Colorectal cancer (CRC) is the third leading cause of cancer related death in the United States. Screening for CRC is recommended every 10 years for adults 50 years and older. Colonoscopy, endoscopic examination of the large bowel and rectum is crucial because early detection of CRC leads to significantly better patient outcomes. A low-literacy educational presentation was developed for the Bhutanese community over 50 years old. The educational program will be presented in the near future.

Introduction
Colorectal Cancer (CRC) is among the top 10 causes of death in the United States, and within the top 40 causes of death in Bhutan, Burma, and Iraq. Figure 2 shows the incidence and mortality of CRC by country of origin reported by the World Health Organization’s International Agency for Research on Cancer. The American Joint Committee on Cancer reported 5-year survival rates based on a study examining 28,000 people diagnosed with colorectal cancer. The results reported were as follows: CRC stage I, presented with a 74% 5-year survival rate (Figure 3), while Stage IV of CRC presents a mere 6% 5-year survival rate.

Colorectal Cancer Epidemiology
Figure 2: Colorectal Cancer Incidence & Mortality
Figure 3: Colorectal Cancer 5-Year Survival Rate by Cancer Stage
Physicians, nurse practitioners (NP), nurses, medical assistants, interpreters and administrators must work together in order to provide care for the refugee population. In order to increase colonoscopy appointments rates in our population of focus, physicians and NPs must communicate clearly with nurses and medical assistants so that referral appointments are made. In addition, physicians, NPs, and nurses with assistance from interpreters must ensure that patients understand the requirements for a colonoscopy, from preparation to the procedure. Finally, administrators must confirm patient understanding of the preparation and procedure when they book appointments for refugees.

Interprofessional Collaboration

Table 1. From a three month observation of total colonoscopies ordered at UMass, it can be seen that a fundamental problem is inability to contact the patients. Also, a small percentage of patients had appointments canceled and others are still pending. The cohort was from April to June, so all referrals should have led to patients obtaining colonoscopies, four months later (Oct).

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References