

# ÁRBOLES Action Project

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Featuring ÁRBOLES Alumni



# ARBOLES Action Project: Planning, Drafting and Discussion



## Learning Objectives

To create a bilingual guide or educational program to communicate about hereditary breast and ovarian cancer with members of the Latino community.



# Questions to Consider for Planning your ARBOLES Action Project

1. What information do I need to add in the guide or education program?
2. What information is most helpful for the community members I serve?
3. Where can you find information / additional resources?
4. What format works best for this project?
5. How long should the guide be?
6. When do I need to turn in this project?
7. How should I name this assignment before turning it in?



# Examples of ARBOLES Action Projects

<b>Your Family</b>	<b>TU FAMILIA</b>	<b>1.</b> Breast cancer before age 50 Cáncer de mama antes de los 50	<b>2.</b> Breast cancer at age 50 or older Cáncer de mama despues de los 50	<b>3.</b> Breast cancer in both breasts Cáncer en ambas mamas
You	<b>Tu</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mother	<b>Madre</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your daughter(s)	<b>Hija (s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Either grandmother <i>(on mother's or father's side)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Abuelas</b>	<b>(materna o paterna)</b>			
Aunt(s) <i>(on mother's or father's side)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tia (s)</b>	<b>(materna o paterna)</b>			
Sisters: <b>1 sister</b>	<b>1 hermana</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 sisters</b>	<b>2 hermanas</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 sisters or more</b>	<b>3 o más hermanas</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Have any men in your family had breast cancer? Algún hombre de tu familia a tenido cáncer de mama?**

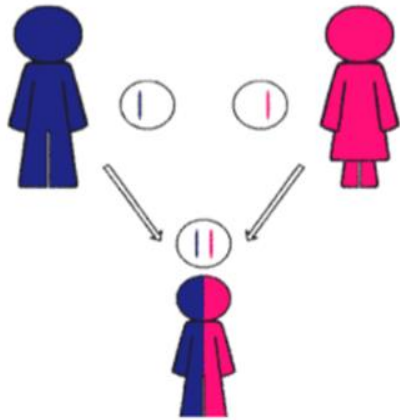
YES /SI                       NO

**5. Have you or any blood relative had ovarian cancer (not uterine or cervical cancer)? Algún pariente sanguineo ha tenido cáncer de ovario? (no uterino ni cáncer cervical)**

YES /SI                       NO

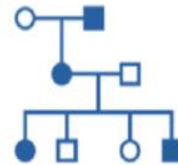


# Examples of ARBOLES Action Projects



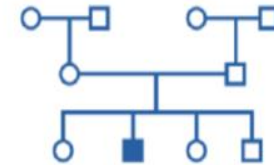
## TIPOS DE CANCER

### HEREDITARIO



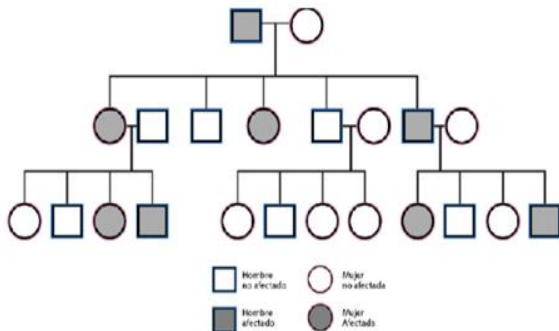
Cáncer que se debe a cambios genéticos heredados que se pueden transmitir de padres a hijos

### ESPORÁDICO



Ocurre por casualidad en uno o dos familiares relacionados

## Herencia



# ARBOLES Alumni Action Projects



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