehensive cancer related library).
- Specifically, the process begins with the navigator scheduling the participant for a Pap smear appointment. Two days prior to this appointment, the navigator will make a reminder call in order to confirm the appointment time and review if transportation is needed for the participant. If participants do not attend their initial appointment, the navigator follows up with them in attempt to reschedule for a later date; if this incidence occurs once more, the navigator is then responsible for closing the participant's case and mailing a letter informing them of the closure. Pap results for each clinic are reviewed a week later by the attending physician and following steps are discussed with the navigator; a normal letter is sent with a copy of the results if diagnosis is normal, if abnormal the navigator reviews the results with the physician for a final disposition followed by calling the participant to discuss the results, offer an appointment at the next clinic and send a letter to the participant while faxing a copy of the report to the physician. The navigator is also responsible for informing the participant if a further testing is needed

moving forward. The participant will be called to discuss their results and arrange a follow up visit with the navigator to discuss results and view the program's colposcopy video. A week after this appointment, the navigator will review results with the performing physician and make follow up plans if needed. If cancer is diagnosed, the navigator reviews results with the physician and arranges an appointment with the participant to discuss the following steps, complete documentation and apply for discounts in seeking referral options for the participant. The program navigator is directly involved and in contact with the participant's progress throughout the program, not only confirming eligibility, assessing needs and addressing barriers but offering the emotional support as well.

Community and Collaborating Partners in El Paso County

With the exception of the community medical clinics, the majority of organizations that have opened their doors to the De Casa program have been through relationships that the promotoras have established.

Education Tools

- **Flip Chart/Storyboard:** The educational materials have been developed based on the **Health Belief Model** using an intervention mapping approach. All important benefits and barriers were identified and included based on a literature review and on focus groups in the community. The intervention script for the flip charts for the promotoras was designed to include all this information, all information is available in English and Spanish and has been culturally tailored.
- **Note for FlipChart:** The flipchart was designed to display the educational information to the recipient on white background, while at the same time providing the promotora with the script, discussion prompts and additional discussion questions on the blue background.
- **Education Session Form:** This form documents: 1) The location and address of where the session is being delivered, 2) The kind of **intervention** (video alone, Promotora alone or combined) delivered and if it was individual or group, 3) The feedback from participants receiving the education.

Additional Resources

- **De Casa leaflet:** A Spanish and English leaflet was developed based on the intervention script and flip charts.
- **De Casa Program Flyer:** A Spanish and English flyer that uses "Did you know" approach on CC facts, describes what participants will learn about CC and program eligibility to receive free CC screening tests. Describes the amount of time needed to check for eligibility and education session and provides De Casa contact line and website. Promotoras use flyers at

health fairs, church events and outreach sweeps and provide their contact information on a sticker that has name and telephone number.

- Letter for Physician: A Spanish and English document that is given to participants so they in turn can give to their *PCP* (if they have one) to request CC screening.
- Doctor & Insurance List (Community Resource List): Provides contact information (address, phone number, hours) on local community clinics, university clinics and information on medical insurance.
- Sign-In Sheet: Documents the participant's name (address phone number, if applicable) and gives a record as to how many people received your CC education.

Intervention Delivery

How to Prepare for an Education Session

Promotora and Flip Chart/Storyboard Education Session

- For this education session you will need the following:
 - 1) A Sign-In Sheet
 - 2) De Casa Flipchart / Storyboard
 - 3) Education Session Form
 - 4) Program flyers and leaflets
 - 5) Community Resource List

Steps in Recruiting Participant

You will now observe a demonstration of De Casa Cervical Cancer session.



Steps for Promotora and Flipchart /Storyboard

STEP 1. Welcome the participant(s) you are meeting with. Greet each other and chit chat. You might ask each participant about their family. Have them introduce themselves.

Welcome and thank you for agreeing to talk with me. I am _____ [say your name] and I am from the De Casa Program. I want to talk to you about women's health and getting a Pap test.

We will look together at a flipchart, a kind of large poster with several pages. I will read the words out loud. The materials that we are going to use today are especially for Latinas.



Do you have any questions now before we begin?

STEP 2. Introduce the *flipchart* and read pages 1-34 out loud.

The main things I'd like to talk with you about today are described here in our *flipchart*. It is about how women can stay healthy. It explains about cervical cancer and the Pap test. It has some stories from real women. Some of this information you may already know, but we can skip those sections and

jump ahead. We can go as fast or as slow as you like. Let's look at this together.

Subject	Pages
Introduction	1-2
What is cervical cancer?	3-4
Who can get cervical cancer?	5-6
What is a Pap test and why is it important to get one?	7-10
Who should get a Pap test and how often?	11-14
The female reproductive system and what happens when we get a Pap test (when you read these pages, you could show the participant(s) the speculum and cyto brush if you have them)	15-20
How do we get our Pap test results?	21-22
Why don't some of us get a Pap test?	23-28
Testimonials and final words	29-34

STEP 3. Use the *message cards* to discuss the participant(s) thoughts about Pap testing. Lay out all of the cards with the orange or purple side up.



Now I would like to show you this set of cards. These cards include things that women have told us about Pap testing. I would like you to look at these cards and choose the ones that ring a bell for you. Please choose just one of the purple cards and as many of the orange cards as you like. Let's talk about the cards you picked.

If the participant(s) has trouble reading the cards, help them understand them. Be sure they are comfortable with what the cards say before they make their selection.

Take the *message cards* the participant(s) has selected and go through each one, starting with the purple card first. The purple card the participant chooses will tell you their overall feelings about her Pap testing practice, and help you to understand their general situation. Acknowledge their current thoughts about Pap testing and tell them you'd like to help them make progress.

Then discuss the orange cards with the participant(s). The orange cards show some of the feelings, beliefs, facilitators, and barriers they associate with getting a Pap test. Use the words on the back of the *message cards* to help you discuss the issue and think about solutions. For example:

In a group session, ask other participants if they would have picked the same card to acknowledge that the card may apply to more than one person.

- If the participant(s) chooses the *message card* that says "It is embarrassing" on the front, use the words on the back of the card to help them understand that their feelings are normal and can be overcome.



Many of us feel embarrassed about getting a Pap test. The test does not take very long. The clinic staff are professionals and they see women's bodies every day.

- If the participant(s) chooses the *message card* that says "I do not need one. There is no cancer in my family." on the front, use the words on the back of the card to help them understand that all women need to get a Pap test.



Some of us think that we do not need a Pap test if cancer does not run in our family. All women need a Pap test, even if no one in their family has had cancer.

STEP 4. Make a plan together. Use the purple card each participant selected to talk about what next steps they could take to get a Pap test.



Now that we've discussed your thoughts about Pap testing, let's make a plan together for you to move closer to getting a Pap test.

Use the purple card the participant(s) chose to help you decide which statement below fits the participant(s):

- has not thought about getting a Pap test;
- is thinking about getting a Pap test, but not yet planning or taking steps;
- is planning to get a Pap test and taking steps.

After you have selected the statement that best fits, ask them the corresponding question below. Talk with them about what next steps they could take. Use the information you have learned about them to help make a personalized plan.

- If the participant(s) has not thought about getting a Pap test:



How can I help you start thinking about getting a Pap test?

- If the participant(s) is thinking about getting a Pap test, but is not yet planning or taking steps toward getting a Pap test:



How can I help you make a plan to get a Pap test?

- If the participant(s) is planning to get a Pap test, and taking steps toward getting a Pap test:



How can I help you keep your appointment for a Pap test?

STEP 5. Give the participant(s) the *promise sheet* and help them commit to an action plan. With your knowledge of what they need to move forward, help them commit to specific steps she will take. Use the instructions on page 55 of this Guide.



So we have just talked about the difficulties you have in getting a Pap test. And we also talked about how you can move beyond those difficulties.

Now I would like you to make a promise to take action. Think for a minute about what specific steps you will take toward getting a Pap test or having your significant other/wife get a Pap test. Know that you are making a commitment. When you are ready, mark those steps on this page and take this page

with you. It will help you remember what you have promised. Think carefully about what you promise to do so that you can keep that promise.

STEP 6. Give the participant(s) the *resource sheet*, and program process sheet

1. If the participant(s) is **eligible for De Casa**, help her to plan that clinic visit.



When would be a good time for an appointment?

On the process form, point out the *contact information* for the program. Remind them that they can call the project line if they have questions or concerns, or if they have difficulty keeping their appointment.

2. **If participant is not due:**

- Discuss that she will be due every 3 years. She should contact us again at that time or make an appointment in the community.

3. **If participant is eligible for BCCS:**

- Go over the process form.

4. **If ineligible for free screening:**

- Go over the resource list.

It is important for all of us to make time to get a Pap test. We can all get a Pap test in this community.

Here is some information that might help you. Here's a list of community clinics to you can call for health care. If you need

transportation to the clinic, the clinic may have a transport service so you can call them to find out.

STEP 7. Give the participant(s) the *brochures* and the *AMIGAS* *handout*,



The *brochures* contain information about the Pap test and cervical cancer. The *handout* gives an overview of the important points in the AMIGAS program. This information is similar to what we talked about today. Do you have any questions?

If the participant(s) has questions, answer them if you can. If they have questions you can't answer, offer to find out for them. If the participant(s) wants extra AMIGAS handouts to share with friends or family members, give them those also.

STEP 8. Closing words and completion of *evaluation form*.



Thank you for taking the time to talk to me about this important health issue today. How confident do you feel that you will keep the appointment for a Pap test? How did you enjoy our visit today? Do you have any questions about what you need to do next?

When I talk with participants about Pap testing and cervical cancer, I want to know how the conversation went. I would be grateful if you would share with me how you feel about the program and today's session. Would you please complete this *evaluation form* for me? It is important that you be honest with your comments so we can improve the program. I will not be offended by anything you say, but

**instead will be grateful for the feedback.
Thank you.**

**Do you know other people in this community
who might like to talk with me about women's
health and Pap tests?**

Glossary of Terms

CPRIT	The Cancer Prevention and Research Institute of Texas, or CPRIT, was created after Texans approved Proposition 15, a constitutional amendment passed in 2007 authorizing the state to issue bonds to fund cancer research and prevention. It was empowered to spend as much as \$3 billion over 10 years, making it the second-largest taxpayer-funded cancer research organization in the country.
De Casa en Casa	Evidence-based program designed to reduce the cervical cancer (CC) burden among uninsured women in the counties of El Paso and Hudspeth.
disproportionate	Too large or too small in comparison with something else.
education tools	Refers to materials used in providing education to the community
El Paso County	It is the westernmost county in Texas that borders Mexico (Chihuahua), Doña Ana County and Otero (New Mexico), and Hudspeth County (Texas).
evidence based	Refers to programs that are designed using research or practices that show evidence or proof that it has changed a certain behavior in a population.
Health Belief Model	A psychological model that attempts to explain and predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals.
incidence	The number of new events or cases of disease that develop in a population of individuals at risk during a specified period of time.
ineligible	Any individual that does not qualify for a service. In De Casa, people that did not qualify to receive services due to state residency, age or having medical insurance or Medicaid / Medicare.
intervention (health)	Refers to education or other efforts to promote healthy behaviors and reduce disease.
mortality	A term also used for death rate, or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain gender, age, or ethnic group.
navigation	Helps patients to overcome barriers in accessing and using the health care system. This service provided by the Navigator is meant to assist the patient by addressing barriers with the patient.
Recruitment sites	Refers to places (clinical and community) where the desired or potentially eligible participants go to seek services.
socioeconomic	Relating to or concerned with the interaction of social and economic factors.
Underserved	Populations which are disadvantaged because of ability to pay, ability to access care, ability to access comprehensive healthcare, or other disparities for reasons of race, religion, language group or social status.

References

1. US Census Bureau & US Census Bureau 2005-2009 American Community Survey. <http://2010.census.gov/2010census/date>. Accessed May 12, 2010.
2. El Paso University Medical Center Cancer Registry. Cervical cancer cases 2006-2010. 2012.

Module 5: CC Giving and Receiving Feedback

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ Glossary
- ❖ References

Length: 1 hr. 5 min

- ❖ Introduction of session/module overview
- ❖ Presentation of module and teach-backs
- ❖ Closing

Goals

In this session, participants will gain an understanding of the following:

- ❖ The delivery of an De Casa cervical cancer education session

Objectives

At the completion of Module 5, participants will be able to demonstrate the following:

- ❖ Identify the importance of giving and receiving feedback
- ❖ Give CC education sessions by practicing “teach-backs” using De Casa education tools
- ❖ Practice giving and receiving feedback

Giving and Receiving Feedback

Question – Why do you think giving and receiving feedback is important?

Effective feedback given in a supportive manner helps individuals build their skills and ultimately improves the delivery of education interventions.

1. Feedback is a gift that promotoras (community health workers) and their peers give each other so they can improve their skills and knowledge. The hope then is for community health workers to deliver high-quality CC education in the community.
2. Feedback from your peers and individuals/groups receiving your education session provides you with information that you can use to strengthen your education delivery skills
3. Feedback from your peers and individuals/groups receiving your education session supports your client's efforts to develop their knowledge of Cervical Cancer, especially the importance of early detection.
4. Feedback from your peers and individuals/groups receiving your education session improves and strengthens your listening, observation and communication skills

Tips for Corrective (constructive) Feedback

- Focus your comments on the presenter's (in this case it would be the Promotora or community health worker) behavior rather than on him or her as an individual. For example, you should focus on what the presenter does and not what he or she is wearing.
- Always point out something specific the presenter did well. For example, "I really liked how you explained the pap smear exam." Also, it is important to start out with what the presenter did well instead of negative aspects you observed.
- After positive feedback, you can point out something(s) the presenter could improve upon. For example, "When you did not make eye contact

with the learner, the learner looked confused. You might want to look up from time to time to gauge the learner's interest."

- It is important to think of corrective feedback as a means to help someone increase their knowledge or improve their skills, not as a personal attack on an individual.

Tips for Receiving Feedback

- Just like there is a way to give good feedback, there are good ways to receive feedback.
- Listen first and "try on" the feedback and don't interrupt the person giving feedback to try and justify or explain why you said or did something.
- Thank the person (including the learner receiving your CC education) for giving you feedback. At this time, it would be okay to ask clarifying questions in case you did not understand the feedback. For example, "Thanks for your comments, can you please explain to me what you meant by saying 'you should tone it down a bit.'"
- Avoid explanations of "why I did that" unless asked.

Feedback Preparation

15 minutes to prepare and deliver 8 minute session using Flip Chart

Prep Check List: What will you need to deliver your feedback?

	_____
	_____
	_____
	_____
	_____
	_____

Feedback Skills Observation

Self-Assessment

- The feedback process will start with a self-assessment. After the CC teach-back, the presenters will share one thing that they felt was effective about their education presentation/session.

Example: “I think I gave complete and clear directions on how to prepare for a pap test.”

- Before getting feedback from your peers, what is one thing you might do differently if you were conducting the same education session tomorrow?

What I would do differently:

Feedback from my peers: This is what I heard that will help me:

Facilitation Skills Observation Form

For each item described below, rate the presenter as **Yes** or **No** by placing a check in the appropriate column. In the comments column, record specific comments to be shared with the presenter in the feedback session.

Item	Yes	No	Comments
<p style="text-align: center;">Questioning</p> <p>Uses open-ended questions to encourage participation; asks probing questions</p>			
<p style="text-align: center;">Paraphrasing</p> <p>Restates learners' thoughts; shows that the facilitator is listening</p>			
<p style="text-align: center;">Non-judgmental</p> <p>Remains neutral and non-judgmental; validates everyone's experiences and opinions; respects learners' cultural backgrounds and perspectives</p>			
<p style="text-align: center;">Body Language & Voice</p> <p>Uses body posture, gestures, facial expressions and vocal qualities that are natural and reinforce subject matter.</p>			
<p style="text-align: center;">Articulate</p> <p>Makes clear and easy to remember remarks; gives clear directions; presents one idea at a time; summarizes</p>			
<p style="text-align: center;">Supporting Materials</p> <p>Uses visuals and other tools to reinforce learning</p>			
<p style="text-align: center;">Factual Accuracy</p> <p>Knowledgeable about CC, admits when he/she doesn't know the answer to a question and refers to other resources.</p>			
<p style="text-align: center;">Discussion Management</p> <p>Stays on track; focuses attention and pacing; keeps the group on the topic; links to previous comments and bridges to future topics; manages silences.</p>			

<p>Personal Effectiveness Makes eye contact with participants; calls participants by name; uses humor; recognizes progress; appears poised in front of group.</p>			
<p>Inclusive Encourages learners to share experiences and contribute to the group/ or individual learning process.</p>			

**Adapted from the American Red Cross, Basic HIV/AIDS Program: Fundamentals Guide for Training Instructors. Falls Church, VA: American Red Cross; 1997*

Module 6: Building CC Education Program

Contents of Learning Module

- ❖ PowerPoint Presentation
- ❖ Community Resource List Worksheets

Length: 40 minutes

- ❖ Introduction of session/module overview
- ❖ Presentation of module and individual/group work
- ❖ Closing

NOTE

The trainer will refer to the De Casa Program in this module to give examples of what was done in the program. Your job here is to learn how the De Casa program built a cervical cancer education program. Please use as a model, but you are not expected to deliver the De Casa program exactly like how it was done in El Paso or call your cervical cancer prevention activities by the name of "DC." We are sharing our story in the hopes that our strategies can work in your community.

Goals

In this session, participants will gain an understanding of the following:

- ❖ Identify important criteria when developing a local resource list and potential educational delivery sites.

Objectives

At the completion of Module 6, participants will be able to demonstrate the following:

- ❖ Describe the role of a Promotora (Community Health Worker) in delivering CC education
- ❖ List at least three community clinics/medical centers for use in the Community Resource List
- ❖ Identify at least five community partners/ collaborators for delivering CC education in your community

Role of Promotora

Delivering Cervical Cancer Education in the Community

What do you think is the role of the Promotora (Community Health Worker) in delivering Cervical Cancer education to the community?

In the De Casa program, promotoras keep these goals in mind:

1. What are my goals when educating the community?
 - Explain what Cervical Cancer (CC) is
 - Find out what the participant(s) knows about CC
 - Discuss the importance of CC screening
 - Discuss any concerns participant(s) have about CC screening

In addition, promotoras focus on these key points:

1. Getting screened for cervical cancer is important to live longer
2. Cervical cancer is easier to cure if it is found in time
3. It is important for me women aged 21-65 to get screened
4. Often there are no early warning signs associated with cervical cancer
5. Discuss with the participants of the education session “why don’t people get screened?”

It is important to focus on the goals and key points of your CC education program because they will aid you in getting support from your community and buy-in from organizations that can serve as ‘gate-openers’ to the group(s) you are trying to target.

Community Resources

The next couple of pages are for you to begin to think about health resources in your community as well as community collaborators that can help with CC education efforts.

Use the De Casa Resource List as a model to create your own specialized list. Also find a blank template entitled “Community Partners for CC Education,” that is based on the successful recruitment sites of the De Casa program.

Community Resource List

COMMUNITY CLINICS

<p>Name, Address & Phone Number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name, Address & Phone Number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Name, Address & Phone Number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name, Address & Phone Number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

UNIVERSITY CLINICS

<p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Hours:</p> <p>_____</p>	<p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Hours:</p> <p>_____</p>
<p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Hours:</p> <p>_____</p>	<p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Hours:</p> <p>_____</p>

Name: _____	Name: _____
Address: _____	Address: _____
Hours: _____	Hours: _____

Name: _____	Name: _____
Address: _____	Address: _____
Hours: _____	Hours: _____

MEDICAL CENTERS

Name: _____	Name: _____
Address: _____	Address: _____
Hours: _____	Hours: _____

Name: _____	Name: _____
Address: _____	Address: _____
Hours: _____	Hours: _____

Name: _____	Name: _____
Address: _____	Address: _____
Hours: _____	Hours: _____

Community Partners for CC Education

<u>Faith based Institutions</u>	<u>Schools</u>	<u>Community Based Organizations</u>	<u>Food Pantries</u>	<u>Other</u>

<u>Faith based Institutions</u>	<u>Schools</u>	<u>Community Based Organizations</u>	<u>Food Pantries</u>	<u>Other</u>

Additional Notes

Module 7: Action Plan

Length: 35 minutes

- ❖ Introduction of session/module overview
- ❖ Individual/Small Group Work to develop action plan
- ❖ Closing

NOTE

Use the work you did in Module 6 to help you identify target populations and communities for your Action Plan.

Goals

In this session, participants will gain an understanding of the following:

- ❖ Identify a goal for CC education and identify barriers and solutions for the barriers to achieve goal

Objectives

At the completion of Module 7, participants will be able to demonstrate the following:

- ❖ Develop an Action Plan to implement Cervical Cancer education in your community

Action Plan

Action Planning Worksheet

List your goals for integrating this training experience into your community education work. Identify a goal for implementing into your work and proceed with your action plan, following the steps outlined below.

GOAL: _____
(State the goal simply in your own words)

List three possible barriers to reaching your goal:

1. _____
2. _____
3. _____

List three possible ways to remove these barriers (one for each barrier)

1. _____
2. _____
3. _____

List three "next steps" toward reaching your goal.

1. _____
2. _____
3. _____

By when do you think you will accomplish your goal?

By _____ (month) I will have started to work on Step #1 to reach my goal

By _____ (month) I will have started to work on Step #2 to reach my goal.

By _____ (month) I will have started to work on Step #3 to reach my goal.

And finally, by _____ (month) I will have accomplished my goal

Post-Test

Name: _____ Date: _____

Post Self-Assessment

Do you agree (A), disagree (D), with these statements, or are you not sure (NS)? Circle your choice - A, D, or NS.

Module 1: What is Cancer?

1.	A	D	NS	Cancer is a disease that occurs when cells grow, or divide, in an orderly fashion.
2.	A	D	NS	Malignant tumors do not spread to other parts of the body.
3.	A	D	NS	A tumor is always cancerous.
4.	A	D	NS	Treatment decisions are based on the type of cancer involved.
5.	A	D	NS	The site where cancer begins in the body is called the "primary site".

Module 2: Cervical Cancer

6.	A	D	NS	The cervix is tubular in shape and is approximately 2 inches long.
7.	A	D	NS	HPV is found in about 51% of all cervical cancers.
8.	A	D	NS	There are often many warning signs to catch cervical at an early stage.

9.	A	D	NS	Prevention consists of eliminating or decreasing harmful factors so natural body defenses are able to work efficiently.
10.	A	D	NS	There are 3 different stages of cervical cancer.
11.	A	D	NS	There are a number of different ways to treat cancer in general.

Module 3: Cervical Cancer Screening

12.	A	D	NS	Treatment for cervical cancer depends on the stage of the cancer.
13.	A	D	NS	All women should begin cervical cancer testing (screening) at age 18.
14.	A	D	NS	The most important risk factor for cervical cancer is infection with HPV.
18.	A	D	NS	A colposcopy is performed if the pap smear result is abnormal.
16.	A	D	NS	There are many barriers associated with CC screening including financial constraints and embarrassment.
17.	A	D	NS	Cervical cancer survival can be improved if one participates in screening and early detection.

Overall Confidence in Teaching Content

	Not Confident	Low Confidence	Confident	High Confidence	
18.	①	②	③	④	I feel confident in following the recruitment process for De Casa en Casa.
19.	①	②	③	④	I feel confident in increasing the community's knowledge about cervical cancer screening.
20.	①	②	③	④	I feel confident in describing the signs and risk factors of cervical cancer.
21.	①	②	③	④	I feel confident in addressing the barriers and challenges in obtaining a pap test.
22.	①	②	③	④	I feel confident in describing the process of receiving a pap and any treatment needed in the future.

Evaluation

- 1. As a result of attending this training, my knowledge of cancer has:**
 stayed the same slightly increased moderately increased greatly increased

- 2. As a result of attending this training, my knowledge of cervical cancer has:**
 stayed the same slightly increased moderately increased greatly increased

- 3. As a result of attending this training, my knowledge of cervical cancer screening has:**
 stayed the same slightly increased moderately increased greatly increased

- 4. As a result of attending this training, my knowledge of an effective cervical cancer education program has:**
 stayed the same slightly increased moderately increased greatly increased

- 5. As a result of attending this training, how confident are you on being able to deliver a 25 minute cervical cancer education session to your community?**
 not confident somewhat confident moderately confident very Confident

- 6. As a result of attending this training, how likely is it that you will begin cervical cancer education efforts in your community?**
 not Likely somewhat likely likely very Likely

- 7. How often do you anticipate using the information and materials from this training in your community?**
 never sometimes often

- 8. How will you use the information/materials?**
 - a. Provide community education
 - b. Patient education
 - c. Peer education
 - d. Other (please be specific) _____

- 9. Do you anticipate using these information/materials with...?**
 Mostly Men Mostly Women Both

- 10. How likely is it that you would recommend this training to others?**
 not Likely somewhat likely likely very Likely

Resources for Learning More

Populations

American Cancer Society (ACS) – Cancer Facts & Statistics: These books provide data on the number of cancer cases, cancer deaths, and cancer survivorship. There is one specifically for Hispanics/Latinos.

<http://www.cancer.org/Research/CancerFactsFigures/index>

Centers for Disease Control & Prevention (CDC) – Cancer FastStats: This web page provides links to cancer data (such as number of cancer cases and cancer deaths) as well as data about cancer care (ambulatory care, hospital inpatient care, home health care, hospice care, and nursing home care.)

<http://www.cdc.gov/nchs/fastats/cancer.htm>

Institute of Medicine – The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Minorities and the Underserved (1999): This link provides the Executive Summary for this report. The report explains that people who are poor, lack health insurance, or do not have access to high-quality cancer care, are more likely to be diagnosed with and die from cancer.

http://books.nap.edu/openbook.php?record_id=6377&page=1

Intercultural Cancer Council – Cancer Fact Sheets: This link provides a number of fact sheets that outline the burden of cancer among different populations – including Hispanics/Latinos. <http://inetwork.org/cancerfacts/>

National Cancer Institute – Understanding Cancer Statistics: This link contains information on understanding cancer statistics.

<http://www.cancer.gov/aboutnci/servingpeople/cancer-statistics>

U.S. National Library of Medicine – Information by Population Groups: This link provides information on health topics relevant to different population groups.

<http://www.nlm.nih.gov/medlineplus/populationgroups.html>

Men

Agency for Healthcare Research and Quality – Healthy Men: This web page provides information for men on how to take an active role in their health care.

<http://www.ahrq.gov/healthymen/>

CDC – Cancer and Men: This link provides information for men on reducing cancer risk and getting the right cancer screening tests at every stage of their lives.

<http://www.cdc.gov/Features/CancerAndMen/>

Centers for Disease Control & Prevention (CDC) – Men's Health: This web page provides information for men on daily steps they can take to prevent disease and injury and stay well. <http://www.cdc.gov/Features/HealthyMen/>

CDC – Top 10 Cancers Among Men: This link provides information on the 10 most commonly diagnosed cancer among men in the U.S.
<http://www.cdc.gov/Features/dsMenTop10Cancers/>

National Library of Medicine (NLM) – Men’s Health (including health check-up information): This web page provides health information for men.
<http://www.nlm.nih.gov/medlineplus/menshealth.html>

Women

CDC – Cancer and Women: This link provides information for women on reducing cancer risk and getting the right cancer screening tests at every stage of their lives.
<http://www.cdc.gov/Features/WomenAndCancer/>

CDC – Top 10 Cancers Among Women: This link provides information on the 10 most commonly diagnosed cancer among women in the U.S.
<http://www.cdc.gov/cancer/dcpc/data/women.htm>

NLM – Women’s Health: This web page provides health information for women.
<http://www.nlm.nih.gov/medlineplus/womenshealth.html>

The Office on Women’s Health – Women’s Health & Mortality Chartbook: This is an easy-to-read statistical resource on women’s health in each of the states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.
http://www.healthstatus2020.com/chartbook/ChartBookData_search.asp

Family

Centers for Disease Control & Prevention (CDC) Vital Signs – Diseases, Genetics, and Family History: This web page provides links to general information about diseases, genetics and family history.
<http://www.cdc.gov/genomics/resources/diseases/index.htm>

CDC – Family Health History Awareness: This link provides general information about family history and health.
<http://www.cdc.gov/genomics/resources/diseases/family.htm>

National Library of Medicine – Genetics Home Reference: Your Guide to Understanding Genetic Conditions – Handbook Help Me Understand Genetics: This handbook presents basic information about cells and genetics in clear language and provides links to online resources.
<http://ghr.nlm.nih.gov/handbook>

U.S. Department of Health & Human Services – Surgeon General’s Family Health History Initiative: This web-based tool helps users organize family history information and then print it out for presentation to their family doctor. In addition, the tool helps users save their family history information to their own computer and even share family history information with other family members.

<http://www.hhs.gov/familyhistory/>

Stages and Treatment

National Cancer Institute (NCI) – Cancer Information Summaries: Adult

Treatment (PDQ®): The Physician Data Query (PDQ®) is NCI's comprehensive cancer database. It contains summaries on a wide range of cancer topics. This page links to an alphabetical list of PDQ® adult cancer treatment summaries. These summaries provide site specific information on diagnosis and staging.

<http://cancer.gov/cancertopics/pdq/adulttreatment>

NCI – Fact Sheet: Cancer Staging: This fact sheet explains the process of grouping cancer cases in categories (stages) based on the size of the tumor and the extent of the cancer in the body.

<http://www.cancer.gov/cancertopics/factsheet/Detection/staging>

NCI – Fact Sheet: Computed Tomography: A fact sheet that describes the CT scan procedure and technology and its uses in diagnosis and treatment.

<http://www.cancer.gov/cancertopics/factsheet/detection/CT>

NCI – Fact Sheet: Pathology Reports: A fact sheet that describes the type of information that may be found in a pathology report, the document that contains results of the visual and microscopic examination of tissue removed during a biopsy or surgery.

<http://www.cancer.gov/cancertopics/factsheet/detection/pathology-reports>

NCI – Fact Sheet: Tumor Grade: A fact sheet that discusses tumor grade and its role in prognosis. Explains concepts like normal cell biology and cell differentiation.

<http://www.cancer.gov/cancertopics/factsheet/Detection/tumor-grade>

NCI – Fact Sheet: Tumor Markers: Questions and Answers: A fact sheet that explains tumor markers and answers questions about use in screening.

<http://www.cancer.gov/cancertopics/factsheet/detection/tumor-markers>

NCI – What is cancer?: Introductory information with a definition of cancer, a brief explanation of the origins of cancer in cells, basic cancer statistics, and links to other NCI cancer-related resources.

<http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer>

NCI – Complementary and Alternative Medicine: CAM News and Resources: This web page provides news, web sites, and clinical trials related to CAM topics.

<http://www.cancer.gov/cancertopics/cam/news>

NCI – Office of Cancer Complementary and Alternative Medicine: This web page provides CAM health information for patients.
http://www.cancer.gov/cam/health_patients.html

NCI – Chemotherapy and You: Support for People with Cancer: This book is a guide that patients can refer to throughout chemotherapy treatment. It includes facts about chemotherapy and its side effects and also highlights ways a patient can care for him/her self before, during, and after treatment.
<http://www.cancer.gov/cancertopics/coping/chemotherapy-and-you>

NCI – Chemotherapy Side Effects Fact Sheets: This series of chemotherapy side effects sheets has medical advice and practical tips to help a patient during chemotherapy. <http://www.cancer.gov/cancertopics/coping/chemo-side-effects>

NCI – Radiation Therapy and You: Support for People with Cancer: This book is a guide that patients can refer to throughout radiation therapy. It has facts about radiation therapy and side effects and describes how he/she can care for him/her self during and after treatment.
<http://www.cancer.gov/cancertopics/coping/radiation-therapy-and-you>

NCI – Radiation Therapy Side Effects Fact Sheets: This series of radiation therapy side effects sheets has medical advice and practical tips to help a patient during radiation therapy.
<http://www.cancer.gov/cancertopics/coping/radiation-side-effects>

Cancer Prevention & Risks

CDC Vital Signs – Adult Obesity: This web page provides important data on the serious health topic of obesity.
<http://www.cdc.gov/vitalsigns/AdultObesity/index.html>

CDC Vital Signs – Tobacco Use: This web page provides important data on the serious health topic of tobacco use.
<http://www.cdc.gov/vitalsigns/TobaccoUse/Smoking/index.html>

Inside Cancer – Multimedia Guide to Cancer Biology: This self-paced multimedia tutorial provides information the hallmarks of cancer, causes and prevention, diagnosis and treatment. <http://www.insidecancer.org/index.html>

National Cancer Institute (NCI) – Cancer Causes and Risk Factors: Information about behaviors, exposures, and other factors that can influence the risk of cancer. <http://www.cancer.gov/cancertopics/causes>

NCI – Cancer Prevention Information: Cancer prevention information from the National Cancer Institute, including prevention information for specific cancers.
<http://www.cancer.gov/cancertopics/prevention>

NCI – President’s Cancer Panel: Environmental Factors in Cancer (2008-2009 Report): This report summarizes the Panel’s the Panel’s recommendations, which delineate concrete actions that governments, industry, the research, health care, and advocacy communities, and individuals can take to reduce cancer risk related to environmental contaminants, excess radiation, and other harmful exposures. <http://deainfo.nci.nih.gov/advisory/pcp/annualReports/index.htm>

NCI - Understanding Cancer Series: Cancer: This self-paced graphic-rich tutorial can be used for educational use by teachers, medical professionals, and the interested public. Can be downloaded in PDF and PowerPoint format. <http://www.cancer.gov/cancertopics/understandingcancer/cancer>

NCI – Understanding Cancer: Cancer and the Environment: This self-paced graphic-rich tutorial can be used for educational use by teachers, medical professionals, and the interested public. Can be downloaded in PDF and PowerPoint format. <http://www.cancer.gov/cancertopics/understandingcancer/environment>

NCI – What You Need To Know About™ Cancer: This booklet is part of a series on many types of cancer. The booklet tells about possible risks, symptoms, diagnosis, and treatment and includes a list of questions to ask the doctor. <http://www.cancer.gov/cancertopics/wyntk/cancer>

De Casa en Casa
Cervical Cancer - Summary Evaluation Form

Date: _____		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1.	I feel confident in my knowledge of current cervical cancer screening guidelines.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.	I feel confident in identifying the indication for colposcopy exam.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.	I feel confident in my ability to develop treatment plans for my patients with abnormal paps.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.	I feel confident in my ability to perform a colposcopy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5.	I feel confident in my ability to identify abnormal lesions on a colposcopy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6.	I feel confident in determining the proper patient management according to results & guidelines.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7.	I feel confident in determining when a referral is necessary.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.	I feel confident in documenting a colposcopy thoroughly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9.	I feel confident in recommending follow-up testing after an abnormal pap test result.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10.	I feel confident in being able to provide appropriate patient education & support (medical knowledge, interpersonal and communication skills).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5