2022 NCCRT Annual Meeting

SCREENING AT 45: DATA, RESEARCH, AND IMPLEMENTATION
Jessica Star  
MA, MPH  
Associate Scientist II, Surveillance and Health Equity Science, ACS

Keith L. Winfrey  
MD, MPH, FACP  
Chief Medical Officer, NOELA Community Health Center

Uri Ladabaum  
MD, MS  
Professor of Medicine  
Stanford University School of Medicine

Kaitlin Sylvester  
MPA  
Director, National Colorectal Cancer Roundtable
2021 National Health Interview Survey Data on Colorectal Cancer Screening in Ages 45-49

Thursday, November 17, 9:20 AM
CRC Screening at 45: The National Health Interview Survey

National Colorectal Cancer Roundtable
November 2022
Jessica Star, MA, MPH
Surveillance and Health Equity Sciences
American Cancer Society
NHIS: Recent Changes in Survey Design

• In person, household survey among non-institutionalized adults
• Self-reported CRC screening data
  • Colonoscopy
  • Sigmoidoscopy
  • FIT/gFOBT (hereafter FIT)
  • CT Colonography (added in 2010)
  • sDNA/Cologuard (added in 2018)
• 2019: Change in survey design, CRC screening questions, and rotation
• 2021: CRC screening data are collected, mix of in-person/ telephone
Characteristics of people 45-49 years in the 2021 NHIS

• 61% are White, 18% are Hispanic, 11% are Black, 8% are Asian

• 45% completed a bachelors degree or further education

• 78% were above 200% of the federal poverty level

• 48% had a wellness visit in the past 12 months

• Approximately 19 Million (weighted national estimate)
Sources: National Health Interview Survey 2019 and 2021
Changes in Past Year CRC Screening Prevalence—Age 45-49

Note the scale
Changes in UTD CRC Screening Prevalence between 2019 and 2021—Aged 45-49

Note the scale
Changes in UTD CRC Screening Prevalence between 2019 and 2021 by Race – Aged 45-49

Note the scale
Changes in UTD CRC Screening Prevalence between 2019 and 2021 by Sex – Aged 45-49

Note the scale
Changes in UTD CRC Screening Prevalence between 2019 and 2021 by Education – Aged 45-49

Note the scale

- Less than high school: 2019 - 18, 2021 - 13
- High school diploma: 2019 - 17, 2021 - 17
- College graduate: 2019 - 24, 2021 - 22
Concluding Thoughts

• Screening in aged 45-49 still low at 20%
• Notable disparities in screening by race, sex, and education
• Benefits of home-based screening
Thank You!

Acknowledgements
• Ahmedin Jemal
• Surveillance and Health Equity Sciences Team
• American Cancer Society
Screening at Ages 45-49: Emerging Evidence and Implications

Thursday, November 17, 9:20 AM
Screening at Ages 45-49: Emerging evidence and implications

NCCRT Annual Meeting 2022
November 17, 2022

Uri Ladabaum, M.D., M.S.
Professor of Medicine; Director, GI Cancer Prevention Program
Stanford University School of Medicine
Epidemiological trends: CRC risk increasing at ages <50
Increasing CRC risk under age 50

Rectum: IRR=4.3 (95% CI, 2.2-8.5)
Colon: IRR=2.4 (95% CI, 1.1-5.2)

Siegel et al., JNCI 2017;109(8)
Increasing CRC risk under age 50

Rectum:
IRR=4.3
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Siegel et al., JNCI 2017;109(8)
Increasing CRC risk under age 50

Siegel et al., JNCI 2017;109(8)
Prompted change in guidelines
“The ACS recommends that adults aged 45 years and older with an average risk of CRC undergo regular screening…”

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 50 to 75 years</td>
<td>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the &quot;Practice Considerations&quot; section and Table 1 for details about screening strategies.</td>
<td>A</td>
</tr>
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<td>Adults aged 45 to 49 years</td>
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<td>B</td>
</tr>
<tr>
<td>Adults aged 76 to 85 years</td>
<td>The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider</td>
<td></td>
</tr>
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</table>

CLINICAL PRACTICE GUIDELINES

Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer
This raised concerns
From Colorectal Cancer Screening Guidelines to Headlines: Beware!

Michael Bretthauer, MD, PhD; Mette Kalager, MD, PhD; and David S. Weinberg, MD, MSc

Potential Intended and Unintended Consequences of Recommending Initiation of Colorectal Cancer Screening at Age 45 Years

Liang et al., Gastro 2018
Bretthauer et al, AnnIntMed 2018
Imperiale et al, CGH 2018

Lowering the Starting Age for Colorectal Cancer Screening to 45 Years: Who Will Come…and Should They?
From Colorectal Cancer Screening Guidelines to Headlines: Beware!
Michael Bretthauer, MD, PhD; Mette Kalager, MD, PhD; and David S. Weinberg, MD, MSc

- CRC control in:
  - 45-49
  - High risk groups
- Increase screen in 50+

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Imperiale et al, CGH 2018

Lowering the Starting Age for Colorectal Cancer Screening to 45 Years: Who Will Come...and Should They?
CRC control in:
- 45-49
- High risk groups
- Increase screen in 50+

“Small problem”
- Divert resources
- Disparities (“healthy screenee”)
- Cost

Liang et al., Gastro 2018
Bretthauer et al, AnnIntMed 2018
Imperiale et al, CGH 2018
So, what has happened so far?
So, what has happened so far?

1. Evidence of screen benefit <50
Colorectal Cancer Incidence After Colonoscopy at Ages 45–49 or 50–54 Years

Maanek Sehgal,1,* Uri Ladabaum,2,* Alka Mithal,3 Harminder Singh,4 Manisha Desai,5 and Gurkirpal Singh2,3
Exposure to colonoscopy associated with lower risk of CRC

Sehgal, Ladabaum et al, Gastroenterology 2021; 160:2018

Proportions of Persons Exposed vs Not Exposed to Colonoscopy at Ages 45-49 Remaining Free of CRC Over Time

- Exposed to colonoscopy
- Not exposed to colonoscopy
CRC Cases per 100,000 person-years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Colonoscopy</th>
<th>No colonoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-49 y.o.</td>
<td>196 K</td>
<td>2.6 mil</td>
</tr>
<tr>
<td>50-54 y.o.</td>
<td>660 K</td>
<td>2.4 mil</td>
</tr>
</tbody>
</table>

Adj HR

- 0.32 (0.29-0.34)
- 0.50 (0.44-0.56)

Sehgal, Ladabaum et al, Gastroenterology 2021; 160:2018
Higher-risk 45-49 year-olds may have had colonoscopy.

Sehgal, Ladabaum et al, Gastroenterology 2021; 160:2018
Age at Initiation of Lower Gastrointestinal Endoscopy and Colorectal Cancer Risk Among US Women

Wenjie Ma, MD, ScD; Molin Wang, PhD; Kai Wang, MD, PhD; Yin Cao, MPH, ScD; Ellen Hertzmark, PhD; Shuji Ogino, MD, PhD; Kimmie Ng, MD, MPH; Walter C. Willett, MD, DrPH; Edward L. Giovannucci, MD, ScD; Mingyang Song, MD, ScD; Andrew T. Chan, MD, MPH

Published online May 5, 2022.
Lower endoscopy <50 associated with lower risk of CRC
So, what has happened so far?

1. Evidence of screen benefit <50
2. High yield at colonoscopy
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<tr>
<th>Study</th>
<th>Years</th>
<th># exams 45-49</th>
<th>45-49 years old CRN</th>
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<td>Kolb 2021</td>
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<td>N/A</td>
<td>17.8%</td>
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- 17 studies 2002-2020
  - 51,811 average risk
  - 4 continents

- [Truly average risk? Calendar years? Geographic variation?]

Kolb et al, Gastroenterology 2021;161:1145
# Adenoma Detection Rate: 45-49 year-olds

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Adenoma and Sessile Serrated Lesion Detection Rates at Screening Colonoscopy for Ages 45–49 Years vs Older Ages Since the Introduction of New Colorectal Cancer Screening Guidelines

Uri Ladabaum,¹ John Shepard,² and Ajitha Manna lithara¹
So, what has happened so far?

1. Evidence of screen benefit <50
2. High yield at colonoscopy
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Some modeling
Cost-Effectiveness and National Effects of Initiating Colorectal Cancer Screening for Average-Risk Persons at Age 45 Years Instead of 50 Years

Uri Ladabaum, Ajitha Mannalithara, Reinier G. S. Meester, Samir Gupta, and Robert E. Schoen
### Potential trade-offs?

<table>
<thead>
<tr>
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<th>Colonoscopy at ages 45-75 years vs. 50-75 years</th>
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<tr>
<td>People screened (x 100)</td>
<td><img src="image1" alt="People icons" /></td>
<td><img src="image2" alt="People icons" /></td>
<td><img src="image3" alt="People icons" /></td>
</tr>
<tr>
<td>Incremental colonoscopies (x 100)</td>
<td><img src="image4" alt="Colonoscopy icons" /></td>
<td><img src="image5" alt="Colonoscopy icons" /></td>
<td><img src="image6" alt="Colonoscopy icons" /></td>
</tr>
<tr>
<td>Colorectal cancers prevented</td>
<td><img src="image7" alt="Cancer icons" /></td>
<td><img src="image8" alt="Cancer icons" /></td>
<td><img src="image9" alt="Cancer icons" /></td>
</tr>
<tr>
<td>Colorectal cancer deaths prevented</td>
<td><img src="image10" alt="Death icons" /></td>
<td><img src="image11" alt="Death icons" /></td>
<td><img src="image12" alt="Death icons" /></td>
</tr>
<tr>
<td>Life-years gained (x 10, discounted)</td>
<td><img src="image13" alt="Life-years icons" /></td>
<td><img src="image14" alt="Life-years icons" /></td>
<td><img src="image15" alt="Life-years icons" /></td>
</tr>
<tr>
<td>Costs $ vs. Savings $ (x $100K, discounted)</td>
<td><img src="image16" alt="Cost icons" /></td>
<td><img src="image17" alt="Cost icons" /></td>
<td><img src="image18" alt="Cost icons" /></td>
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Ladabaum et al, Gastroenterology 2019;157:137
## Potential trade-offs?

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| People screened (x 100) | | |
|--------------------------|--------------------------|
| People screened (x 100) | People screened (x 100) | People screened (x 100) |

| Incremental colonoscopies (x 100) | | |
|-----------------------------------|--------------------------|
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### Colorectal cancers prevented

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### Life-years gained (x 10, discounted)

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### Costs $ vs. Savings $ (x $100K, discounted)

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**Gastroenterology**

Ladabaum et al, Gastroenterology 2019;157:137
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<tr>
<td><img src="chart1.png" alt="People screened chart" /></td>
<td></td>
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<tr>
<td>Incremental colonoscopies (x 100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="chart2.png" alt="Colonoscopies chart" /></td>
<td></td>
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<tr>
<td>Colorectal cancers prevented</td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="chart3.png" alt="Colorectal cancers prevented chart" /></td>
<td></td>
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<tr>
<td>Colorectal cancer deaths prevented</td>
<td></td>
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</tr>
<tr>
<td><img src="chart4.png" alt="Colorectal cancer deaths prevented chart" /></td>
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<tr>
<td>Life-years gained (x 10, discounted)</td>
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<tr>
<td><img src="chart5.png" alt="Life-years gained chart" /></td>
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<tr>
<td>Costs $ vs. Savings $(x $100K, discounted)</td>
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</tr>
<tr>
<td><img src="chart6.png" alt="Costs chart" /></td>
<td></td>
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Ladabaum et al, *Gastroenterology* 2019;157:137
Potential trade-offs?

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- **We have implicitly decided in U.S.: We can “do it all”**

Ladabaum et al, Gastroenterology 2019;157:137
Potential Effects of Lowering Colorectal Cancer Screening Age to 45 Years on Colonoscopy Demand, Case Mix, and Adenoma Detection Rate
Strain resources? Affect ADR benchmark?

Crockett and Ladabaum et al, Gastroenterology 2022;162:984
Strain resources? Affect ADR benchmark?

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Crockett and Ladabaum et al, Gastroenterology 2022;162:984
Strain resources? Affect ADR benchmark?

- Future steady state: cohort size $1,000 \rightarrow 1,159$
- 2-fold bolus scenario: cohort size $\rightarrow 1,507$
- Future steady state: ADR $35.8\% \rightarrow 33.7\%$
- Some “lower detectors” could fall below ADR benchmark of 25%
- “Lower detectors” already have reason to improve
- \([ADR \ benchmark \ could \ change – not \ lower…]\)

Crockett and Ladabaum et al, Gastroenterology 2022;162:984
ADR and post-colonoscopy CRC

Schottinger et al, JAMA 2022;327:2114
Key Takeaways

- Data accumulating in favor of screening 45-49
- High yield at colonoscopy 45-49
  - Slightly lower vs. 50-54 (similar advanced adenoma)
  - Comparable to second screen at 60-64
- Resources don’t seem strained yet
- If ramp-up smooth, unlikely to shock system
  - Colonoscopy volume in flux? (FIT, blood tests?)
  - No lowering of ADR benchmark
Thank You!
NCCRT Primary Care Strategy Meeting & Updated Steps Guide

Thursday, November 17, 9:20 AM
The **NCCRT Steps Guide** provides step-by-step instructions to help health centers implement processes to increase CRC screening.

The 2014 edition has been instrumental in helping numerous health centers achieve improvements in their CRC screening rates.

[nccrt.org/resource-center](http://nccrt.org/resource-center)
The newly updated Steps Guide includes:
- Expansion to all primary care Latest science and best practices
- Current guidelines and test options
- Expert-endorsed strategies
- Samples, templates, and tools
- 10 case studies of exemplary practice sites – coming soon!

Released September 2022!

nccrt.org/resource-center
Appendices:

- Colonoscopy Needs Calculator
- Readiness Assessment Tools
- FIT/FOBT Sample Workflow Process
- Coding Guidance
- Updated EHR Workflow Documentation Screenshots
- Sample screening reminder and recall letters and call scripts
- And more…

SCRIPT FOR ABNORMAL FIT RESULT

Hi [Patient Name],

This is [Caller’s First Name]. I work with Dr. [PCP] at Mercy. You recently completed a Fecal Immunochemical Test (FIT) to check for colon and rectal cancer. The results of your test were abnormal, showing blood in your stool. Dr. [PCP] would like you to schedule an appointment to discuss next steps.

IS NOW A GOOD TIME TO SCHEDULE AN APPOINTMENT?

- "Yes" — (Book the appointment and confirm.) You are scheduled for _____ day and time with (doctor or APP name). He/she will have a copy of your results and will also be mailed to you.
- "No" — I recommend that you _______. He/she will _______.
- "I’m no longer seeing Dr. [Mercy]" — Please share a copy of your results and next steps. Call them _______.
- "No" — Do you need help?
Promotion Tools:
• Sample social media posts
• Newsletter blurbs
• Shareable graphics and animations
• 45 sec promotional video

nccrt.org/resource-center
Primary Care Strategy Meeting: **Catalyzing Primary Care to Increase Colorectal Cancer Screening**

Objectives:
1. Enhance partner engagement
2. Recognize barriers & needs related to CRC screening in primary care clinics.
3. Explore where to expand or improve delivery approach/channels of training and resources to reach those in primary care
4. Understand how NCCRT can best support CRC screening in primary care settings.

Washington, D.C., August 12, 2022
Top Identified Barriers

1. Clinician knowledge, preconceived notions, implicit bias
2. Practice structure not set up for patient-centered CRC screening
3. Patient education and engagement (consider NCCRT role in this area)

Other Identified Barriers

• All clinical staff not engaged in CRC screening process
• System readiness for population screening
• Lack of patient navigation
Thank You!
Preview of NCCRT Market Research on the Soon-to-Be and Newly Eligible for Colorectal Cancer Screening

Thursday, November 17, 9:20 AM
Preview of NCCRT’s Market Research to Encourage On-Time Colorectal Cancer Screening

Kaitlin Sylvester, MPA
Director, NCCRT – Programs & Partnerships
History of NCCRT Market Research

In 2014, NCCRT conducted its first market research project

- Released the 80% by 2018 NCCRT Communications Guidebook
- Asian Americans and Colorectal Cancer Companion Guide and the Hispanics/Latinos and Colorectal Cancer Companion Guide.
- The NCCRT Colorectal Cancer Screening Messaging Guidebook: Recommended Messaging to Reach the Unscreened was released in 2019

In July 2022 NCCRT released the 2022 Messaging Guidebook for Black & African American People
Propelled by the demand and popularity of our previous messaging guidebooks, communications companion guides, and other tools/webinars on early-age onset colorectal cancer.

Research project was led by our chairs and members of Family History & Early-Age Onset CRC Strategic Priority Team following an in-person summit in 2017 and the release of the Risk Assessment Toolkit.

Identified a need to understand best practices for messaging and educating about colorectal cancer screening at, soon after, and before recommended screening age.

How do you message to the “soon-to-be eligible” about CRC screening?
Looking Ahead for 2023

- We plan to host a webinar in 2023 detailing the entirety of this project
- Producing and releasing a new messaging guidebook
- Developing manuscripts based on our research
- Incorporate these materials into our digital platforms
Concurrent Session:
*NCCRT Market Research in Practice: NCCRT member successes and a preview of the current research on lead-time messaging*

*Thursday, November 17th*
3:30-5:00pm
Harborview II

*Friday, November 18th*
10:00-11:30am
Harborview II
Thank You!
Thank You!

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