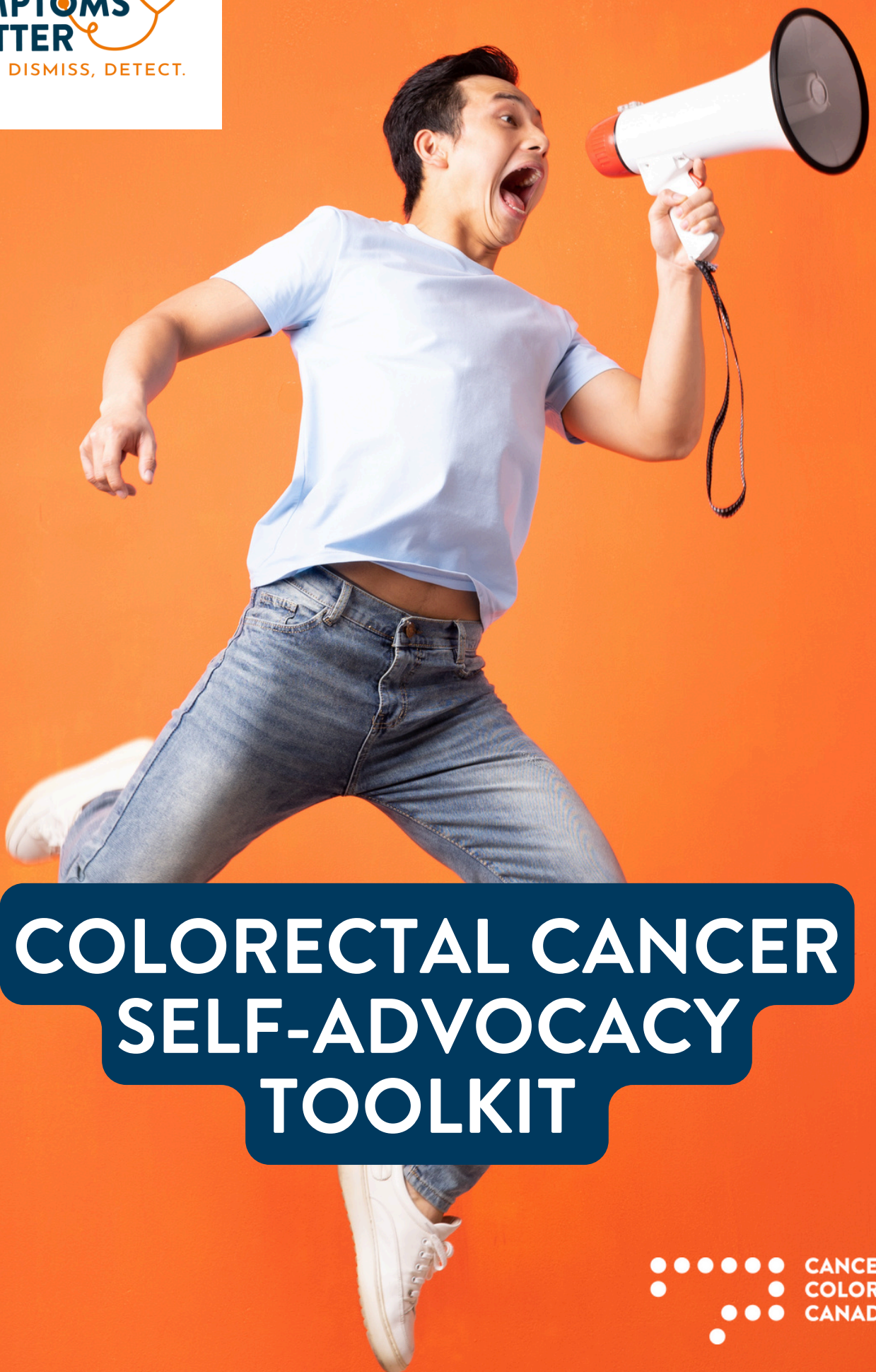


**MY
SYMPTOMS
MATTER**
DON'T DISMISS, DETECT.



**COLORECTAL CANCER
SELF-ADVOCACY
TOOLKIT**

COLORECTAL CANCER SELF-ADVOCACY TOOLKIT

WHAT IS SELF-ADVOCACY?

Self-advocacy means providing yourself with the necessary knowledge, skills, and confidence in order to be comfortable in asserting yourself and communicating your needs clearly.

WHY IS SELF-ADVOCACY IMPORTANT?

Self-advocacy is important as it can:



Improve your quality of life



Allow you to regain some stability and a feeling of control over your life



Build your confidence to help you confront challenges that seem insurmountable



Be the difference that transforms feelings of hopelessness and helplessness into feelings of hope

10 TIPS FOR SELF-ADVOCACY



Adjust your perspective

Try to see your situation as something you can change and take control of.



Find what you need

Look for information about your rights and seek out support groups that can help you achieve the outcomes you need.



Be prepared

Preparation for any meeting or conversation is essential to have a clear plan of the issues you want to raise and the best way to convey them.



Get involved

Getting involved in your community will allow you to connect with, and help, other individuals with similar experiences to you.



Ask for help

Friends, family, community support groups, professional advocates, and online resources are available to offer you support - don't be afraid to ask for help!



Be clear

Try to voice your concerns, wants, and needs clearly so that others can help you to the best of their ability.



Ask questions

Don't end a conversation with a professional until you are confident you have understood everything. If something is unclear, ask.



Learn to negotiate

Create a list of your needs and wants, highlighting those you are willing to compromise on. In situations where your desired outcome can't be achieved, use this list to help you negotiate.



Keep going

Speaking up for yourself can be difficult, but it's important to continue trying. If you face a setback, don't let it stop you - take a break, ask for more time, and keep going.



Be proud of yourself!

Sometimes you may feel under pressure and have a hard time speaking up for yourself. As you step up to the role of self-advocate, remember to be kind to yourself and allow your confidence the time to grow.

COLORECTAL CANCER SYMPTOMS CHECKLIST

(Check all that apply and bring with you during your next visit with your primary care provider)



Changes in bowel habits
(constipation or diarrhea)



Unexplained weight loss



Blood in or on the stool
(bright red or dark black)



Ongoing abdominal pain
(bloating, fullness
cramps, gas pain)



Changes in shape/
size of stools



Unexplained fatigue/
weakness



Personal or family history
of abdominal health
problems



Known anemia (low red
blood cell count)



**Did you know that the symptoms listed
above are considered warning signs of
colorectal cancer?**

Notes (write down any extra symptoms you are feeling):

IMPORTANT CONTACTS

Name	
Who is this?	
Telephone Number	

Name	
Who is this?	
Telephone Number	

Name	
Who is this?	
Telephone Number	

Name	
Who is this?	
Telephone Number	

Name	
Who is this?	
Telephone Number	

MEETING NOTES

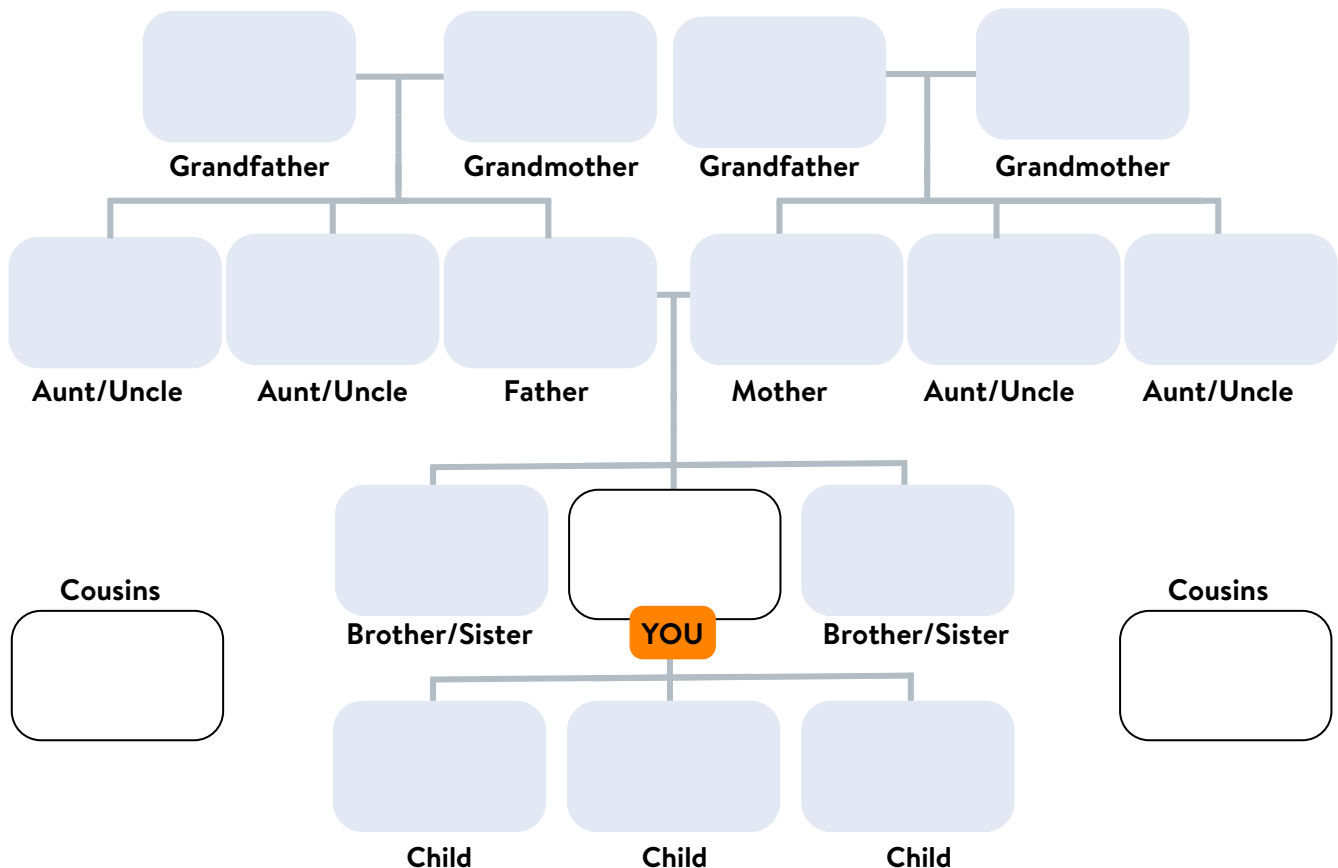
Important Notes:

What needs to be done?	By who?	When?

FAMILY HISTORY CHART

Family history matters when it comes to your health. This is a tool to help you start a conversation with your family members about your family history of colorectal cancer. Only a health professional can counsel you about your risk for developing colorectal cancer.

- 1 For each blood relative below, note any of the following health conditions and age of diagnosis: colon or rectal cancer, colon or rectal polyps, stomach or bowel problems, other cancers (endometrial, kidney, stomach, small intestine, liver), Crohn's or Ulcerative Colitis
- 2 Make copies of this chart for your family members and update regularly
- 3 Share this information with your healthcare professional



SUMMARY OF RECOMMENDATIONS FOR COLORECTAL CANCER SCREEING FOR INDIVIDUALS WITH A FAMILY HISTORY

The following table summarizes the Canadian Association of Gastroenterology's recommendations for colorectal cancer screening among individuals who have immediate family members diagnosed with the disease. If you have an immediate family member that has been diagnosed with colorectal cancer, talk to your doctor to discuss your risk and determine the most appropriate screening plan.

FDR = first-degree relative, CRC =colorectal cancer, SDR = second degree relative

Highest Risk> **Lowest Risk**

	2 or more FDRs with CRC	1 FDR with CRC	1 or more FDR with advanced adenoma (polyp)	1 or more SDR with CRC	1 or more FDR with any non-advanced adenoma (polyp)
Preferred test	Colonoscopy	Colonoscopy	No recommendation for a preferred test	According to average-risk guidelines	According to average-risk guidelines
Secondary test options		FIT	Colonoscopy or FIT are both options		
At what age screening should start	40y or 10y younger than age of diagnosis earliest diagnosed.	40-50y or 10y younger than age of diagnosis of FDR, whichever is earlier	40-50y or 10y younger than age of diagnosis of earliest diagnosed FDR, whichever is earlier	50y	
How often should screening happen	Colonoscopy: 5y	Colonoscopy: 5-10y FIT: 1-2y	Colonoscopy: 5-10y FIT: 1-2y	According to average-risk guidelines	

QUICK LINKS

Not sure where to start? Here are a few of the supports available through CCC!



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