The National Colorectal Cancer Roundtable Campaign to Screen 80% for Colorectal Cancer by 2018: Mapping Progress by State to Focus on Screening Effort

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BACKGROUND

Less than two-thirds of the population is up-to-date with colorectal cancer (CRC) screening. A national campaign has been initiated to increase screening rates to 80% by 2018. If this is accomplished, approximately 277,000 CRC cases and 203,000 CRC deaths could be averted by 2030. However, this will require screening an additional 24.4 million people. Goals were set per state for the total number needed to be newly screened (TNNS) to achieve the 80% goal nationally. Our aim is to determine whether we are in place to achieve this goal.

METHODS

From a national perspective, we are assessing the progress of the 80% by 2018 effort by tracking CRC screening rates using various measures, such as the Behavioral Risk Factor Surveillance System, the National Health Interview Survey and the Uniform Data Set measure. From a local perspective, a key component of the campaign is to encourage local health systems, community groups, and other organizations to sign a pledge. Those who have signed are encouraged to track their screening rates; we are listing all systems that either achieved an 80% screening rate or have seen considerable improvement. Each signee is provided with an array of tools to facilitate screening and asked to report progress annually. We used ArcGIS to map the geographical location of committed state-based organizations to the state-level TNNS and track where community resources are already committed and where they are lacking. This mapping can be used across the campaign to monitor geographic outreach and numbers screened.

RESULTS

At the time of analysis, over 900 organizations have signed the pledge. TNNS is plotted in Figure 1 and the 907 state-based organizations with location data are plotted in Figure 2. Current pledge participants are concentrated in the Northeast and Midwest, with others in the Southeast and West coast. The largest TNNS are focused in many of the highly populous states: CA, TX, FL, PA, IL, and NY, with CA and TX reaching more than 2 million screened. Comparing the two maps, we can see that many of the states with large TNNS in order to reach the goal are well poised to do so, with often 15+ organizations having signed the pledge. One exception is NC, which requires over 2 million additional people screened but only has 12 organizations who have signed the pledge.

CONCLUSIONS

Pledged organizations are positioned in many of the areas that require large TNNS and we anticipate that local health system and community involvement will contribute to rising screening rates and a reduction in CRC incidence and mortality. However, system engagement is sparse in some areas of high need. Moreover, barriers to screening (e.g., high rates of uninsured, especially in states that don’t expand Medicaid) will hamper progress in some states.

Figure 1: Total Number Needed to be Screened for CRC to Reach 80% by 2018 by State

Figure 2: Number of State-Based Organizations Who Have Signed the 80% by 2018 Pledge

Additional Measures You Can Take as Primary Care Physicians, Hospitals, Insurers, and Community Members:
1. Make CRC screening a high priority goal.
2. Understand the power of the physician recommendation.
3. Communicate the importance of your patients.
4. Partner with primary care physicians and hospitals.
5. Proactively remind patients to schedule an exam.
6. Ensure understanding of current coding requirements under the ACA.
7. Promote 80% by 2018 to your network.
8. Partner with FQHCs and other safety net practices.
9. Support the American College of Gastroenterology.
10. Resources include tools to help track your progress, availability of screening resources and more.

*The 80% by 2018 campaign provides a variety of tools to support providers and community organizations as they work toward the achievement of state-level 80% goals. These tools include assistance in setting up patient education materials, and assistance to identify and screen more people through the Human papillomavirus (HPV) vaccine and other safety net practices.

**Beneficial outcomes from screening are a function of age-adjusted CRC incidence risk.

**Evidence of effectiveness is influenced by racial and other patient-related factors.

**AARP’s health literacy tool, called Health Literacy Model: A framework for action, is available at the AARP.org website.

**The 80% by 2018 campaign is a joint effort by the American Cancer Society, American Society for Gastrointestinal Endoscopy, American Academy of Family Physicians, American Public Health Association, Centers for Disease Control and Prevention, American Cancer Society Cancer Action Network, American College of Obstetricians and Gynecologists and the National Colorectal Cancer Roundtable.

**Additional resources can be found at 80by2018.org.