

Colorectal cancer affects American Indians at significantly higher rate

What you need to know about prevention

By Mallory Black, Native Health News Alliance; © Native Health News Alliance

SAN DIEGO – While colorectal cancer affects men and women of all racial and ethnic groups, it's the second most common cancer among Northern Plains American Indians – a population with rates 53 percent higher than the general U.S. population.

About one in 20 Americans will be diagnosed with colorectal cancer in their lifetime.

Colorectal cancer, also known as colon cancer, is a disease that develops in the colon or rectum. Abnormal growths, or polyps, can develop in these areas and can potentially become cancerous over time.

March is National Colorectal Cancer Awareness Month and the American Indian Cancer Foundation, located in Minneapolis, Minn., promoted awareness of colorectal cancer throughout the month. The Colon Cancer Alliance even designated March 6 as Dress in Blue Day to raise awareness of the disease.

“Over the past 20 years, the U.S. population as a whole has been celebrating decreases in cancer mortality. Unfortunately, American Indian populations have not had the same good news,” said Kris Rhodes (Ojibwe), executive director of the American Indian Cancer Foundation (AICAF), a non-profit dedicated to eliminating the cancer burdens on American Indian families. “This is largely the result of cancer diagnoses that are too late. AICAF sees opportunities to change that story with the promotion of screening to catch cancer early when it is easier to treat and survive.”

Because there are often no symptoms of early colorectal cancer, experts agree that a colonoscopy screening is one of the best forms of prevention as early-stage cancer can be removed during the screening.

Peter Lance, deputy director of the University of Arizona Cancer Center, says the whole idea of cancer screenings is to prevent it.

“The reason we don't want to wait until there are symptoms is because the cancer

we can diagnose through screenings is (found) much earlier in their development,” Lance says. “Most colon cancers develop from (non-cancerous) colon polyps.”

While some people in Indian Country are still largely unaware of the risk of colorectal cancer, that's changing every day, says Joy Rivera (Haudenosaunee), a community health worker with AICAF and former colorectal cancer screening navigator.

Rivera helps increase awareness of the importance of cancer screenings in American Indian urban and reservation communities. Her work includes dispelling myths about cancer screenings, which stem largely from past bad experiences. Some of the most common concerns she hears are whether the screenings hurt or if it's as bad as people say it is.

Rivera says bad news spreads fast in the communities.

“A lot of times people are saying they had a bad experience, painfulness, so what I try to do is realize they (likely) haven't been apologized to. Things are better now,” she said.

Rivera tries to help hesitant patients by reminding them that because American Indians make up such a small part of the general population, each life is a big deal. As soon as the walls come down, she says she stresses the importance of regular screenings and healthy living to be around for generations to come.

“If you want to see your children or your grandchildren grow up, this cannot be ignored,” she added.

One of Rivera's most memorable moments happened when an American Indian man rode up to the clinic on a bicycle in the middle of winter, asking for a colon cancer screening. He was diagnosed with colon cancer soon after.

Curious to know what brought him in that day, she asked and he said he wanted to buy gifts for his children because the holidays were coming up. The clinic was offering a \$25 gift card to anyone who came in for a cancer screening.

The man underwent several operations to remove the cancer and the treatment seems to be working.



Courtesy photo by the American Indian Cancer Foundation

“The last time I saw him, he was doing well,” she said.

Individuals have options for screenings, some of which are less invasive than others, but for many American Indians, the thought of ‘cancer’ or ‘cancer screenings’ can be intimidating. Fears about procedures, complications or pain can be perpetuated within small close-knit Native communities.

David Perdue (Chickasaw), a gastroenterologist in Minneapolis, says most people just share a fear that the doctor could find something. Perdue says what many people don't realize is when clinicians talk about cancer screenings, they're really talking about cancer prevention.

“Some people would rather not know, which is something we've been really trying to impress on people, that really the intention of screening is not so much finding cancer, it's finding polyps and getting those out before they turn into cancer,” he said.

Perdue says sometimes genetics play into the incidence of colon cancer and polyps are bound to occur.

“But if you can get screened starting at age 50 or earlier if there's a family history, that's the best way to find polyps. It's a lot easier to pull a weed when it's small than when it's big and rooted,” he said.

Aside from colonoscopies, fecal

occult blood tests also can screen for signs of cancer in stool samples. These tests can be sensitive enough to detect bleeding from a polyp that hasn't otherwise caused any symptoms or enough bleeding to change the color of the stool. But the tests are considered somewhat less effective than other screening methods.

The American Cancer Society recommends people receive screenings beginning at age 50. Research shows most colorectal cancers could have been prevented if more people participated in regular screenings. If colorectal cancer is found early, nine out of 10 patients survive, according to AICAF.

Still, colorectal cancer impacts many people every year. The American Cancer Society expected the disease to be diagnosed in nearly 72,000 men and 65,000 women in the U.S. in 2014 alone.

For some Native communities, the struggle in seeking cancer care sometimes involves another challenge – integrating traditional healing and beliefs with Western medicine.

Perdue understands traditional healers may have different feelings about cancer, but says he knows a traditional healer who reminds his own patients to get screened for colorectal cancer. Otherwise, he tells them, “It'll take over.”

The Medicine Game traces life of top lacrosse players from Onondaga Nation

LINCOLN, Neb. – Tucked away in central New York state is the Onondaga Nation, a sovereign American Indian community known to produce some of the top lacrosse players in the world.

Yet, the fear of leaving their community, substance abuse and poverty have kept far too many of these players from venturing off the “rez” and into collegiate or professional ranks.

Enter the Thompson brothers – Jerome “Hiana” and Jeremy – who are driven by a single goal of beating the odds against them and playing lacrosse for national powerhouse Syracuse University.

During the brothers' freshman and junior years of high school, they led their school's lacrosse team to state championships. Many people, including the film's director/producer Lukas Korver, assumed they would compete for the state championship again.

“Lacrosse is more than just a game – it's a way of life, it's a heritage. It's being Iroquois. It's being Native American. It's a part of their culture, their religion, who they are,” Korver said.

During the playoffs of their senior year, the undeniably close brothers had a shockingly out-of-character fight in the school parking lot, leaving Hiana hospitalized and unable to play lacrosse during his recovery from a broken jaw.

Without Hiana on the field in the school's next playoff game, Jeremy's play suffered. The team lost, ending its chances of a third state championship. It would take two years before the brothers' relationship healed to what it had been.

“They started school late and they've come from so far behind to catch up and do as well as they're doing now,” said Jerome “Ji” Thompson, Hiana and Jer-

emy's father. “And, just to get that degree to show everybody, because I know there are people out there that actually know them that don't think they can do it.”

“A lot of people say that it's bad around here. But myself, I don't know. I think it's just like any other child growing up anywhere else,” said Jeremy.

With their now unfulfilled dream of winning a third state championship, the brothers heavily pursued their ongoing, shared vision of playing lacrosse for Syracuse University.

Athletically, the brothers were standouts, but academically, they struggled. But their love for the game, each other and their family's unyielding determination helped propel these youth against the odds.

“The greatest gift you can give your children is your time,” said Ji, who doesn't want his sons to be ironworkers like him-

self and generations before. “I taught my boys to respect the game – the game of lacrosse. Respect means to play as hard as you can, you know. Go out there and give it everything you can because you're playing for the Creator.”

“I titled the film *The Medicine Game* because the game has helped not only the Thompsons, but many families and communities to stay healthy both physically and mentally, to bond with one another and to learn many powerful life lessons,” said Korver.

To watch the film's trailer, visit visionmakermedia.org/medicine_game. *The Medicine Game* is distributed by American Public Television (APT) and will be available to public television stations nationwide on April 28.

For broadcast information in your area, visit pbs.org/stations.