Welcome and Introductions
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• Rich Wender, MD, Chief Cancer Control Officer, ACS, National Colorectal Cancer Roundtable (NCCRT) Chair

Guideline Overview
• Robert Smith, PhD, VP, Cancer Screening, ACS, NCCRT Co-Chair
• Durado Brooks, MD, MPH, VP of Cancer Control Interventions, NCCRT Steering Committee/Co-Chair Community Health Center Task Group

Policy and Insurance Implications
• Caroline Powers, Federal Affairs Director, ACS CAN

What this Means for NCCRT and 80% by 2018
• Rich Wender, MD, Chief Cancer Control Officer, ACS, NCCRT Chair

Questions & Answers
Guideline Overview
ACS Guideline Development Process

Staff

Systematic Evidence Review & Modeling Reports [existing (and supplemented) or Commissioned]

External Expert Advisors

Guideline Development Group & GDG CRC Sub-group

Mission Outcomes Committee

ACS Board

External Review

(External Review and Stakeholder Organizations)

Publication
ACS 2018 Recommendations for CRC Screening

- The ACS recommends that adults aged 45 years and older with an average risk of colorectal cancer undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) exam, depending on patient preference and test availability.

✓ As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.
ACS 2018 Recommendations for CRC Screening

• Age to start screening
  - The recommendation is based on the preponderance of benefits of CRC screening over harms, the overall quality of the evidence on screening outcomes, and the high value individuals place on preventing and avoiding death from CRC.
    - Start at age 45 y (Qualified)
    - Aged 50 and older (Strong)
ACS 2018 Recommendations for CRC Screening

• The ACS recommends that average-risk adults in good health with a life expectancy of greater than 10 years continue colorectal cancer screening through the age of 75 years. *(qualified recommendation)*

• The ACS recommends that clinicians individualize colorectal cancer screening decisions for individuals aged 76 through 85 years, based on patient preferences, life expectancy, health status, and prior screening history. *(qualified recommendation)*

• The ACS recommends that clinicians discourage individuals over age 85 years from continuing colorectal cancer screening. *(qualified recommendation)*
ACS 2018 Recommendations for CRC Screening

• Options for CRC screening
  - **Stool-based tests:**
    - Fecal immunochemical test (FIT) every year
    - High sensitivity guaiac-based fecal occult blood test (HS-gFOBT) every year
    - Multi-target stool DNA test (mt-sDNA) every 3 years
  - **Structural (visual) exams:**
    - Colonoscopy (CSY) every 10 years
    - CT Colonography (CTC) every 5 years
    - Flexible sigmoidoscopy (FS) every 5 years

• As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.
What Changed? (2018 vs 2008)

• Change in age to start screening to 45y from 50y
• A General Recommendation vs. Specific Test Recommendations
• Emphasis on choice
  - The recommendation for CRC screening includes offering patients the opportunity to select either a structural (visual) exam or a high-sensitivity stool-based test, depending on patient preference and test availability.
  - Barium enema no longer recommended
• Guidance on when to stop screening
• Reinforce importance of follow up colonoscopy as part of the screening process
What Informed the GDG Decisions?

• GRADE (Grading of Recommendations, Assessment, Development and Evaluations)
  - Quality of evidence - high-quality studies of test performance and effectiveness of screening
  - Evidence on the burden of disease by age and race
  - Modeling studies
  - Balance between desirable and undesirable effects - benefits of each of the included screening modalities are significantly greater than the harms.
  - Values and preferences – Since there is no single test that is consistently preferred by adults in the U.S., the GDG emphasized the importance of offering choice, rather than ranking tests based solely on quality of evidence for individual tests.
Trends in CRC Incidence by Age and Year of Birth

Rationale – Disease Burden of CRC

Figure 1. Trends in Colorectal Cancer Incidence Rates in Adults Younger than Aged 50 years by Race, 1975-2014

Rationale – Disease Burden of CRC

Trends in Colorectal Cancer Incidence Rates by Age and Sex, 1975-2014

Percentage of Years of Potential Life Lost Due to Death from Colorectal Cancer by Age at Diagnosis (incidence-based mortality 2010-14 with follow-up 20 years after diagnosis)

> 10% of all LYL is due to a diagnosis of CRC between ages 45-49
Model-estimated Benefit CRC Screening by Starting Age

Model-estimated Life Years Gained from CRC Screening Starting at Aged 45y vs 50y, per 1000 Screened Over a Lifetime

- CSY
- CTC
- FS
- FIT
- HSGFOBT
- mt-sDNA

LYG 45y-75y
LYG 50y-75y
Starting Age of 45: Conclusions

• Modeling convincingly demonstrates that, due to the rising incidence of CRC in younger individuals, screening all average-risk persons between the ages of 45 and 75 reduces mortality from CRC with an acceptable risk (as measured by number of colonoscopies per LYG).

• The previously expected benefit of starting screening at age 45 versus 50 can no longer be considered “modest.”

• The trend of increasing CRC incidence in successively younger birth cohorts suggests that the recommended starting age of 45 will likely continue to be relevant.

• The benefit-burden balance strongly favors changing the starting age from 50 to 45.
## CRC Screening Guidelines for Average Risk Adults: ACS (2018); USPSTF (2016)

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>ACS, 2018</th>
<th>USPSTF, 2016</th>
</tr>
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<tbody>
<tr>
<td><strong>Age to start screening</strong></td>
<td>Age 45y&lt;br&gt;Starting at 45y (Q)&lt;br&gt;Screening at aged 50y and older - (S)</td>
<td>Aged 50y (A)</td>
</tr>
<tr>
<td><strong>S-strong Q-Qualified</strong></td>
<td>High-sensitivity stool-based test or a structural exam.</td>
<td>Different methods can accurately detect early stage CRC and adenomatous polyps.</td>
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<td><strong>Choice of test</strong></td>
<td>FIT annually&lt;br&gt;HSGFOBT annually&lt;br&gt;mt-sDNA every 3y&lt;br&gt;Colonoscopy every 10y&lt;br&gt;CTC every 5y&lt;br&gt;FS every 5y</td>
<td>FIT annually&lt;br&gt;HSGFOBT annually&lt;br&gt;sDNA every 1 or 3 y&lt;br&gt;Colonoscopy every 10y&lt;br&gt;CTC every 5y&lt;br&gt;FS every 5y&lt;br&gt;FS every 10y plus FIT every year</td>
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<td><strong>Acceptable Test options</strong></td>
<td>All positive non-colonoscopy tests should be followed up with colonoscopy.</td>
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<td><strong>Age to stop screening</strong></td>
<td>Continue to 75y as long as health is good and life expectancy 10+y (Q)&lt;br&gt;76-85y individual decision making (Q)&lt;br&gt;&gt;85y discouraged from screening (Q)</td>
<td>76-85 y individual decision making (C)</td>
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Guideline Resources

• Brief video (Dr. Richard Wender) introducing the updated guideline

• Cancer.org/colonmd
  - Materials for patients/consumers
  - Material for health professional
  - Tools to facilitate conversations between clinicians and patients about selecting a screening test option that is consistent with patient preferences
  - Guidelines paper and supporting articles (link to CA journal website)
  - Updated guidelines presentations professional and lay audiences
Implementation Challenges

• Change is always a challenge
• Difference in starting age – ACS & USPSTF
• Increase in public awareness
• Increase in primary care provider awareness and workload
• Currently no way to measure screening 45 – 49 y
• Insurance coverage for persons < 50y
Policy and Insurance Implications
Insurance Coverage for Screening (Minimum Coverage)

• Affordable Care Act requires insurers across the country to cover – with no cost sharing - screening services with a USPSTF A or B rating

• Colorectal cancer screening starting at age 50 receives an A rating

• Insurers can voluntarily offer broader coverage than USPSTF guidelines; but not required
Insurance Coverage for Screening (State Mandates)

- Some states require private insurers and/or state Medicaid programs to use ACS guidelines to inform colorectal cancer screening requirements (automatic)
- Some states consult ACS guidelines; those states will require additional steps to require a coverage change
- Bottom line: Consumers should understand what their insurance policy will cover and what out-of-pocket expenses they may incur should they begin screening at age 45
Insurance Coverage for Screening (Next Steps)

• ACS and ACS CAN will work aggressively to educate insurers, lawmakers, and other stakeholders on:
  - The rising rates of CRC among younger individuals
  - The evidence in support of screening for individuals aged 45-49
  - The importance of expanding insurance coverage of screening for this age group
Implications for NCCRT and 80% by 2018
What Does the New Guideline Mean for the NCCRT?

- The NCCRT considers itself “guidelines agnostic.”
- Going forward NCCRT materials will reflect both the ACS guidelines and the USPSTF recommendation.
- We’ll be using this disclaimer, as needed: *This resource does not reflect the new 2018 ACS guideline for colorectal cancer.*
- We welcome NCCRT member advice on how the new recommendation should fit into the NCCRT’s overall strategic plan.
- For systems that choose to start recommending screening at 45, we’d like to learn from you. How was it received? Advice?
What Does the New Guideline Mean for 80% by 2018?

• The shared goal to screen 80% of adults for colorectal cancer will stay focused on adults aged 50 or older for two main reasons:
  - With only 6 months remaining in 2018, it is unrealistic to expect a significant uptake in screening in 45 to 49 year olds.
  - The major measures track CRC screening rates are for 50 or older.

• The NCCRT is planning to launch a new CRC screening umbrella campaign for 2019.

• We want to hear from YOU about how to take the new guideline into account.

• Contact mary.doroshenk@cancer.org if you are willing to help by participating in an online focus group.
What About Adults Under 45?

- The NCCRT Family History/Early Onset Task Group has been very active.

- We are emphasizing that all patients with symptoms need a proper diagnostic work up.

- *Risk Assessment and Screening Toolkit to Detect Familial, Hereditary and Early Onset Colorectal Cancer* to help clinicians will be released in June.

- We’ve joined the Colon Cancer Challenge Foundation and EIF’s National Colorectal Cancer Research Alliance in commissioning a manuscript that will serve as a strategic plan for addressing the trend.

- We are stressing that adults of all ages should see a doctor if they experience symptoms, such as blood in the stool or unexplained weight loss.
• Join us for our launch webinar
• June 19th at 3:00pm ET
• Watch for registration info
Who to Contact

• Questions about the guideline:
  - Richard.Wender@cancer.org
  - Robert.Smith@cancer.org

• Questions about insurance coverage/insurance implications:
  - Caroline.Powers@cancer.org

• Questions about NCCRT and 80% by 2018:
  - Mary.Doroshenk@cancer.org