



# National Colorectal Cancer Roundtable March Webcast

March 23, 2023



Today, we will cover...

Keep your questions coming in the chat for the Q&A at the end!

**1**

National Efforts to Increase CRC Screening Rates

**2**

Partnership Showcase

**3**

CRC Cancer Facts and Figures

**4**

80% in Every Community National Achievement Awardees

**5**

Questions and Closeout



# NCCRT Priorities

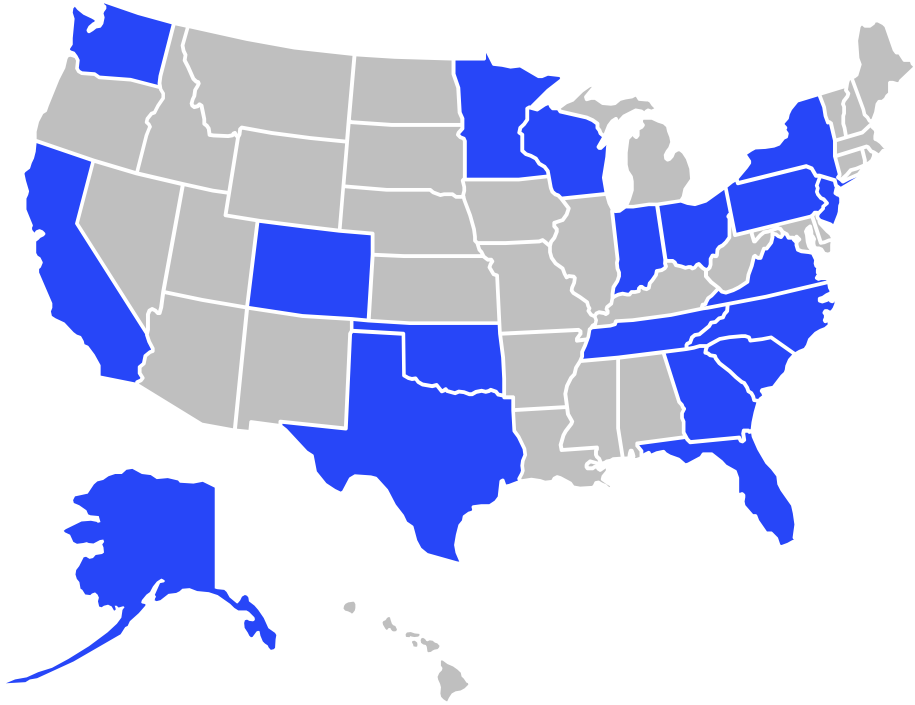
Mobilize national and community-level efforts that will lead to **health equity** in colorectal cancer screening.

Support **on-time screening** as soon as eligible and continued participation per screening recommendations.

Promote **timely colonoscopy follow up** to positive (abnormal) non-colonoscopy tests.



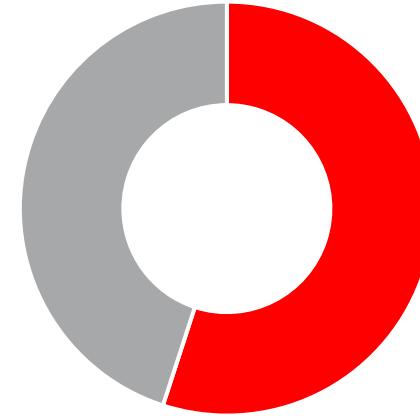
# 2022 CRC Screening Intervention Partnerships



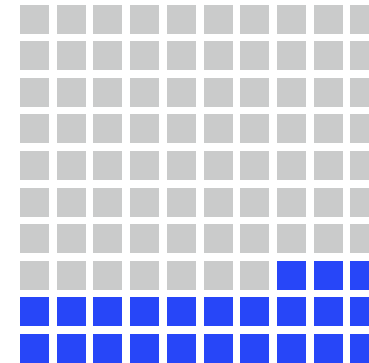
**42 projects**  
in 19 states & DC

**89,600**  
screenings  
completed

**3,000**  
cancers  
diagnosed



**55%**  
FQHCs/govt.



**23%**  
of patient  
population  
was uninsured



Urban

34



Rural

14



Sub

12

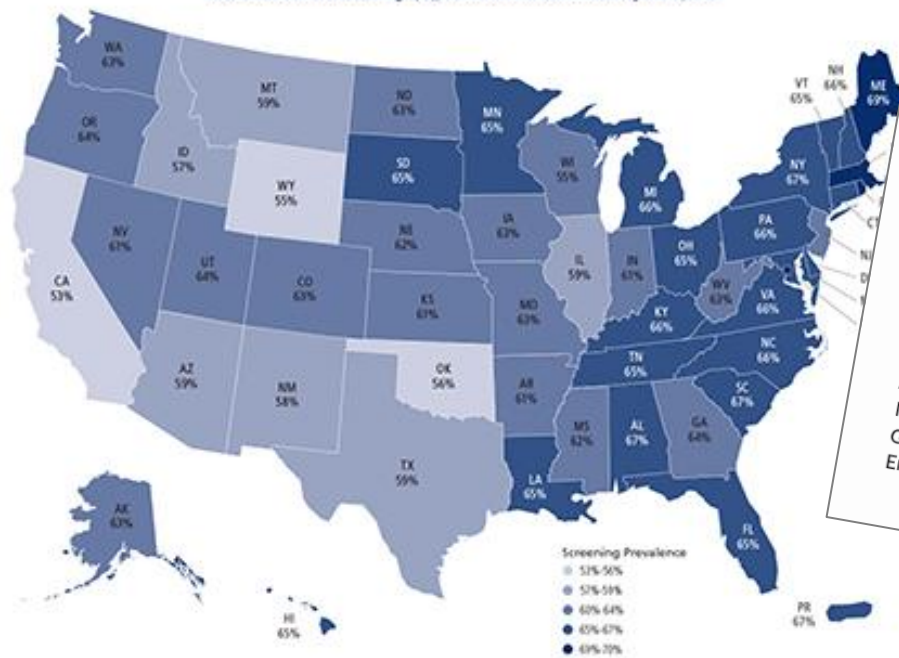
**14** health systems  
with rural clinic sites

# Colorectal Cancer Statistics 2023

Rebecca Siegel  
NCCRT webinar  
March 23, 2023

# Colorectal Cancer Facts & Figures 2023-2025

Colorectal Cancer Screening\* (%), Adults 45 Years and Older by State, 2020



\*Blood/DNA stool test, sigmoidoscopy, or colonoscopy in the past 1/3, 5, or 10 years, respectively. Note: Estimates are age adjusted to the 2000 US standard population and do not distinguish between examinations for screening and diagnosis. Source: Behavioral Risk Factors Surveillance System, 2020.

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ARTICLE

## Colorectal cancer statistics, 2023

Rebecca L. Siegel MPH<sup>1</sup> | Nikita Sandeep Wagle MBBS, MHA, PhD<sup>1</sup> |  
 Andrea Cercek MD<sup>2</sup> | Robert A. Smith PhD<sup>3</sup> | Ahmedin Jemal DVM, PhD<sup>1</sup>

<sup>1</sup>Surveillance and Health Equity Science, American Cancer Society, Atlanta, Georgia, USA

<sup>2</sup>Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, New York, USA

<sup>3</sup>Early Cancer Detection Science, American Cancer Society, Atlanta, Georgia, USA

Correspondence

Rebecca L. Siegel, Surveillance Research, American Cancer Society, 3380 Chastain Meadows Parkway NW, Suite 200, Kennesaw, GA 30144, USA.  
 Email: [rebecca.siegel@cancer.org](mailto:rebecca.siegel@cancer.org)

Abstract

Colorectal cancer (CRC) is the second most common cause of cancer death in the United States. Every 3 years, the American Cancer Society provides an update of CRC statistics based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. In 2023, approximately 153,020 individuals will be diagnosed with CRC and 52,550 will die from the disease, including 19,550 cases and 3750 deaths in individuals younger than 50 years. The decline in CRC incidence slowed from 3%–4% annually during the 2000s to 1% annually during 2011–2019, driven partly by an increase in individuals younger than 55 years of 1%–2% annually since the mid-1990s. Consequently, the proportion of cases among those younger than 55 years increased from 1.1% in 1995 to 2.0% in 2019. Incidence since circa 2010 increased

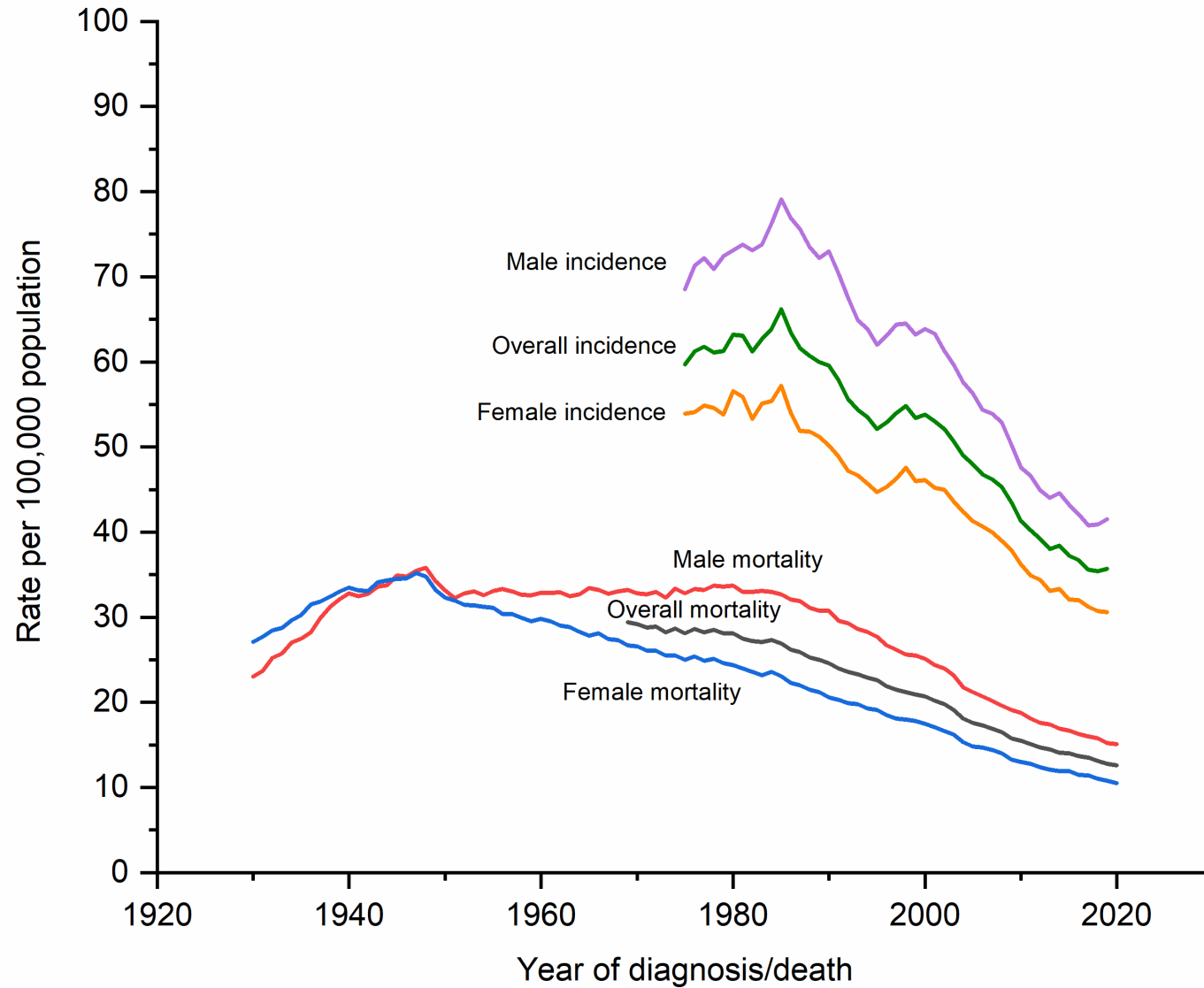
# Estimated Colorectal Cancer Cases and Deaths in 2023

CASES		
Age, years	Total	Percent
0-49	19,550	13%
50-64	48,210	32%
65+	85,260	56%
<b>All ages</b>	<b>153,020</b>	<b>100%</b>

DEATHS		
Age, years	Total	Percent
0-49	3,750	7%
50-64	13,160	25%
65+	35,640	68%
<b>All ages</b>	<b>52,550</b>	<b>100%</b>

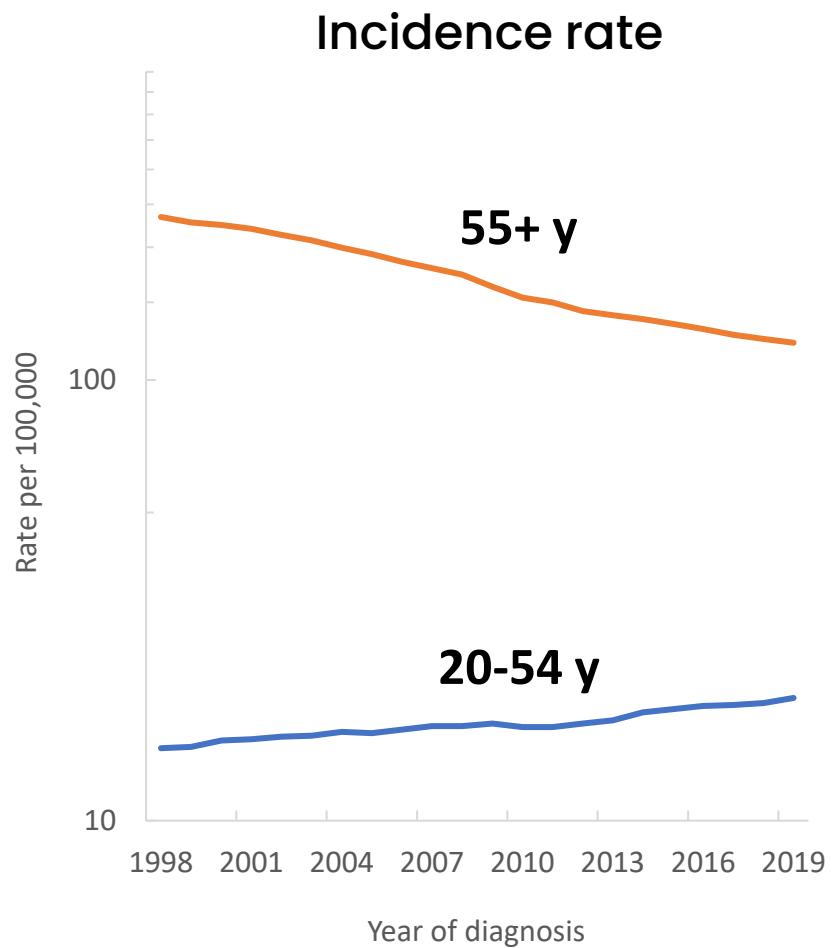


# Long-Term Trends in Colorectal Cancer Incidence & Mortality

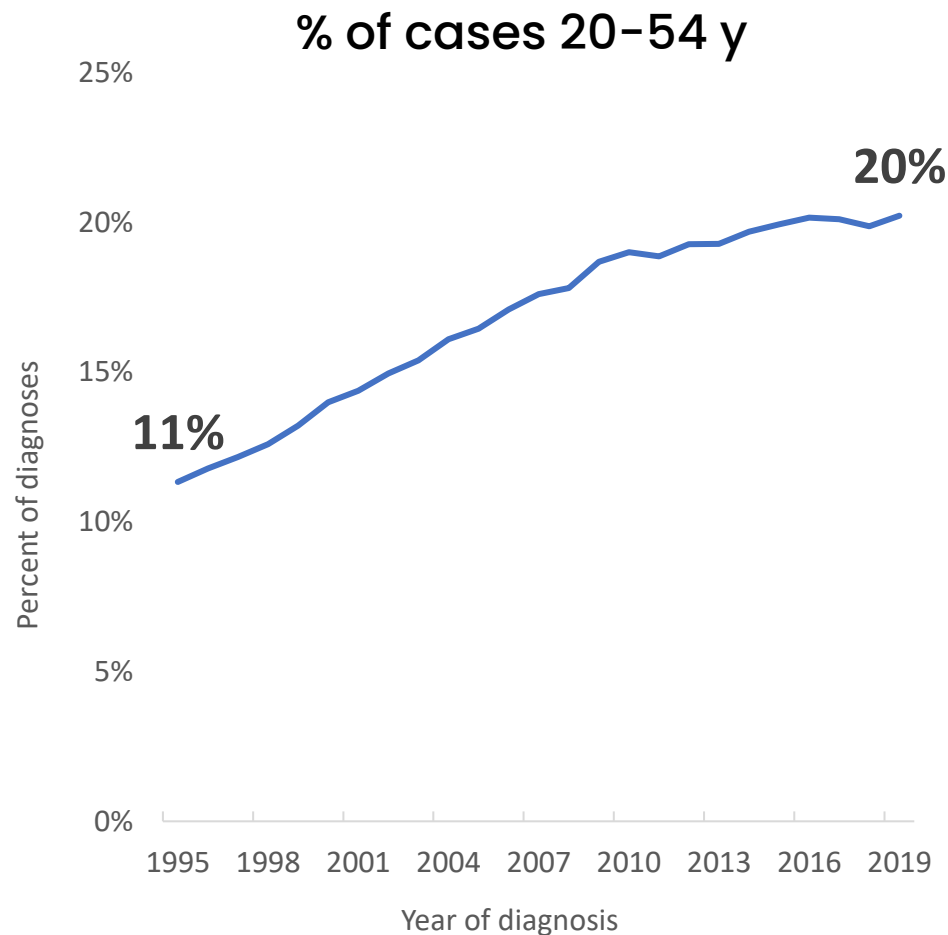
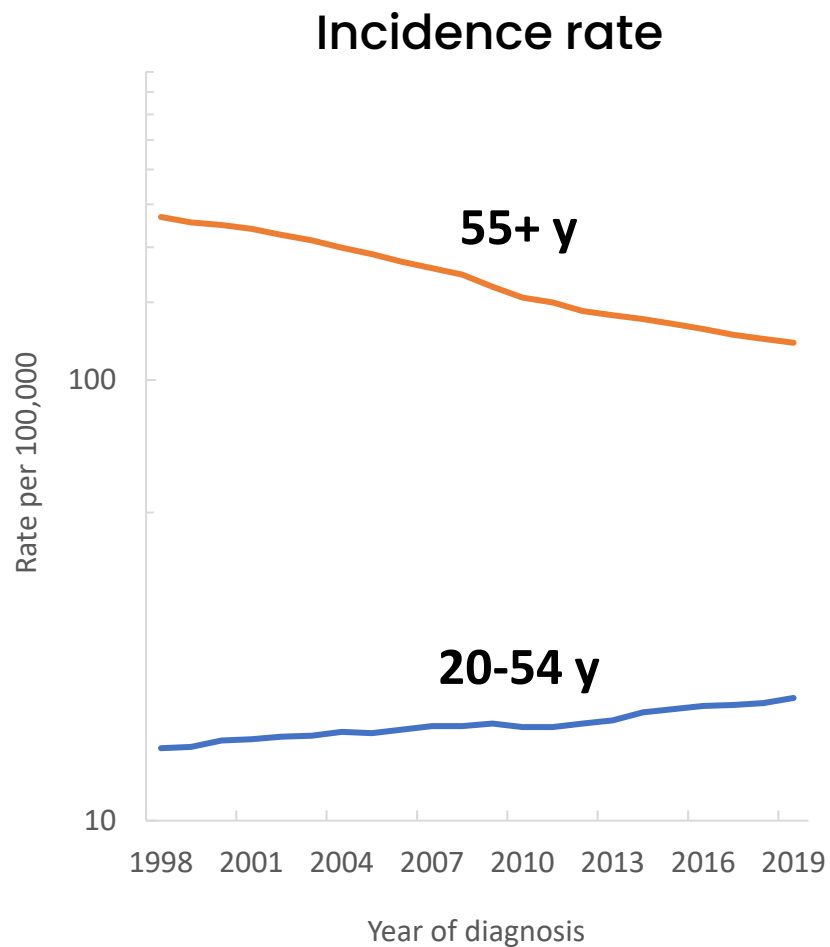




# Rapid Shift to Younger Patient Population



# Rapid Shift to Younger Patient Population

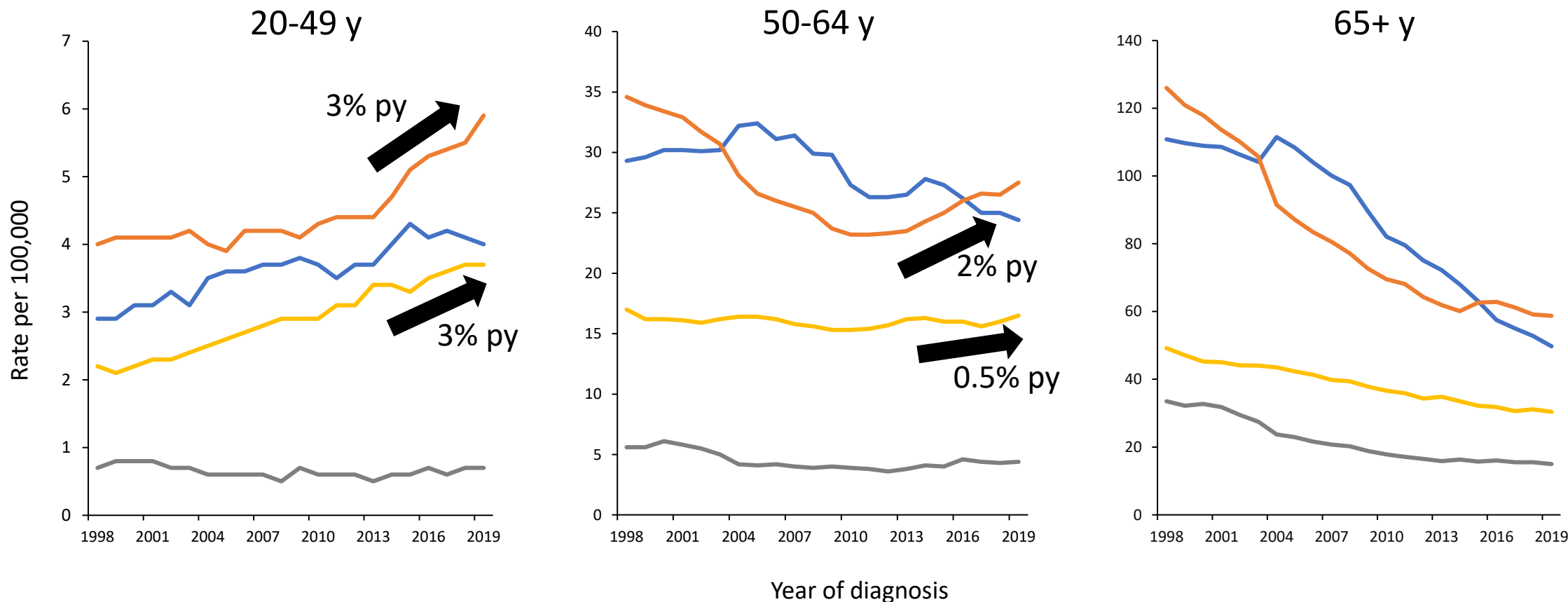


**1 in 5 diagnoses in people < 55 y**



# Trends in Stage-specific Incidence by Age, 1998-2019

— Localized — Regional — Distant — Unstaged

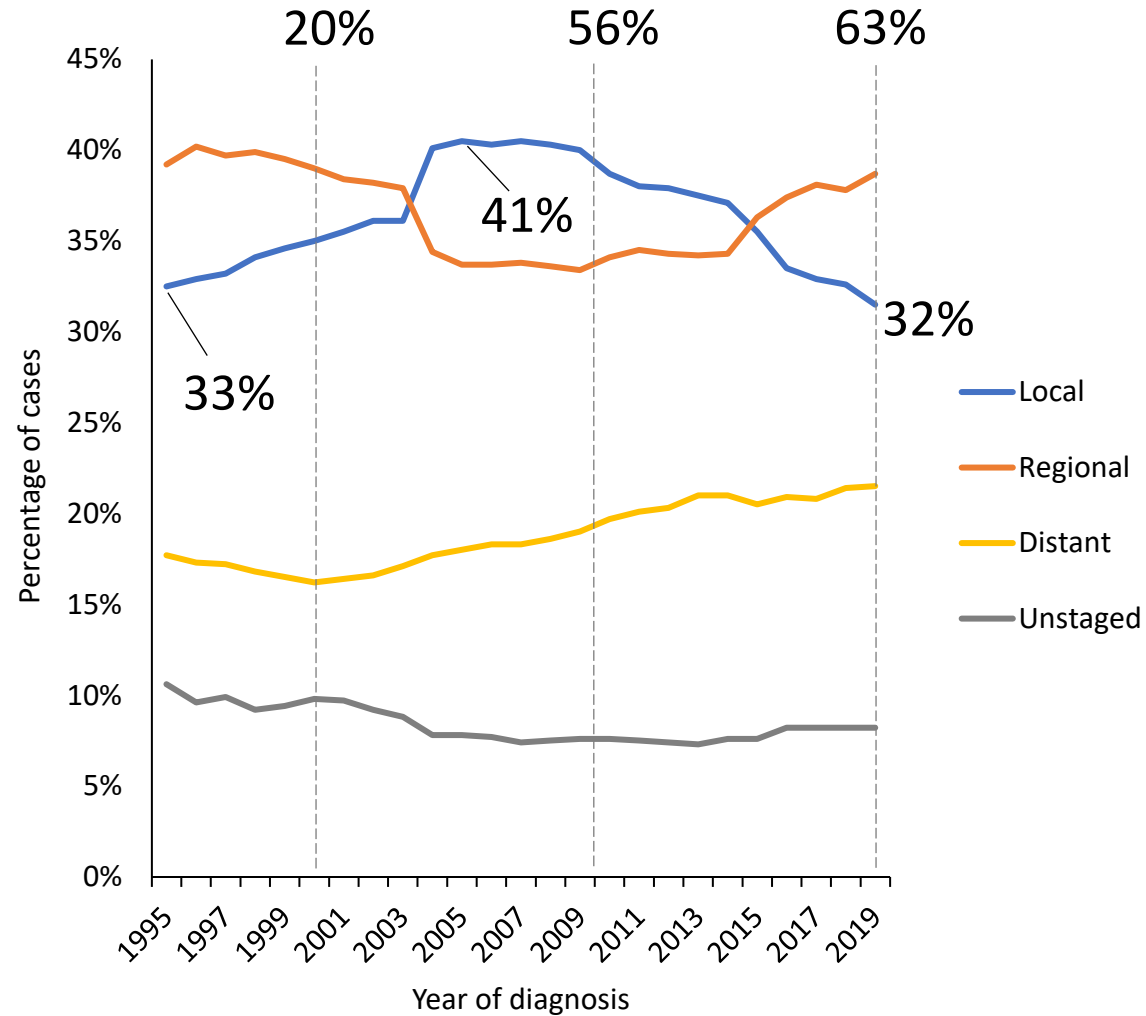


**In 2019, highest incidence is stage III disease**



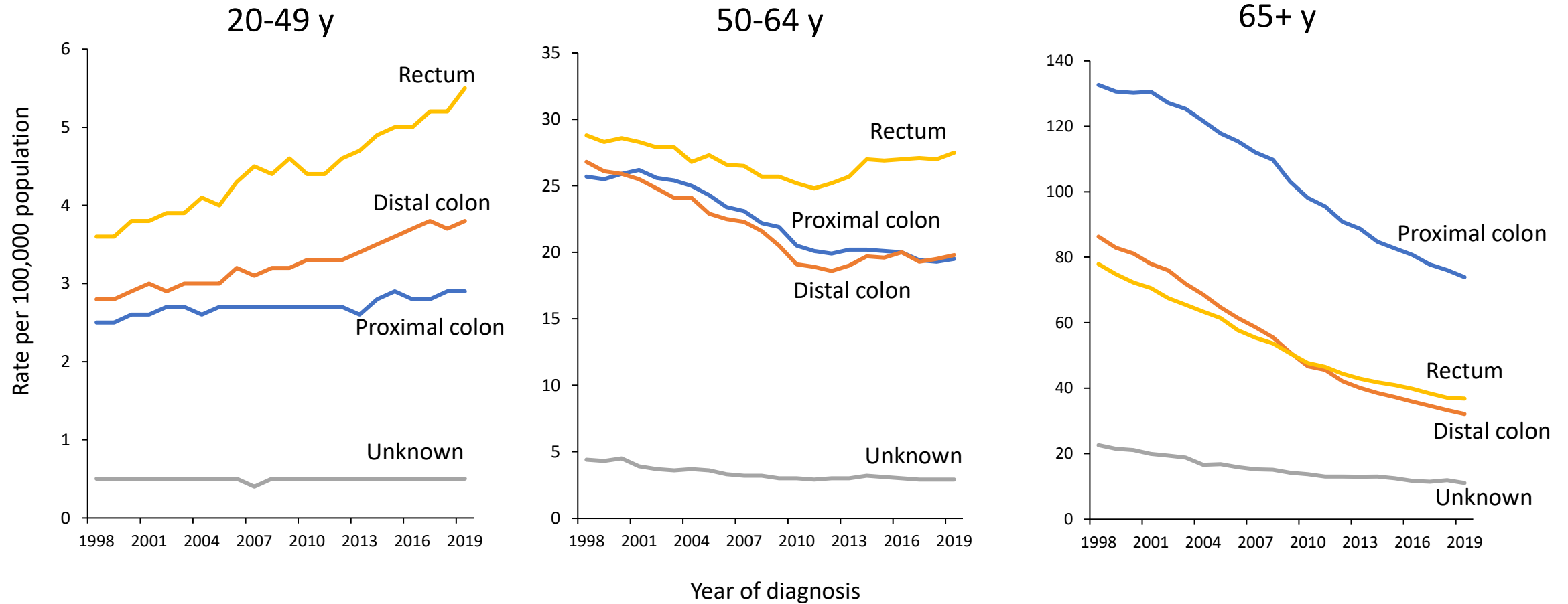
# Changes in Colorectal Cancer Stage Distribution, 1995–2019

Colonoscopy, 50+:



**advanced disease: 57%      52%      60% (3 in 5 diagnoses)**

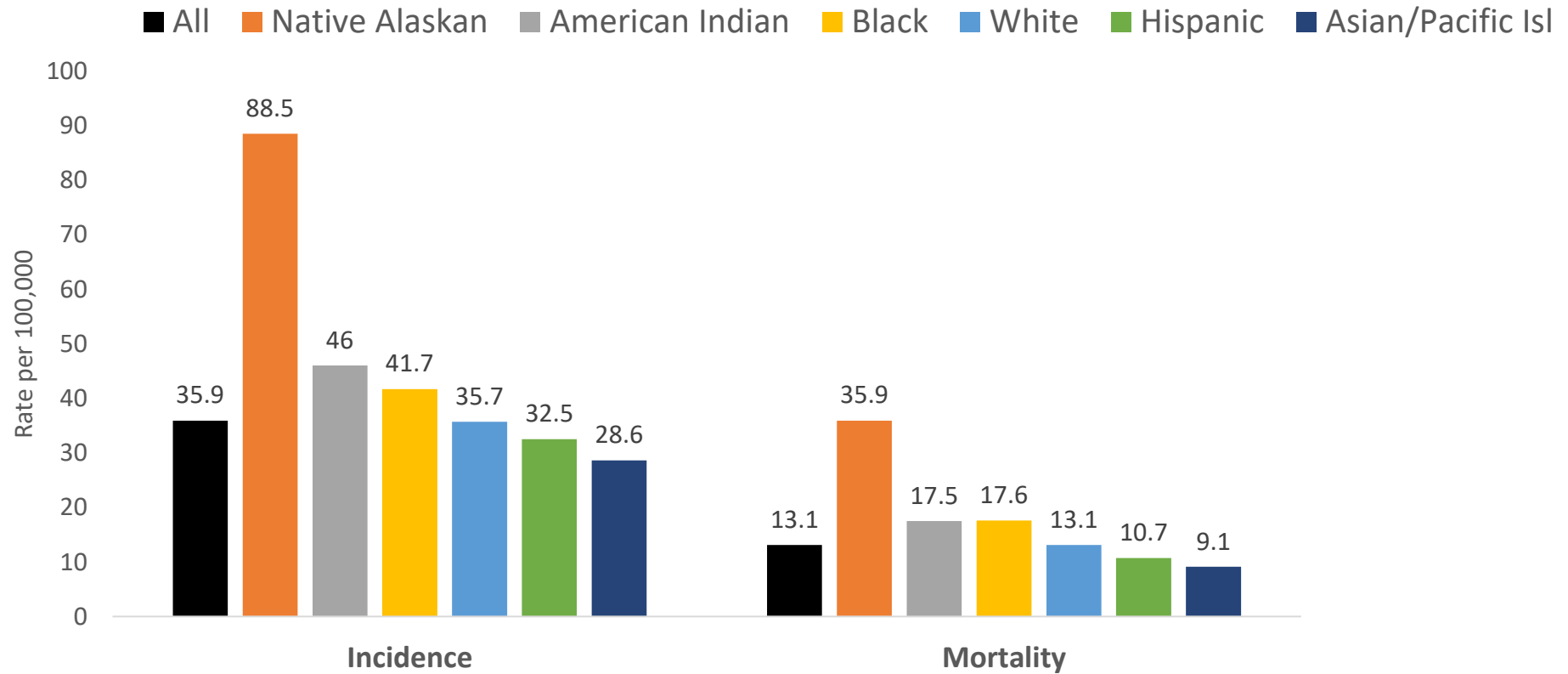
# Trends in Subsite-specific Incidence by Age, 1998–2019



**rectum: 27% in 1995 → 31% in 2019**

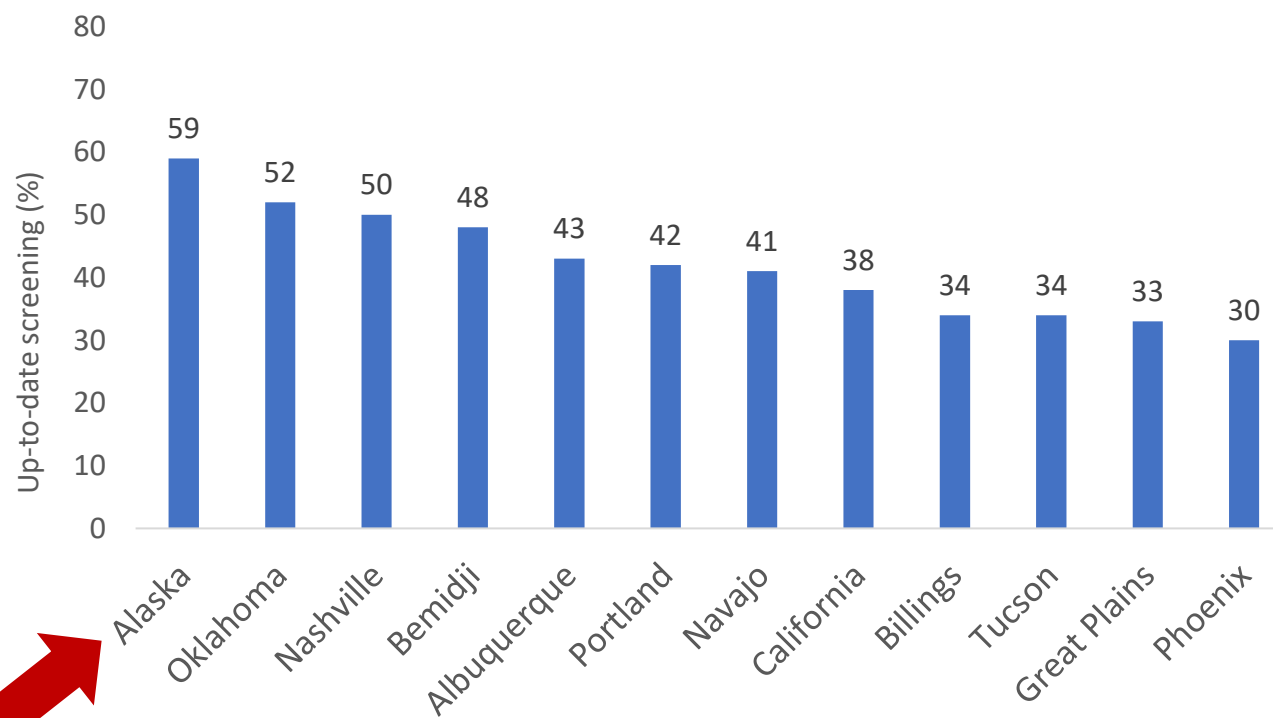


# Incidence (2015–2019) and Mortality (2016–2020) by Race & Ethnicity

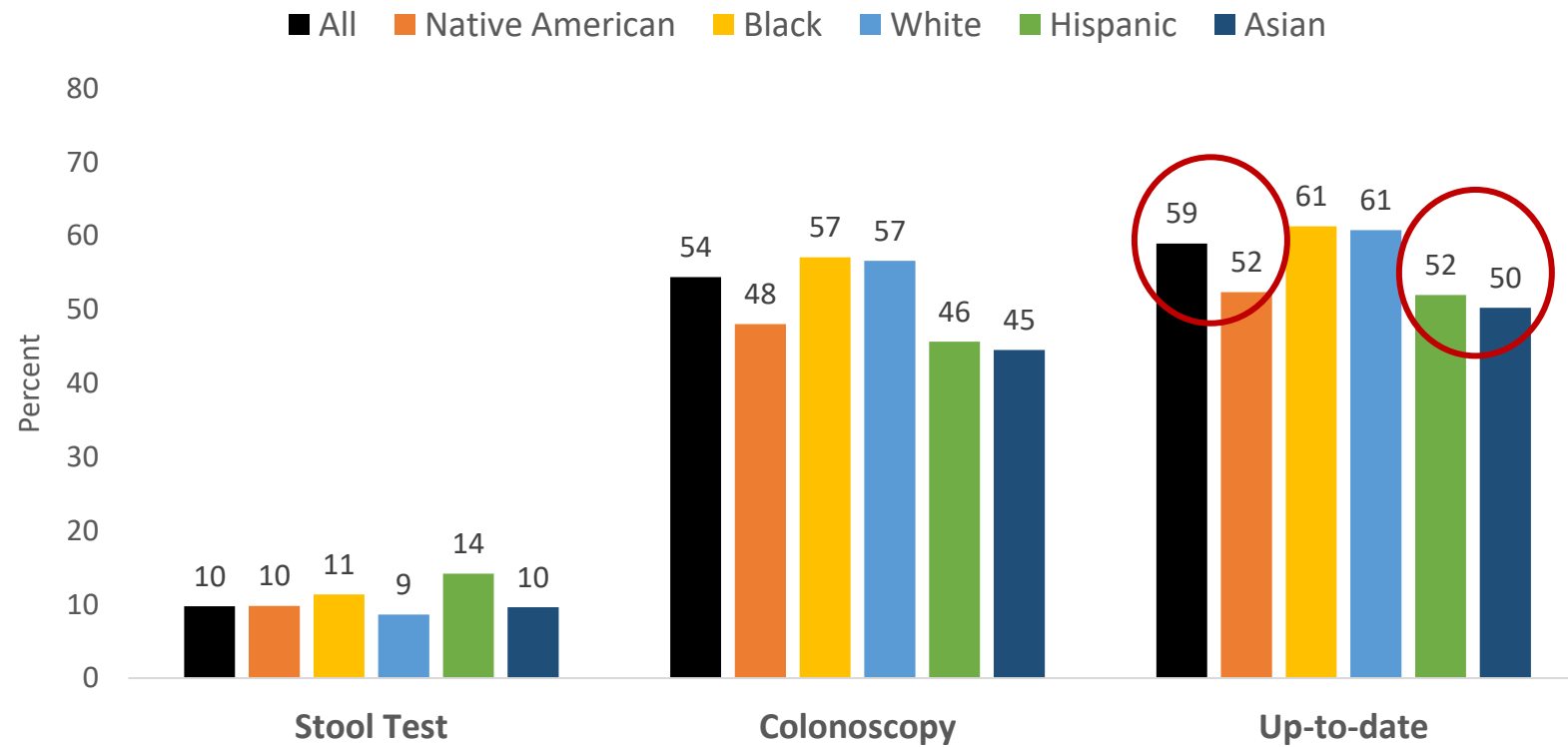


Native American incidence limited to Purchased/Referred Care Delivery Area counties; mortality are adjusted for racial misclassification using factors from the National Center for Health Statistics.

# Colorectal Cancer Screening at Indian Health Service Facilities, Ages 50-74 y, 2017

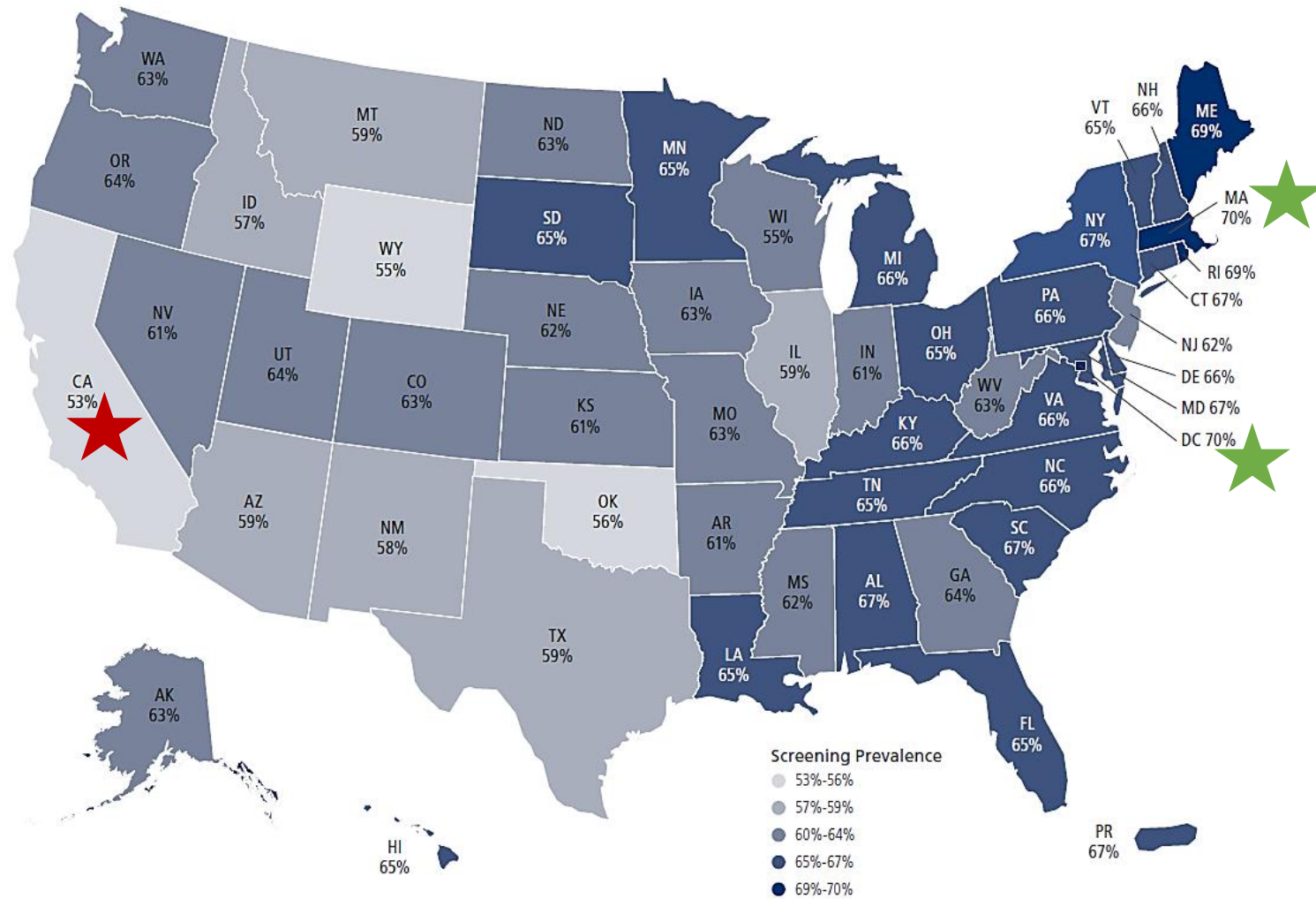


# Colorectal Cancer Screening by Race & Ethnicity, Ages 45+ y, 2021



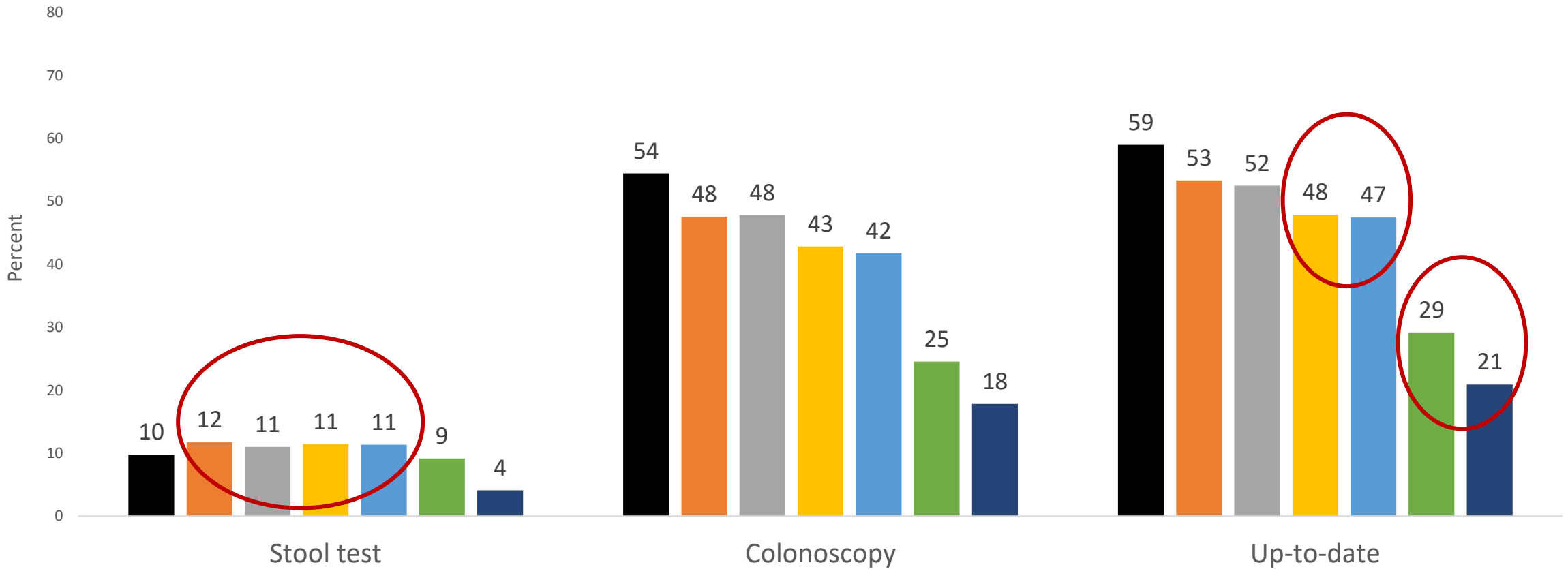


# Up-to-date Colorectal Cancer Screening\*, Ages 45+ years, 2020, US

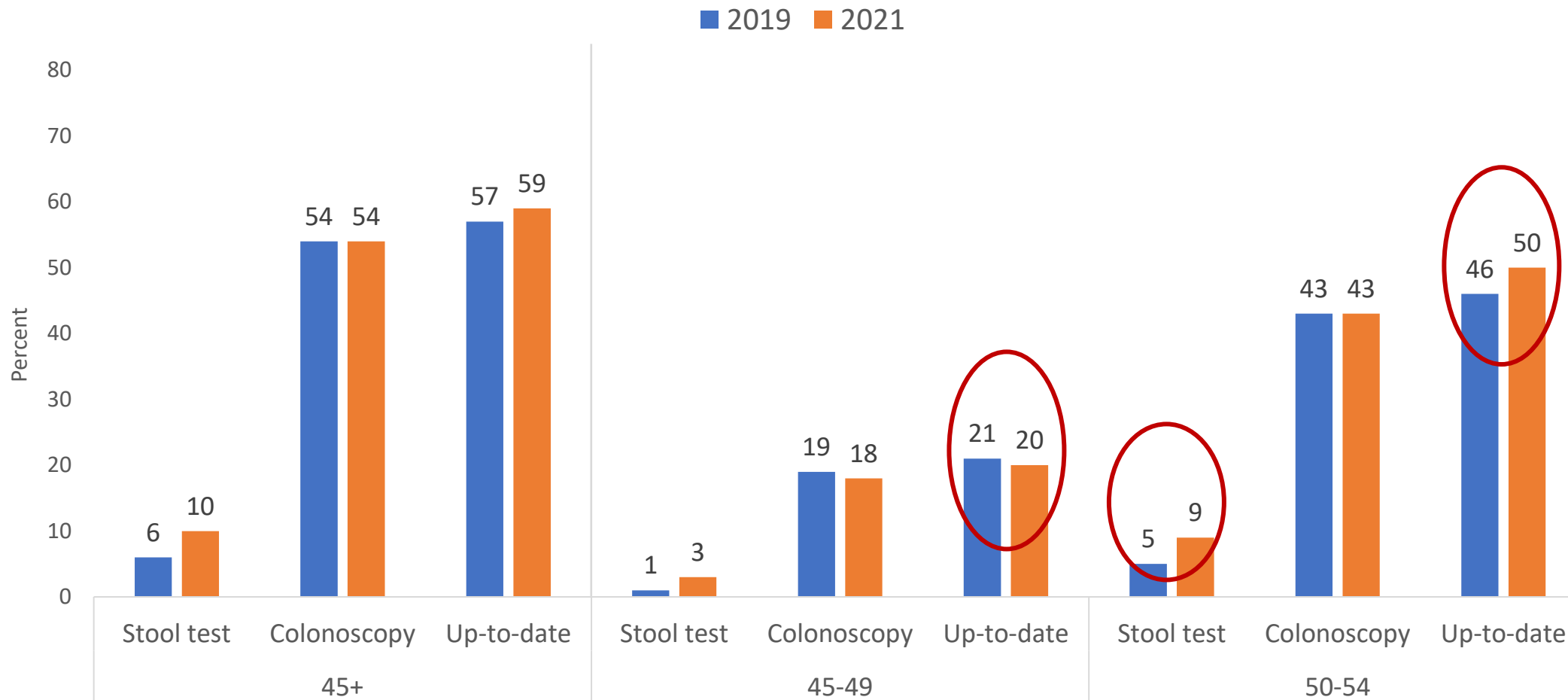


# Populations to Target for Screening, Ages 45+ y, 2021

■ Overall ■ In US 10+ years ■ Medicaid/other ■ Less than high school ■ <100% poverty level ■ In US fewer than 10 years ■ Uninsured



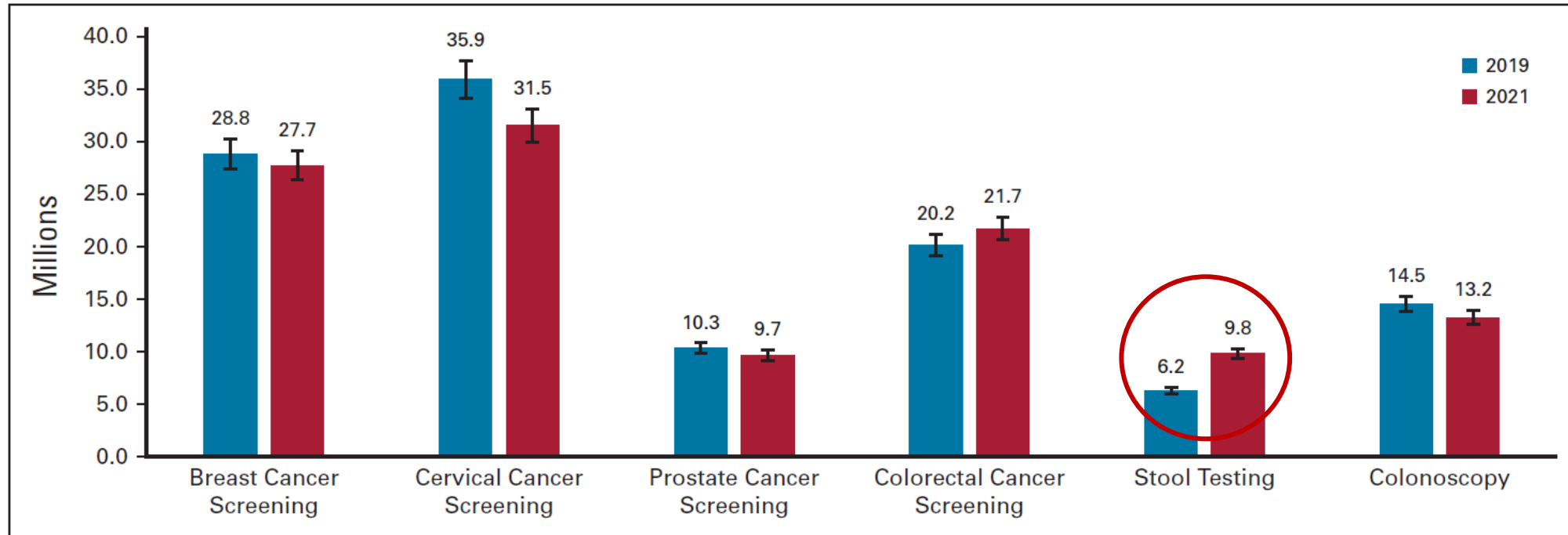
# Colorectal Cancer Screening in Ages 45-54 y, 2019 vs 2021



# Cancer Screening in the United States During the Second Year of the COVID-19 Pandemic

Jessica Star, MA, MPH<sup>1</sup>; Priti Bandi, PhD<sup>1</sup>; Rebecca L. Siegel, MPH<sup>1</sup>; Xuesong Han, PhD<sup>1</sup>; Adair Minihan, MPH<sup>1</sup>;  
Robert A. Smith, PhD<sup>2</sup>; and Ahmedin Jemal, DVM, PhD<sup>1</sup>

*“The increase in stool testing was most pronounced in non-Hispanic Black and Hispanic populations and in persons with low socioeconomic status.”*



# Summary

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- CRC progress mostly confined to age 65+ years
- Younger age at diagnosis: **20%** of cases <55 y, up from **11%** in 1995
- More advanced disease: **60%** in 2019 up from **57%** in 1995, pre-widespread screening
- Shift to left-sided tumors: **31%** rectal vs **27%** in 1995
- Stark disparities
  - mortality ~2-times higher in Alaska native and 34% higher in Black vs White

# Opportunities

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- Risk reduction through behaviors:
  - Healthy weight
  - Healthy diet (low processed/red meat, high fruit/veg/fiber)
  - Physical activity (colon)
  - Not smoking
- Screening
  - Any rec test; non-invasive stool tests=same mortality benefit
  - 45 at latest
  - Know/discuss family history with provider in 30s
- Earlier diagnosis
  - Symptomatic patients 40% longer diagnosis <50 vs 50+
  - Rectal bleeding 41% <50 vs 26% 50+
  - Reduce stigma

# Thank you!



# Collaborators

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Nikita Sandeep Wagle

Bob Smith

Andrea Cercek

Ahmedin Jemal

Adair Minihan

Jessica Star





**80% in Every Community  
National Achievement  
Awardees**

# Colorado Cancer Screening Program

## State-Based Screening Program Winner

- The Colorado Cancer Screening Program (CCSP) partners with clinic systems to use evidence-based approaches to reduce disparities in CRC screening.
- CCSP clinics have navigated patients into >36,800 colonoscopies since 2006.
- CCSP also supports several clinic systems with strengthening their stool-based testing approaches.



# Kintegra Health

## Community Health Center Winner

- Following a drop in CRC screenings amidst the COVID-19 pandemic in 2020, Kintegra Health began partnering with North Carolina Partnership to Increase CRC Screenings (NC PICCS), a CDC program, to increase CRC screenings in four practices.
- Participated in the ACS's Tri-state Quality Improvement Learning Collaborative.
- Successful negotiation of a colonoscopy cost rate well below the Medicare rate.
- Within a year, all four practices reported increased CRC screening rates ranging between 15 to 34 percentage points.



# Ohio Association of Community Health Centers

## State Primary Care Association Winner

- The Ohio Association of Community Health Centers (OACHC) supports all of Ohio's 57 community health centers, providing care to nearly one million Ohioans across 480+ sites in 75 of the 88 counties.
- Since 2016, >25 CHCs have implemented FluFIT: a program where patients eligible for CRC screening are offered a Fecal Immunochemical Test (FIT) at the time of their annual influenza vaccination.
- The performance for participating CHCs has grown from a rate of 32% screened in 2020 to 40% in 2021.



# Virginia Mason Franciscan Health

## Hospital/Health System Winner

- In 2019, set a goal to increase CRC screening rates to 70% and higher among patients served by its primary care sites in western Washington.
- Strategies include standardized outreach methods, shared decision making, data scorecards, and staff and patient education.
- Participates as an ACS Hospital Systems Capacity Building community of practice site.
- CRC screening among the 85,000 patients eligible increased from 58% in February 2019 to 69% as of November 2022.



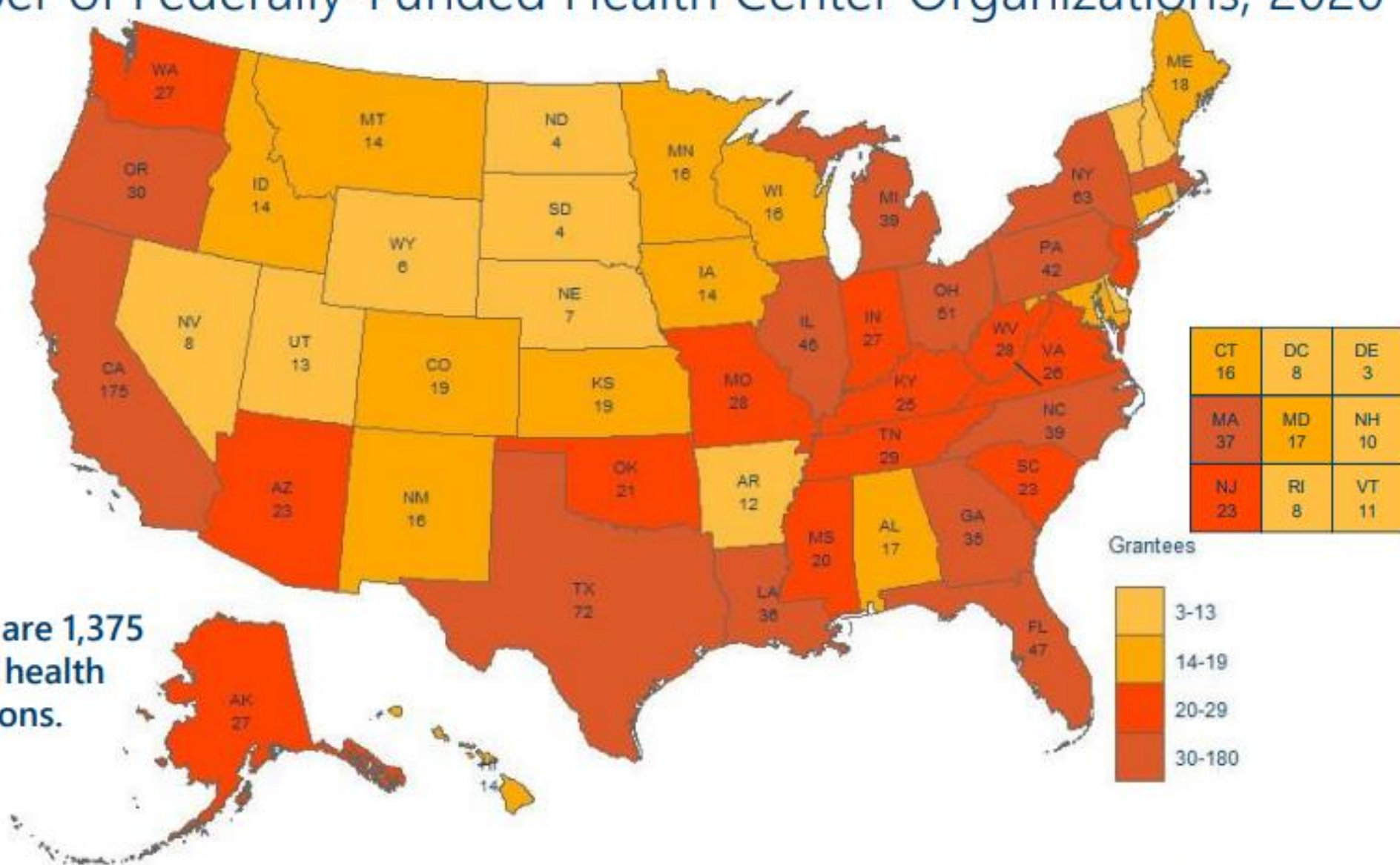
# CommUnityCare Health Centers & Dell Medical School at the University of Texas at Austin

## Grand Prize Winner – Innovative Partnership

- Working in partnership, the two organizations implemented a multi-year, multi-faceted intervention to increase colorectal cancer screening among eligible CommUnityCare patients.
- Learn more in our next panel discussion!



# Number of Federally-Funded Health Center Organizations, 2020



**Nationally, there are 1,375 federally-funded health center organizations.**

Notes: National figure includes health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quartile for states and territories shown.  
 Source: 2020 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# Enabling equitable implementation of colorectal cancer screening through mailed testing in an FQHC system

Michael Pignone, MD, MPH

Professor and Chair, Department of Internal Medicine  
Co-director, Program on Cancer Prevention and Control  
Dell Medical School



# Advantages of Mailed FIT

- Convenient and safe for patients
- Low initial test cost
- Conserves colonoscopy resources
- Scalable
- Frees up face to face visit time

# Our program features

- Mailed FIT (free)
- Bilingual, easy to read instructions
- Bilingual patient navigator
- No out of pocket colonoscopy costs
- GI care integrated



# Mailed FIT Program- Travis County

Through January 2023 (all patients received both reminders)	Total Mailings	TOTAL RESULTS	TOTAL RESPONSE RATE	Total Positive results	Pos Rate
All	59,676	14,290	24%	729	5.1%

# Colonoscopy after positive FIT

Outcomes of Positive FITs (as of 1/27/2023)	
Colonoscopy Completed	530
Evaluation Scheduled	7
Colonoscopy Scheduled	27
Referred to PCP/Other Provider	18
Pending/Rescheduling	17
Refused/Difficulty Contacting	121
Deceased	9
	729

Total "On Track" 564 (77%)

Median time to colonoscopy	69 days
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# Colonoscopy results

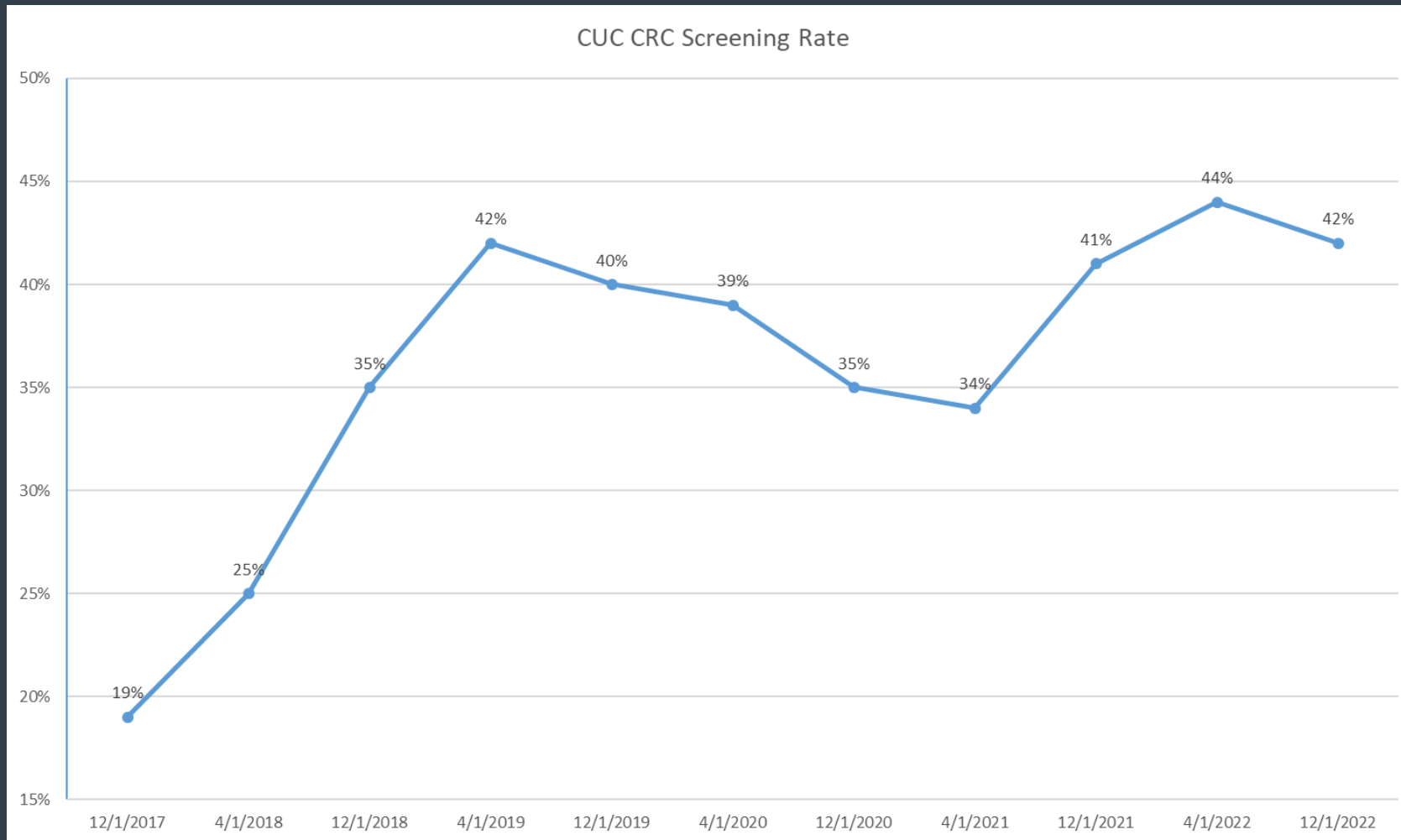
<b>Colonoscopies Completed (1/27/2023)</b>	<b>530</b>
Cancer	16
Adenoma(s)	195
Hyperplastic Polyps	55
Normal	199
No biopsy	9
Benign Mucosa	18
Path report not available	24
Inconclusive	3
Pathology Pending/Unknown	11

# Stage Distribution of Cancer

Stage of CRC	N	%
I	8	50%
II	3	19%
III	3	19%
IV	2	13%
TOTAL	16	

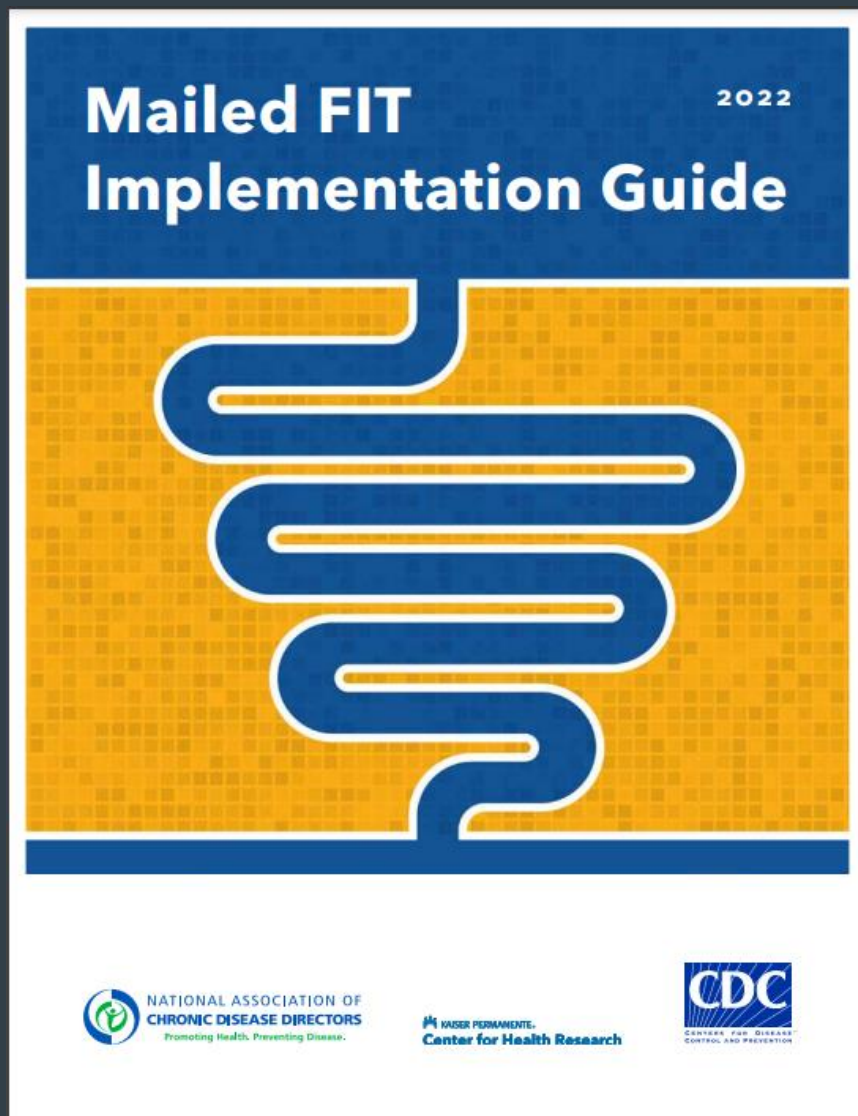
Approximately 70% early stage (cured)

# Increasing screening over time



# Mailed FIT Implementation Guide

<https://chronicdisease.org/using-the-mail-to-help-save-lives/>





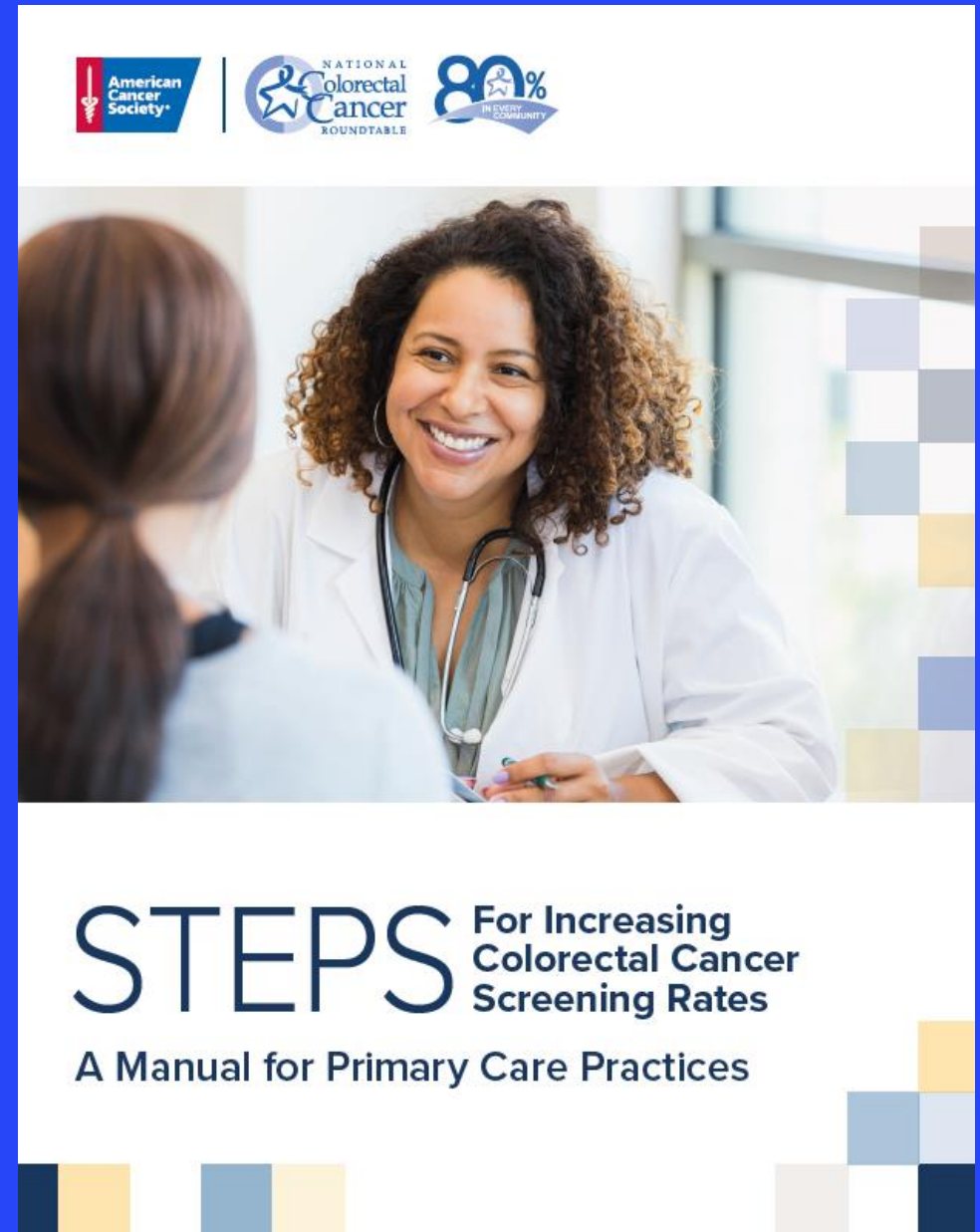
# Dell Med – CUC team



## The 2022 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 this spring!

[www.nccrt.org/StepsGuide](http://www.nccrt.org/StepsGuide)



# Questions

# Learn More!

- Follow NCCRT on Twitter
  - **@NCCRTnews**
  - **#80inEveryCommunity**
- Sign up for the newsletter
- Take the 80% Pledge
- Apply for NCCRT membership
- Visit: *nccrt.org/get-involved*

Questions? Contact [nccrt@cancer.org](mailto:nccrt@cancer.org)



The image shows a screenshot of the NCCRTnews Twitter profile page. At the top, the profile name is "NCCRTnews" with a back arrow on the left and "3,070 Tweets" below it. The profile picture is a collage of photos of diverse people, with the NCCRT logo and the text "Visit www.NCCRT.org" and "#80inEveryCommunity" overlaid. Below the profile picture are three icons: a three-dot menu, a notification bell, and a "Following" button. The bio section reads "NCCRTnews @NCCRTnews" followed by "A national coalition dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S. #80inEveryCommunity". Below the bio are links for "nccrt.org" and "Joined September 2013". The follower count is "633 Following" and "1,751 Followers". At the bottom, it says "Followed by Rich Wender, Jordan Karlitz MD, and 3 others you follow". The navigation bar at the very bottom has four tabs: "Tweets", "Tweets & replies", "Media", and "Likes".