



Advancing High Performance Health

Colorectal Cancer Screening: 80% in Every Community

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Colorectal Cancer

- ▶ 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				Female			
Estimated New Cases	Prostate	248,530	26%			Breast	281,550	30%
	Lung & bronchus	119,100	12%			Lung & bronchus	116,660	13%
	Colon & rectum	79,520	8%			Colon & rectum	69,980	8%
	Urinary bladder	64,280	7%			Uterine corpus	66,570	7%
	Melanoma of the skin	62,260	6%			Melanoma of the skin	43,850	5%
	Kidney & renal pelvis	48,780	5%			Non-Hodgkin lymphoma	35,930	4%
	Non-Hodgkin lymphoma	45,630	5%			Thyroid	32,130	3%
	Oral cavity & pharynx	38,800	4%			Pancreas	28,480	3%
	Leukemia	35,530	4%			Kidney & renal pelvis	27,300	3%
	Pancreas	31,950	3%			Leukemia	25,560	3%
	All sites	970,250				All sites	927,910	

	Male				Female			
Estimated Deaths	Lung & bronchus	69,410	22%			Lung & bronchus	62,470	22%
	Prostate	34,130	11%			Breast	43,600	15%
	Colon & rectum	28,520	9%			Colon & rectum	24,460	8%
	Pancreas	25,270	8%			Pancreas	22,950	8%
	Liver & intrahepatic bile duct	20,300	6%			Ovary	13,770	5%
	Leukemia	13,900	4%			Uterine corpus	12,940	4%
	Esophagus	12,410	4%			Liver & intrahepatic bile duct	9,930	3%
	Urinary bladder	12,260	4%			Leukemia	9,760	3%
	Non-Hodgkin lymphoma	12,170	4%			Non-Hodgkin lymphoma	8,550	3%
	Brain & other nervous system	10,500	3%			Brain & other nervous system	8,100	3%
	All sites	319,420				All sites	289,150	

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.

Figure 6. Trends in Colorectal Cancer Incidence (1975-2016) and Mortality (1930-2017) Rates by Sex, US

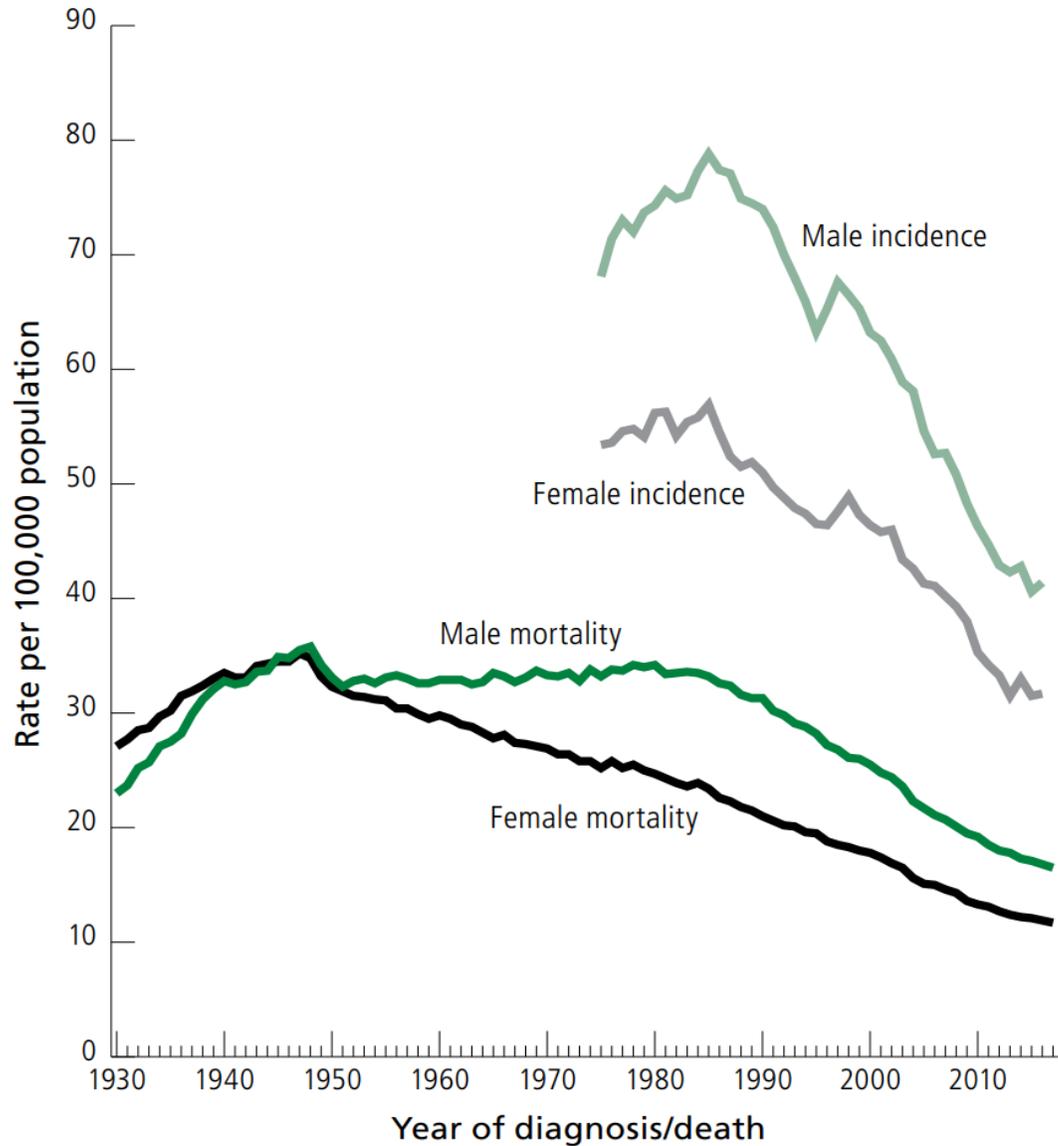
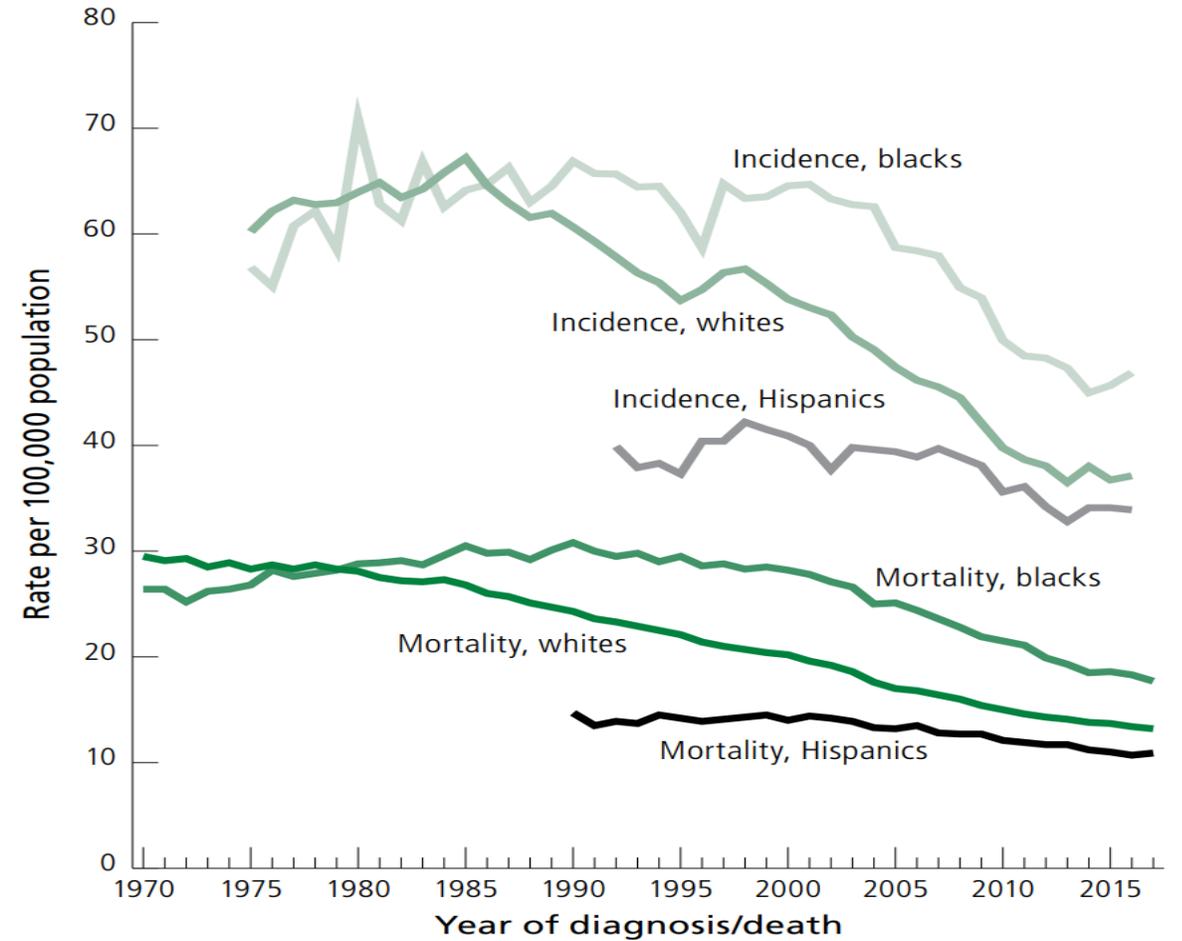


Figure 8. Trends in Colorectal Cancer Incidence (1975-2016) and Mortality (1970-2017) Rates by Race, US

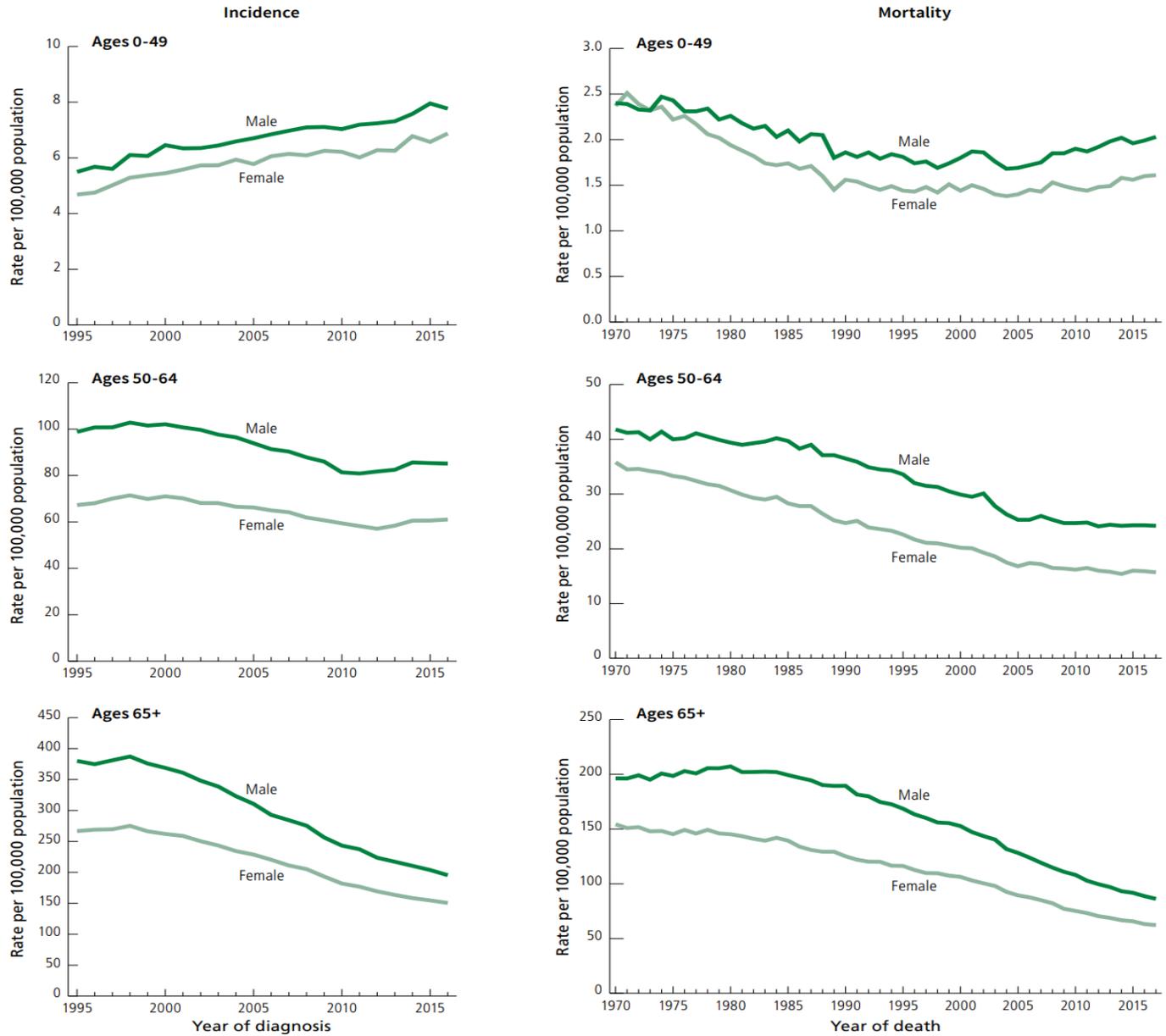


Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix. White and black race are not mutually exclusive from Hispanic ethnicity.

Source: Incidence – SEER program, 2019. Mortality – NCHS, 2019.

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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.

Source: Incidence – NAACCR, 2019. Mortality – NCHS, 2019.

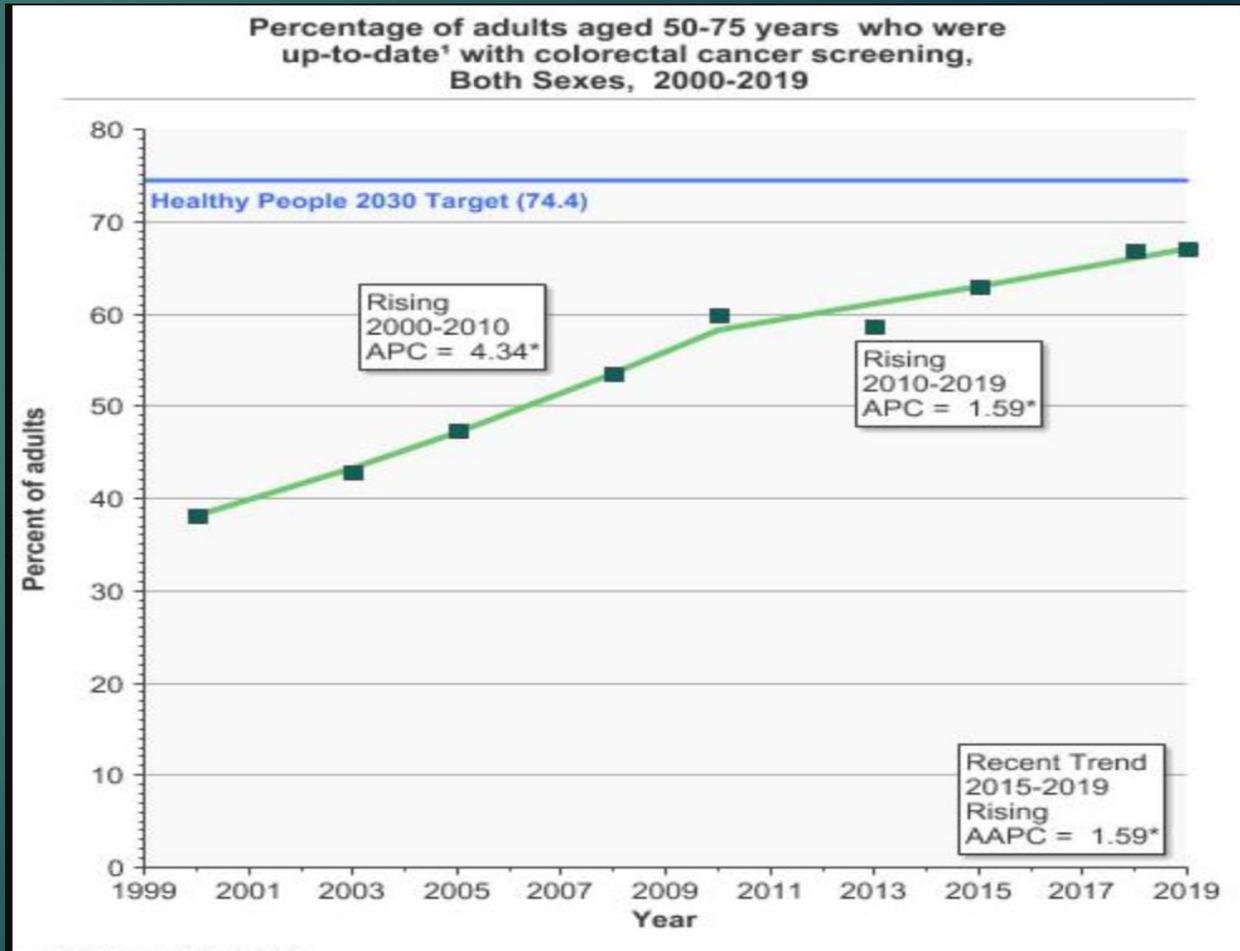


**WE NEED
YOU**

**TO HELP IMPROVE COLORECTAL
CANCER SCREENING RATES**

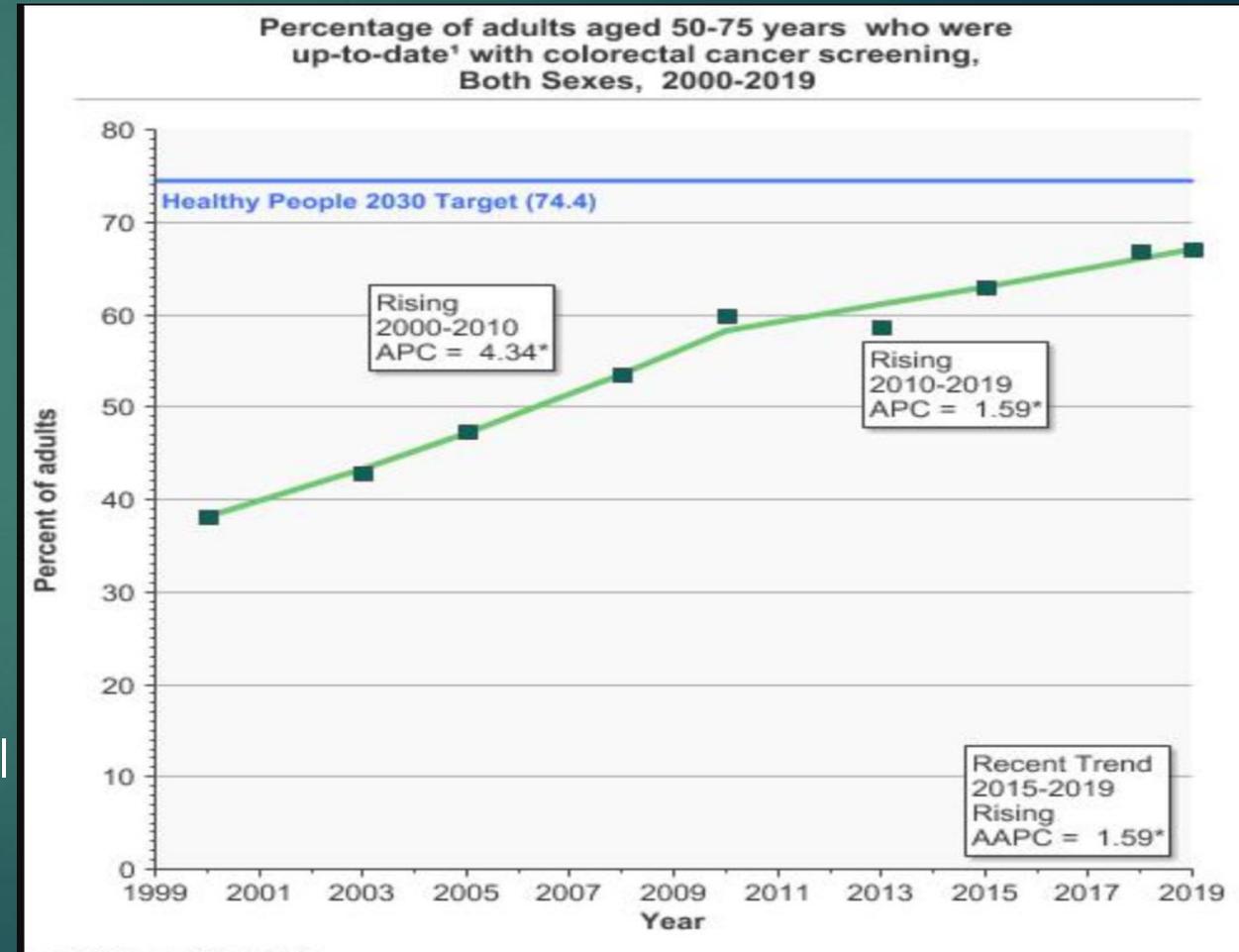
Colorectal Cancer Screening

- ▶ 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

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

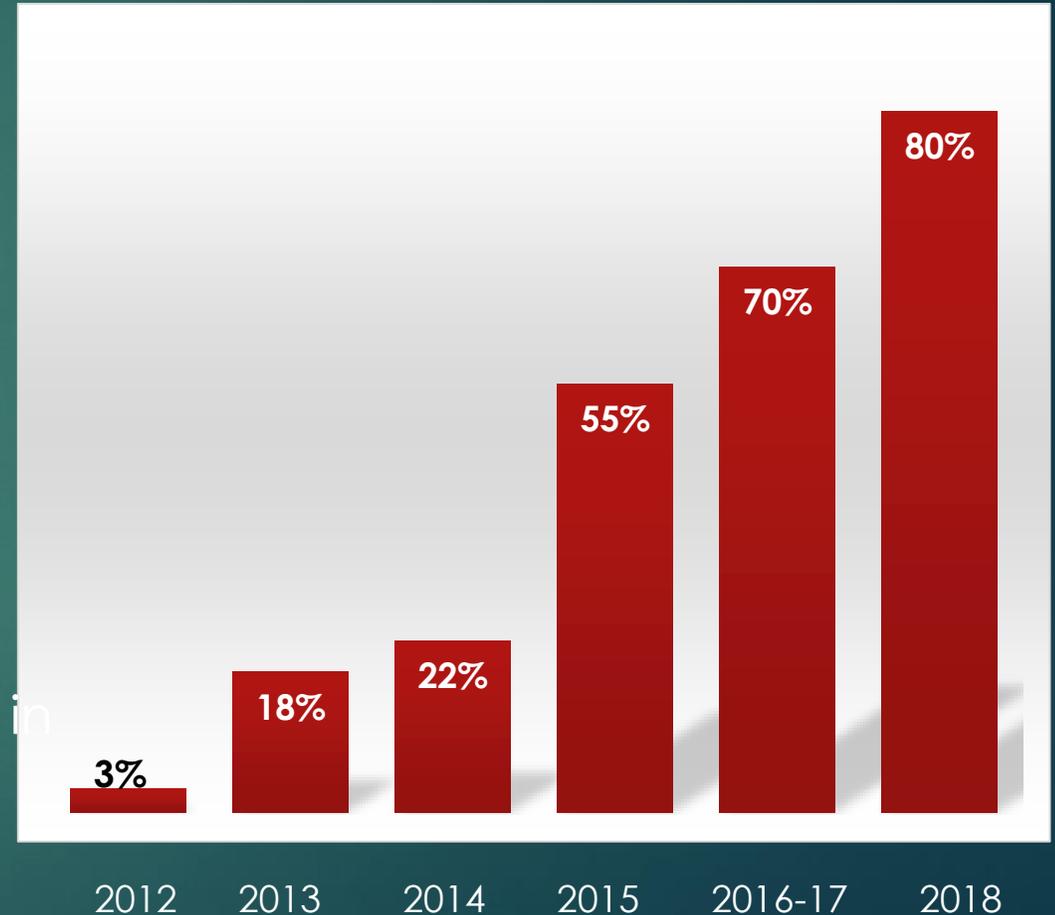
- ▶ - Hired new Patient navigator and QI Director
- ▶ - “FIT first” strategy
- ▶ - “FluFIT” initiative

2016-17

- Opportunistic Approach
- Patient incentive, Provider incentive
- OAE partnerships

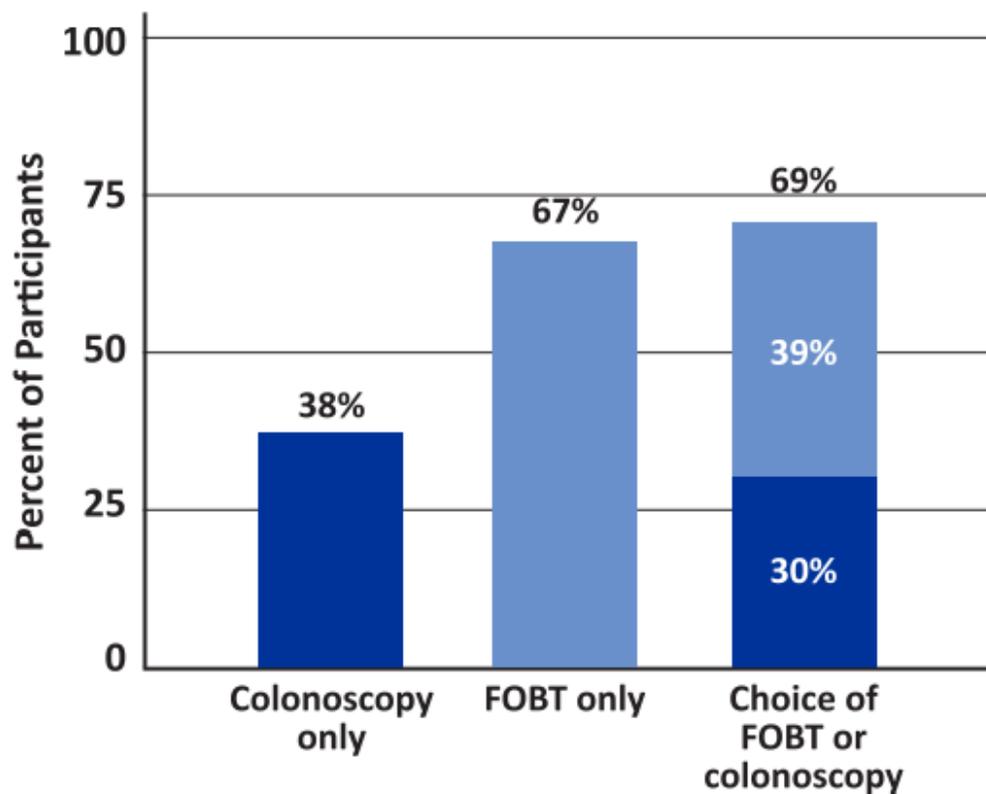
2018

- All of the above engaged beginning in January



Patient Preferences

Adherence to Colorectal Cancer Screening²



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. Yunghui 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 Mss Thomas, Lin, Muñoz, and Lau); Division of Gastroenterology, San Francisco General Hospital, San Francisco (Drs Inadomi, Somsouk, and El-Nachef and Mss 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.

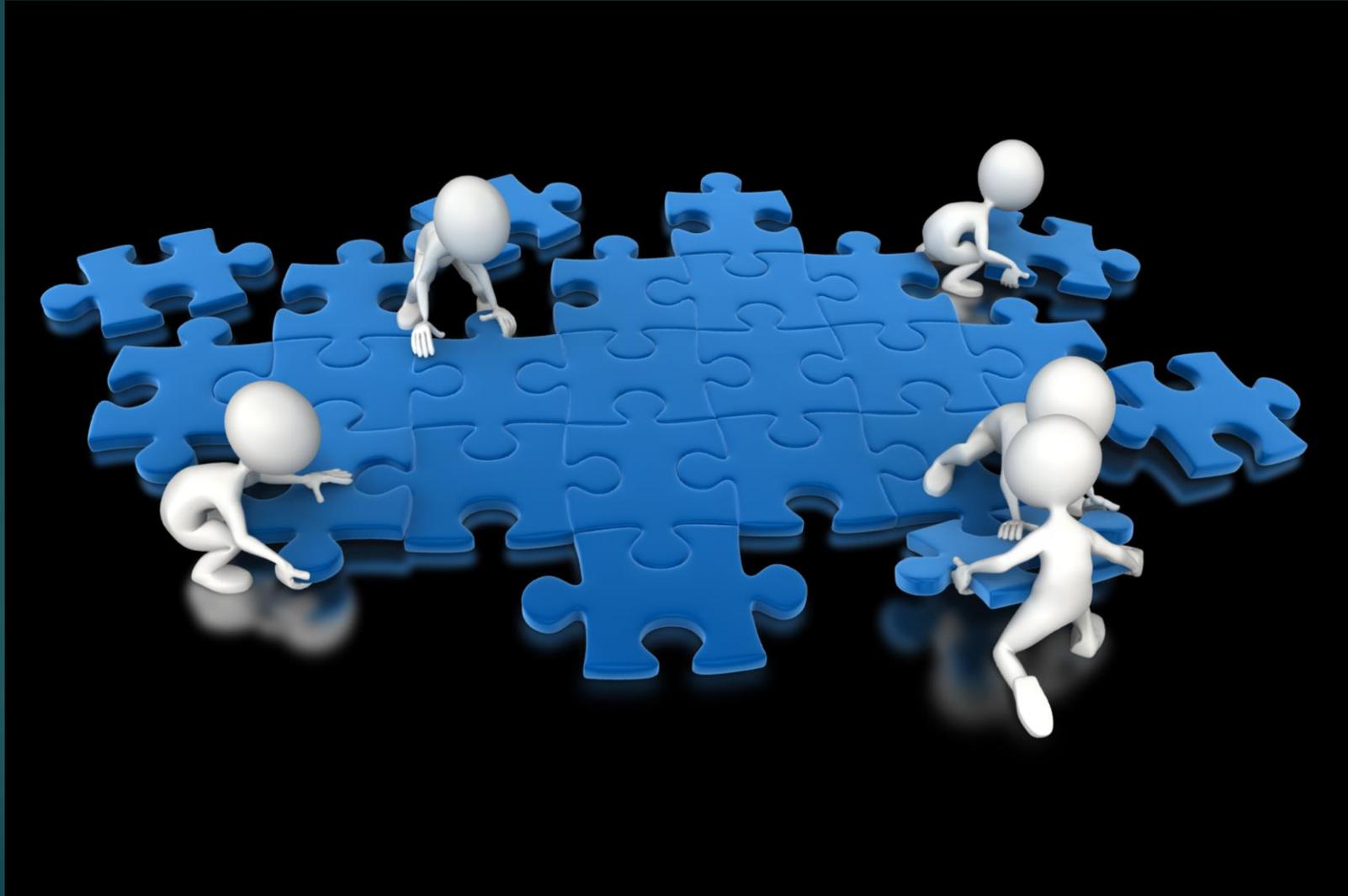
Methods—We used a cluster randomization design with clinic time block as the unit of randomization. Persons at average risk for development of CRC in a racially/ethnically diverse urban setting were randomized to receive recommendation for screening by fecal occult blood testing (FOBT), colonoscopy, 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.

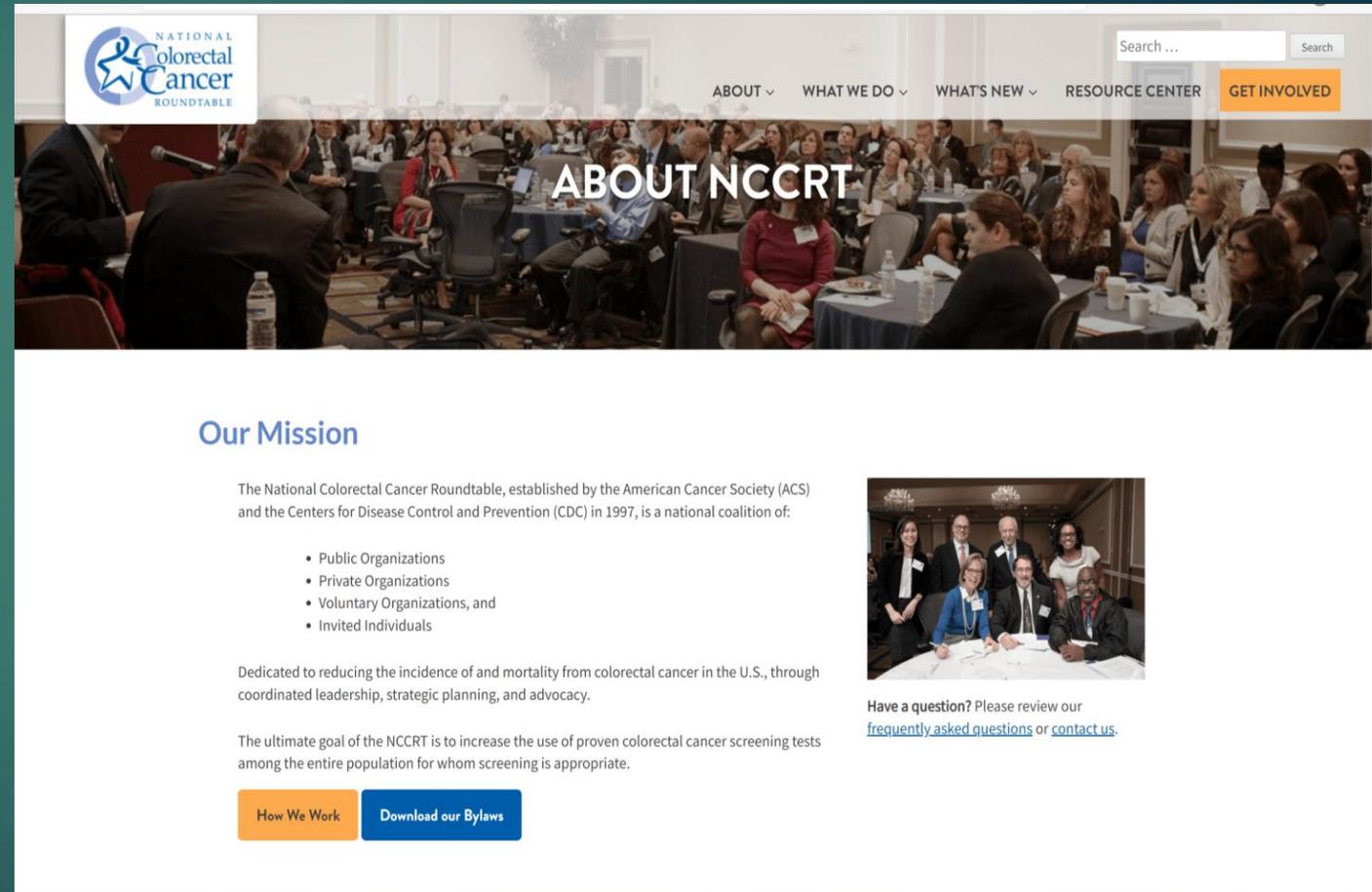


Then We Need To Do It Together



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



NATIONAL Colorectal Cancer ROUNDTABLE

Search ... Search

ABOUT ▾ WHAT WE DO ▾ WHAT'S NEW ▾ RESOURCE CENTER GET INVOLVED

ABOUT NCCRT

Our Mission

The National Colorectal Cancer Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 1997, is a national coalition of:

- Public Organizations
- Private Organizations
- Voluntary Organizations, and
- Invited Individuals

Dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S., through coordinated leadership, strategic planning, and advocacy.

The ultimate goal of the NCCRT is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate.

[How We Work](#) [Download our Bylaws](#)



Have a question? Please review our [frequently asked questions](#) or [contact us](#).

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%

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How We Work Download our Bylaws

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

The screenshot shows the website for the National Colorectal Cancer Roundtable. The main navigation includes 'ABOUT', 'WHAT WE DO', 'WHAT'S NEW', 'RESOURCE CENTER', and 'GET INVOLVED'. A search bar is located in the top right. The central banner features the text '80% IN EVERY COMMUNITY' over a collage of diverse people. Below the banner, there are two video thumbnails. The first video is titled 'Achieving 80% Colorectal Cancer Screening Rates In Every Community' and includes a map of the United States with a play button. The second video is titled '80% in Every Community - Address...' and shows a woman speaking. Both videos have 'Watch later' and 'Share' options.

Achieving 80% Colorectal Cancer Screening Rates In Every Community

80% in Every Community is an NCCRT initiative that continues the progress and commitment from 80% by 2018, and reemphasizes our dedication to partnership, collective action, and the pooling of resources to reach 80% colorectal cancer screening rates nationally. Our shared efforts are working, community health clinics, health plans, employers, counties, and others are seeing 80% screening rates and higher.

But not everyone is benefiting equally. There are still too many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities. We will continue working to bring down barriers to screening, because everyone deserves to live a life free from colorectal cancer. Our mission isn't achieved until we see 80% screening rates in every community.

80% in Every Community - 1800+ ORGANIZATIONS COMMITTED TO THE GOAL

Watch on YouTube

80% in Every Community - Address... Watch later Share

Southeastern Colorectal Cancer Consortium



[Home](#) [About](#) [Registration](#) [Hotel & Travel](#) [Agenda](#) [Sponsors](#) [Poster Abstracts](#) [Irving/Las Colinas](#) [f](#)

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!

State Roundtables

The screenshot shows the top portion of a website. In the top left corner is the logo for Louisiana Cancer Prevention & Control Programs, consisting of the letters 'LCP' in a stylized teal font followed by the text 'LOUISIANA CANCER PREVENTION & CONTROL PROGRAMS'. To the right of this is a navigation menu with the following items: 'CANCERS', 'RISK FACTORS', 'BLOG', 'HELPFUL INFORMATION', 'ABOUT US', and 'CONTACT / DONATE', each with a small downward arrow. Further right are social media icons for Facebook, Twitter, Instagram, and YouTube. The main content area is split into two sections. On the left is a teal rectangular box containing the text 'THE LOUISIANA COLORECTAL CANCER ROUNDTABLE (LCCRT)' in white, bold, uppercase letters. On the right is the LCCRT logo, which features a blue hexagon with a white stylized figure holding a star, followed by the letters 'LCCRT' in large green font, and the text 'Louisiana Colorectal Cancer Roundtable' in a smaller green font below it.



Colorectal Cancer Prevention Network

at the University of South Carolina

CCPN Screening Program Opportunities



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 (PSA's, 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.
- Access information through www.CRCFacts.com.

Facilitate Access to Screening

- Provide CRC screening opportunities for the uninsured/medically underserved.
- Collaborate with safety net organizations to provide linkage of care.

Surgery on Sunday



The screenshot shows the homepage of the Surgery on Sunday website. The header is dark blue with the logo on the left, which includes a heart rate line and the tagline "Changing Lives One Surgery at a Time". To the right of the logo is a "Select Language" dropdown menu. Below the logo is a navigation menu with links for Home, About Us, Patient Referral, Media, Events, Volunteer, Donate, and Newsletter. The main content area features a large photograph of surgeons in an operating room. Overlaid on this image is a white box with the heading "MISSION" and the following text: "Surgery on Sunday is a nonprofit organization that provides medically necessary outpatient surgeries at no cost to income-eligible, uninsured or underinsured individuals who do not qualify for federal or state assistance." Below the main image is a row of three smaller photographs: the first shows a healthcare professional in a green shirt interacting with a patient; the second shows three people in blue and green shirts standing outdoors; the third shows a group of healthcare workers in a clinical setting.

- ▶ 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.

