Facilitator Guide

About this Guide

This Guide is intended to serve as a guide for the facilitator(s) delivering educational sessions using the *Cancer Clear & Simple (CC&S)* educational curriculum.

This Guide discusses basic adult learning principles and provides information on how to plan and conduct an educational session. While much of *CC&S* is presented through PowerPoint slides, facilitators are encouraged to use a variety of activities to help participants learn. Session activities, plus handouts and materials can be found under each session tab.

Facilitators are encouraged to use this Guide, the *CC&S* website (cancerclearandsimple.org), the curriculum, as well as featured additional resources to obtain more detailed information about *CC&S* and cancer.

Cancer Clear & Simple
Facilitator Guide
July 2016

The content of this Guide was prepared using two key documents: ***Understanding Cancer*** which was developed by the Alaska Native Tribal Health Consortium for Community Health Representatives and ***Trainer's Guide for Cancer Education*** which was developed by the National Cancer Institute.

Facilitator Guide Authors:

Rebecca Linskens, UW Carbone Cancer Center
Mary Ann Schilling, UW Extension

Acknowledgements:

Melany Cueva, Alaska Native Tribal Health Consortium

For comments about this resource, please contact:

Cancer Health Disparities Initiative
UW Carbone Cancer Center
chdi@uwcarbone.wisc.edu

Funded by:

National Cancer Institute's National Outreach Network
(3P30CA014520-38S2)

Table of Contents

Principles of Adult Learning

The Principles of Adult Learning section was adapted from the Trainer's Guide for Cancer Education by the National Cancer Institute. For more information, please see: www.cancer.gov.

In order to design and deliver an effective educational session, it is essential for the facilitator to have a thorough understanding of how adults learn and a range of teaching methods to meet each participant's learning preferences.

Adults learn differently from children because they bring a vast array of experience to the educational session. Adults are all at different stages of life; they have already developed their individual strengths, and have a range of learning experiences behind them.

There are some common features among adult learners.

Adult learners…

- have a wide range of knowledge and experience
- need to validate the information from the perspective of their values and attitudes
- are responsible - so let them set goals and help plan
- need to decide for themselves what is important to learn
- expect what they are learning can be applied immediately
- want to be actively involved in their learning
- need practice and reinforcement
- need to see the relevance
- like to challenge and reflect on ideas
- have increased powers of comprehension
- need to feel confident in the learning environment

Facilitator Notes: _____

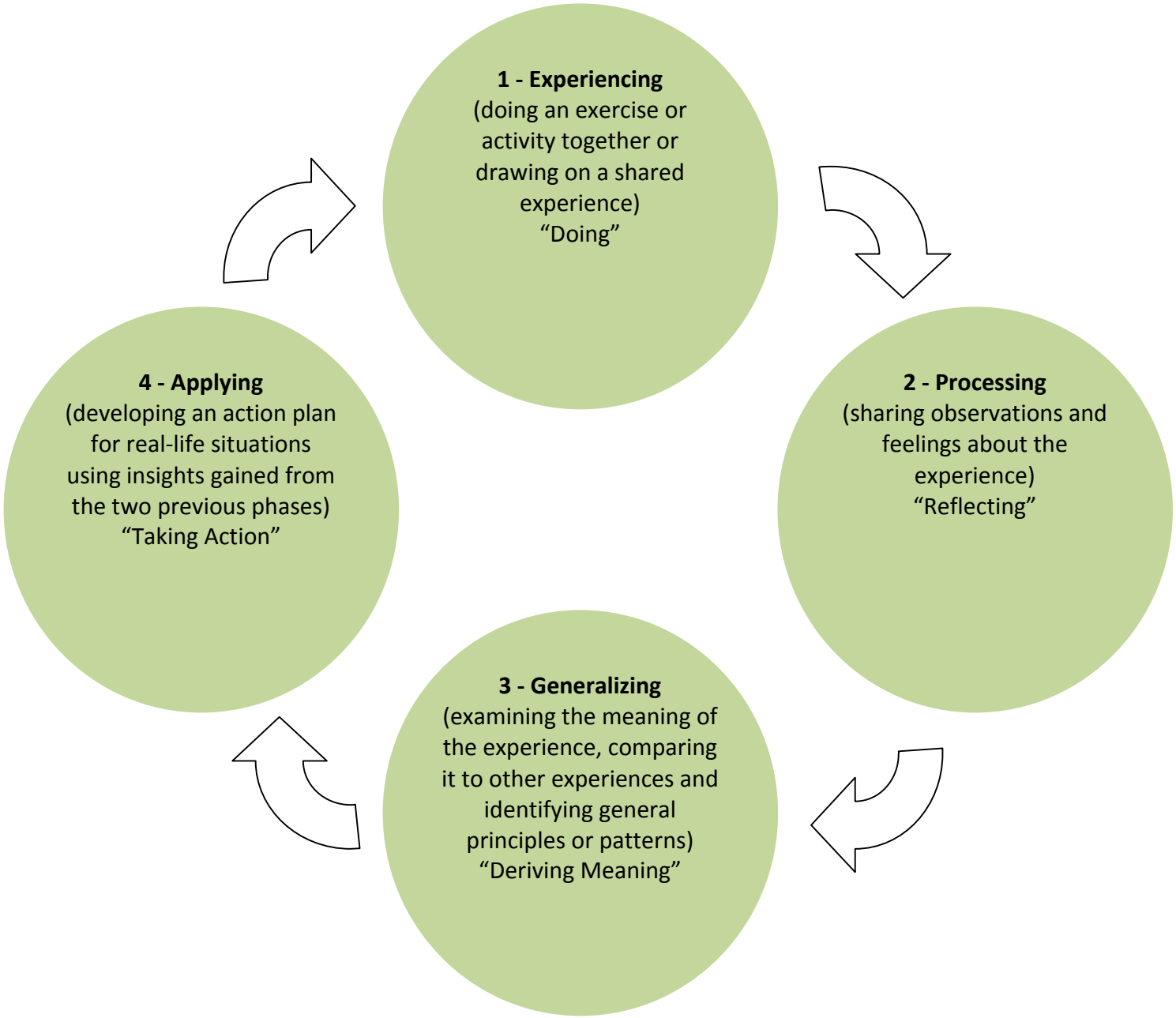
_____

_____

Using the Adult Learning Cycle

Experiential learning occurs when a participant engages in some activity, looks back at the activity critically, draws some useful insight from this analysis, and puts the result to work. We all experience this process spontaneously in everyday life.

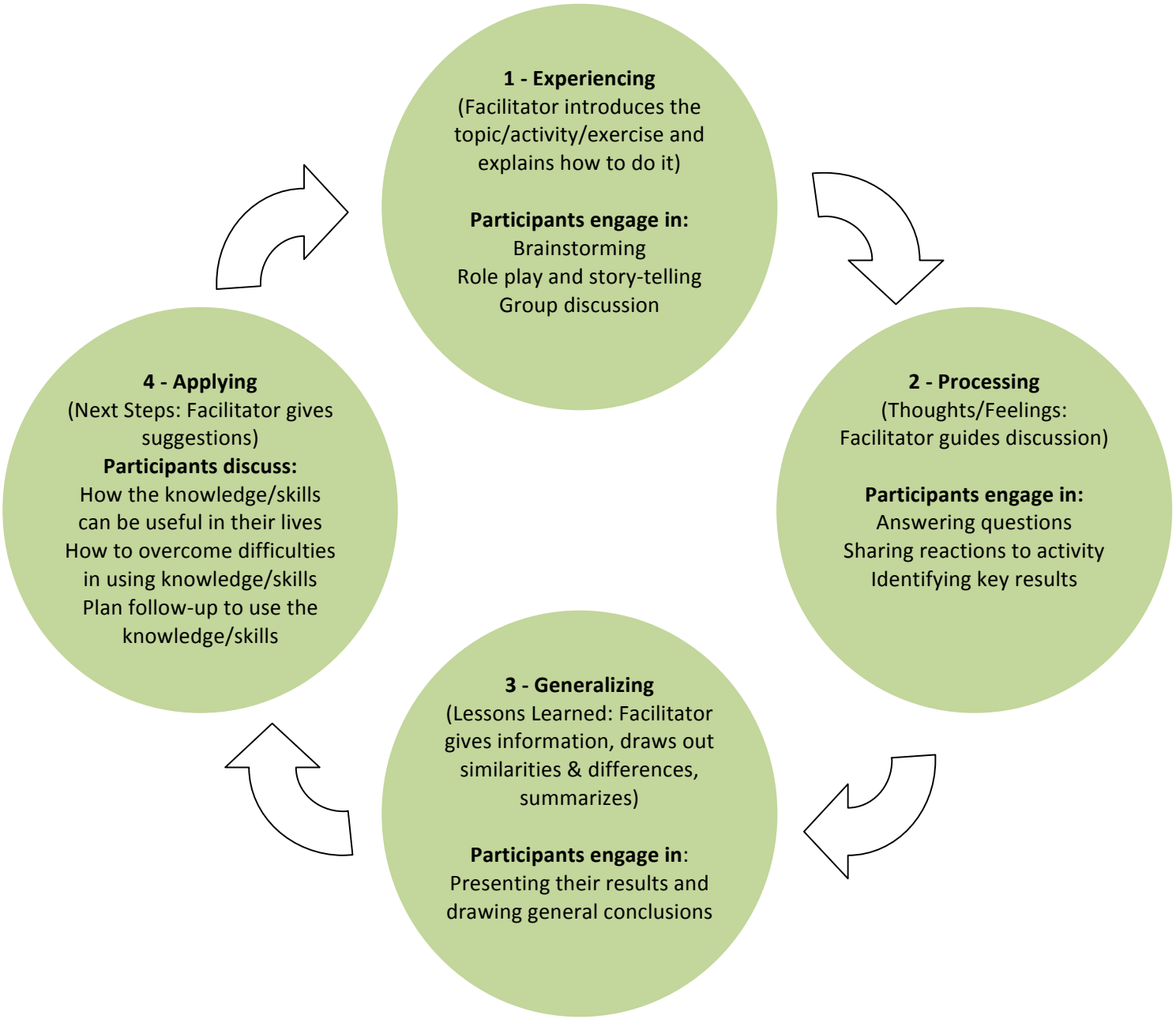
The Adult Learning Cycle provides a framework to help facilitate this process. The stages of the cycle are listed below.



Applying the Adult Learning Cycle to an Educational Session

Let's look at how a facilitator might move participants through this cycle during an educational session.

Once the facilitator has done introductions and established the ground rules, he or she can move through the adult learning cycle.



Different Learning Styles

Facilitators must be aware that in any audience the participants will learn in different ways:

For participants who	Method
Learn best while observing others	Demonstrations and videos
Learn best through interaction	Role playing and other experiential activities
Learn best through visual means	Videos, images, and slides

Facilitators must choose educational methods that address participants' different learning styles in order to help participants gain new awareness and information that will translate into changes in attitudes and behavior. A variety of educational strategies will ensure that the learning needs of all types of participants are met. The following table provides a description of some of the more common educational methods and their uses, advantages and disadvantages.

Facilitator Notes: _____

Method	Description	Uses	Advantages	Disadvantages
Presentation	A presentation can convey information, theories, or principles quickly and easily. Presentations can range from a straight lecture to some involvement of the participants through questions and discussion. Presentations depend on the facilitator for content more than any other method does.	• Introduces participants to a new subject • Provides an overview or a synthesis • Conveys facts or statistics • Addresses a large group	• Covers a lot of material in a short time • Works with large groups • Provides context for more practical or hands-on activities • Gives facilitator more control than in other educational situations	• Emphasizes one-way communication • Is not experiential in approach • Requires that participants take passive role in their learning • Requires that facilitator possess skills as an effective presenter • Is not appropriate for changing behavior or for learning skills • Limits participant retention unless it is followed up with a more practical technique
Small Group Discussions	An activity that allows participants to share their experiences and ideas or to solve a problem. It exposes participants to a variety of perspectives and experiences as they work together to accomplish the task.	• Enables participants to present their ideas in a small group • Enhances problem-solving skills • Helps participants learn from each other • Gives participants a greater sense of responsibility in the learning process • Promotes teamwork • Clarifies personal values	• Allows participants to develop greater control over their learning • Encourages participants to be less dependent on the facilitator • Encourages shy or less talkative participants to become involved • Allows for reinforcement and clarification of the lesson through discussion • Builds group cohesion • Elicits information from participants	• Takes time to move people into groups • Compromises quality control if a facilitator is not in each small group

Method	Description	Uses	Advantages	Disadvantages
Brainstorming	Brainstorming is an activity that generates a list of ideas, thoughts, or alternative solutions around a particular theme or topic. No idea is dismissed or criticized; anything offered is written down. Often participants stimulate each other's thinking.	• Introduces a problem or question (e.g., "Let's brainstorm all the reasons women might be reluctant to return for follow-up after an abnormal pap result.") • Forms the basis of discussion • Can use in conjunction with group discussion	• Generates ideas and leads to discussion quickly • Allows everyone's ideas to be expressed and validated without judgment • Generates energy to move forward with problem solving • Stimulates thought and creativity	• Can be difficult to get participants to follow the rules of not diminishing or criticizing the ideas generated during the actual brainstorming activity • Affords opportunity for participants to get off track and develop a list too broad to guide discussion • Opens up the possibility that participants may feel badly if their idea meets with criticism • Requires that participants have some background related to the topic
Demonstration	A demonstration is a method for showing precisely how a skill, task, or technique should be done. The facilitator or a skilled participant shows other participants how to successfully perform a given task by demonstrating it, describing each step, and explaining the reasons for performing it in a particular way. It is often followed by a practice session in which the participants carry out the activity under the supervision of the facilitator. The use of props can greatly enhance a session.	• Show participants how to perform a skill (e.g., showing community members how to use the collection kit for a fecal occult blood test) • Clarifies and corrects misconceptions about how to perform a task • Shows how participants can improve or develop skills • Models a step-by-step approach	• Provides learning experience based on actual performance and is relevant to the participant's job or personal experience, especially when combined with hands-on practice • Illustrates processes, ideas, and relationships in a clear and direct manner • Helps participants' focus their attention • Involves participants when they try the method themselves	• Has limited usefulness • Requires a lot of planning and practice ahead of time • Requires facilities and seating arrangements that are carefully planned so all members of the audience have an unobstructed view • Requires enough materials for everyone to try the skill being demonstrated • Does not ensure that participants will immediately be able to duplicate the skill being demonstrated after seeing it demonstrated • Requires that participants take passive role during demonstrations which may cause them to lose interest, particularly toward the end of the session

Method	Description	Uses	Advantages	Disadvantages
Role Play	Role play is a technique in which several individuals or a small group of participants act out a real-life situation in front of the group. Facilitators can provide role play scripts or have participants make up their parts as the situation unfolds. The role play should be discussed in relation to the situation or problem under consideration.	• Helps change participants'' attitudes • Enables participants to see the consequences of their actions • Provides examples of possible reactions or behaviors • Provides a safe environment for exploring problems they may feel uncomfortable discussing in real life • Enables participants to explore alternative approaches to various situations • Explores possible solutions to emotion-laden problems	• Provides opportunity for stimulating new ideas while having fun • Engages the group's attention • Simulates the real world • Provides a dramatic way of presenting a problem and stimulating a discussion • Allows participants to assume the personality of another human being (to think and act as another might)	• Requires that participants feel comfortable being in front of a group (some participants may feel self-conscious, shy, or may fear looking "ridiculous") • Requires dyads or triads in which everyone is either acting or observing to address participant reluctance

Facilitator Notes: _____

_____

_____

_____

Assisting Participants in Being Comfortable with the Learning Process

We learn and remember more when we feel comfortable with the learning process. As a facilitator, one of your primary tasks is to create a comfortable place for learning to take place. Learning about cancer can be difficult for many people.

Some Issues that Hinder Learning

- Fear of discovering that one has a high risk of cancer.
- Fear of exposing one's lack of knowledge to others.
- Fear of remembering painful memories of loved ones lost to cancer.

Other issues can include differences in learning styles and cultural beliefs and perspectives. At the beginning of your session, you can reassure participants that these feelings are normal.

Facilitator Notes: _____

General Guidelines for Facilitating Group Participation

As a facilitator, you can help participants to feel more comfortable in participating if you follow the following guidelines:

- Maintain a relaxed position yourself. Either sit in the circle with participants or move around the room to be accessible. Sitting in the circle will enable hearing by everyone and also help to make you a part of the group.
- Be non-judgmental and respect participant's choices, including the choice to not participate in activities.
- Validate feelings which may include stress, guilt, anger, frustration, resentment, or sadness based on past or current experiences with cancer or other chronic diseases.
- Have tissues available in case of tears. Make contact, but don't draw attention to a sad or crying participant. Check with them at a break or after class.
- Start and end on time out of respect for participants. Let participants understand that this is your plan.

Facilitator Notes: _____

Tips for Handling Challenging Participants

In any group situation you will come across a variety of individual participation styles. Some of these styles may be challenging in a class. The following suggestions can be helpful in handling the different challenges you may encounter. If you don't feel comfortable handling a situation, please contact another local facilitator or the local lead facilitator to discuss the situation.

This information is adapted from the University of Wisconsin's Office of Quality Improvement *Facilitator Tool Kit*.

Participant style	Description	Suggested tips to handle various challenges
Attacker	Verbally abuses or judges other class member(s).	• Remind participants that the purpose of the class is to support and not judge. • Establish rules stating that personal opinions are acceptable, but personal attacks are not acceptable. • If the person continues to be abusive, ask the participant to leave.
Argumentative	Undermines the group by being negative and disagreeing.	• Squelch the urge to argue back; stay calm. • Clarify class content if it is questioned. • Ask other participants to contribute to discussions.
Angry or Hostile	Comes to class angry; most likely has nothing to do with the class. May make other group members feel angry.	• Stay calm-use a low quiet voice. • Validate the participant's feelings and perceptions. • Stop behavior that is hostile towards others. State that there's no place for hostile behavior in the group. • If hostility continues, suggest the class isn't right for the person and give other resources.
The Crying Person	Cries to show feelings of sadness, loss, depression or frustration. These emotions may have been suppressed.	• Communicate that crying is allowed, it's okay. • Have tissues available in the classroom. • Check in during a break or after the class to make sure the person is alright and to see if they need assistance with anything.
Person in Crisis	Needs to talk about their problems or may see themselves as helping.	• Show empathy, use reflective listening, and open-ended questions. • If the person needs more time or resources, offer to talk during the break or after class.
The Commitment-Free Person	Unwilling to commit to making plans or attending.	• Remember that you can't force someone to do something they don't want to do. • This may not be the right time for the person; ask if they want to be contacted for an upcoming class.
The Non-Participant	Doesn't participate in class activities.	• Recognize that each participant does not need to participate in activities because they may only be ready to listen and/or may be overwhelmed by life circumstances. • Don't expend time trying to get the person to partake in activities. • Recognize not every activity will appeal to all.

Participant style	Description	Suggested tips to handle various challenges
The Silent Participant	Doesn't speak up in class-may feel insecure or uncomfortable in a group, or may not be talkative.	• Respect the non-talker; ascertain if they are benefitting from the class during a break or after class. • Recognize cues, such as nodding of the head or raising their hand that they may want to talk. Invite them to do so. • Encourage participation in activities
Conversationalist and More	Carries on side conversations, talks about personal topics, argues points.	• Stand beside the person while you continue on with the class. • Stop and wait until the talking stops. • Bring the person back by restating the activity.
Know-It-All	Interrupts to add comments, opinions, or answers. Uses class time to share unrelated personal stories or theories.	• Recognize expertise if the person is knowledgeable. • In order to get back on track, utilize a class agenda and recognize time constraints. • Call on other participants by name.
The Monopolizing Talker	Monopolizes discussions; talks all the time.	• Thank for comments; say you won't call on someone again until all participants have a chance to share. • Change discussion by summarizing important points, and then move forward. • Listen to this person outside of class. • Don't look at the person when you are asking a question.
Rambler	Talks on and on or gives lengthy explanations; tells stories.	• Ask them to answer with one sentence. • Say that you need to move on in order to cover all the material. • Suggest the person talk with you after class or during a break.
Yes…but…	Points out repetitively what ideas won't work. Says, "Yes, but" to ideas or suggestions	• Open up discussion to group for ideas. • After three remarks, say "We need to move on. It is your choice to not do an activity." • If the person interrupts discussion, say that you are generating ideas. • Don't seek solutions-it will waste time.
The Questioner	Asks questions either justifiably or to perplex leader.	• If you don't know an answer, tell the participant you will find out and talk to them next week. • Redirect the question to the entire group and ask for their response. • If questions are beyond the scope of the class, refer to other community resource.

Strategies for Responding to Difficult Questions

If a participant asks a difficult question, it is helpful to:

1. Listen to the entire question.
2. Repeat the question out loud.
3. Assess if the question is relevant to the current discussion/topic.
    a. If so, respond to the question.
    b. If not, add it to the “Parking Lot.”

It is important to remember that you don’t have to have all the answers. Sometimes questions will be raised that you will not know how to respond to. It’s okay. When a question arises that you don’t know the answer to, you can:

1. Let the group know that you are not a medical expert.
2. Refer the participant to an appropriate resource, like the National Cancer Institute. Ask the participant to report back to the group at the next session.
3. Write down the question in your notes and look it up after the session. Let the group know that you will report back at the next session. If this is the last session, ask for the participant’s contact information to follow-up.
4. Also, feel free to contact your local lead facilitator with any difficult questions that you were unable to answer.

Just remember it is always better to say, "I don’t know" and refer them to an appropriate resource than to make an answer up and be wrong. Don’t be afraid to say that you don’t know the answer.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

Sources

National Cancer Institute. *Trainer's Guide for Cancer Education* (2002). Accessed from http://wwwqa.cancer.gov/clinicaltrials/learningabout/trainers-guide-cancer-education/Trainers_Book_m.pdf on May 14, 2013.

University of Wisconsin Office of Quality Improvement. *Facilitator Tool Kit: A Guide for Helping Groups Get Results* (2007). Accessed from http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf on May 14, 2013.

---This page is intentionally left blank---

Planning an Educational Session

For a successful educational session to take place, planning should start well in advance. Arranging the place, time, and inviting participants through various means can result in a class that is well-attended. If the facilitator is familiar and comfortable with the curriculum, it will enrich the learning process and help to make the sessions more meaningful. Being well-organized before-hand will also help the participants feel more welcome and at ease. The following includes suggestions for organizing the sessions.

Facilitator Notes: _____

Getting Started

Planning education sessions for adults doesn't have to be difficult. Follow these easy steps to guide you through the process. Facilitators may also refer to "Checklist: Planning an Educational Session" on the next page.

Six weeks before session:

- Determine intended audience, for example, a church group, service organization members (Lions, VFW, American Legion), or senior meal site participants.
- Determine dates and location of sessions, and end date for registration.
- Confirm location availability.
- Have fliers made to advertise sessions including registration process/contact information.
- Place fliers at location and post in public venues including hospital and clinics, pharmacies, neighborhood associations/newsletters, county Health and Human Services, county Aging Department, banks, grocery stores, stores, libraries, and community centers. Send flier via email to same venues.
- If possible, set up meeting date with intended audience to promote sessions.

Five weeks before session:

- Contact newspaper, radio station, Chamber of Commerce and Tourism, and grocery store advertisements to post in community newsletters and fliers, or on county and organizational websites. Promote sessions through county and organizational social media.

Four weeks before session:

- Contact radio station to set up interview with DJ.
- Meet with target audience to promote sessions. Include brief summary of session topics.
- Begin reviewing curriculum and session materials.

Three weeks before session:

- Continue to review curriculum and session materials.

Two weeks before session:

- Identify and organize optional interactive activities that you will use during sessions.

One week before session:

- End registration. Contact participants to remind and confirm class attendance.
- Organize session materials: copies for registered participants, markers, flip charts, name tags, pens, etc.
- Contact the lead facilitator or other local facilitators for any questions or support needed.

Facilitator Notes: _____

_____

Checklist: Planning an Educational Session

The following is a facilitator planning sheet/checklist. You may find this helpful in developing and planning a *Cancer Clear & Simple* education session in your community.

Six weeks before session

- ☐ **Identify audience.**
  Audience: _____
- ☐ **Plan session date, time and location.**
  Date(s): _____
  Time: _____
  Identify and confirm location: _____
- ☐ **Set final date for registration.**
  Date: _____
- ☐ **Disperse flyers.**
  Location: _____
- ☐ **If possible, meet with target audience to promote session and provide brief summary of session topics.**
  Date, time and location: _____

Five weeks before session

- ☐ **Advertise sessions.**
  Venue for ads: _____

Four weeks before session

- ☐ **Interview with radio DJ.**
  Date, time and location: _____
- ☐ **Meet with group.**
  Date, time and location: _____
- ☐ **Begin reviewing session materials.**

Three weeks before session

- ☐ **Continue to review session materials.**

Two weeks before session

- ☐ **Identify and organize interactive session activities (adapt as needed).**
  Activities: _____
  Supplies needed: _____

One week before session

- ☐ **End registration.**
- ☐ **Organize session materials.**

Contact the local lead facilitator with questions or concerns

---This page is intentionally left blank---

Additional Cancer Information

Facilitators may encounter additional questions during a *CC&S* education session. The *CC&S* developers have included information about commonly asked topics.

Additional Cancer Information: *CC&S* Understanding Cancer Basics

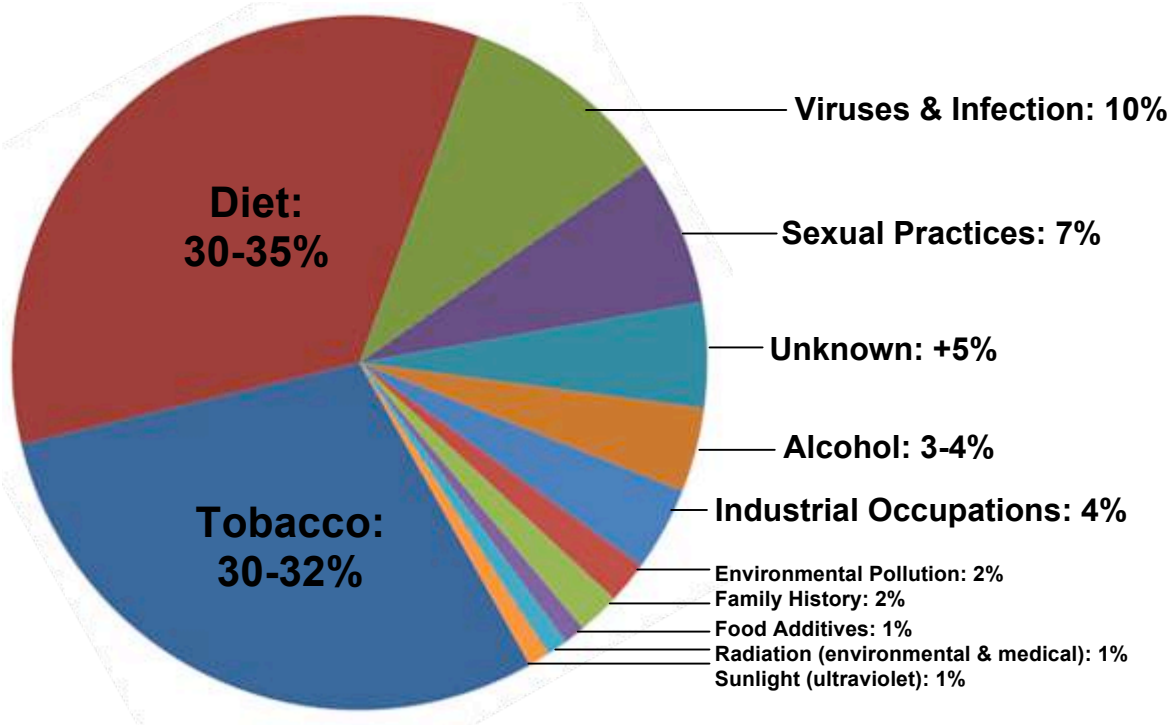
This section includes additional cancer-related information that may be helpful when using the *CC&S* Understanding Cancer Basics module and/or to answer participants' questions. Facilitators are encouraged to use this Guide, as well as the additional cancer resources (listed at the end of this section) to obtain more detailed information.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*What are my cancer risk factors*?" in *CC&S* Understanding Cancer Basics.

The following information is adapted from Everyone's Guide to Cancer Therapy: How Cancer is Diagnosed, Treated, and Managed Day to Day.

What are my cancer risk factors?



Diet
People who have a poor diet, do not have enough physical activity, or are overweight may be at increased risk of several types of cancer. For example, studies suggest that people whose diet is high in fat have an increased risk of cancers of the colon, uterus, and prostate. Lack of physical activity and being overweight are risk factors for cancers of the breast, colon, esophagus, kidney, and uterus.

Tobacco
Tobacco use is the most preventable cause of death. Using tobacco products or regularly being around tobacco smoke (environmental or secondhand smoke) increases the risk of cancer. Smokers are more likely than nonsmokers to develop cancer of the lung, larynx (voice box), mouth, esophagus, bladder, kidney, throat, stomach, pancreas, or cervix. They also are more likely to develop acute myeloid leukemia (cancer that starts in blood cells). People who use smokeless tobacco (snuff or chewing tobacco) are at increased risk of cancer of the mouth.

Viruses & Infection
Being infected with certain viruses or bacteria may increase the risk of developing cancer:

- **Human papillomaviruses (HPVs):** HPV infection is the main cause of cervical cancer. It also may be a risk factor for other types of cancer.
- **Hepatitis B and hepatitis C viruses:** Liver cancer can develop after many years of infection with hepatitis B or hepatitis C.
- **Human T-cell leukemia/lymphoma virus (HTLV-1):** Infection with HTLV-1 increases a person's risk of lymphoma and leukemia.
- **Human immunodeficiency virus (HIV):** HIV is the virus that causes AIDS. People who have HIV infection are at greater risk of cancer, such as lymphoma and a rare cancer called Kaposi sarcoma.
- **Epstein-Barr virus (EBV):** Infection with EBV has been linked to an increased risk of lymphoma.
- **Human herpes virus 8 (HHV8):** This virus is a risk factor for Kaposi's sarcoma.
- **Helicobacter pylori:** This bacterium can cause stomach ulcers. It also can cause stomach cancer and lymphoma in the stomach lining.

Sexual Practices
See HPV and HIV above.

Unknown
Doctors often cannot explain why one person develops cancer and another does not. But research shows that certain risk factors (included in the pie graph) increase the chance that a person will develop cancer. Researchers are currently working to identify other causes of cancers.

Alcohol
Having more than one drink per day for women and two drinks each day for men may increase the chance of developing cancers of the mouth, throat, esophagus, larynx, liver, and breast. The risk increases with the amount of alcohol that a person drinks. For most of these cancers, the risk is higher for a drinker who uses tobacco.

Industrial Occupations
People who have certain jobs (such as painters, construction workers, and those in the chemical industry) have an increased risk of cancer. Many studies have shown that exposure to asbestos, benzene, benzidine, cadmium, nickel, or vinyl chloride in the workplace can cause cancer.

Those who work in agricultural fields or who may handle pesticides should take special precautions to avoid contact with pesticides. If contact occurs, wash the skin thoroughly. Also, wearing the proper protective equipment is crucial to prevent exposure.

Environmental Pollution
The most concerning environmental carcinogens are: arsenic, beryllium, cadmium, chromium, lead and nickel. These carcinogens may be found in certain wood preservatives, glass, pesticides, metal coatings, fungicides, automotive parts, roofing, paints, varnishes, solvents and batteries. If you work around any of these carcinogens, you should always use proper protective equipment when handling chemicals, and clean spills immediately. You can also ask about Material Safety Data Sheets, which contain information about hazardous substances. If you live or work near agricultural fields, have your water tested and consider using a water filtration system.

Please remember, while it is always important to be aware of environmental exposures to carcinogens, one must also remember that the major factors linked to cancer deaths can be avoided, because most of them involve behavior choices. More than half of all cancer deaths could be prevented by eliminating the use of tobacco products, moderating the use of alcohol, and making better dietary choices.

Family History
Most cancers develop because of changes (mutations) in genes. A normal cell may become a cancer cell after a series of gene changes occur. Tobacco use, certain viruses, or other factors in a person's lifestyle or environment can cause such changes in certain types of cells.

Some gene changes that increase the risk of cancer are passed from parent to child. These changes are present at birth in all cells of the body.

It is uncommon for cancer to run in a family. However, certain types of cancer do occur more often in some families than in the rest of the population. For example, melanoma and cancers of the breast, ovary, prostate, and colon sometimes run in families. Several cases of the same cancer type in a family may be linked to inherited gene changes, which may increase the chance of developing cancers. However, environmental factors may also be involved. Most of the time, multiple cases of different cancers in a family are just a matter of chance.

Food Additives
Many substances are added to foods to prolong shelf and storage life and to enhance color, flavor, and texture. New food additives must be cleared by the US Food and Drug Administration (FDA) before being allowed into the food supply, and thorough testing is done in lab animals to determine any effects on cancer as part of this process. Additives are usually present in very small quantities in food, and some are nutrients that may have beneficial effects (for example, vitamins C and E are sometimes added to food products as a preservative).

Other compounds find their way into the food supply through agricultural use, animal farming, or food processing, even if their use is not directly intended for human consumption. Examples include growth hormones or antibiotics used in animal farming, small amounts of pesticides and herbicides in plant-based foods, and compounds such as bisphenol A (BPA) or phthalates that enter food from packaging.

Radiation (environmental & medical)
Ionizing radiation can cause cell damage that leads to cancer. This kind of radiation comes from rays that enter the Earth's atmosphere from radon gas, x-rays, and other sources.

Radon is a radioactive gas that you cannot see, smell, or taste. It forms in soil and rocks. People who work in mines may be exposed to radon. In some parts of the country, radon is found in houses. People exposed to radon are at increased risk of lung cancer.

Medical procedures are a common source of radiation:

- Doctors use radiation (low-dose x-rays) to take pictures of the inside of the body. These pictures help to diagnose broken bones and other problems.
- Doctors use radiation therapy (high-dose radiation from large machines or from radioactive substances) to treat cancer.

The risk of cancer from low-dose x-rays is extremely small. The risk from radiation therapy is slightly higher. For both, the benefit nearly always outweighs the small risk.

Sunlight (ultraviolet)
Ultraviolet (UV) radiation comes from the sun, sunlamps, and tanning booths. It causes early aging of the skin and skin damage that can lead to skin cancer.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Primary Cancer Site*" in *CC&S* Understanding Cancer Basics.

The following information is adapted from *Understanding Cancer* by Dr. Melany Cueva from the Alaska Nation Tribal Health Consortium.

What type of cancer is it?

There are over 200 different types of cancer. In addition to the primary organ site, cancers are described by the types of cells that become malignant or cancer. It is important to know the stage, grade, and type of cancer to determine the best treatment.

There are six main groups:

Carcinomas are cancers that begin in the body's skin and in tissues that line the internal organs. Eighty to 90% of all cancers are carcinomas. This cancer curriculum focuses on carcinomas.

Sarcomas are cancers that start to grow in bone, fat, muscle, nerve, joint, blood vessel, or deep skin tissues. Sarcomas are given different names depending upon the type of tissue where they begin to grow. For example, osteosarcoma starts in the bone. Kaposi sarcoma may develop in people who are infected with HIV and is a cancer formed by cells similar to those lining blood or lymph vessels.

Mixed Tumors are cancers made of sarcoma and carcinoma cells.

Lymphomas are cancers that start in the lymph nodes or lymph tissue.

Leukemias are cancers of the white blood cells produced in the blood-forming tissues, mainly the bone marrow, lymph nodes, and spleen.

Myelomas are cancers that start in the plasma cells made in the bone marrow.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Facilitators may find the below information relevant to "*Primary Cancer Site*" in *CC&S* Understanding Cancer Basics.

The following information is adapted from *Understanding Cancer* by Dr. Melany Cueva from the Alaska Nation Tribal Health Consortium.

How aggressive is the cancer?

Tumor grade describes how closely the cancer cells look like normal cells of the same type. Tumor cells are well differentiated when they look and function similarly to normal cells of the same type. Poorly differentiated and undifferentiated tumor cells look abnormal and disorganized. A specially trained doctor, called a pathologist, uses the numbers 1 to 4 to grade a tumor.

The standard tumor grades are:

GRADE 1 - Well differentiated
GRADE 2 - Moderately well differentiated
GRADE 3 - Poorly differentiated
GRADE 4 - Undifferentiated

The grade (or differentiation) of a tumor refers to how fast the cells are growing or how aggressive the tumor is. Low grade tumors have well differentiated cells, are slow growing and less aggressive. High grade tumors have poorly differentiated cells, are fast growing and more aggressive. Tumor grade also helps determine prognosis, the probable outcome or chance of recovery from the cancer.

A breast cancer is "poorly differentiated" if the tissue does not look like normal breast tissue. It grows faster and is more difficult to treat than a breast cancer that is "well differentiated", one that looks like normal breast tissue. Information about tumor grade helps health care providers plan the best treatment.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Stage of Cancer*" in *CC&S* Understanding Cancer Basics.

The following information is adapted from *Understanding Cancer* by Dr. Melany Cueva from the Alaska Nation Tribal Health Consortium.

How far has the cancer spread?

Another system of staging uses the words Tumor (T), Nodes (N), and Metastasis (M) with a number score. The stage of each cancer is very specific to each type of cancer.

TUMOR (T) - the size of the cancer growth and how far it has spread into nearby tissue.
NODES (N) - how many lymph nodes in the region of the cancer tumor have cancer cells in them.
METASTASIS (M) - Cancer is found in distant parts of the body far from the primary site of origin.

As information about a person's cancer is gathered, a number score is noted for T, N, and M. Zero (0) means no evidence of cancer, while numbers increasing in size (1-4) mean larger or more disease. An "X" indicates the exact status is not known.

Examples using the TNM system to stage colon cancer:
A 51 year old male has colon cancer. The tumor has not invaded the layer of tissue just below the lining of the colon (T1), no lymph nodes show cancer cells (N0) and no distant metastases are found (M0). He has Stage I colon cancer.

A 62 year old female has colon cancer. The tumor has invaded deeply into the tissues of the colon (T3). Three regional lymph nodes are positive for cancer cells (N1). There is no evidence of distant metastasis (M0). She has Stage III colon cancer.

A 70 year old male has colon cancer that has spread or metastasized to his liver. Cancer with metastasis (spread) to another part of the body is Stage IV. The tumor may be any size, with any number of lymph nodes: Any T (tumor), Any N (nodes), combined with M1 (metastasis) is Stage IV.

Facilitator Notes: _____

Sources

Cueva, M., Kuhnley, R., Stueckemann, C., Lanier, A.P., McMahon, P. (2010). *Understanding Cancer*. Alaska Nation Tribal Health Consortium.

Rosenbaum, E.H., Dollinger, M. (2008). Everyone's Guide to Cancer Therapy; Revised 5th Edition: How Cancer Is Diagnosed, Treated, and Managed Day to Day. Kansas City, MO: Andrews McMeel Publishing.

Additional Information: *CC&S* Cancer Prevention & Self-Care

This section includes additional cancer-related information that may be helpful when using the *CC&S* Cancer Prevention & Self-Care module and/or to answer participants' questions. Facilitators are encouraged to use this Guide, as well as the additional resources (listed in the Appendix) to obtain more detailed information.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*What are my cancer risk factors*?" in *CC&S* Cancer Prevention & Self-Care.

See "*CC&S* Understanding Cancer Basics - Additional Information."

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Nutrition*" in *CC&S* Cancer Prevention & Self-Care.

The following information is adapted from the National Cancer Institute's *Cancer Prevention FactSheet.*

How does eating fruits and vegetables prevent cancer?
Some of the components in fruits and vegetable can:

- Protect cells from DNA damage.
- Inactivate carcinogens.
- Have antiviral and antibacterial effects.
- Have anti-inflammatory effects.
- Induce cell death (apoptosis).
- Inhibit tumor blood vessel formation (angiogenesis) and tumor cell migration (needed for metastasis).

Facilitators may find the below information relevant to "*Physical Activity*" in *CC&S* Cancer Prevention & Self-Care.

The following information is adapted from the Centers for Disease Control and Prevention's *Questions and Answers About the Annual Report to the Nation on the Status of Cancer, 1975–2008*.

How is physical activity related to health?
Researchers have established that regular physical activity can improve health by:

- Helping to control weight.
- Maintaining healthy bones, muscles, and joints.
- Reducing the risk of developing high blood pressure and diabetes.
- Promoting psychological well-being.
- Reducing the risk of death from heart disease.
- Reducing the risk of premature death.

In addition to these health benefits, researchers are learning that physical activity can also affect the risk of cancer. There is convincing evidence that physical activity is associated with a reduced risk of cancers of the colon and breast. Several studies also have reported links between physical activity and a reduced risk of cancers of the prostate, lung, and lining of the uterus (endometrial cancer).

Facilitator Notes: _____

_____

_____

_____

_____

_____

Facilitators may find the below information relevant to "*Physical Activity*" in *CC&S* Cancer Prevention & Self-Care.

The following information is adapted from the National Cancer Institute's *Physical Activity and Cancer FactSheet.*

What are the recommendations for weight and physical activity for children and adults?
The Dietary Guidelines for Americans (2010) recommends that people prevent or reduce excess weight and obesity through improved eating and physical activity behaviors. Children ages 6 to 17 years should do at least 60 minutes of physical activity each day and adults should do at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity or an equivalent combination of moderate- and vigorous-intensity activity every week.

To prevent cancer, the American Cancer Society recommends that individuals "be as lean as possible throughout life without being underweight" and that adults "engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity each week, or an equivalent combination."

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Maintain a Healthy Weight*" in *CC&S* Cancer Prevention & Self-Care.

The following information is adapted from the National Cancer Institute's *Obesity and Cancer Risk FactSheet.*

How does obesity affect your cancer risk?
Several possible mechanisms have been suggested to explain the association of obesity with increased risk of certain cancers:

- Fat tissue produces excess amounts of estrogen, high levels of which have been associated with the risk of breast, endometrial, and some other cancers.
- Obese people often have increased levels of insulin and insulin-like growth factor-1 (IGF-1) in their blood (a condition known as hyperinsulinemia or insulin resistance), which may promote the development of certain tumors.
- Fat cells produce hormones, called adipokines, that may stimulate or inhibit cell growth. For example, leptin, which is more abundant in obese people, seems to promote cell proliferation, whereas adiponectin, which is less abundant in obese people, may have anti-proliferation effects.
- Fat cells may also have direct and indirect effects on other tumor growth regulators, including mammalian target of rapamycin (mTOR) and AMP-activated protein kinase.
- Obese people often have chronic low-level, or "subacute," inflammation, which has been associated with increased cancer risk.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Maintain a Healthy Weight*" in *CC&S* Cancer Prevention & Self-Care.

The following information is adapted from the National Heart, Lung, and Blood Institute's *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults Evidence Report* (1998).

A healthy weight depends on a person's height, so recommendations for a healthy weight are often expressed in terms of body mass index (BMI). BMI is a number that is calculated using your weight and height. In general, the higher the number, the more body fat a person has (although there are exceptions).

$$\text{BMI} = \frac{\text{Weight (in pounds)} \times 703}{\text{Height (in inches)}^2}$$

For example, if you weigh 130 pounds and are 5 feet, 6 inches tall your BMI = 21
(There are 12 inches in 1 foot, so 5'6" = 66 inches)

$$\text{BMI} = \frac{130 \times 703}{66^2} = \frac{91390}{4356} = 21$$

BMI is often used as a screening tool to help decide if your weight might be putting you at risk for health problems, such as heart disease, diabetes, and cancer. People should strive to maintain a healthy weight, as seen in the table below.

For most adults, experts consider a BMI within the range of 18.5 to 24.9 to be healthy, a BMI between 25 and 29.9 to be overweight, and a BMI of 30 and over to be obese.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																
4′10″	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4′11″	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5′	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5′1″	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5′2″	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5′3″	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5′4″	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5′5″	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5′6″	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5′7″	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5′8″	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5′9″	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5′10″	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5′11″	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6′	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6′1″	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6′2″	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6′3″	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
	Healthy Weight						Overweight					Obese					

Source: US Department of Health and Human Services, National Institutes of Health, National Health, Lung, and Blood Institute. The Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: Evidence Report. September 1998 [NIH pub. No. 98-4083].

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Alcohol*" in *CC&S* Cancer Prevention & Self-Care.

The following information was adapted from the National Cancer Institute's *Cancer Trends Progress Report – 2011-2012 Update*.

How does alcohol increase your cancer risk?
Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women and of breast cancer in women. In general, these risks increase after about one daily drink for women and two daily drinks for men.

Alcohol can increase your risk of cancer by:

- Damaging to cell DNA.
- Lowering level of folate or other nutrients that keep cells healthy.
- Raising estrogen levels, a hormone important to the growth and development of breast tissue.
- Increasing body weight.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Sun Protection*" in *CC&S* Cancer Prevention & Self-Care.

The following information was adapted from the Center for Disease Control and Prevention's *Skin Cancer* webpage.

Skin Cancer Risk Factors
People with certain risk factors are more likely than others to develop skin cancer. Risk factors vary for different types of skin cancer, but some general risk factors are having:

- A lighter natural skin color.
- Family history of skin cancer.
- A personal history of skin cancer.
- Exposure to the sun through work and play.
- A history of sunburns early in life.
- A history of indoor tanning.
- Skin that burns, freckles, reddens easily, or becomes painful in the sun.
- Blue or green eyes.
- Blond or red hair.
- Certain types and a large number of moles.

Indoor Tanning
Using a tanning bed, booth, or sunlamp to get tan is called "indoor tanning." Indoor tanning has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell carcinoma, and cancers of the eye (ocular melanoma).

Dangers of Indoor Tanning
Indoor tanning exposes users to both UV-A and UV-B rays, which damage the skin and can lead to cancer. Using a tanning bed is particularly dangerous for younger users; people who begin tanning younger than age 35 have a 75% higher risk of melanoma. Using tanning beds also increases the risk of wrinkles and eye damage, and changes skin texture.

Myths About Indoor Tanning
MYTH: "Tanning indoors is safer than tanning in the sun."
FACT: Indoor tanning and tanning outside are both dangerous. Although tanning beds operate on a timer, the exposure to ultraviolet (UV) rays can vary based on the age and type of light bulbs. You can still get a burn from tanning indoors, and even a tan indicates damage to your skin.

MYTH: "I can use a tanning bed to get a base tan, which will protect me from getting a sunburn."
FACT: A tan is a response to injury: skin cells respond to damage from UV rays by producing more pigment. The best way to protect your skin from the sun is by using these tips for skin cancer prevention.

MYTH: "Indoor tanning is a safe way to get vitamin D, which prevents many health problems."
FACT: Vitamin D is important for bone health, but studies showing links between vitamin D and other health conditions are inconsistent. Although it is important to get enough vitamin D, the safest way is through diet or supplements. Tanning harms your skin, and the amount of time spent tanning to get enough vitamin D varies from person to person.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Sexual Behavior*" in *CC&S* Cancer Prevention & Self-Care.

The following information was adapted from *Human Papillomavirus (HPV)* by the Centers for Disease Control and Prevention.

Common Questions about HPV

Most sexually active people will get HPV at some time in their lives. HPV is usually harmless. But some types can cause cancer and genital warts.

Many people who learn they have HPV want to know who gave it to them. But there is no way to know for sure. The virus is common. A person can have HPV for a long time before it is found.

If you have HPV, don't blame your partner. Also, don't assume that your partner is cheating. HPV is not a sign that you or your partner is having sex with someone else. Instead, focus on protecting your health: Follow up with your doctor to make sure HPV does not lead to cancer.

HPV & Cervical Cancer

How can HPV cause cervical cancer?

HPV can infect a woman's cervix and cause normal cells to become abnormal. If HPV goes away, cervical cells go back to normal. But if HPV remains on the cervix for many years, it can turn those cells into cancer over time. Even women with only one lifetime sex partner can get HPV.

Abnormal cells can be found with a screening test, called the Pap test. Problems that are found early can be treated before they turn into cancer. That is why cervical cancer is the easiest female cancer to prevent.

HPV Vaccines

Why are HPV vaccines needed?

Certain human papillomavirus (HPV) types cause cancer, including: cervical, vulvar, vaginal, penile, anal, and oropharyngeal (base of the tongue, tonsils and back of throat) cancers. Certain HPV types also cause most cases of genital warts in men and women.

HPV is a common virus that is easily spread by skin-to-skin contact during sexual activity with another person. It is possible to have HPV without knowing it, so it is possible to unknowingly spread HPV to another person.

HPV vaccine is a strong weapon in prevention. These safe, effective vaccines are available to protect females and males against some of the most common HPV types and the health problems that the virus can cause.

What HPV vaccines are available in the United States?

Two HPV vaccines are licensed by the FDA and recommended by CDC. These vaccines are Cervarix (made by GlaxoSmithKline) and Gardasil (made by Merck).

How are the two HPV vaccines similar?

- Both vaccines are very effective against diseases caused by HPV types 16 and 18; HPV 16 and 18 cause most cervical cancers, as well as other HPV associated cancers.
- Both vaccines have been shown to prevent cervical precancers in women.
- Both vaccines are very safe.
- Both vaccines are made with a very small part (in this case, the protein outer coat) of the human papillomavirus (HPV) that cannot cause infection.
- Both vaccines are given as shots and require 3 doses.

How are the two HPV vaccines different?

- Only one of the vaccines (Gardasil) protects against HPV types 6 and 11, the types that cause most genital warts in females and males.
- Only one of the vaccines (Gardasil) has been tested and licensed for use in males.
- While both vaccines protect against HPV16, which is the most common HPV type responsible for HPV associated cancers including cancers of cervix, vulva, vagina, penis, and anus and oropharynx, only one of the vaccines (Gardasil) has been tested and shown to protect against precancers of the vulva, vagina, and anus.
- The vaccines have different adjuvants—a substance that is added to the vaccine to increase the body's immune response.

HPV and Men

How do Men get HPV?

HPV is passed on through genital contact—most often during vaginal and anal sex. HPV may also be passed on during oral sex. Since HPV usually causes no symptoms, most men and women can get HPV—and pass it on—without realizing it. People can have HPV even if years have passed since they had sex. Even men with only one lifetime sex partner can get HPV.

What are the health problems caused by HPV in men?

Most men who get HPV (of any type) never develop any symptoms or health problems. But some types of HPV can cause genital warts. Other types can cause cancers of the penis, anus, or oropharynx (back of the throat, including base of the tongue and tonsils.) The types of HPV that can cause genital warts are not the same as the types that can cause cancer.
Note: Anal cancer is not the same as colorectal cancer. Colorectal cancer is much more common than anal cancer, and is not caused by HPV.

Is there a test for HPV in men?

Currently, there is no HPV test recommended for men. The only approved HPV tests on the market are for screening women for cervical cancer. They are not useful for screening for HPV-related cancers or genital warts in men.

- Screening for anal cancer is not routinely recommended for men. This is because more research is needed to find out if it can actually prevent anal cancer. However, some experts do recommend yearly anal cancer screening (anal Pap tests) for gay, bisexual, and HIV-positive men – since anal cancer is more common in these men.
- There is no approved test to find genital warts for men or women. However, most of the time, you can see genital warts. If you think you may have genital warts, you should see a health care provider.

- There is no test for men to check one's overall "HPV status." But HPV usually goes away on its own, without causing health problems. So an HPV infection that is found today will most likely not be there a year or two from now.
- Screening tests are not available for penile cancer.

You can check for any abnormalities on your penis, scrotum, or around the anus. See your doctor if you find warts, blisters, sores, ulcers, white patches, or other abnormal areas on your penis—even if they do not hurt.

Is there a treatment or cure for HPV?
There is no treatment or cure for HPV. But there are ways to treat the health problems caused by HPV in men.

Genital warts can be treated with medicine, removed surgically, or frozen off. Some of these treatments involve a visit to the doctor. Others can be done at home by the patient himself. No one treatment is better than another. But warts often come back within a few months after treatment—so several treatments may be needed. Treating genital warts may not necessarily lower a man's chances of passing HPV on to his sex partner. If warts are not treated, they may go away on their own, stay the same, or grow (in size or number). They will not turn into cancer.

Cancers of the penis, anus, and oropharynx can be treated with surgery, radiation therapy, and chemotherapy. Often, two or more of these treatments are used together. Patients should decide with their doctors which treatments are best for them.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Recommended Cancer Screenings*" in *CC&S* Cancer Prevention & Self-Care.

See "Additional Information: Cancer Screening & Detection."

Facilitator Notes: _____

Sources

Centers for Disease Control and Prevention. *Human Papillomavirus (HPV)* (2012). Accessed from http://www.cdc.gov/hpv/ on October 9, 2012

Centers for Disease Control and Prevention. *Questions and Answers About the Annual Report to the Nation on the Status of Cancer, 1975–2008* (2012). Accessed from http://www.cdc.gov/cancer/dcpc/research/articles/arn_7508qa.htm on June 14, 2013.

Centers for Disease Control and Prevention. *Skin Cancer* (2012). Accessed from http://www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm on June 14, 2013.

National Cancer Institute. *Cancer Trends Progress Report – 2011-2012 Update* (2012*)*. Access from http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2007&chid=71&coid=706&mid= on June 22, 2013.

National Cancer Institute. *Cruciferous Vegetables and Cancer Prevention FactSheet* (2012). Accessed from http://www.cancer.gov/cancertopics/factsheet/diet/cruciferous-vegetables on June 14, 2013.

National Cancer Institute. *Obesity and Cancer Risk FactSheet* (2012). Accessed from http://www.cancer.gov/cancertopics/factsheet/Risk/obesity on June 14, 2013.

National Cancer Institute. *Physical Activity and Cancer FactSheet* (2009). Accessed from http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity on June 14, 2013

National Heart, Lung, and Blood Institute. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults Evidence Report* (1998). Accessed from http://www.ncbi.nlm.nih.gov/books/NBK2003/ on June 14, 2013.

Additional Cancer Information: *CC&S* Cancer Screening & Detection

This section includes additional cancer-related information that may be helpful when using the *CC&S* Cancer Screening & Detection module and/or to answer participants' questions. Facilitators are encouraged to use this Guide, as well as the additional resources (listed in the Appendix) to obtain more detailed information.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Cancer Warning Signs*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *What you Need to Know About Cancer* by the National Cancer Institute.

Cancer can cause many different symptoms. These are some of them:

- A thickening or lump in the breast or any other part of the body.
- A new mole or a change in an existing mole.
- A sore that does not heal.
- Hoarseness or a cough that does not go away.
- Changes in bowel or bladder habits.
- Discomfort after eating.
- A hard time swallowing.
- Weight gain or loss with no known reason.
- Unusual bleeding or discharge.
- Feeling weak or very tired.

Most often, these symptoms are not due to cancer. They may also be caused by benign tumors or other problems. Only a doctor can tell for sure. Anyone with these symptoms or other changes in health should see a doctor to diagnose and treat problems. Participants should be encouraged to speak with their health care provider anytime they experience any unusual symptoms for more than a two week period.

Usually, early cancer does not cause pain. If you have symptoms, do not wait to feel pain before seeing a doctor.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Skin Cancer Screening*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from the National Cancer Institute's *What You Need To Know About Melanoma and Other Skin Cancers*.

The best time to do this exam is after a shower or bath. Check your skin in a room with plenty of light. Use a full-length mirror and a hand-held mirror. It's best to begin by learning where your birthmarks, moles, and other marks are and their usual look and feel.

Check for anything new:

- A new mole (that looks different from your other moles).
- A new red or darker color flaky patch that may be a little raised.
- A new flesh-colored firm bump.
- A change in the size, shape, color, or feel of a mole.
- A sore that doesn't heal.

Check yourself from head to toe:

- Look at your face, neck, ears, and scalp. You may want to use a comb or a blow dryer to move your hair so that you can see better. You also may want to have a relative or friend check through your hair. It may be hard to check your scalp by yourself.
- Look at the front and back of your body in the mirror. Then, raise your arms and look at your left and right sides.
- Bend your elbows. Look carefully at your fingernails, palms, forearms (including the undersides), and upper arms.
- Examine the back, front, and sides of your legs. Also look around your genital area and between your buttocks.
- Sit and closely examine your feet, including your toenails, your soles, and the spaces between your toes.

By checking your skin regularly, you'll learn what is normal for you. It may be helpful to record the dates of your skin exams and to write notes about the way your skin looks. If your doctor has taken photos of your skin, you can compare your skin to the photos to help check for changes. If you find anything unusual, see your doctor.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

Facilitators may find the below information relevant to "*Colorectal Cancer Screening*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *Colon and Rectal Cancer* by the National Cancer Institute.

Other Common Questions about Colorectal Cancer Screening

Colorectal cancer is one of the most preventable cancers. Colorectal screening can help detect cancer in its earlier stages before symptoms are present. A colonoscopy can even be considered a form of prevention, since it enables the doctor to get rid of polyps before they become malignant. The following questions and answers address common questions about colorectal cancer screening.

How do I know which screening test is right for me?

Scientific data do not currently suggest that there is a single "best test" for any one person. Each test has advantages and disadvantages. Patients and their doctors are encouraged to discuss the benefits and potential risks associated with each screening option as they decide which test to use and how often to be tested. Which test to use depends on:

- The patient's preferences.
- The patient's medical condition.
- The likelihood that the patient will have the test.
- The medical or financial resources available for testing and follow-up.

What about other colorectal cancer screening tests?

Although these tests are not recommended by the American Cancer Society, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- **Double-contrast barium enema**: You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- **Virtual colonoscopy**: Uses X-rays and computers to produce images of the entire colon which are displayed on a computer screen.
- **Stool DNA test:** You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

What happens if a colorectal cancer screening test shows an abnormality?

If a screening test finds an abnormality, the health care provider will perform a physical exam and evaluate the person's personal and family medical history. Additional tests may be ordered. These tests may include x-rays of the gastrointestinal tract, sigmoidoscopy, or, most often, colonoscopy. The health care provider may also order a blood test called a CEA assay to measure carcinoembryonic antigen, a protein that is sometimes detected in greater amounts in patients with colorectal cancer.

If an abnormality is found during a sigmoidoscopy, a biopsy or polypectomy may be performed during the test, and a colonoscopy may be recommended. If an abnormality is found during a standard colonoscopy, a biopsy or polypectomy is performed to determine whether cancer is present. If an abnormality is detected during virtual colonoscopy, most patients would be referred for a standard colonoscopy the same day.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Prostate Health*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *Prostate Cancer* by the Centers for Disease Control and Prevention.

Common Questions about Prostate Health

Not counting some forms of skin cancer, prostate cancer is the most common cancer in men. We need better ways to screen for and treat prostate cancer. Until we make these discoveries, and even when we do, men and their families should turn to trusted health care providers to help them make informed decisions. The following questions and answers address common concerns about prostate cancer.

Is prostate cancer serious?
Some prostate cancers become a serious threat to health by growing quickly, spreading beyond the prostate gland to other parts of the body, and causing death. Yet other prostate cancers grow slowly and never become a serious threat to health or affect how long a man lives. Doctors can't always be sure what type of cancer is present in your particular case.

How accurate are the screening tests?
No test is right all the time and that is true of the PSA test and DRE. The PSA test is better at suggesting that small cancers are present, especially those toward the front or sides of the prostate gland, or deep within it. But the DRE can sometimes help suggest cancers in men with normal PSA levels. That is why both the PSA test and the DRE are usually performed.

If 100 men over age 50 take the PSA test:

- 85 will have a normal PSA (though a small number of these men will have a cancer that was missed by the PSA test).
- 15 will have a higher than normal PSA and require further tests. After further testing, results will show:
    - 12 do not have prostate cancer.
    - 3 have prostate cancer.

What is informed decision-making?
Informed decision-making is when a man and his health care provider discuss the benefits and risks of prostate cancer screening. Informed decision making occurs when a man—

- Understands the nature and risk of prostate cancer.
- Understands the risks of, benefits of, and alternatives to screening.
- Participates in the decision to be screened, or not, at a level he desires.
- Makes a decision consistent with his preferences and values.

What happens if prostate cancer is found?
No two men with prostate cancer are the same. Many factors affect the decision whether or not to treat the disease: the patient's age, whether the cancer has spread, the presence of other medical conditions, and the patient's overall health.

When prostate cancer has been found in its early stages and has not spread beyond the prostate, a doctor and his patient may decide upon:

- **watchful waiting** — monitoring the patient's prostate cancer by performing the PSA test and DRE regularly, and treating it only if and when the prostate cancer causes symptoms or shows signs of growing.
- **surgery** (radical prostatectomy) — removing the prostate.
- **external radiation therapy** — destroying cancer cells by directing radiation at the prostate;
- **internal radiation therapy** (brachytherapy) — surgically placing small radioactive pellets inside or near the cancer to destroy cancer cells.
- **hormone therapy** — giving certain hormones to keep prostate cancer cells from growing.
- **cryotherapy** — placing a special probe inside or near the prostate cancer to freeze and destroy the cancer cells.

More advanced prostate cancers that have spread beyond the prostate can be complex to treat and may be incurable. Patients should discuss with their doctor the best course of action.

What are the side effects of prostate cancer treatment?
Some men who receive treatment for prostate cancer experience one or more side effects depending on the type of treatment they receive. The broad categories of side effects associated with prostate cancer treatments include:

- Incontinence.
- Bowel problems.
- Erectile dysfunction.
- Loss of fertility.
- Hormonal changes.
- Side effects of chemotherapy.

However, some men have few side effects or none at all. The specific side effects that you may experience depend on a variety of factors, including the cancer's location, your individual treatment plan, and your overall health.

Talk with your doctor to learn more about your risk of side effects before starting treatment, and let your doctor know which side effects you experience once treatment begins. Although you may feel embarrassed talking about some of these topics, the information you provide will allow the doctor to help relieve any side effects that you may be experiencing.

Will treatment for prostate cancer affect sexuality?
This will depend on what type of treatment you have had and how you feel. Some men may experience no problems, others will have problems with their erections (erectile dysfunction) and some may never get back the ability to achieve or maintain an erection without the help of treatment. You should speak with your health care provider about our concerns and the type of treatment you had.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Testicular Health*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *Testicular Cancer Treatment* by the National Cancer Institute.

Testicular cancer is the most common cancer in men aged 15 to 34 years.
Testicular cancer is very rare, but it is the most common cancer found in men between the ages of 15 and 34. White men are four times more likely than black men to have testicular cancer

Testicular cancer can usually be cured.
Although the number of new cases of testicular cancer has doubled in the last 40 years, the number of deaths caused by testicular cancer has decreased greatly because of better treatments. Testicular cancer can usually be cured, even in late stages of the disease.

Treatment for testicular cancer can cause infertility.
Certain treatments for testicular cancer can cause infertility that may be permanent. Patients who may wish to have children should consider sperm banking before having treatment. Sperm banking is the process of freezing sperm and storing it for later use.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Breast Health*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *Breast Cancer* by the National Cancer Institute.

Common Questions about Breast Health

Breast cancer is the most common type of cancer among women in the United States (other than skin cancer). Breast cancer occurs mainly in women, but men can get it, too. Screening for breast cancer can find cancer early, when it is most treatable. The following questions and answers address common concerns about breast cancer.

Why are mammograms not routinely recommended for women younger than age 40?
Mammograms are not routinely recommended for women younger than age 40 because the incidence of breast cancer is low in younger women. Negative effects of screening include persistent anxiety, unnecessary biopsies, and in some cases, unnecessary treatment. Investigators have estimated that 20 to 50 percent of women will have a positive mammogram after 10 years. This proportion would grow if the screening period were extended to include younger women.

Can women with small breasts have mammograms?
Since breast size has nothing to do with a woman's vulnerability to cancer, all women over 40 (or younger if you are at an increased risk) should have a mammogram. Mammography technologists know how to image all breast sizes and shapes, including very small breasts. Even if you have small breasts you will generally have enough breast tissue for a mammogram. Breast size and shape rarely affect the accuracy of mammography.

Should women with breast implants have screening mammograms?
Women with breast implants should continue to have mammograms. (A woman who had an implant following breast cancer surgery should ask her doctor whether a mammogram of the reconstructed breast is necessary.) It is important to inform the mammography facility about breast implants when scheduling a mammogram. The technician and radiologist must be experienced in x-raying patients with breast implants. Implants can hide some breast tissue, making it more difficult for the radiologist to detect an abnormality on the mammogram. If the technician performing the procedure is aware a woman has breast implants, steps can be taken to make sure that as much breast tissue as possible can be seen on the mammogram.

Does a mammogram hurt more for those with large or small breasts?
Mammograms are performed on any size breasts. Breast size does not determine how much discomfort a patient has during a mammogram. An uncomfortable mammogram usually is due to sensitive breasts caused by hormonal changes. Even men, who are typically flat-chested, can have mammograms.

What other technologies are being developed for breast cancer screening?
The following describes the latest imaging techniques that are in use or being studied, not all of which are being investigated for the screening of breast cancer in average risk women:

- **Ultrasound** also called sonography, is an imaging technique in which high-frequency sound waves that cannot be heard by humans are bounced off tissues and internal organs. Their echoes produce a picture called a sonogram. Ultrasound imaging of the breast is used to distinguish between solid tumors and fluid-filled cysts. Ultrasound can also be used to

evaluate lumps that are hard to see on a mammogram. Sometimes, ultrasound is used as part of other diagnostic procedures, such as fine needle aspiration (also called needle biopsy). Fine needle aspiration is the removal of tissue or fluid with a needle for examination under a microscope to check for signs of disease. Ultrasounds may also be used to look for masses associated with other cancers, like liver, uterine and ovarian.

- **Digital mammography** is a technique for recording x-ray images in computer code instead of on x-ray film. Digital mammography may have some advantages over conventional mammography. The images can be stored and retrieved electronically, which makes long-distance consultations with other mammography specialists easier. Because the images can be adjusted by the radiologist, subtle differences between tissues may be more easily seen. Digital mammography may reduce the number of follow-up procedures. Digital mammography has been shown to have advantages in women with dense breast tissue, but it is less effective in women with fatty breasts. Overall, digital mammography and conventional mammography are equally effective in finding cancer among women ages 50 and older. Approximately 40 to 50 percent of mammograms nationwide are now done with digital mammography.

- **Computer-aided detection (CAD)** involves the use of computers to bring suspicious areas on a mammogram to the radiologist's attention. It is used after the radiologist has done the initial review of the mammogram. In 1998 the FDA approved a breast imaging device that uses CAD technology. Other such devices have been developed and are used in clinical practice. The devices identify suspicious areas and highlight them for the radiologist to review. CAD technology may improve the accuracy of screening mammography. The incorporation of CAD technology to digital mammography is under evaluation.

- **Magnetic Resonance Imaging (MRI**) a magnet linked to a computer creates detailed pictures of areas inside the body without the use of radiation. Each MRI produces hundreds of images of the breast from side-to-side, top-to-bottom, and front-to-back. The images are then interpreted by a radiologist. Breast MRI, a relatively new technology, is not used for routine breast cancer screening. MRI can be recommended in high-risk women because of its proven ability to detect breast cancer that is not visible on mammography. Limitations of MRI include, as with all screening tests, a risk of false positives requiring additional imaging or possibly biopsy. Like ultrasound, MRI cannot detect microcalcifications, although it can detect ductal carcinoma in situ (DCIS), the most common type of non-invasive breast cancer that is not evident on mammography.

- **Positron Emission Tomography (PET)** scan creates computerized images of chemical changes that take place in tissue. For certain types of PET scans, the patient is given an injection of a substance that consists of a combination of a sugar and a small amount of radioactive material. The radioactive sugar can help in locating a tumor, because cancer cells can take up or absorb sugar faster than other tissues in the body. PET scans are more accurate in detecting larger and more aggressive tumors than they are in locating tumors that are smaller than eight millimeters and/or less aggressive. PET scans may be helpful in evaluating and staging recurrent disease (cancer that has come back). It is important to distinguish between PET exams of the entire body (used to assess possible disease outside of the breast, such as cancer that has spread to the lymph nodes, liver, lungs, bones or brain) and PET exams under research investigation, which only include the breast and do not provide information from the entire body. These exams, Positron Emission Mammography (PEM), are under research investigation at this time and are not recommended as part of clinical care.

- **Image-Guided Breast Biopsy Techniques** play an important role in helping doctors perform breast biopsies, especially of abnormal areas that cannot be felt, but can be seen on a conventional mammogram or with ultrasound. One type of needle biopsy, the stereotactic-guided biopsy, involves imaging the precise location of the abnormal area in three dimensions using conventional mammography. (Stereotactic refers to the use of a computer and scanning devices to create three-dimensional images.) A needle is then inserted into the breast and a tissue sample is obtained. Additional samples can be obtained by moving the needle within the abnormal area. Needle biopsy can also be performed with ultrasound guidance and with MRI guidance. A variety of needle types can be used, from very small needles (fine needle aspiration, or FNA) to larger needles or a needle biopsy device that uses vacuum assistance to sample tissue.

Facilitator Notes: _____

Facilitators may find the below information relevant to "*Cervical Health*" in *CC&S* Cancer Screening & Detection.

The following information was adapted from *Human Papillomavirus (HPV)* by the Centers for Disease Control and Prevention.

Common Questions About Cervical Health

Cervical cancer is the easiest female cancer to prevent through regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early: the pap test and the HPV test. The Pap test is recommended for all women, and can be done in a doctor's office or clinic. The HPV test may be done at the same time as a Pap test. The following questions and answers address common concerns about cervical health and cancer screening.

What is an HPV Test?

An HPV test can be used at the same time as the Pap test.

- The Pap Test checks your cervix for abnormal cells that could turn into cervical cancer.
- The HPV Test checks your cervix for the virus (HPV) that can cause abnormal cells and lead to cervical cancer.

Women may have an HPV test at the same time as a Pap test. It can be confusing to get both results at the same time.

Your HPV test will come back as either "positive" or "negative":

- A negative HPV test means you do not have an HPV type that is linked to cervical cancer.
- A positive HPV test means you do have an HPV type that has been linked to cervical cancer. This does not mean you have cervical cancer now. But it could be a warning.

Why is the HPV test NOT recommended as part of regular screening for younger women and teens?

HPV is very common in women under age 30. But it is not useful to test women under age 30 for HPV, since most HPV that is found in these women will never cause them health problems. Most young women will fight off HPV within a few years.

HPV is less common in women over the age of 30, who are at increasing risk for cervical cancer. HPV is also more likely to signal a health problem for these women, who may have had the virus for many years. Doctors may use the HPV test with the Pap test to tell if these women are more likely to get cervical cancer in the future, and if they need to be screened more often.

Getting regular Pap tests, even without the HPV test, is still a good way to prevent cervical cancer—for both younger and older women.

If I have HPV, do I have cervical cancer?

No, HPV is not the same as cervical cancer. HPV is the virus that can cause cervical cancer. Many women have HPV. Few of them get cervical cancer if they follow their doctor's advice for more testing and/or treatment. What will happen if I need to come back for more testing?

Your doctor will do what's right for you, based on your test results. Your doctor may:

- Ask you to wait before giving you your next Pap and/or HPV test. This is called "watchful waiting." It is common.
- Take a closer look at your cervix. This is done using a special lens that makes your cervical cells look bigger (called a colposcopy).
- Take a small sample of your cervix (biopsy) to study it more carefully.
- Treat you. This involves killing or taking out the abnormal cells. These treatments may be uncomfortable, but they can be done during one visit to your doctor.
- Refer you to a specialist.

Does having HPV or abnormal cervical cells affect my chances of getting pregnant or having healthy babies?

Having HPV or cell changes on your cervix does not make it harder to get or stay pregnant. The type of HPV that is linked to cancer should not affect the health of your future babies. But if you need treatment for your cell changes, the treatment could, in rare cases, affect your chance of having babies. If you need treatment, ask your doctor if the treatment can affect your ability to get pregnant or have a normal delivery.

Can my male partner get tested for HPV?

Right now, there is no HPV test for men. The approved HPV tests on the market are not useful for screening for HPV-related cancers or genital warts in men.

Facilitator Notes: _____

Sources

Centers for Disease Control and Prevention. *Human Papillomavirus (HPV)* (2012). Accessed from http://www.cdc.gov/hpv/ on February 29, 2016

Centers for Disease Control and Prevention. *Prostate Cancer* (2012). Accessed from http://www.cdc.gov/cancer/prostate/index.htm on October 9, 2012

National Cancer Institute. *Breast Cancer* (2016). Accessed from http://www.cancer.gov/types/breast February 29, 2016

National Cancer Institute. *Colon and Rectal Cancer* (2012). Accessed from http://www.cancer.gov/cancertopics/types/colon-and-rectal on October 9, 2012

National Cancer Institute. *Testicular Cancer Treatment* (2012). Accessed from http://www.cancer.gov/cancertopics/pdq/treatment/testicular/Patient/page1 on May 22, 2013.

National Cancer Institute. *What You Need To Know About Cancer* (2006). Accessed from http://www.cancer.gov/cancertopics/wyntk/cancer/page5 on June 22, 2013

National Cancer Institute. *What You Need To Know About Melanoma and Other Skin Cancer*s (2011). Accessed from http://www.cancer.gov/cancertopics/wyntk/skin/page15 on June 22, 2013.

Brochures & Pamphlets

The National Cancer Institute (NCI) offers free publications. Orders may be place online through the NCI Publications Locator web site https://pubs.cancer.gov/ncipl/home.aspx?js=1. Orders may also be placed by calling the Publications Ordering Service toll-free (1-800-422-6237).

NCI's publications are free, and for orders up to 20 items are shipped at no charge. Bulk orders of greater than 20 items may incur a shipping and handling charge.

Depending on your audience, and the focus of the educational session, the following is a list of some NCI publications that may be helpful to include either at a resource table during a session, or with participant handouts/materials:

General Cancer Information

- What You Need To Know About™ Series:
    - Cancer *(available in Spanish)*
    - Breast Cancer *(available in Spanish)*
    - Cancer of the Colon and Rectum *(available in Spanish)*
    - Cervical Cancer *(available in Spanish)*
    - Lung Cancer *(available in Spanish)*
    - Prostate Cancer *(available in Spanish)*

Cancer Treatment

- Cancer Staging Fact Sheet *(available in Spanish)*
- Tumor Grade Fact Sheet *(available in Spanish)*
- Chemotherapy and You: Support for People With Cancer *(available in Spanish)*
- Chemotherapy Side Effect Fact Sheet Series *(available in Spanish)*
- Radiation Therapy and You: Support for People With Cancer *(available in Spanish)*
- Radiation Therapy Side Effect Fact Sheet Series *(available in Spanish)*
- Eating Hints: Before, During and After Cancer Treatment *(available in Spanish)*
- Thinking About Complementary and Alternative Medicine: A Guide for People With Cancer

Clinical Trials

- Taking Part in Cancer Treatment Research Studies
- If You Want To Find Ways to Prevent Cancer…Learn About Prevention Clinical Trials (*also available in Spanish)*

Coping with Cancer

- Taking Time: Support for People With Cancer
- Pain Control: Support for People With Cancer *(available in Spanish)*
- Coping with Advanced Cancer: Support for People With Cancer
- When Cancer Returns: Support for People With Cancer
- When Someone You Love Is Being Treated for Cancer: Support for Caregivers
- Caring for the Caregiver: Support for Cancer Caregivers *(available in Spanish)*
- When Someone You Love Has Advanced Cancer: Support for Caregivers

Survivorship

- Facing Forward: Life After Cancer Treatment *(available in Spanish)*
- Facing Forward: Making a Difference in Cancer
- Facing Forward: When Someone You Love Has Completed Cancer Treatment

Cancer Prevention & Early Detection

- Breast:
    - Common Breast Changes: Things to Know *(available in Spanish)*
    - Understanding Breast Changes: A Health Guide for Women

- Cervix:
    - Understanding Cervical Changes: A Health Guide for Women
    - Pap Tests: Things To Know
    - Cervical Cancer: What You Can Do To Protect Yourself *(available in Spanish)*
    - Human Papilloma Viruses and Cancer Fact Sheet (*available in Spanish)*

- Colon & Rectum:
    - Colorectal Cancer Screening Fact Sheet (*available in Spanish)*

- Prostate:
    - Understanding Prostate Changes: A Health Guide for Men
    - Prostate Specific Antigen (PSA) Test Fact Sheet (*available in Spanish)*

- Skin:
    - Anyone Can Get Skin Cancer *(available in Spanish)*

Organizational Resources

The following is list of some reliable organizations that offer cancer-related information and services to people with cancer and their families. Numerous organizations provide services to people with cancer, and this is by no means a comprehensive list. These listings are meant to provide a starting point. For a more extensive list, visit the National Cancer Institute's website at supportorgs.cancer.gov.

American Cancer Society
The American Cancer Society (ACS) is a nationwide, community-based voluntary health organization. The ACS offers a variety of services and programs for patients and their families. The ACS also supports research, provides printed materials, and conducts educational programs. Staff can accept calls and distribute publications in Spanish.
Phone: 1-800-227-2345 (Responds to calls in English and Spanish)
Website: www.cancer.org

AVONCares Program
CancerCare, in partnership with the Avon Foundation, operates the AVONCares Program for Medically Underserved Women. This program provides financial assistance to low-income, under- and uninsured, underserved women throughout the country who need supportive services (transportation, childcare, or home care) related to the treatment of breast and gynecological cancers (cervical, endometrial, ovarian, uterine, vaginal, vulvar). To apply for funds from the AVONCares Program, download an application form online or contact CancerCare to receive the application.
Phone: 1-800-813-4673 (Responds to calls in English and Spanish)
Website: www.cancercare.org

CancerCare
CancerCare provides free professional support services to anyone affected by cancer (people with cancer, caregivers, children, loved ones, and the bereaved). CancerCare programs include counseling and support groups, education, financial assistance, and practical help. Counseling is provided by oncology social workers and is available on the telephone and face-to-face (available at offices in New York City, Long Island, New Jersey, and Connecticut). Support groups are offered online, via telephone, and in face-to-face groups. Connect® Education Workshops are available via the telephone or via live streaming through the Internet. In the workshops, leading experts in oncology provide the most current information. CancerCare also provides free publications, some in Spanish. Limited grants are available to eligible families for cancer-related costs like transportation and childcare. A section of the CancerCare Web site is available in Spanish.
Phone: 1-866-843-2572 (Responds to calls in English and Spanish)
Website: www.cancerlegalresourcecenter.org

Cancer Legal Resource Center
The Cancer Legal Resource Center (CLRC) is a joint program of the Disability Rights Legal Center Loyola Law School, Los Angeles. The CLRC provides free information and resources on cancer-related legal issues to people with cancer, survivors, caregivers, employers, health care professionals, and others coping with cancer. The CLRC has a national toll-free line where callers can receive information about relevant laws and resources for their particular situation. The CLRC volunteer panel of attorneys and other professionals provides more in-depth information and counsel to CLRC callers. Extensive resources are available on a broad range of cancer-related legal issues, including health insurance, employment, government benefits, estate planning, advance health care directives, family law, and consumer assistance. CLRC provides services in Spanish and has bilingual staff who are able to assist people on the toll-free line. Some publications are also available in Spanish.
Phone: 1-866-843-2572 (Responds to calls in English and Spanish)
Website: www.cancerlegalresourcecenter.org

Leukemia and Lymphoma Society
The Leukemia and Lymphoma Society (LLS) is dedicated to funding blood cancer research, public and professional education, advocacy and community services. Services include family support groups led by health care professionals and First Connection (Peer-to-Peer) Program that links patients and their families with a trained volunteer who has experienced a similar situation. Numerous other resources are available for patients and caregivers and include education programs, online support programs, and information about home-care services. The LLS provides a limited amount of financial assistance ($150) to help patients offset expenses. To apply, a patient must be a U.S. resident and be in active treatment or ongoing medical follow-up for leukemia, lymphoma, myeloma, myelodysplastic syndromes or another blood cancer. LLS's headquarters is located in New York and chapter offices are located across the United States.
Phone: 1-800-955-4572 (Responds to calls in English and Spanish)
Website: www.leukemia-lymphoma.org

National Cancer Institute's Cancer Information Service
The National Cancer Institute's (NCI's) Cancer Information Service (CIS) is a federally funded program that was established in 1975 as an essential part of NCI's cancer education and information efforts. NCI's CIS provides free scientifically based, unbiased information to patients, their families and friends, physicians and other health professionals, and the general public about all aspects of cancer. Information Specialists are trained to answer questions by telephone, instant messaging, and email.
Phone: 1-800-422-6273 (Responds to calls in English and Spanish)
Website: www.cancer.gov

National Coalition for Cancer Survivorship
The National Coalition for Cancer Survivorship (NCCS) is a survivor-led cancer advocacy organization. NCCS's primary goal is to advocate for quality cancer care for all Americans and to empower cancer survivors. Resources provided include the Cancer Survival Toolbox® (free, self-learning audio program), NCCS publications, Surviving with Confidence program (dispels misconceptions about chemotherapy), Cancer Care Planning, and Journey Forward (promote clear steps for care and monitoring after active cancer treatment). NCCS also provides a Resource Guide, a database of organizations that can be searched based on cancer type, cancer-related information (e.g., long-term survival clinics), treatment issues and side effects.
Phone: 1-888-650-9127 (Responds to calls in English only)
Website: www.canceradvocacy.org

National Patient Travel Center
The National Patient Travel Center (NPTC) provides the National Patient Travel Helpline, a telephone service that facilitates patient access to charitable medical air transportation resources in the United States. The Helpline conducts an initial screening of patient need to determine the most suitable means of travel, and then refers callers to the most appropriate charitable medical air transportation program.
Phone: 1-800-296-1217 (Responds to calls in English only)
Website: www.patienttravel.org

Patient Advocate Foundation
The Patient Advocate Foundation (PAF) provides professional case management services to Americans with chronic, life-threatening, and debilitating illnesses. PAF case managers (assisted by doctors and health care attorneys) serve as liaisons between the patient and their insurer, employer, and/or creditors to resolve insurance, job retention, and/or debt crisis matters as they relate to the patient's diagnosis. The PAF seeks to safeguard patients through effective mediation to ensure access to care, maintenance of employment, and preservation of financial stability. PAF publications on health-related topics are available online and in hard copy. PAF has a Scholarship for Survivors program and awards scholarships to individuals under the age of 25 that are or have been diagnosed with cancer or a critical or life-threatening disease.
Phone: 1-800-532-5274 (Responds to calls in English only)
Website: www.patientadvocate.org

Step by Step Guide to *Cancer Clear & Simple*

The Step by Step Guide to *Cancer Clear & Simple* curriculum includes:

- **Lesson Plans –** Each lesson plan provides an outline that facilitators can use to organize each educational session. The lesson plan highlights core activities, supplies needed and learning objectives. The lesson plan also provides an in-depth outline of session content, including any relevant evaluation tools.
- **PowerPoint Presentations** - PowerPoint Presentations offer information in a concise slideshow format. The PowerPoint slides can also be printed out, inserted into the flip chart binder and used as a facilitation tool.
- **Recommended Interactive Activities** - Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.
- **Optional Interactive Activities** – Facilitators can add these activities (as time allows) to better meet participants' needs.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Facilitating *Cancer Clear & Simple* Educational Sessions

As a facilitator, your goal is to facilitate the learning process for participants. This section will help you structure the educational session to ensure effective facilitation of that learning process throughout an entire *Cancer Clear & Simple* educational session.

Session Outline

- Introduction
    - Welcome
    - Ground Rules
    - "Parking Lot"
- Conduct the Session
- Closing

Introduction

Welcome

- Greet each participant warmly as they arrive.
- Ask each participant to print his or her name on the sign-in sheet.
- Give each participant a name tag to fill out.
- Introduce participants to one another.
- Welcome the group to the session.
- Begin by introducing yourself and saying something about who you are.

Ground Rules

Setting Ground Rules for the educational session will help participants have a clear understanding of expected and acceptable behavior. Working within Ground Rules is very important to help participants and facilitators feel supported within their learning environment. Before the session starts, facilitators need to establish these foundational Ground Rules. Feel free to make this list your own and use adaptations for future sessions.

Here are a few Ground Rules that each participant in the educational session can follow to promote learning:

1. Listen to different ideas without put-downs.
2. No interruptions while someone is talking.
3. Everyone has the right to speak.
4. What other people say is confidential.
5. Always support each other.
6. Respect other's beliefs and values.
7. Everyone has the right not to offer an opinion.
8. Discuss ideas, not people.

Post Ground Rules in large font where everyone can see them. After presenting the session Ground Rules, ask participants if anyone has any other Ground Rules they would like to add. Also, ask if participants agree or disagree with any of these Ground Rules.

Parking Lot

During an educational session, inevitably, questions are raised which will be answered in later sessions, or issues crop up which are outside the scope of the course. While sometimes these matters can be dealt with on the spot, at other times doing so would be very disruptive and in this

case it makes more sense to postpone the discussion until a later time. In order to ensure that issues are not forgotten, it is useful to establish a "Parking Lot"– somewhere a question can be "parked" until later.

Facilitators can do this by either pinning up a piece of flip chart and writing notes on it, by pinning cards on a board, or using a chalkboard or whiteboard if available. It is important to ensure that all items on the "Parking Lot" are addressed by the end of the session.

Conduct the Session
Facilitators are encouraged to use the Lesson Plan, found under each session, to help them effectively conduct *CC&S* sessions.

Closing
Facilitators can end each day with a reflection. The facilitator can lead the reflection session by asking the group or each participant to complete at least one of the following sentences.

- Today I learned that...
- Today I realized that...
- During the session today, I liked that…
- During the session today, I disliked that…

Also, don't forget to remind participants about the next session and thank them for participating.

Facilitator Notes: _____

---This page is intentionally left blank---

CC&S Session #1: Lesson Plan

Core Activities:

- Check Your Understanding: Pretest
- Explain and use parking lot to address questions/topics
- Complete Activity: Abnormal Cell Growth Demonstration
- Complete Activity: Risk Factors Chart
- Complete Activity: What if Cancer Spreads?

Supplies Needed:

- Session 1 handouts
- Flip Chart
- Markers
- Nametags
- Session 1 PowerPoint
- 1 set laminated lung and liver
- 12 paper or plastic cups
- Green and red chenille stems (formerly known as pipe cleaners)

Additional Activities:

- Colon Cancer Diagnosis Testimonial Activity

Knowledge Objective:

- What cancer is
- What the causes of cancer are
- What cancer risk factors are

Behavioral Objectives:

Participant will be able to:

- Understand what cancer is
- Identify cancer risk factors
- Understand the importance of cancer stage

Participant Handouts:

- Participant Consent Form
- Session 1 “Understanding Cancer Basics” handout
- Blank “National Cancer Risk Factors” handout

Advance Preparation:

- Make handouts for registered participants
- Set up computer with PowerPoint
- Set up ‘Abnormal Cell Growth’ and ‘How Cancer Spreads’ activity
- Set up ‘Parking Lot’
- Prepare Sign-in sheet.

Doing the Lesson

Learner Objective	Materials	Recommended Activity
Understand class format and program background	Facilitator Guide Participant Consent Form Ground Rules Parking Lot	• Sign-in participants using Sign-in sheet. • Introduce yourself • Give program overview (basics, prevention, early detection and screening) and partnership between UW Carbone Cancer Center and UW-Extension. • Handout and collect signed consent forms
	CC&S Understanding Cancer Basics Activity: 'Check Your Understanding' pre-test	Begin lesson using PPT slides. • Describe importance of pre-test and post-test to *CC&S* program in measuring a change in knowledge and understanding. • Administer 'Check Your Understanding' pre-test • Share 'Class ground rules' and 'parking lot' explanation
Identify the goals and objectives of the *CC&S* Understanding Cancer Basics session.	• *CC&S* Understanding Cancer Basics handout • Power Point • CC&S Objectives	Give "Understanding Cancer Basics" handout. • Share details of handout format including key points in left column. • Read objectives. Remind participants that you are not a medical expert and information is meant to provide basic information.
Describe what cancer is	*CC&S* Understanding Cancer Basics: "What is Cancer?"	Show PPT Slide: What is Cancer? • Cancer is over 200 diseases • Cancer is an abnormal growth of cells • Every cell has DNA, the instructions for the cells • A damage in the DNA is a mutation • Uncontrolled cell growth of the damaged cells creates the cancer
What cancer cell growth looks like; cancer cells can be benign or malignant	*CC&S* Understanding Cancer Basics "An easier way to think about cell growth"	
What normal cell growth looks like	*CC&S* Understanding Cancer Basics: Normal Cell Growth	Show PPT Slide: Normal Cell Growth • Normally our body stays on cruise control for cell growth including the cell's birth, growth, and death • Cell growth maintains a steady, orderly speed and stays in its own lane
What abnormal cell growth looks like	*CC&S* Understanding Cancer Basics: Uncontrolled Cell Growth	Show PPT Slide: Uncontrolled Cell Growth • If the cell is damaged, as the cruise control of the cell gets stuck like the acceleration pedal gets stuck, the cell will reproduce at a much

		faster rate than the normal healthy cell.
Describe what Abnormal Cell Growth is	*CC&S* Understanding Cancer Basics: Abnormal Cell Growth	Show PPT Slide: Abnormal Cell Growth • Read Abnormal Cell Growth demonstration activity (cups take a hit) to participants, per instructions
Know the difference between a benign and malignant tumor	*CC&S* Understanding Cancer Basics: Tumors can be benign or malignant	Show PPT Slide: Tumors can be benign or malignant • Benign tumors are not cancerous and usual are not life threatening. They don't spread to other parts of the body. • Malignant tumors are cancer cells that reproduce without control or order. They spread to other parts of the body.
What causes cancer	*CC&S* Understanding Cancer Basics: "What causes cancer?"	Show PPT Slide: What causes cancer? • Over time a cell takes many 'hits' • Hits are caused by what you're exposed to(environmental, occupation, radiation, viruses) and how you live (tobacco use, physical activity, and diet)
Learn what my cancer risk factors are	*CC&S* Understanding Cancer Basics: What are my cancer risk factors?	Show PPT Slide: What are my cancer risk factors? • Read Slide
What cancer risk factors are	*CC&S* Understanding Cancer Basics: Activity: National Cancer Risk Factor Chart (blank)	Show PPT Slide: Activity: National Cancer Risk Factor Chart • Review blank pie graph. Have participants match what they think is the percentage and the matching risk factor.
Learn what the percentages of cancer risk factors include	*CC&S* Understanding Cancer Basics: Activity: National Cancer Risk Factors	Show PPT Slide: National Cancer Risk Factors Chart • Review the completed chart • Ask participants if there are any surprises to them • Emphasize that the majority of cancer risk factors can be controlled through a healthy diet, exercise, and avoiding tobacco
Identify Individual Cancer Risk Factors	*CC&S* Understanding Cancer Basics: Individual Cancer Risk Factors	Show PPT Slide: Individual Cancer Risk Factors • Family history, gender or age can influence a person's risk for developing cancer
Describe how a cancer diagnosis is made	*CC&S* Understanding Cancer Basics: "How is a cancer diagnosis made?"	PPT Slide: How is a cancer diagnosis made • A cancer diagnosis can only be made by looking at cells from a biopsy under a microscope
What is a Primary Cancer Site	*CC&S* Understanding Cancer Basics: "Primary Cancer Site"	PPT Slide: Primary Cancer Site • Most cancers are identified by the organ in which they originated.
Learn how cancer spreads	*CC&S* Understanding Cancer Basics: "What if cancer	Show PPT Slide and Activity: Study and practice "How Cancer Spreads" Demonstration with cups and chenille stems (formerly known as pipe cleaners)

	spreads?"	
What are stages of cancer	*CC&S* Understanding Cancer Basics: "Stage of Cancer"	Show PPT Slide: Stage of Cancer • Describe the four common stages of cancer
Understand the stages of cancer	*CC&S* Understanding Cancer Basics: Example: the stages of colorectal cancer	Show PPT Slide: Example: the stages of colorectal cancer • Use the facilitator's notes • Describe visual of colorectal cancer and the stages illustrated
Identify unanswered questions	*CC&S* Understanding Cancer Basics: Questions	Show PPT Slide: Questions • Ask participants to share any questions they may have • If you are unable to answer the question, encourage participants to refer the question to their health care provider • Refer to resources for possible answers
Appreciate participation	*CC&S* Understanding Cancer Basics: Thank you!	Show PPT Slide: Thank you • Remind participants of next session • Thank participants for attending and participating

✓ Comprehension Check

1. Ask a question that will review the lesson. (i.e. What risk factors may cause cancer?)
2. Review parking lot.

Additional facts related to the lesson

- See "Additional Information" in the Understanding Cancer Basics section of the Facilitator Guide

Additional information to tell participants

- Remind participants that you are not a medical expert and information is meant to provide basic information about cancer.

Cancer Clear & Simple Check your Understanding Pretest

Have session participants fill out **BEFORE** the start of the educational series

Date: _____ **Location**: _____

Read each statement below carefully. Put a check mark in the TRUE box if you think a statement is true. Put a check mark in the FALSE box if you think the statement is false. Put a check mark in the NOT SURE box if you are not sure.

	TRUE	FALSE	NOT SURE
Cancer cells grow without control or order.			
If someone has breast cancer and it spreads to the liver, the person then has breast cancer and liver cancer.			
A person has very little control over their risk of developing cancer.			
Tobacco use and a poor diet are the leading risk factors for cancer.			
Physical activity decreases the risk of developing cancer.			
People with cancer in its early stages always experience signs or symptoms of the disease.			
There are screening and early detection tests available for all types of cancer.			
Recommendations for cancer screening exams are based upon a person's age, risk factors and family history.			

To what extent do you agree or disagree with the following statements?

1. I am confident I can talk to my doctor about cancer screenings. (Circle one)

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

2. I am confident I can take steps to help reduce my risk of getting cancer. (Circle one)

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

Before today, have you ever attended a UW-Extension class or program? (Circle one)

YES NO NOT SURE

PowerPoint Presentation

PowerPoint slides are recommended for use by facilitators. The Session 1 PowerPoint Presentation can be found at: https://cancerclearandsimple.org/session-1-materials-and-handouts/. Facilitators can also print off slides to use as an educational tool.

Recommended Interactive Activities

Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.

Recommended interactive activities for Session 1 include:

- Abnormal Cell Growth Activity
- Cancer Risk Factors Chart Activity
- How Cancer Spreads Activity

Activity instructions and related handouts can be found in this Guide or at:
https://cancerclearandsimple.org/session-1-activities/

Additional Activities

Additional activities are also available for use by facilitators. These activities are available to help facilitate the learning process. Facilitators should choose activities that best meet participants' needs.

Additional activities for Session 1 include:

- Colon Cancer Diagnosis Testimonial Activity

Activity instructions can be found at: https://cancerclearandsimple.org/session-1-activities/

Abnormal Cell Growth Activity

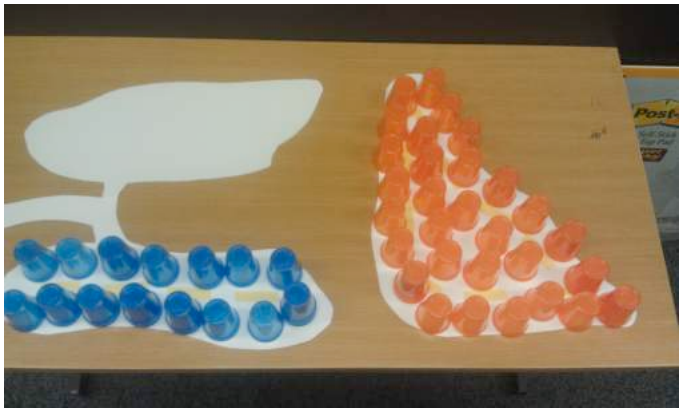
Objective: To demonstrate abnormal cell growth.

Helpful Materials*: Large paper cutout of a lung and liver with yellow-dashed lines (to represent road lines), two packets of Solo cups in two different colors, a few solo cups from both colors should be marked with a red "X."
*NOTE: This activity can also be done at an individual level with the smaller liver and lung cutouts and ketchup cups.

Directions: Have participants sit in a circle surrounding the two organs: lungs and liver. If there are more than 10 participants, separate them into groups. Give each group (or two different participants) a different color of Solo cups. The Solo cups represent cells.

Say: The Solo cups represent the cells of our organs. Our cells are arranged in an orderly fashion, much like our highway systems.

Have the participants put the cells in small stacks on the "highway" in an orderly fashion.



Say: Cells are constantly copying themselves to replace old, damaged cells. Normally cells grow, copy and die in an orderly fashion, much like cruise control. Each stack of cups represents the infinite number of times that a cell can copy.

Have the participants take a cell off the top of the stack to demonstrate that cells usually copy in an orderly fashion.

Say: Sometimes the cell's copying instructions (DNA) can be damaged by a "hit". This can result in a mutation, or a change in the cell structure. A hit can come from what we are exposed to (environmental, viruses, etc), or how we live (diet, tobacco, alcohol, etc).

Have participants simulate a hit, like smoking, to one cell by crushing the cup.

Say: Generally our body responds by either the cell self-destructing, or the immune system destroying the mutated cell. In some cases, the mutated cell doesn't die but begins to reproduce (copy) at a faster rate. The mutated cell produces more mutated copies of itself. Think of it like a Xerox machine: if you make a copy with a smudge on it, all the future copies will have that same smudge.

Have participants simulate mutated (crushed) cups copying at a fast, uncontrolled rate.

Say: The risk of those mutated cells developing into cancer depends on the number of hits, their frequency and their intensity. So if you smoke a lot and do it often, your risk of a cancerous cell mutation may be higher.

The facilitator can add cups with the red “X” to denote a cancerous mutation to one of the cell masses.

Say: Uncontrolled cell growth is like an accelerating car. The gas pedal is stuck in acceleration mode. Cells are reproducing at a faster rate than needed. If there are too many cells on the “road,” a pile up happens. This pile up is called a tumor. Tumors can be benign or malignant, which means non-cancerous or cancerous. As you can see here, one of the pile ups has cancer cells and the other doesn’t. The one that doesn’t is benign. The one that does is malignant.

Have each group (or each participant) deconstruct the abnormal cell growth demonstration and re-teach it back to others.

Facilitator Notes: _____

_____

_____

_____

Cancer Risk Factors Chart Activity

Objective: To increase awareness about cancer risk factors.

Helpful Materials: One copy of the worksheet for each participant, pens/pencils.

Directions: Ask participants to match the cancer risk factors with its corresponding percentage in the graph. Facilitators can ask the entire group which risk factors they assigned to each percentage. Conclude this activity by discussing what they learned about cancer risk factors.

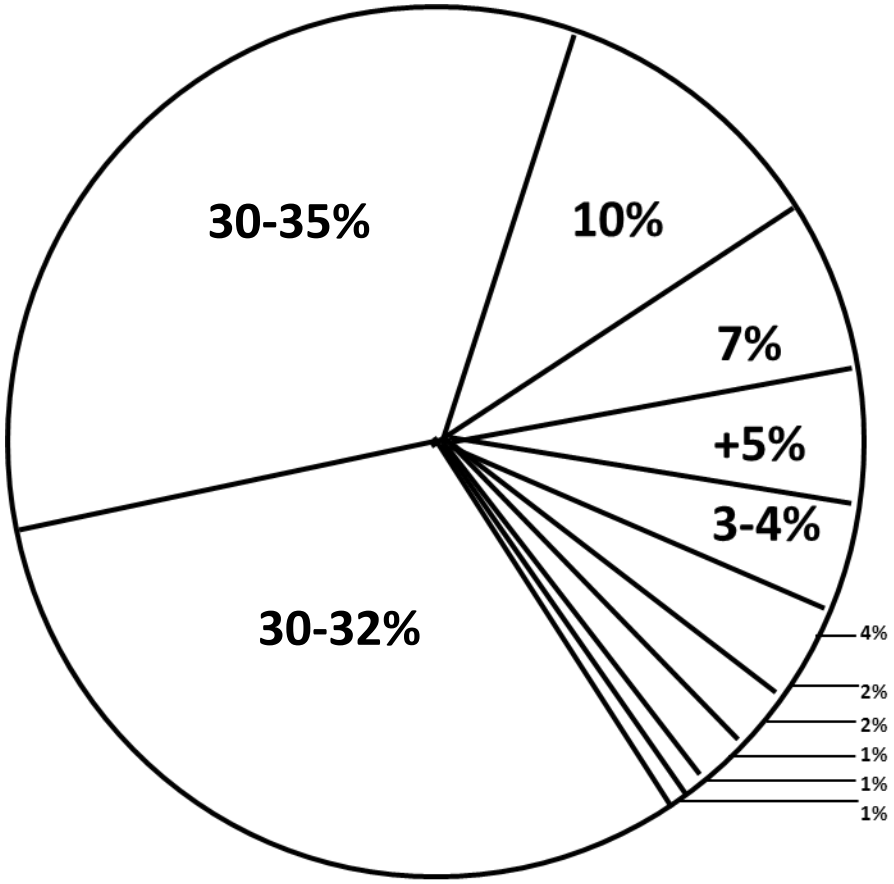
Facilitator Notes: _____

Cancer Risk Factors

Fill in the pie chart using the cancer risk factors below. Place the risk factor next to the percentage that you believe make up the average risk per person. Use the following risk factors:

<u>Cancer Risk Factors</u>

- Alcohol
- Diet
- Environmental Pollution
- Family History
- Food Additives
- Industrial Occupations
- Radiation (environmental & medical)
- Sexual Practices
- Sunlight (ultraviolet)
- Tobacco
- Unknown
- Viruses & Infection



How Cancer Spreads Activity

Objective: To demonstrate how cancer spreads.

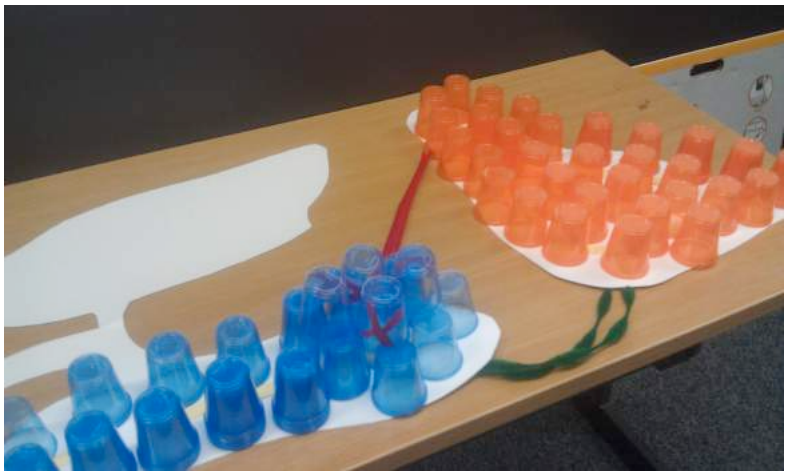
Helpful Materials: A large lung and a liver with yellow-dashed lines (represent road lines), two packets of Solo cups in two different colors, a few solo cups both colors marked with a red "X", two green pipe cleaners, two red pipe cleaners.
*NOTE: This activity can also be done at an individual level with the smaller liver and lung cutouts and ketchup cups.

Directions: The activity is best done after completing the "Abnormal Cell Growth Demonstration" activity. Have the entire group of participants surround the large cut out organs from the "Abnormal Cell Growth Demonstration."

Have participants demonstrate a cancerous abnormal cell growth in the lungs. Make sure the participants use the Solo cups with the red "X" to denote cancer.

Say: The green pipe cleaners represent our body's lymph nodes. Lymph nodes are small, oval-shaped organs of the immune system. Lymph is the fluid that circulates throughout our body. The red pipe cleaners represent our bloodstream. The bloodstream and the lymph nodes are the highways that interconnect the different parts of our body.

Have participants connect the organs with the pipe cleaners.



Say: When a cancerous pile-up happens in the lungs, the new cancer cells might not have any place to go. If the pile-up is too large, the cancerous cells move through the lymph nodes and bloodstream to other organs, like the liver.

Have participants move the cancerous cells through the lymph nodes and bloodstream to the liver.

Say: As you can see by the color of the cups, the cancerous lung cells have spread to the liver. Just because the cancerous cell moved from one organ to the other doesn't mean that it changes what type of cancer it is. That is why when lung cancer cells spread to the liver, it doesn't mean that it is no longer lung cancer. This person's diagnosis would be lung cancer which spread or metastasized to the liver (not lung and liver cancer).

Have each group deconstruct the abnormal cell growth demonstration and re-teach it back to other participants.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CC&S Session #2: Lesson Plan

Core Activities:
- Use parking lot to address questions/topics
- Complete Activity: Risk Factors Chart
- Complete Activity: MyPlate

Supplies Needed:
- Session 2 handouts
- Flip Chart
- Markers
- Nametags
- Session 2 PowerPoint
- Cancer Risk Factor Checklist Activity Instructions
- Cancer Risk Factor Checklist Handout
- MyPlate Activity Instructions
- MyPlate Activity Handout

Additional Activities:
- Self-Care Walking Activity
- Catch Wellness Activity

Knowledge Objective:
- What are healthy choices
- How often to exercise
- What food choices help prevent cancer

Behavioral Objectives:
Participant will be able to:
- Understand the importance of self-care and healthy choices
- Discuss healthy choices that decrease cancer risk
- Identify ways to prevent specific cancers

Participant Handouts:
- Participant Consent Form
- Session 2 “Cancer Prevention & Self-Care” ” handout
- Blank “Cancer Risk Factor Checklist” handout
- Blank “MyPlate Activity” handout

Advance Preparation:
- Make handouts for registered participants
- Set up computer with PowerPoint
- Make copies of “Cancer Risk Factor Checklist” and “MyPlate Activity” handouts
- Set up ‘Parking Lot’
- Sign-in sheet. To track attendance across *CC&S* sessions, please use the same Sign-In Sheet from Session 1

Doing the Lesson

Learner Objective	Materials	Recommended Activity
Understand class format and program background	Facilitator Guide Ground Rules Parking Lot	• Sign-in participants • Introduce yourself • Handout and collect signed consent forms to anyone new joining the class • Review 'Class ground rules' and 'parking lot' from Session 1
Identify the goals and objectives of the *CC&S* Cancer Prevention and Self-Care session.	• *CC&S* "Cancer Prevention & Self-Care" handout • Power Point • *CC&S* Objectives	• Share details of handout including key points in left column. • Begin lesson using PPT slides. • Read objectives. Remind participants that you are not a medical expert and information is meant to provide basic information. • Give "Cancer Prevention & Self-Care" handout.
Make plans for small healthy changes throughout lesson.	*CC&S* "Cancer Prevention & Self-Care": Talk with family and friends.	Show PPT Slide: Talk with Family and friends and read note: make plans for small healthy changes throughout lesson
Identify what healthy choices participant can add, what better choices can be made, and changes to be healthier	*CC&S* "Cancer Prevention & Self-Care": The ABCs of Healthy Choices	Show PPT Slide: The ABC's of Healthy Choices • A=What can be added today to improve personal health? • B=What better choices could be made? • C=What change can be acted on to be healthier?
Learn Eight Healthy Choices	*CC&S* "Cancer Prevention & Self-Care": Eight Healthy Choices	Show PPT Slide: Eight Healthy Choices • Review eight healthy choices that may prevent 2 out of 3 cancers.
Review National Cancer Risk Factors pie chart	*CC&S* "Cancer Prevention & Self-Care": National Cancer Risk Factors	Show PPT Slide with completed National Cancer Risk Factors pie chart. • "This pie chart shows what the risk factors are based on nationwide statistics. A risk factor is something that we do or happens to us that contribute to an increased risk of disease. • Over 60% of cancers are caused by unhealthy diet (includes low physical activity) and tobacco use. • The choices that we make around our health can have an impact on our risk of cancer • Ask participants, "What surprises you about the risk factor percentages? • Teach: "What are my cancer risk factors?"

Identify personal Risk Factors through Activity	*CC&S* "Cancer Prevention & Self-Care": Cancer Risk Factor Checklist Activity	• Ask, "What are your personal cancer risk factors?" • Complete this checklist to identify your cancer risk factors and family history. This checklist can be shared with your healthcare provider.
Learn what self-care means and the advantage of self-care	*CC&S* "Cancer Prevention & Self-Care": Self-Care	Show PPT Slide: Self-Care • "Self-care means looking after yourself in a healthy way." • "When we take better care of ourselves, it makes it easier for us to take better care of other people."
Identify healthy activities that participants enjoy	*CC&S* "Cancer Prevention & Self-Care": What healthy activities do I enjoy?	Show PPT Slide: What healthy activities do I enjoy? • Have participants identify and share healthy activities that they enjoy.
Learn healthy activities with acronym: S.W.E.E.T. Dreams	*CC&S* "Cancer Prevention & Self-Care": S.W.E.E.T. Dreams	Show PPT Slide: S.W.E.E.T Dreams • Read what the acronym means • Have participants identify what S.W.E.E.T Dreams activities they can add in or change to be healthier
Identify the connection between good nutrition and good health	*CC&S* "Cancer Prevention & Self-Care": Nutrition	Show PPT Slide: Nutrition • Read PPT slide that emphasizes the relationship of nutrition and a healthy diet to cancer and its role in prevention
Learn MyPlate and food groups	*CC&S* "Cancer Prevention & Self-Care": Activity: MyPlate	Show PPT Slide: Activity: MyPlate • Using the MyPlate Activity handout, instruct participants to connect the food groups listed on the left to the sections of the plate on the right.
Learn MyPlate and food groups	*CC&S* "Cancer Prevention & Self-Care": Choose MyPlate.gov	Show PPT Slide: MyPlate • This is the MyPlate with the food groups. • Notice that half of your plate should be filled with fruits and vegetables. • You can learn about this at Choose MyPlate.gov
Identify ways to eat healthier	*CC&S* "Cancer Prevention & Self-Care": Eating healthier and challenges to eating better	Show PPT slide: Eating healthier and challenges faced to eating better • Ask participants to answer the question, "What can I do to eat healthier?" • Ask participants to share their answer the question, "What are some of the challenges that I have faced while trying to eat healthier?"
Learn importance of physical activity	*CC&S* "Cancer Prevention & Self-Care": Physical Activity	Show PPT Slide: Physical Activity • Read PPT slide encouraging participants to be active 30 or more minutes daily
Learn importance of physical activity	*CC&S* "Cancer Prevention & Self-	Show PPT Slide: Physical activity is associated with- • Read reduction of risk factor % for cancers

Learn importance of physical activity as related to cancer risk factor reduction	*CC&S* "Cancer Prevention & Self-Care": Physical Activity and Cancer	Show PPT Slide: Physical activity is associated with- • Read reduction of risk factor % for cancers
Identify how to get physical activity and challenges	*CC&S* "Cancer Prevention & Self-Care": Physical Activity	Show PPT Slide: How can I get physical activity? • Have participants answer the question, "How can I get physical activity?" • Have participants share their answers to, "What are some of the challenges that I faced when trying to integrate physical activity into my life?"
Identify relationship between healthy weight and cancer risk reduction	*CC&S* "Cancer Prevention & Self-Care": Maintaining a Healthy Weight	Show PPT Slide: Maintaining a Healthy Weight • Read the slide that associates the amount of food we eat with daily exercise will help us maintain a healthy weight and reduce our risk of cancer.
Clarify remaining questions	*CC&S* "Cancer Prevention & Self-Care": Questions	Show PPT Slide: Questions • Ask participants if they have any questions • Answer questions and encourage participants to use resources at the end of handout to find answers to questions.
Appreciate class participation	*CC&S* "Cancer Prevention & Self-Care": Thank you	Show PPT Slide: Thank you!! • Thank participants for their participation in the class.

✓ Comprehension Check

1. Ask a question that will review the lesson. (i.e. What can you do to reduce cancer risk factors?)
2. Review parking lot.

Additional facts related to the lesson

- See "Additional Information" in the Cancer Prevention & Self-Care section of the Facilitator Guide

Additional information to tell participants

- Remind participants that you are not a medical expert and information is meant to provide basic information about cancer.
- Encourage participants to implement eight healthy choices to reduce their risk factors associated with cancer and other chronic diseases.

PowerPoint Presentation

PowerPoint slides are recommended for use by facilitators. The Session 2 PowerPoint Presentation can be found at: https://cancerclearandsimple.org/session-2-materials-and-handouts/. Facilitators can also print off slides to use as an educational tool.

Recommended Interactive Activities

Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.

Recommended interactive activities for Session 2 include:

- Cancer Risk Factor Checklist Activity
- MyPlate Activity

Activity instructions and related handouts can be found in this Guide or at:
https://cancerclearandsimple.org/session-2-materials-and-handouts/

Additional Activities

Additional activities are also available for use by facilitators. These activities are available to help facilitate the learning process. Facilitators should choose activities that best meet participants' needs.

Additional activities for Session 2 include:

- Self-Care Walking Activity
- Catch Wellness Activity

Activity instructions can be found at: https://cancerclearandsimple.org/session-2-activities/

Cancer Risk Factor Checklist Activity

Objective: To have participants identify their own cancer risk factors.

Helpful Materials: One copy of the Cancer Risk Factor Checklist for each participant.

Directions: Facilitators should hand out the Cancer Risk Factor Checklist to all participants. The Cancer Risk Factor Checklist can also be found at the end of the *Cancer Prevention & Self-Care* module. The handout will not be collected but rather will serve as a tool to help participants identify their own cancer risks factors.

Facilitator Notes: _____

Cancer Risk Factor Checklist

Directions: The following statements relate to factors that can put you at an increased risk for cancer. To identify your risk factors, check any statements that are true for you.

___ I consume fewer than 2 to 2 1/2 cups of fruits and vegetables every day.

___ I eat a diet that is rich in red meat and high in fat overall.

___ I eat a diet that is low in fiber overall.

___ I am overweight or obese.

___ I am physically active for less than 30 minutes every day.

___ I use tobacco (any form).

___ I am exposed to tobacco smoke at work or at home.

___ I drink more than one (women) or two (men) alcoholic beverages per day.

___ I rarely use sunscreen.

___ I am frequently exposed to sunlight and get tan whenever possible.

___ I go to tanning salons or use a tanning lamp.

___ I have been exposed to the Human papillomavirus (HPV).

___ I have a family history of cancer.

If you have a family history of cancer, check any of the following family members who have had cancer. List the cancer type(s), and the age of the individual at diagnosis.

___Mother _____

___ Father _____

___ Sister _____

___ Brother _____

___ Paternal grandfather _____

___ Paternal grandmother _____

___ Maternal grandfather _____

___ Maternal grandmother _____

A risk factor is anything that increases a person's chance of developing a disease.

A health care provider can recommend the best screening plan for you based on current screening guidelines, your age, family history and personal history of cancer.

Fill-In MyPlate

Objective: Participants will be able to visually see what foods and how much to eat at each meal.

Helpful Materials: One MyPlate handout for each participant, pens/pencils.

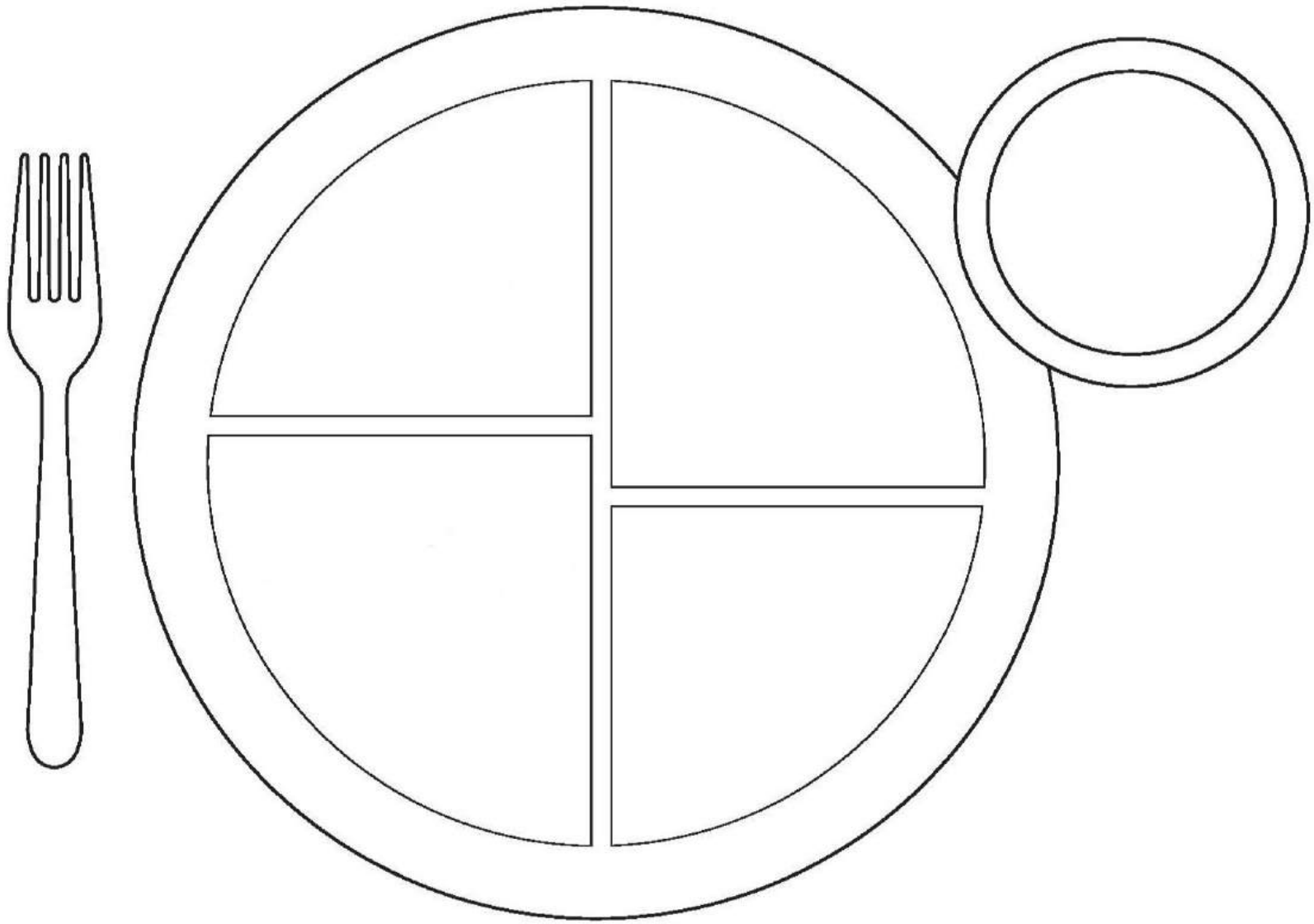
Directions: Give each participant a copy of the MyPlate handout. Have each participant write the food group in the corresponding section of the MyPlate graphic.

Facilitators can ask the large group which foods they put in each section of the graphic. Conclude this activity by discussing what they learned about healthy meal choices.

Facilitator Notes: _____

Instructions: Fill in the plate using the food groups below. Place the food group next to portion of the plate that you believe makes a healthy meal.

Food Groups
Dairy
Fruits
Grains
Protein
Vegetable



---This page is intentionally left blank---

CC&S Session #3: Lesson Plan

Core Activities:

- Use parking lot to address questions/topics
- Complete Activity: Quitting Tobacco Brainstorm
- Complete Activity: Reflection

Supplies Needed:

- Session 3 handouts
- Flip Chart
- Markers
- Nametags
- Session 3 PowerPoint
- Quitting Tobacco Brainstorm Activity Instructions
- Cancer Risk Factor Checklist Handout
- MyPlate Activity Instructions
- MyPlate Activity Handout
- Reflection Activity Instructions

Additional Activities:

- Secondhand Smoke Role Play Activity

Knowledge Objective:

- What are healthy choices
- How to help someone to quit tobacco use
- How to protect myself from the sun
- What is Human Papilloma Virus (HPV)

Behavioral Objectives:

Participant will be able to:

- Understand the importance of self-care and healthy choices
- Discuss healthy choices that decrease cancer risk
- Identify ways to prevent specific cancers

Participant Handouts:

- Participant Consent Form
- Session 2 “Cancer Prevention and Self-Care” handout
- Blank “Cancer Risk Factor Checklist” handout
- Blank “MyPlate Activity” handout

Advance Preparation:

- Make handouts for registered participants
- Set up computer with PowerPoint
- Set up ‘Parking Lot’
- Sign-in sheet. To track attendance across *CC&S* sessions, please use the same Sign-In Sheet from Session 1.

Doing the Lesson

Learner Objective	Materials	Recommended Activity
Understand class format and program background	Facilitator Guide Ground Rules Parking Lot	• Sign-in participants • Introduce yourself • Handout and collect signed consent forms to anyone new joining the class • Review 'Class ground rules' and 'parking lot' from Session 1
Identify the goals and objectives of the *CC&S* Cancer Prevention & Self-Care session.	• *CC&S* "Cancer Prevention and Self-Care" handout • Power Point • CC&S Objectives	• Share details of handout including key points in left column. • Begin lesson using PPT slides. • Read objectives. Remind participants that you are not a medical expert and information is meant to provide basic information. • Give "Cancer Prevention and Self-Care" handout to anyone new joining the class
Identify what healthy choices participant can add, what better choices can be made, and changes to be healthier	*CC&S* "Cancer Prevention & Self-Care": The ABCs of Healthy Choices	Show PPT Slide: Review "The ABC's of Healthy Choices" as introduced in Session 2 • A=What can be added today to improve personal health? • B=What better choices could be made? • C=What change can be acted on to be healthier?
Learn Eight Healthy Choices	*CC&S* "Cancer Prevention & Self-Care": Eight Healthy Choices	Show PPT Slide: Eight Healthy Choices • Review from Session 2 the eight healthy choices that may prevent 2 out of 3 cancers.
Review National Cancer Risk Factors pie chart	*CC&S* "Cancer Prevention & Self-Care": National Cancer Risk Factors	Show PPT Slide with completed National Cancer Risk Factors pie chart. • "This pie chart shows what the risk factors are based on nationwide statistics. A risk factor is something that we do or happens to us that contribute to an increased risk of disease. • Over 60% of cancers are caused by unhealthy diet (includes low physical activity) and tobacco use. • The choices that we make around our health can have an impact on our risk of cancer
Learn that tobacco use is one of the leading causes of cancer	*CC&S* "Cancer Prevention & Self-Care": Tobacco	Show PPT Slide: Tobacco • Tobacco use is one of the leading causes of cancer • Tobacco use causes 90% of lung cancers • Tobacco use increases risk of multiple cancers (read list) • The effects of tobacco use are increased by

Learn that tobacco use is one of the leading causes of cancer	*CC&S* "Cancer Prevention & Self-Care": Tobacco	Show PPT Slide: Tobacco • Tobacco use is one of the leading causes of cancer • Tobacco use causes 90% of lung cancers • Tobacco use increases risk of multiple cancers (read list) • The effects of tobacco use are increased by drinking alcohol
Learn that tobacco is addictive and what it takes for a tobacco user to be tobacco free	*CC&S* "Cancer Prevention & Self-Care": Choosing Tobacco-Free	Show PPT Slide: Choosing Tobacco-Free • Tobacco is a very addictive substance • Some people can go 'cold turkey' to quit smoking but most people need support, encouragement, careful planning and several tries to quit
Identify ways to quit tobacco use and challenges faced in tobacco use	*CC&S* "Cancer Prevention & Self-Care": Activity: Quitting Tobacco Brainstorm	Show PPT Slide: Activity: Quitting Tobacco Brainstorm • Using Quitting Tobacco Brainstorm Activity facilitate a discussion about quitting tobacco and supporting people to become tobacco-free
Learn the cancer risks associated with drinking alcohol	*CC&S* "Cancer Prevention & Self-Care": Alcohol	Show PPT Slide: Alcohol • Read the cancer risks associated with alcohol intake • Read about the effects of alcohol as a depressant
Learn the effects of the sun and ultraviolet damage	*CC&S* "Cancer Prevention & Self-Care": Sun Protection	Show PPT Slide: Sun Protection • Read PPT slide that emphasizes the importance of protection from the sun and the damage the sun can cause • Ultraviolet (UV) radiation comes from sun, sunlamps, and tanning booths
Learn about the Human Papilloma Virus (HPV)	*CC&S* "Cancer Prevention & Self-Care": Human Papilloma Virus (HPV)	Show PPT slide: Human Papilloma Virus (HPV) • Read what HPV is • Read the incidence of HPV • HPV can cause cancer, genital warts, and most cervical cancers
Learn what cancer screenings are and that they are a healthy choice	*CC&S* "Cancer Prevention & Self-Care": Recommended Cancer Screenings	Show PPT Slide: Recommended Cancer Screenings • A healthy choice is to get recommended cancer screenings • Cancer screenings are done even when there are no cancer symptoms • Regular screenings and self-examination can increase the chance of early detection and more successful treatment of cancer
Identify knowledge gained and concepts learned	*CC&S* "Cancer Prevention & Self-Care": Activity: Reflection	Show PPT Slide: Activity: Reflection • Have participants share something they have learned so far in the classes • Have participants tell what they will share with family and friends

✓ Comprehension Check

1. Ask a question that will review the lesson. (i.e. What can you do to reduce cancer risk factors?)
2. Review parking lot.

Additional facts related to the lesson

- See “Additional Information” in the Cancer Prevention & Self-Care section of the Facilitator Guide

Additional information to tell participants

- Remind participants that you are not a medical expert and information is meant to provide basic information about cancer.
- Encourage participants to implement healthy choices to reduce their risk factors associated with cancer and other chronic diseases.
- Encourage participants to share what they have learned so far with a family member or friend.

PowerPoint Presentation

PowerPoint slides are recommended for use by facilitators. The Session 3 PowerPoint Presentation can be found at: https://cancerclearandsimple.org/session-3-materials-and-handouts/. Facilitators can also print off slides to use as an educational tool.

Recommended Interactive Activities

Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.

Recommended interactive activities for Session 3 include:

- Quitting Tobacco Brainstorm Activity
- Reflection Activity

Activity instructions and related handouts can be found in this Guide or at:
https://cancerclearandsimple.org/session-3-materials-and-handouts/

Additional Activities

Additional activities are also available for use by facilitators. These activities are available to help facilitate the learning process. Facilitators should choose activities that best meet participants' needs.

Additional activities for Session 3 include:

- Secondhand Smoke Role Play Activity

Activity instructions can be found at: https://cancerclearandsimple.org/session-3-activities/

Quitting Tobacco Brainstorm

Objective: Create a comfortable atmosphere for discussion about how to quit tobacco and support people to become tobacco free.

Helpful Materials: Large piece of paper, marker.

Note: This activity was adapted from the *Understanding Cancer Activity Guide* by Dr. Melany Cueva from the Alaska Native Tribal Health Consortium.

Directions: The facilitator will facilitate a brainstorming session about quitting tobacco. The facilitator can prompt the discussion by stating that many former tobacco users feel quitting tobacco is one of the most difficult things they have ever done.

The facilitator can then ask:

- Has anyone quit using tobacco or helped someone to quit using tobacco? Share and celebrate success stories!

OR

- Who in the group has never used tobacco? Invite them to share why.

Encourage the participants to brainstorm helpful ways to quit tobacco and support people to become tobacco free. The facilitator can write them down on a large sheet of paper and review at the end of the activity.

Facilitator Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reflection Activity

Objective: Reinforce concepts from this and prior sessions, address remaining questions, identify what knowledge participants are gaining and what concepts they are learning.

Helpful Materials: Flip chart paper or white board, scrap paper, pens, markers.

Directions:

1. Ask participants to reflect silently on answers to one or more of the following questions. Remind them to reflect both on today's lesson and also what they learned in prior lessons in this series.

    - What is one thing you've learned in *CC&S* that you didn't know before?
    - What is one piece of information from *CC&S* that you will share with a family member or friend?
    - What questions do you still have regarding the information that we already covered?

2. After quiet individual reflection, instruct participants to write down their answer(s) on a piece of scratch paper.

3. Ask each person to read one answer to above questions to the group.

4. Record responses on flip chart paper or board, organized by what they learned, what they will share with others, or what questions they still had.

5. Answer any remaining questions or agree to follow up for next session.

6. Keep a record of the responses (e.g., retain the flip chart paper or take a picture of the flip chart paper or white board).

After session:

Submit the responses from the flip chart within 30 days of the session. Instructions for submitting flip chart notes and other evaluation materials can be found at:
https://cancerclearandsimple.org/evaluation/

---This page is intentionally left blank---

CC&S Session #4: Lesson Plan

Core Activities:

- Use parking lot to address questions/topics
- Complete Activity: Skin Cancer Flashcard Activity

Supplies Needed:

- Session 4 handouts
- Flip Chart
- Markers
- Nametags
- Session 4 PowerPoint
- Skin Cancer Flashcards Activity Instructions
- Skin Cancer Flashcards

Additional Activities:

- Dear Sixteen Year Old Me Activity
- Colorectal Health Care Radio Show Activity
- Prostate Cancer Role Play Activity
- Breast Health Penny Story
- Breast Health Role Play Activity
- Cervical Health Barrier Busting Activity
- Hats Off For Screening Activity

Knowledge Objective:

- What is cancer screening and early detection
- What are the five steps of informed decision making
- How to use the ABCDE method to look for skin cancer

Behavioral Objectives:

Participant will be able to:

- Explain the importance of early detection for cancer treatment
- Discuss the benefits of cancer screening
- Identify screening methods available for specific cancers
- Know recommended screening guidelines

Participant Handouts:

- Participant Consent Form
- Session 4 "Cancer Screening & Detection" handout

Advance Preparation:

- Make handouts for registered participants
- Set up computer with PowerPoint
- Set up 'Parking Lot'
- Sign-in sheet. To track attendance across *CC&S* sessions, please use the same Sign-In Sheet from Session 1.
- Skin Cancer Flashcards from kit

Doing the Lesson

Learner Objective	Materials	Recommended Activity
Understand class format and program background	Facilitator Guide Ground Rules Parking Lot	• Sign-in participants • Introduce yourself • Handout and collect signed consent forms to anyone new joining the class • Review 'Class ground rules' and 'parking lot' from Session 1
Identify the goals and objectives of the *CC&S* Cancer Screening & Detection session.	• *CC&S* "Cancer Screening & Detection" handout • Power Point • CC&S Objectives	• Share details of handout including key points in left column. • Begin lesson using PPT slides. • Read objectives. Remind participants that you are not a medical expert and information is meant to provide basic information. • Give "Cancer Screening & Detection" handout
Define Early Detection Explain the importance of early detection for cancer treatment	*CC&S* "Cancer Screening & Detection" handout Early detection means finding cancer in its early stage, before it has time to spread beyond the organ where it first started to grow.	Show PPT Slide: Early Detection • Early detection means finding cancer in its early stage, before it has time to spread beyond the organ where it first started to grow.
Explain Informed Decision Making	*CC&S* "Cancer Screening & Detection" handout: Informed Decision Making	Show PPT Slide: Informed Decision Making • Informed decision making is the process of gathering information about your health and a specific health issue (like cancer).
Understand the five steps involved with informed decision making	*CC&S* "Cancer Screening & Detection" handout: Five Steps of Informed Decision Making	Show PPT Slide: Five Steps of Informed Decision Making • Define the health concern and the questions you have. • Gather information. • Talk to your doctor. • Make a decision when you're ready. • Schedule your screening
Learn the screenings included for both men and women	*CC&S* "Cancer Screening & Detection" handout: Men's and Women's	Show PPT slide: Men's and Women's Health Skin Cancer Screening: Skin cancer is cancer that forms in the tissues of the skin. Colorectal Cancer Screening: The words 'colorectal

	Health	cancer' mean cancer of the colon or cancer of the rectum.
Learn how skin cancer forms, the various types of skin cancer, and the main cause	*CC&S* "Cancer Screening & Detection" handout: Skin Cancer	Show PPT Slide: Skin Cancer • Skin cancer is cancer that forms in the tissues of the skin. • Skin cancers vary in severity from the relatively minor basal cell to the potentially fatal melanoma. • Skin cancer is the most common cancer in the United States. • Ultraviolet (UV) radiation from the sun is the main cause of skin cancer.
Identify ways to determine if a mole should be checked by a health care provider	*CC&S* "Cancer Screening & Detection" handout: ABCDE Method	Show PPT Slide: ABCDE Method • A=Asymmetry: Does the mole look different on either side? • B=Border: Is the border jagged or uneven? • C=Color: Are there varied colors in the same mole? • D=Diameter: Is the mole growing? Is the mole larger than a pencil's eraser? • E=Evolution: Has the mole been changing in any way?
Use ABCDE method to determine if moles need to be seen by health care provider	*CC&S* "Cancer Screening & Detection" Activity: Skin Cancer Flashcards	Show PPT Slide: Activity: Skin Cancer Flashcards • Complete Skin Cancer Flashcards Activity with participants using the Flashcards provided in your Facilitator's Kit
Learn Colorectal Screening Guidelines	*CC&S* "Cancer Screening & Detection" handout: Colorectal Cancer Screening	Show PPT Slide: Colorectal Cancer Screening • Read PPT slide note detailing when screening should occur • Remind participants to talk to their health care provider regarding cancer screenings • Refer to the handout for Cancer Screenings Grid
Identify screening methods for colorectal cancer	*CC&S* "Cancer Screening & Detection" handout: "Screening exams for colorectal cancer include"	Show PPT Slide: "Screening exams for colorectal cancer include." Give details on the following tests: • Fecal Occult Blood Test • Sigmoidoscopy • Colonoscopy
Know the screening methods for Men's Health	*CC&S* "Cancer Screening & Detection" handout: Men's Health	Show PPT Slide: Men's Health • In this section prostate cancer and testicular cancer screening will be discussed • Read details on prostate cancer screening and testicular self-exam
Identify concepts of prostate screening tests	*CC&S* "Cancer Screening & Detection" handout: Prostate Screening	Show PPT Slide: Prostate Screening Tests • Share details regarding 'Prostate-specific antigen (PSA) blood test' • Digital rectal exam (DRE) is done to feel for

	Tests	abnormal lumps in the prostate, which may be cancer. • Encourage men to discuss with their healthcare provider what tests they should have done.
Learn the benefits of a monthly Testicular Self-Exam	*CC&S* "Cancer Screening & Detection" handout: Testicular Exam	Show PPT Slide: Testicular Exam • A regular monthly self-exam after a warm bath or shower will help a man learn what is normal and when there are changes • A monthly exam can increase the chances of detecting abnormal changes early
Know the screening methods for Women's Health	*CC&S* "Cancer Screening & Detection" handout Women's Health	Show PPT Slide: Women's Health • In this section Breast Cancer Screening and Cervical Cancer Screening is discussed
Learn the guidelines for Mammograms	*CC&S* "Cancer Screening & Detection" handout: Mammograms	Show PPT Slide: Mammograms • Read age guidelines for mammograms as breast cancer screening
Know the guidelines for Cervical Cancer Screening	*CC&S* "Cancer Screening & Detection" handout: Cervical Cancer Screening	Show PPT Slide: Cervical Cancer Screening • Refer to PPT slide and handout regarding the recommendations for cervical cancer screenings. • Remind participants to refer to their handout for Questions to Ask Your Doctor
Clarify any questions related to the lesson	*CC&S* "Cancer Screening & Detection" handout	Show PPT Slide: Questions? • Answer questions or refer participants to resources listed in the handout to have questions answered • If necessary, remind participants that you are not a medical expert in cancer and oncology. Encourage participants to ask questions of their healthcare provider.
Appreciate class participation	*CC&S* "Cancer Screening & Detection" handout	Show PPT Slide: Thank you!! Thank participants for their participation in the class. • Remind participants about next class and confirm attendance

✓ Comprehension Check

1. Ask a question that will review the lesson. (i.e. What can you do to increase your chances of detecting cancer early?)
2. Review parking lot.

Additional facts related to the lesson

- See “Additional Information” in the Early Detection and Screening section of the Facilitator Guide

Additional information to tell participants

- Remind participants that you are not a medical expert and information is meant to provide basic information about cancer.
- Encourage participants to complete their recommended cancer screenings.
- Encourage participants to share what they have learned with a family member or friend.

PowerPoint Presentation

PowerPoint slides are recommended for use by facilitators. The Session 4 PowerPoint Presentation can be found at: https://cancerclearandsimple.org/session-4-materials-and-handouts/. Facilitators can also print off slides to use as an educational tool.

Recommended Interactive Activities

Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.

Recommended interactive activities for Session 4 include:

- Skin Cancer Flashcards Activity

Activity instructions and related handouts can be found in this Guide or at:
https://cancerclearandsimple.org/session-4-materials-and-handouts/

Additional Activities

Additional activities are also available for use by facilitators. These activities are available to help facilitate the learning process. Facilitators should choose activities that best meet participants' needs.

Additional activities for Session 4 include:

- Dear Sixteen Year Old Me Activity
- Colorectal Health Radio Show Activity
- Prostate Cancer Screening Information Activity
- Prostate Cancer Role Play Activity
- Breast Health Penny Story Activity
- Breast Health Radio Show Activity
- Breast Health Role Play Activity
- Cervical Health Barrier Busting Activity
- Hats Off For Screening Activity

Activity instructions can be found at: https://cancerclearandsimple.org/session-4-activites/

Activity: Skin Cancer Flashcards

Objective: Apply and practice the ABCDE method to identify suspicious moles.

Helpful Materials: Copies of the Skin Cancer Flashcards for each group, paper, pens/pencils
Images can be used as flashcards or as a one-page worksheet.

Directions: Separate participants into groups of 2. Give each group a set of flash cards. Have each group apply the ABCDE method to determine which moles are suspicious.

After each group has discussed every flashcard, facilitators should facilitate a large group discussion about each flashcard. Have each group describe if they determined the mole to be suspicious and why or why not using the ABCDE method.

Flashcard Answer Key*

1: Asymmetry - the left side of the lesion is much thicker than the right side.

2. Normal

3. Normal

4. Diameter: changed in size.

5. Normal

6. Border - uneven, ragged, or notched.

7. Color - different shades of brown, black, or tan.

*Note that all of the flashcards could also qualify as Evolution.

Facilitator Notes: _____

_____

_____

_____

_____

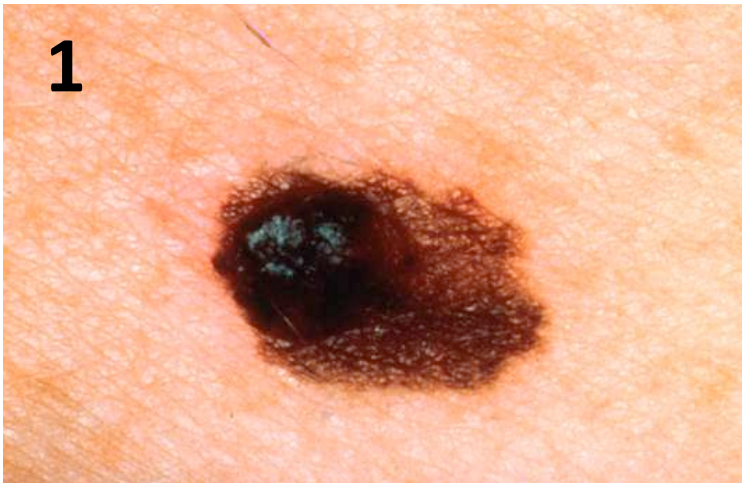
_____

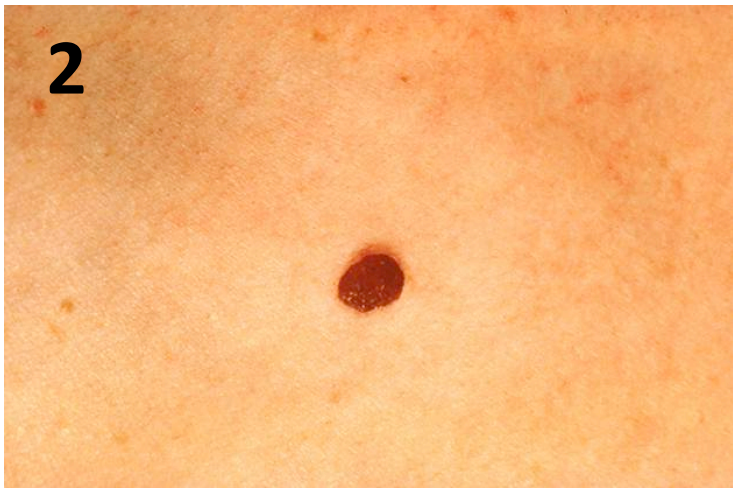
_____

_____

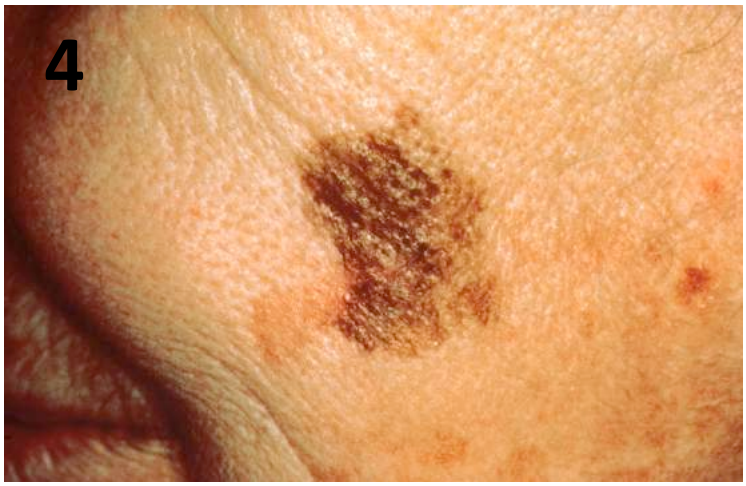
_____

_____

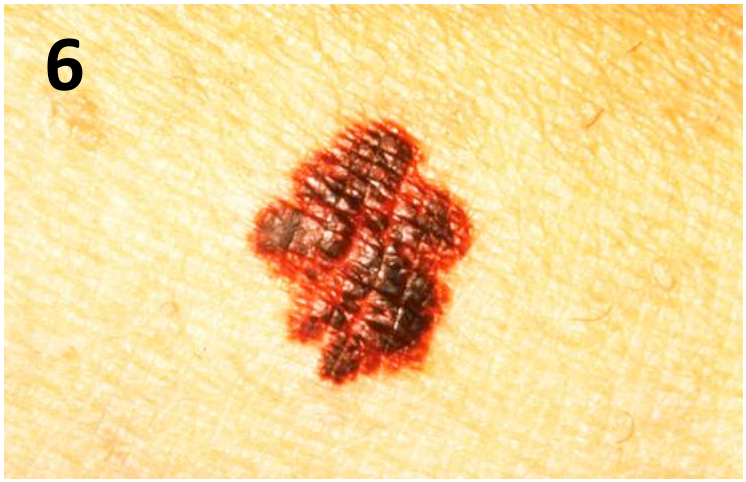

1


2


3


4


5


6


7

CC&S Session #5: Lesson Plan

Core Activities:

- Use parking lot to address questions/topics
- Complete Activity: SMART Goals

Supplies Needed:

- Session 5 handouts
- Flip Chart
- Markers
- Nametags
- Session 5 PowerPoint
- SMART Goals Activity Handout
- SMART Goals Postcards
- Check Your Understanding Posttest
- Check Your Understanding Posttest
- Check Your Understanding Posttest Key

Knowledge Objective:

- Understand what a SMART goal is
- Create their own SMART goal

Behavioral Objectives:

Participant will be able to:

- Plan how they are going to achieve their SMART goal

Participant Handouts:

- Participant Consent Form
- Session 5 SMART Goals Handout
- Check Your Understanding Posttest

Advance Preparation:

- Make handouts for registered participants
- Set up computer with PowerPoint
- Set up 'Parking Lot'
- Sign-in sheet. To track attendance across *CC&S* sessions, please use the same Sign-In Sheet from Session 1

Doing the Lesson

Learner Objective	Materials	Recommended Activity
Understand class format and program background	Facilitator Guide Ground Rules Parking Lot	• Sign-in participants • Introduce yourself • Handout and collect signed consent forms to anyone new joining the class • Review 'Class ground rules' and 'parking lot' from Session 1
Identify the goals and objectives of the *CC&S* SMART Goals session.	• *CC&S* "SMART Goals" handout • Power Point • CC&S Objectives	• Share details of handout including key points in left column. • Begin lesson using PPT slides. • Read objectives. Remind participants that you are not a medical expert and information is meant to provide basic information. • Give "SMART Goals" handout
Learn the five categories in the SMART Goals acronym	*CC&S* "SMART Goals" handout	Show PPT Slide: SMART Goals Explain that the 'SMART' in SMART Goals means that the goals are: • **S**pecific • **M**easurable • **A**ttainable • **R**ealistic • **T**imely
Explain what a specific goal includes	*CC&S* "SMART Goals" handout:	Show PPT Slide: Specific Share with the participants that a specific goal includes who, what, where, when and how the goal will be met.
Understand what a measurable goal is	*CC&S* "SMART Goals" handout: Measureable	Show PPT Slide: Measureable • A measurable goal answers the questions, "How much?" "How many?" and "How will I know when I have accomplished my goal?"
Learn what an attainable goal includes	*CC&S* "SMART Goals" handout: Attainable	Show PPT Slide: Attainable • Choose a goal that is important to you • Develop the attitude, ability, and skills to reach your goal • See what new ways you can achieve your goal
Define what a	*CC&S* "SMART	Show PPT Slide: Realistic & Timely

realistic and timely goal is.	Goals" handout: Realistic & Timely	• A realistic goal is one you the participant is willing and able to make • The goal has a specific time frame
Understand the SMART Goal through the example	*CC&S* "SMART Goals" handout: SMART Goal Example	Show PPT Slide: SMART Goal Example • Share the SMART Goal example of eating more vegetables • Go through each step of the SMART goal of eating more vegetables
Use Activity: SMART Goals Postcard	*CC&S* "SMART Goals" handout: Activity: SMART Goals Postcard	Show PPT Slide: Activity: SMART Goals Postcard • Follow SMART Goals Postcard Activity Instructions to lead participants in writing their SMART Goal. • Collect the SMART Goal postcards with the participant's address.
Determine knowledge gained through *CC&S* lessons	*CC&S* "SMART Goals" handout: Activity: Check Your Understanding Posttest	Show PPT Slide: Activity: Check Your Understanding Posttest • Administer Posttest. • Collect Posttest before reviewing answers with participants (participants have changed answers in the past)
Clarify any questions related to the lesson	*CC&S* "SMART Goals" handout	Show PPT Slide: Questions? • Answer questions or refer participants to resources listed in the handout to have questions answered • If necessary encourage participants to ask questions of their healthcare provider.
Appreciate class participation	*CC&S* "SMART Goals" handout	Show PPT Slide: Thank you!! Thank participants for their participation in the class.

✓ Comprehension Check

1. Administer "Check Your Understanding" Posttest.
2. Review parking lot.

Additional facts related to the lesson

- See 'SMART Goals Activity Instructions' and/or watch 'SMART Goals Activity Facilitation Demonstration Video' and 'SMART Goals Activity Participant Goal Example Video' at cancerclearandsimple.org.

Additional information to tell participants

- Remind participants to follow through with their SMART Goal.
- Encourage participants to complete their recommended cancer screenings.
- Encourage participants to share what they have learned so far with a family member or friend.

PowerPoint Presentation

PowerPoint slides are recommended for use by facilitators. The Session 5 PowerPoint Presentation can be found at: https://cancerclearandsimple.org/session-5-materials-and-handouts/. Facilitators can also print off slides to use as an educational tool.

Recommended Interactive Activities

Facilitators are encouraged to use the recommended activities for each session. These activities are available to help facilitate the learning process. Additionally, an activity slide has been embedded in each session PowerPoint. This was done to prompt facilitators as to when they should conduct the recommended activity.

Recommended interactive activities for Session 5 include:

- SMART Goals Postcard Activity

Activity instructions and related handouts can be found in this Guide or at:
https://cancerclearandsimple.org/session-5-materials-and-handouts/

SMART Goals Postcard Activity

Objective: To help participants identify a personal health or wellness goal and create a plan to accomplish this goal.

Helpful Materials: SMART Goals handout (see next page). *CC&S* postcards. (Index cards could also be used). Scrap paper. Pens/pencils.

Note: This activity was adapted from the *Understanding Cancer Activity Guide* by Dr. Melany Cueva from the Alaska Native Tribal Health Consortium.

Directions:

1. Review and provide an example of the components that constitute a SMART goal by working through an example using the prompts on SMART Goals handout (see next page). Steps include:

    - Suggest a sample goal and ask the group to pose questions to help refine it into a SMART goal. A sample goal might be "to eat more vegetables".
    - Ask the group questions to make the goal Specific, Measurable, Achievable, Realistic, and Timely. Questions might include:
        - How many servings of vegetables do you eat daily now?
        - As a goal, what would you like to increase this to?
        - Do you want to eat more of specific kinds of vegetables, like orange or dark leafy greens?
        - How soon do you expect to make this change?
        - Are there barriers you anticipate to achieving this goal?
        - How can you plan ahead to help overcome those barriers?
    - Once the goal is Specific, Measurable, Achievable, Realistic and Timely, write it on the postcard. For this example, the SMART goal would read "Beginning this week, I will eat 3-5 servings of vegetables every day."

2. Give each participant a postcard, scrap paper, pen/pencil and a copy of the SMART Goals Handout.

3. Explain the purpose of the activity – to develop their own SMART goal. They will be recording that goal on a postcard that will be mailed to them in approximately 3 months, to check in on their progress towards their goal.

4. Ask participants to write their address on the back of the postcard.

5. Ask participants to reflect on what they've learned in the *Cancer Clear & Simple* series about cancer prevention and screening and consider for themselves a personal health goal they'd like to set for the next year.

6. Have participants write the draft goal on a piece of scratch paper.

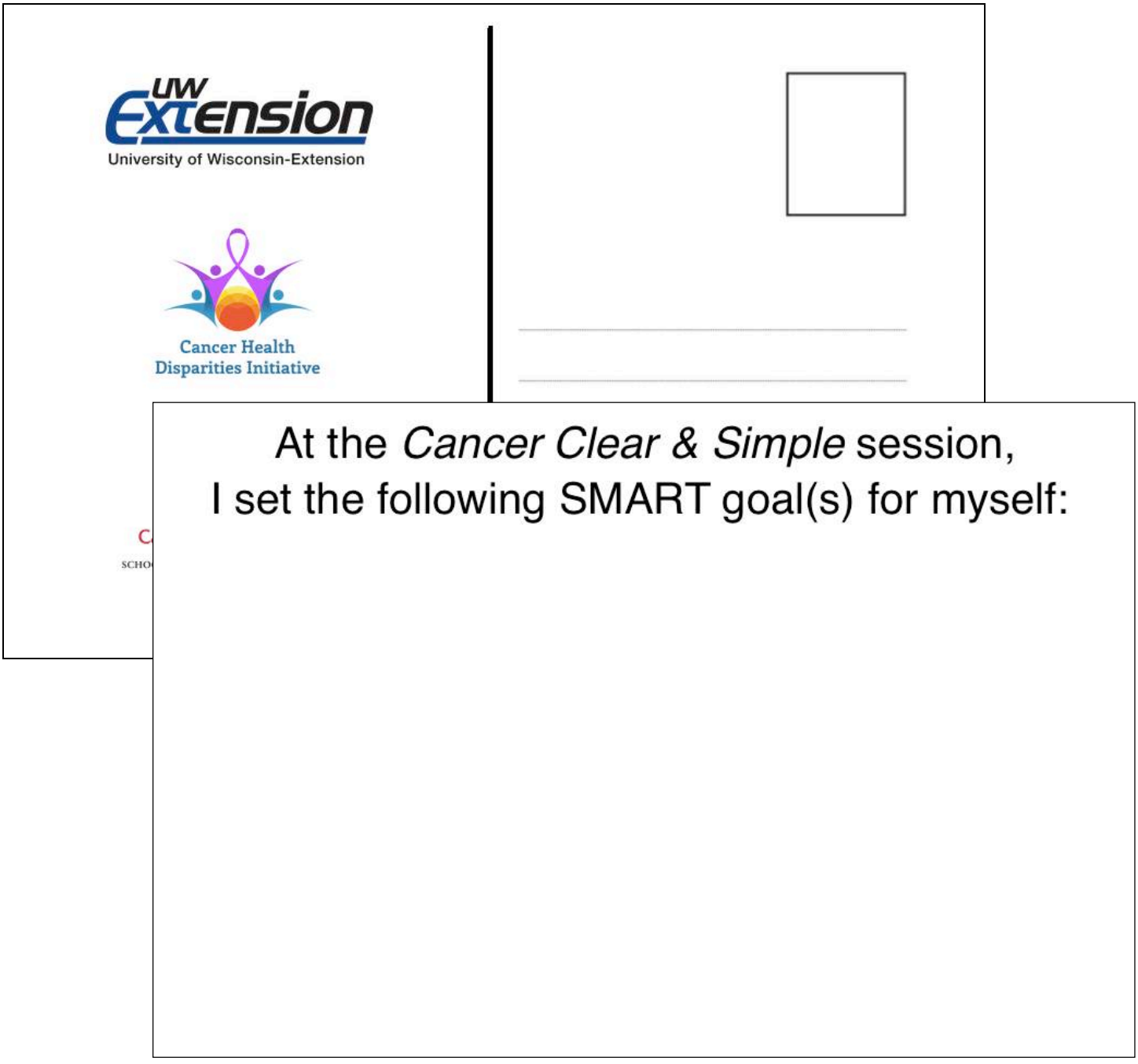
7. Pair up individuals. Instruct them to help refine their goal by asking each other relevant questions from SMART Goals handout: Is the goal Specific? Measurable? Achievable? Realistic? Timely?

8. Once they have refined their goal to be a SMART goal that supports their health and wellness in the next year, have them write it on the postcard. Make sure they've addressed it to themselves on the reverse side.

9. Collect the postcards. Remind participants that the postcards will be mailed to them in the future. Additionally, a *CC&S* staff person may follow up with them to see if they have made progress on their goal.

10. As a group, participants are invited to comment on what they learned from this activity, what surprised them about this activity, and how they might use this activity in the future.

After session:
Send in the postcards within 30 days of the session. Instructions for submitting activity postcards and other evaluation materials can be found at: https://cancerclearandsimple.org/evaluation/



SMART Goals

1. <u>Specific</u>

Who: Who is involved?

What: What do I want to accomplish?

Where: Identify a location.

When: Establish a time frame.

Why: Specific reasons, purpose or benefits of accomplishing the goal.

2. <u>Measurable</u>

To determine if your goal is measurable, ask questions such as…

How much? How many?

How will I know when it is accomplished?

3. <u>Attainable</u>

When you identify a goal that is important to you, you begin to figure out ways you can make your goal come true. You develop the attitude, ability, and skills to help reach your goal. You begin seeing new ways to achieve your goal.

4. <u>Realistic</u>

A realistic goal is something you are both *willing* and *able* to make happen.

5. <u>Timely</u>

A goal has a specific time frame.

SMART Goals

Today, I set the following SMART goal(s) for myself:

_____

_____

_____

The ABCs of Healthy Choices

It's simple, just think back to your ABCs:

A = Add What healthy activity can I **add** at this time?

_____

_____

B = Better What **better** choice could I make?

_____

_____

C = Change What could I **change** to make myself healthier?

_____

_____

Remember: Starting small can lead to big changes!

Cancer Clear & Simple Check your Understanding Posttest

Have session participants fill out **AFTER** the completion of the educational series

Date: _____**Location**: _____

Read each statement below carefully. Put a check mark in the TRUE box if you think a statement is true. Put a check mark in the FALSE box if you think the statement is false. Put a check mark in the NOT SURE box if you are not sure.

	TRUE	FALSE	NOT SURE
Cancer cells grow without control or order.			
If someone has breast cancer and it spreads to the liver, the person then has breast cancer and liver cancer.			
A person has very little control over their risk of developing cancer.			
Tobacco use and a poor diet are the leading risk factors for cancer.			
Physical activity decreases the risk of developing cancer.			
People with cancer in its early stages always experience signs or symptoms of the disease.			
There are screening and early detection tests available for all types of cancer.			
Recommendations for cancer screening exams are based upon a person's age, risk factors and family history.			

To what extent do you agree or disagree with the following statements?

1. I am confident I can talk to my doctor about cancer screenings. (Circle one)

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

2. I am confident I can take steps to help reduce my risk of getting cancer. (Circle one)

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

I attended all or most of the sessions in this *Cancer Clear & Simple* series. (Circle one)

YES NO NOT SURE

I plan to share what I learned about cancer with my family/friends. (Circle one)

YES NO NOT SURE

Please share any additional comments about *Cancer Clear & Simple* classes on the back of this paper.

Cancer Clear & Simple Check your Understanding Key

Have session participants fill out **AFTER** the completion of the educational series

Date: _____**Location**: _____

Read each statement below carefully. Put a check mark in the TRUE box if you think a statement is true. Put a check mark in the FALSE box if you think the statement is false. Put a check mark in the NOT SURE box if you are not sure.

	TRUE	FALSE	NOT SURE
Cancer cells grow without control or order. **Note:** *Cancer develops when cells grow, or reproduce, and form more cells without control or order.*	**X**		
If someone has breast cancer and it spreads to the liver, the person then has breast cancer and liver cancer. **Note**: *Most cancers are identified by the organ in which they first begin to grow. The place where the cancer first starts to grow is called the primary site. When cancer spreads or metastasizes, the new tumor has the same type of cells as the original (primary) tumor. In the example, the person's diagnosis is breast cancer with metastasis to the liver (not breast cancer and liver cancer).*		**X**	
A person has very little control over their risk of developing cancer. **Note***: Risk factors are things that increase cancer risk. Some risk factors, like age and family history, are beyond your control. But, there are things you can do to prevent cancer. The good news is that you can significantly reduce your cancer risk by: eating nutritious foods, being physically active and not using tobacco products.*		**X**	
Tobacco use and a poor diet are the leading risk factors for cancer. **Note**: *Diet and tobacco use are related to 60-67% of all cancers.*	**X**		
Physical activity decreases the risk of developing cancer. **Note**: *Physical activity decreases the risk of developing cancer, as well as heart disease and diabetes. Specifically, physical activity is associated with an overall decrease in prostate, breast, endometrial, lung and colorectal cancer. It is ideal to be physically active for 30 minutes or more every day.*	**X**		
People with cancer in its early stages always experience signs or symptoms of the disease. **Note:** *Many people with cancer experience no symptoms in the early stages of the disease. When symptoms appear, they'll likely vary, depending on the cancer's size and location. It is important to talk with your health care provider if you notice changes within your body. When screening exams are done as recommended, cancer can often*		**X**	

be found early before pain or symptoms occur. Recommendations for screening exams are based upon a person's age, risk factors and family history.			
There are screening and early detection tests available for all types of cancer. **Note:** *A few types of cancers have specific screening tests that help to detecting cancer early (i.e. breast, cervix, colon).*		**X**	
Recommendations for cancer screening exams are based upon a person's age, risk factors and family history. **Note**: *A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.*	**X**		

---This page is intentionally left blank---

Closing Activities to Extend Learning

Closing activities can be used at the close of a learning experience or integrated throughout a session to extend learning. Facilitators should choose activities that best meet participants' needs.

Closing activities include:

- True False Game
- Building a Net

Activity: True False Game

Objective: This activity reviews the session's content.

Helpful Materials: Pens, Paper.

Note: This activity was adapted from the *Understanding Cancer Activity Guide* by Dr. Melany Cueva from the Alaska Native Tribal Health Consortium.

Directions: Each participant is given 2 strips of paper to write down 2 statements about something they have learned. One statement is true and one statement is false. All of the papers are collected.

Example:

False Statement: The biggest risk factor for developing breast cancer is having a family history of breast cancer. (*NOTE: This is a false statement. Just being a woman and getting older are biggest risk factors for developing breast cancer.)*

True Statement: Men and women with no family history of colon cancer, begin colorectal screening exams at age 50.

Arrange chairs in a circle, with one less chair than there are participants. Participants sit in the chair and one person is standing in the middle of the circle.

The person standing in the middle picks one of the pieces of paper written by their classmates and reads the statement. If the statement is true, everyone gets up and moves to a new chair. The person standing tries to find a chair to sit down. If the statement is false, everyone stays sitting. The game continues until all statements have been read.

This is also an opportunity for the facilitator to correct any misinformation people may have about cancer related facts. After each statement is read and acted on you may choose to add any additional information.

Activity: Building a Net

Objective: This activity reviews the session's content.

Helpful Materials: Yarn, Scissors.

Note: This activity was adapted from the *Understanding Cancer Activity Guide* by Dr. Melany Cueva from the Alaska Native Tribal Health Consortium.

Directions: All participants stand in a circle. The facilitator tosses a ball of yarn to one of the participants while holding on to a piece of the yarn.

When the person catches the ball of yarn, they are invited to share:

- something they learned.
- what they hope to do as result of being part of this learning opportunity.
- any other comments.

The person then tosses the ball of yarn to a new person, while holding on to a piece of the yarn. This activity continues until everyone is holding a piece of the yarn. Together, we look at all the ways we have become connected throughout the session and now physically through the ball of yarn. Each person is invited to cut a piece of the yarn and take it home with them to remember this course experience.

Facilitator Notes: _____

_____

_____

_____

_____

_____

---This page is intentionally left blank---

Facilitator Forms

These forms are resources for facilitator to use while you are planning and conducting a *CC&S* educational session.

Facilitator forms include:

- Checklist: Planning an Educational Session
- Session Sign-In Sheet
- Participant Consent Form
- Checklist: CC&S Evaluation

For any questions about project evaluation, tools and data submission, please contact Kadi Row at kadi.row@ces.uwex.edu.

Facilitator Notes: _____

Checklist: Planning an Educational Session

The following is a facilitator planning sheet/checklist. You may find this helpful in developing and planning a *Cancer Clear & Simple* education session in your community.

Six weeks before session

- ☐ **Identify audience.**
  Audience: _____
- ☐ **Plan session date, time and location.**
  Date(s): _____
  Time: _____
  Identify and confirm location: _____
- ☐ **Set final date for registration.**
  Date: _____
- ☐ **Disperse flyers.**
  Location: _____
- ☐ **If possible, meet with target audience to promote session and provide brief summary of session topics.**
  Date, time and location: _____

Five weeks before session

- ☐ **Advertise sessions.**
  Venue for ads: _____

Four weeks before session

- ☐ **Interview with radio DJ.**
  Date, time and location: _____
- ☐ **Meet with group.**
  Date, time and location: _____
- ☐ **Begin reviewing session materials.**

Three weeks before session

- ☐ **Continue to review session materials.**

Two weeks before session

- ☐ **Identify and organize interactive session activities (adapt as needed).**
  Activities: _____
  Supplies needed: _____

One week before session

- ☐ **End registration.**
- ☐ **Organize session materials.**

Contact the local lead facilitator with questions or concerns

Cancer Clear & Simple: Sign-In Sheet

Instructions to the facilitator: Please clearly print the session information and participant names below. Write participants' names as they appear on their 'Participant Consent Form.'

Write in the date of each session below. Write the date under each session that you facilitated. Multiple sessions can be facilitated on the same date. ☑ Place a check mark under the session that each participant attends.

Facilitator Name: _____

Location of class: _____

Start Date (mm/dd/yyyy): __ __/__ __/__ __ __ __ End Date (mm/dd/yyyy): __ __/__ __/ __ __ __ __

Participant Name	**Session 1 Date: _____**	**Session 2 Date: _____**	**Session 3 Date: _____**	**Session 4 Date: _____**	**Session 5 Date: _____**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Cancer Clear & Simple: Sign-In Sheet (continued)

Participant Name	Session 1 Date: _____	Session 2 Date: _____	Session 3 Date: _____	Session 4 Date: _____	Session 5 Date: _____
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					

Participant Consent Form

As a *Cancer Clear & Simple* participant, you are part of a very important initiative to educate people about cancer. We depend on feedback from our participants to identify program outcomes and improve future sessions.

Participating in *Cancer Clear & Simple* activities and evaluation is optional and doing so implies your consent. Any feedback you choose to provide will be combined with feedback from all other participants and you will not be individually identified on any reports.

Thank you so much for your time and consideration!

Can a C*ancer Clear & Simple* program staff member contact you regarding your participation in this program?

- ☐ Yes
- ☐ No

I grant UW-Extension the right to use, publish, and copyright my image (including audio, moving image, or photograph) for education programs and publications, websites, and promotion of the *Cancer Clear & Simple* program. The University adheres to all Federal and State laws associated with the use of these materials.

- ☐ Yes
- ☐ No

Name: _____

Signature: _____

Email: _____

Phone: _____

Date: _____

If you have questions about this form, please contact Kadi Row, Evaluation Project Coordinator, UW-Extension at kadi.row@ces.uwex.edu or 608-265-9101. A copy of the Human Subjects Protection Approval Form is on file in the UW-Extension Provost and Vice Chancellor's Office, 432 N. Lake St., Madison, WI 53706.

Checklist: *CC&S* Evaluation

Prior to teaching the series:
☐ Register the series at: https://cancerclearandsimple.org/evaluation/

At the start of each session:
☐ Have participants sign in on Sign-In Sheet form. Collect Sign-In Sheet.

Session 1:
☐ Administer and collect Participant Consent forms
☐ Administer and collect Check Your Understanding: Pretest

Session 3:
☐ Record information collected during Reflection Activity (keep the flip chart paper, or take a photo of or transcribe information recorded on the flip chart paper or white board)

Session 5:
☐ Collect postcards created during the SMART Goals Postcard activity
☐ Administer and collect Check Your Understanding: Posttest

After teaching the series:
☐ Submit evaluation data and forms using the personal on-line portal (sent to facilitator via e-mail after they register a series)

For any questions about project evaluation, tools and data submission, or this checklist, please contact Kadi Row at kadi.row@ces.uwex.edu.