Colorectal Cancer Screening: 80% in Every Community

KEITH WINFREY, MD, MPH, FACP
APRIL 26, 2022
ACS estimates for 2022 in the U.S. there will be:

- 151,030 new cases
  - 106,180 new cases of colon cancer
  - 44,850 new cases of rectal cancer
- 52,580 deaths
### Figure 3. Leading Sites of New Cancer Cases and Deaths – 2021 Estimates

#### Male

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases 2021</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>248,530</td>
<td>26%</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>119,100</td>
<td>12%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>79,520</td>
<td>8%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>64,280</td>
<td>7%</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>62,260</td>
<td>6%</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>48,780</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>45,630</td>
<td>5%</td>
</tr>
<tr>
<td>Oral cavity &amp; pharynx</td>
<td>38,800</td>
<td>4%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>35,530</td>
<td>4%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>31,950</td>
<td>3%</td>
</tr>
<tr>
<td><strong>All sites</strong></td>
<td><strong>970,250</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Female

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases 2021</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>281,550</td>
<td>30%</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>116,660</td>
<td>13%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>69,980</td>
<td>8%</td>
</tr>
<tr>
<td>Uterine corpus</td>
<td>66,570</td>
<td>7%</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>43,850</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>35,930</td>
<td>4%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>32,130</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>28,480</td>
<td>3%</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>27,300</td>
<td>3%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>25,560</td>
<td>3%</td>
</tr>
<tr>
<td><strong>All sites</strong></td>
<td><strong>927,910</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Male

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases 2021</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung &amp; bronchus</td>
<td>69,410</td>
<td>22%</td>
</tr>
<tr>
<td>Prostate</td>
<td>34,130</td>
<td>11%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>28,520</td>
<td>9%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>25,270</td>
<td>8%</td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>20,300</td>
<td>6%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>13,900</td>
<td>4%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>12,410</td>
<td>4%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>12,260</td>
<td>4%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>12,170</td>
<td>4%</td>
</tr>
<tr>
<td>Brain &amp; other nervous system</td>
<td>10,500</td>
<td>3%</td>
</tr>
<tr>
<td><strong>All sites</strong></td>
<td><strong>319,420</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Female

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases 2021</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung &amp; bronchus</td>
<td>62,470</td>
<td>22%</td>
</tr>
<tr>
<td>Breast</td>
<td>43,600</td>
<td>15%</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>24,460</td>
<td>8%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>22,950</td>
<td>8%</td>
</tr>
<tr>
<td>Ovary</td>
<td>13,770</td>
<td>5%</td>
</tr>
<tr>
<td>Uterine corpus</td>
<td>12,940</td>
<td>4%</td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>9,930</td>
<td>3%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>9,760</td>
<td>3%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>8,550</td>
<td>3%</td>
</tr>
<tr>
<td>Brain &amp; other nervous system</td>
<td>8,100</td>
<td>3%</td>
</tr>
<tr>
<td><strong>All sites</strong></td>
<td><strong>289,150</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data. 

©2021, American Cancer Society, Inc., Surveillance Research
Figure 6. Trends in Colorectal Cancer Incidence (1975-2016) and Mortality (1930-2017) Rates by Sex, US

Figure 8. Trends in Colorectal Cancer Incidence (1975-2016) and Mortality (1970-2017) Rates by Race, US

Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix. White and black race are not mutually exclusive from Hispanic ethnicity.

©2020, American Cancer Society, Inc., Surveillance Research
Figure 7. Trends in Colorectal Cancer Incidence (1995-2016) and Mortality (1970-2017) Rates by Age and Sex, US

Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix.

To help improve colorectal cancer screening rates, we need you.
Colorectal Cancer Screening

- Colorectal Cancer Screening rates are improving.

- However, it’s going to take effort from every health system in order to reach 80% in every community.
Colorectal Cancer Screening

- From 2016-2018, the national screening rate increased 1.4% from
  - 67.4% (2016) to 68.8% (2018)
- This increase represents an additional 3.5 million adults receiving CRC screening
- In 2020, 64 million adults aged 50-75 were screened for colorectal cancer
- 20% of adults aged 50 to 75 reported having never been screened for colorectal cancer in 2020
Colorectal Cancer Screening

- Screening rates vary across the country and are lower among:
  - the uninsured,
  - those without a usual source of care,
  - recent immigrants,
  - people with lower educational achievement
  - People with lower income level,
  - younger age groups
  - Some racial/ethnic minorities
Colorectal Cancer Screening

- Gaps in screening uptake and timely receipt of follow-up care after an abnormal screening test result leads to
  - many people unnecessarily having to endure aggressive treatment or
  - dying from cancers that could have been prevented or detected at earlier stages.
Barriers to Screening

- Inability to provide colonoscopy for pts w/a positive FIT
- Inability to provide colonoscopy for pts w/colon symptoms
- Lack of time
- No tracking system
- No annual exam
- Lack of supply of FOBT
- Limited knowledge
- Lack of pt acceptance
- Lack of insurance
New Orleans East Louisiana CHC

- **Unique Patients**: 4,164
- **Encounters**: 13,415
- **Providers**
  - PCP: 3.7 FTE (Vietnamese, Latino, African-American)
  - OB/Gyn: 1.0 FTE
  - PT: 1.0 FTE
  - BH Providers: 0.3 FTE
  - Allergist /Immunologist: 0.1 FTE
  - Clinical Pharmacist: 0.2 FTE
- **Staff**
  - FDS: 7 FTE
  - MOA: 7 FTE
  - Patient Navigators: 5 FTE
Strategic Planning (Barriers to Screening)

- **Patient Related**
  - Lack of awareness of screening options
  - Lack of motivation
  - Lack of transportation
  - CRC screening not a priority
  - Cultural awareness

- **Organization Related**
  - Lack of Provider Recommendation
  - No CRC registry available
  - Lack of transportation
  - No dedicated staff

- **Medical Neighborhood Related**
  - Nearest hospital >20 min from CHC
  - Hospital w/backlog of colonoscopy referrals
  - “High-Rise” bridge (115 ft, 1.27 miles long)
Misconceptions

1) It will be easy to increase screening rates.

2) Our rates will increase when our providers focus on screening more.

3) It will be quick and easy for our patients to complete the stool-based test.
Summary of EBIs and PDSAs

- **2012-14**
  - Provider Reminders & Feedback
  - Provider recommendation
  - EHR training
  - Assessment & Feedback

- **2014-15**
  - Hired new Patient navigator and QI Director
  - “FIT first” strategy
  - “FluFIT” initiative

- **2016-17**
  - Opportunistic Approach
  - Patient incentive, Provider incentive
  - OAE partnerships

- **2018**
  - All of the above engaged beginning in January
Adherence to Colorectal Cancer Screening:
A Randomized Clinical Trial of Competing Strategies

Dr. John M. Inadomi, MD, Dr. Sandeep Vijan, MD, MS, Dr. Nancy K. Janz, PhD, Dr. Angela Fagerlin, PhD, Ms. Jennifer P. Thomas, BS, Ms. Yung Hui V. Lin, RN, MA, Ms. Roxana Muñoz, Ms. Chim Lau, BA, Dr. Ma Somsouk, MD, MAS, Dr. Najwa El-Nachef, MD, and Dr. Rodney A. Hayward, MD
Division of Gastroenterology, Department of Medicine, University of Washington, Seattle (Dr Inadomi); GI Health Outcomes, Policy and Economics (HOPE) Research Program, Department of Medicine, University of California, San Francisco (Drs Inadomi, Somsouk, and El-Nachef and Ms Thomas, Lin, Muñoz, and Lau); Division of Gastroenterology, San Francisco General Hospital, San Francisco (Drs Inadomi, Somsouk, and El-Nachef and Ms Thomas, Lin, Muñoz, and Lau); Department of Veteran Affairs Ann Arbor Health Services Research and Development Center of Excellence, Ann Arbor, Michigan (Drs Vijan, Fagerlin, and Hayward); and Department of Medicine (Drs Vijan, Fagerlin, and Hayward) and School of Public Health (Dr Janz), University of Michigan, Ann Arbor

Abstract

Background—Despite evidence that several colorectal cancer (CRC) screening strategies can reduce CRC mortality, screening rates remain low. This study aimed to determine whether the approach by which screening is recommended influences adherence.

Methods—We used a cluster randomization design with clinic time block as the unit of randomization. Persons at average risk for development of CRC in a racially/ethnically diverse urban setting were randomized to receive recommendation for screening by fecal occult blood testing (FOBT), colonoscopy, or their choice of FOBT or colonoscopy. The primary outcome was completion of CRC screening within 12 months after enrollment, defined as performance of colonoscopy, or 3 FOBT cards plus colonoscopy for any positive FOBT result. Secondary analyses evaluated sociodemographic factors associated with completion of screening.

Results—A total of 997 participants were enrolled; 58% completed the CRC screening strategy they were assigned or chose. However, participants who were recommended colonoscopy completed screening at a significantly lower rate (38%) than participants who were recommended FOBT (67%) (P=.001) or given a choice between FOBT or colonoscopy (69%) (P=.001). Latinos and Asians (primarily Chinese) completed screening more often than African Americans. Moreover, non-white participants adhered more often to FOBT, while white participants adhered
Increasing the national colorectal cancer screening rate requires each health system doing it’s part.
Then We Need To Do It Together
Colorectal Cancer Roundtables

- National Colorectal Cancer Roundtable
- Cofounded by ACS and the CDC in 1997
- Primary goal of increasing colorectal cancer screening rates among eligible U.S. adults
- Involved organizations and individuals from numerous sectors that work together to address barriers to screening
Colorectal Cancer Roundtables

- Notable achievement - “80% by 2018 Initiative”
- Launched in 2014
- To activate organizations to invest in colorectal cancer screening
- >1,800 organizations participated
- >350 organizations reported reaching the 80 percent goal
- Hundreds of others reported increasing CRC screening rates
- Nationally rates increased from ~65% - ~70%
80% in Every Community

- New campaign
- Designed to build on the momentum created by 80% by 2018, and
- address disparities in cancer screening and follow-up care in racial/ethnic minority, low-income, and rural communities.54-56
Southeastern Colorectal Cancer Consortium

June 15-17, 2022!

Join us for the 6th Annual Southeastern Colorectal Cancer Consortium Conference at the Omni Las Colinas Hotel in Irving, Texas!

Register Now!
THE LOUISIANA COLORECTAL CANCER ROUNDTABLE (LCCRT)
Colorectal Cancer Prevention Network at the University of South Carolina

CCPN Screening Program Opportunities

- Open access colonoscopy (for average and increased risk)
- Early screening colonoscopy (due to family history)
- FIT (for average risk only)
- Colonoscopy due to CCPN FIT positive
- Surveillance Colonoscopy (for CCPN open access/early screening)

OVERVIEW OF SCREENING SERVICES PROVIDED

- Colorectal cancer screening at no cost to patient
- Patient navigator services customized to your needs
- CRC patient education at partner clinic
- 24/7 access to patient navigator
- Patient reminder and follow up calls
- Colonic preparation
- Screening test

CCPN Serving South Carolina

Increase Awareness
- Develop statewide campaigns (PSAs, billboards, social media).
- Partner with media outlets and community leaders.
- Engage in national, state, and local professional collaborations.

Provide Education
- Offer patient navigation education.
- Facilitate community education.
- Provide CME for medical providers (MD/DO) - 1 Free AMA PRA Category 1 Credit.

Facilitate Access to Screening
- Provide CRC screening opportunities for the uninsured/medically underserved.
- Collaborate with safety net organizations to provide linkage of care.
A nonprofit organization in Kentucky

provides medically necessary outpatient surgeries at no cost to income-eligible, uninsured or underinsured individuals who do not qualify for federal or state assistance.
Advocate Illinois Masonic Medical Center

- medical center in Chicago
- mobilized multidisciplinary partners from surgery, gastroenterology, oncology, and across its service area
- implemented a fully navigated Direct Access Screening Colonoscopy (DASC) program.
- allows primary care and specialty providers to refer patients directly for colonoscopy (including on Saturdays) to the hospital, creating seamless access to screenings.
- As a result, colonoscopy wait time shrunk from over two months to two weeks.
We Need to Work Together

- Organizations around the country are coming together to increase screening rates.

- It will take more collaborative efforts like these to reach the millions of patients that remained unscreened.

- What systems or organizations exist in your community that you can partner with to improve screening?
Conclusion

- Colorectal Cancer is a public health crisis
- Colorectal Cancer is preventable
- We need everyone working to do their part in order for us to reach 80% in every community.
- We can only reach 80% in every community if we work together.