Session Seven

ACS NCCRT: Where are We and Where Are We Going?

8:40 AM to 9:20 AM
ACS NCCRT: Where Are We and Where Are We Going?
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Steven Itzkowitz, MD, FACP, FACG, AGAF
Professor of Medicine and Oncological Sciences
Icahn School of Medicine at Mount Sinai
ACS NCCRT Chair
ACS NCCRT: Where are we and where are we going?

Steven Itzkowitz, MD, FACP, FACG, AGAF
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ACS NCCRT Chair
ACS NCCRT Business
Gold Sponsors

- Colorectal Cancer Alliance
- Exact Sciences
- Geneoscropy
- Guardant
- Takeda Oncology
Silver Sponsors
Bronze Sponsors

The Association of Black Gastroenterologists & Hepatologists (ABGH)
Braintree, A Part of Sebela Pharmaceuticals
Colorectal Cancer Prevention Network
Colon Cancer Coalition
Enterix
Fight Colorectal Cancer
Who’s in the Audience Today?

234 members here today!
## Welcome, New Members!

### Member Organizations

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<thead>
<tr>
<th>Association of Community Cancer Centers</th>
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<tr>
<td>AvMed</td>
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<td>Cheeky Charity</td>
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<td>Citrus Colorectal Cancer Foundation</td>
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<td>Corewell Health West Cancer Center</td>
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<td>DC Health</td>
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<td>Holden Comprehensive Cancer Center, Univ. of Iowa</td>
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<td>Iowa Primary Care Association</td>
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<td>La Familia Health</td>
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<td>Minnesota Association of Community Clinics</td>
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<td>Mississippi Colorectal Cancer Roundtable</td>
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### Member Organizations

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<th>Nevada Cancer Coalition</th>
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<td>Ohio Association of Community Health Centers</td>
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<td>Rutgers Cancer Institute of New Jersey</td>
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<td>University of Arkansas Medical Center</td>
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<td>Office of Health Initiatives and Disparities</td>
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<td>West Virginia University Cancer Institute</td>
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### Corporate Members

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Strategic Priority Teams

Through engagement in Strategic Priority Teams, ACS NCCRT members are able to:

• Share best practices about colorectal cancer screening.

• Identify needs or opportunities required to support the colorectal cancer fighting community.

• Design and develop activities and resources that directly address gaps in colorectal cancer screening delivery, programs, research, or advocacy.
Community Health Centers

James Hotz, MD, MACP
Clinical Services Director
Albany Area Primary Health Care (AAPHC)
Community Health Center Task Group Co-Chair

Gloria D. Coronado, PhD
University of Arizona Cancer Center
Community Health Center Task Group Co-Chair
Heather Dacus, DO, MPH
New York State Department of Health
Policy Action Task Group Co-Chair

Molly McDonnell
Fight Colorectal Cancer
Policy Action Task Group Co-Chair
Public Awareness and Social Media

David Greenwald, MD
American College of Gastroenterology (ACG)
Icahn School of Medicine at Mount Sinai
Public Awareness and Social Media
Task Group Co-Chair
Professional Education and Practice Implementation

Francis Colangelo, MD, MS-HQS, FACP
Premier Medical Associates
Professional Education and Practice Implementation Task Group Co-Chair

Xavier Llor, MD, PhD
Yale School of Medicine
Professional Education and Practice Implementation Task Group Co-Chair
State-Based Initiatives

Nikki Hayes, MPH
Centers for Disease Control and Prevention
State-Based Initiatives Task Group Co-Chair

Katie Bathje, MA
American Cancer Society
State-Based Initiatives Task Group Co-Chair

New Name – New Charge!
What is Your Role?

**Strategic Priority Teams**

- Community Health Centers
- Family History & Early-Onset CRC
- Policy Action
- Professional Education & Practice Implementation – Healthcare Systems
- Public Awareness & Social Media
- State-Based Initiatives

**Committees**

- Steering Committee
- Bylaws Committee
- Membership Committee
- Nominating Committee

**Ad Hoc**

- Workgroups
- Advisory Committees
Call for Nominations

The 2024

80% in Every Community

National Achievement — Awards —

Nominate yourself or a partner by December 4th

Submit a Nomination!
A New “Old Friend”

Robert A. Smith, PhD
Vice Chair, ACS NCCRT
1997-2023
Senior Scientific Advisor
2023-
BRFSS Measures

BRFSS Screening Rates
Up-to-Date (UTD)
US Adults 50-75 Years

2012 65.2%
2014 66.2%
2016 67.3%
2018 68.8%
2020 69.7%
2022 72.2%

Percent of US Adults Aged 50-75 Up To Date with CRC Screening
NHIS Measures

NHIS Screening Rates Up-To-Date (UTD) US Adults 50-75 Years

Source: cancer.org
UDS Measures

UDS Screening Rates
Up-to-Date (UTD)
U.S. Adults 50-75 Years

Source: https://bphc.hrsa.gov/uds/datacenter.aspx

Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, UDS
HEDIS Measures

HEDIS Screening Rates Medicare and Commercial, ages 50-75 (45-75 in 2022)

*Screening rate data for Medicare plans is not available for 2019 because CMS suspended Medicare quality reporting requirements in response to COVID-19.

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

*Trending caution: there is a break in trending for the Commercial and Medicare product lines for the total rate due to the expansion of the age criteria from 50–75 to 45–75 years.
New and Upcoming Resources
Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices

Released in 2022

• 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 – **New in 2023**
2022 Messaging Guidebook

2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening

• Messaging guidance
• Text messages
• Sample promo materials
Tailoring Colorectal Cancer Screening Messaging: A practical Coalition Guide

• Create highly effective campaigns
• Practical tips and strategies for coalitions
• Case studies illustrating the process
*NEW* Messaging Guidebook

Lead Time Messaging Guidebook: A Tool for Encouraging On-Time Colorectal Cancer Screening

- Messaging recommendations
- Focus on family history
- Ways to amplify your messaging
Where are we?
Where are we going?
Reflection on our Progress

- Major policy wins
- National embrace of 80% as the target
- Move to screening at 45
- President’s Cancer Panel report
- Growth of the cancer roundtable portfolio
ACS NCCRT Priority Areas

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

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

3. **Promote**
   timely colonoscopy follow-up to positive (abnormal) non-colonoscopy tests.
Long-Term Trends in Colorectal Cancer Incidence & Mortality

The graph shows trends in colorectal cancer incidence and mortality rates from 1920 to the year 2020. Three categories are represented: male and female incidence, and overall incidence, as well as male and female mortality, and overall mortality. The rates are measured per 100,000 population. The graph indicates a significant decrease in cancer incidence and mortality rates over time, with a notable peak in the 1970s for certain categories, suggesting an improvement in diagnosis and treatment over the years.

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.
Expanding our Impact
Expanding our Impact

Risk Screening Diagnosis Treatment Survivorship
Today’s ACS NCCRT Annual Meeting
Agenda

Thursday, November 16th

- Timely Colonoscopy Follow-Up to Positive (Abnormal) Non-Colonoscopy Tests
- Encouraging On-Time Colorectal Cancer Screening with Lead Time Messaging
- Early-Age Onset Colorectal Cancer
- Colorectal Cancer Facts & Figures
- Barriers and Solutions to Reaching American Indian and Alaska Native Communities for Colorectal Cancer Screening
- Innovations and Lessons Learned in Colorectal Cancer Screening Navigation
- Blood-Based Colorectal Cancer Testing
- And more
Agenda

Friday, November 17th

• The Colorectal Cancer Policy Landscape
• Research Updates on Colorectal Cancer Risk
• Medical Mistrust and Colorectal Cancer
• Geospatial Science and Technology and Colorectal Cancer
• Opportunities for Collaboration Across the American Cancer Society Roundtables
Spread the Word!

Join the conversation on Social Media

Keep us informed of your community’s success and conversations

• NCCRT Twitter
• NCCRT LinkedIn
• NCCRT YouTube
The ACS NCCRT is currently seeking nominations for Vice Chair of the Steering Committee. This important role for the Roundtable provides guidance to ACS NCCRT staff, helps establish national CRC control priorities, and supports the development and dissemination of ACS NCCRT resources. Nominees can be self-selected or nominated by a colleague, preferably from a participating ACS NCCRT member.

Submit a nominee or self-nominate: https://bit.ly/49sJHDG

Nomination materials—**must be received by December 5th at 12:00pm ET.**

The ACS NCCRT Nomination Committee will convene to prepare a nomination slate and a new Vice Chair will be selected through a virtual voting process in early 2024.
Why do People Keep Coming Back?

Opportunity to meet and collaborate with diverse colleagues to share and learn new insights for achieving goals

I get to focus on/learn public health methods to guide my/our work

I can give/share/help influence on a broader scale

I get companionship from like-minded people — I get hope/rejuvenation

Be inspired to participate in shared, big-picture goal to improve CRC outcomes — I get to participate in a common goal: 80%
Thank You