

2021 NCCRT Annual Meeting – November 15-17



Thank you for joining!
The session will begin shortly.



Screening at 45: Implementing the USPSTF Recommendation and Reaching the Newly Eligible for Colorectal Cancer Screening

Monday, November 15, 2:10 PM

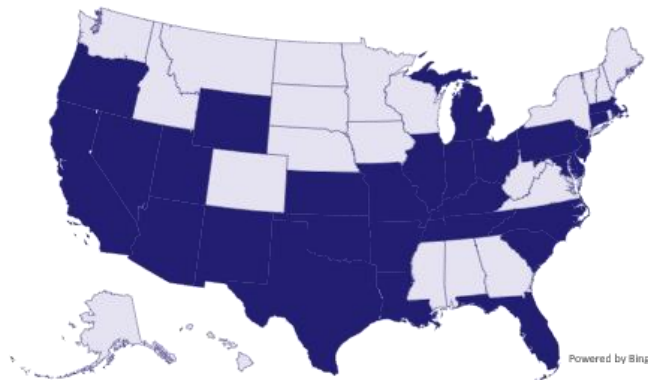


YOCA: Young Onset Colorectal Adenomas

Parth Trivedi, Aditi Mahopatra, Melissa Morris, Shannon Thorne, Amanda Ward, Sandra Smith,

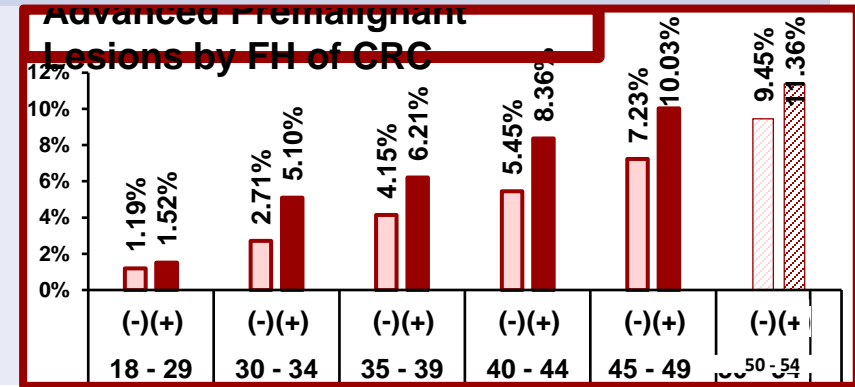
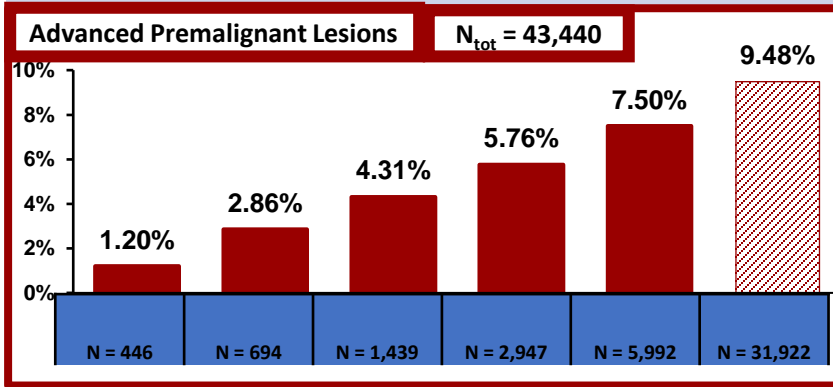
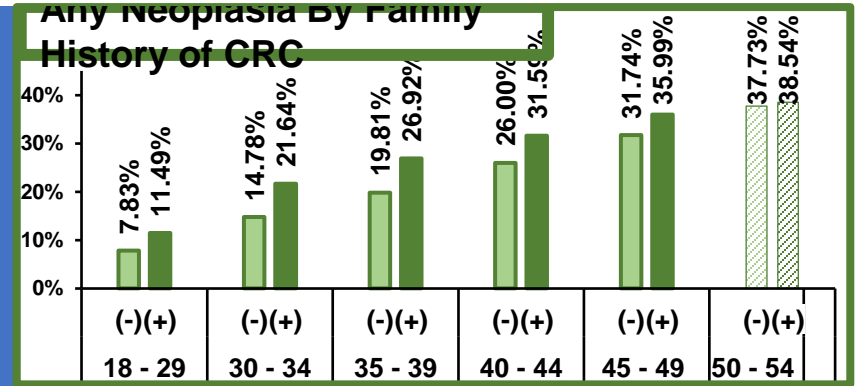
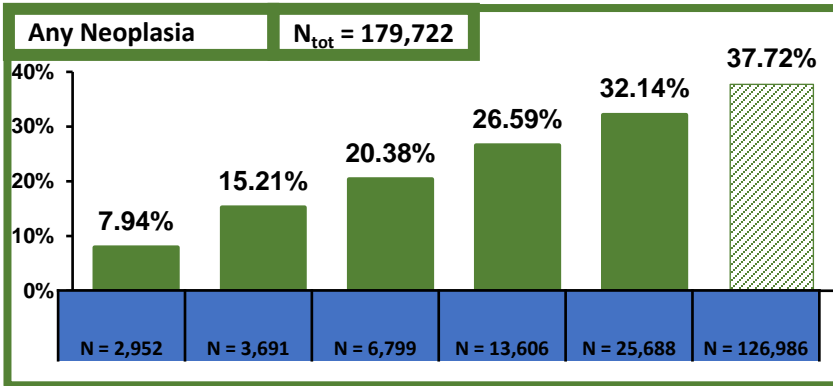
Heather Hampel, Lina Jandorf, Paul Schroy, John Popp, Steven Itzkowitz

- AMSURG: data from **123 ASCs (ambulatory surgery centers)** across **29 states** that use **GI Quality Improvement Consortium (GIQuIC)** standards
- Timeframe: **2014 - 2021**
- **562,559** high-quality colonoscopies.

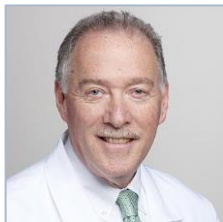


GIQuIC-reporting AMSURG ASCs: ■

YOCA: Young Onset Colorectal Adenomas



Screening at 45: Implementing the USPSTF Recommendation



Steven Itzkowitz

MD, FACP, FACG, AGAF

Icahn School of Medicine at Mount Sinai



Alexandra Miller

Colorectal Cancer Alliance



Heather Hampel

MS, CGC

Ohio State University



Anna S Howard

JD

*American Cancer Society
Cancer Action Network*



Stacey Fedewa

PhD, MPH

American Cancer Society

Coverage Implications for Revised USPSTF Colorectal Cancer Guidelines



Anna Schwamlein Howard
Policy Principal
ACS CAN

November 15, 2021

Screening for Colorectal Cancer

US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	B
Adults aged 76 to 85 years	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 the patient's overall health, prior screening history, and preferences.	C

USPSTF recommendation issued May 18, 2021



Medicare

- Traditional Medicare

Screening Method	Frequency	Age
Multi-target stool DNA test	Once every 3 yrs	50-85
Screening colonoscopy	Once every 10 yrs	No min. age requirement
Screening fecal occult blood test	Once every 12 months	50+
Flexible sigmoidoscopies	Once every 4 yrs	50+

- Medicare Advantage Plans

Can provide coverage beyond traditional Medicare



Medicaid

- Expansion population
USPSTF A/B recommended services provided at no cost-sharing
- Non-expansion population
Not required
Most states choose to cover



Commercial Market

- ACA-compliant, non-grandfathered health plans must provide coverage for USPSTF A/B recommended services at no cost-sharing

Issuers do not have to change coverage mid-year

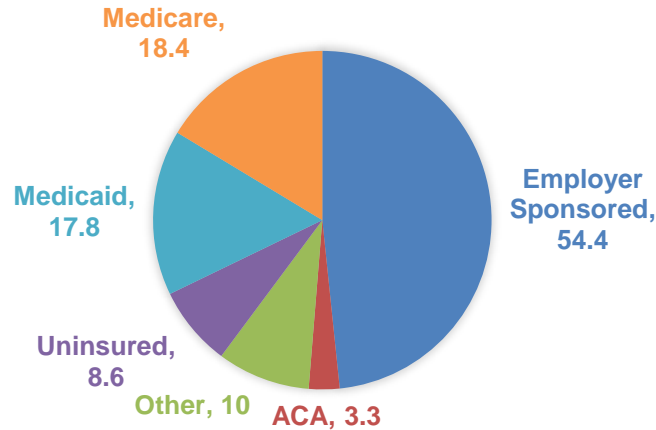
Plans must comply no later than 2023

Grandfathered health plans are not required to comply, but may choose to do so



Sources of Health Insurance Coverage

TYPE OF COVERAGE AS
PERCENTAGE OF POPULATION



Type of Coverage	USPSTF guidelines covered
Medicare	YES
ACA	YES
Employer	Depends
Medicaid	Depends
Other	Depends
Uninsured	No

*Estimates for type of coverage can be mutually exclusive, people can be covered by more than one type of health insurance during the year.

SOURCE: Katherine Keisler-Starkey and Lisa N. Bunch, U.S. Census Bureau Current Population Reports, P60-274, Health Insurance Coverage in the United States: 2020, U.S. Government Publishing Office, Washington, DC, September 2021.



What's next?

- Some states have coverage mandates
 - Variation on plan type and guideline body
 - State mandate defrayal requirement
- Coverage for follow-up colonoscopies



Thank you!

anna.howard@cancer.org



Advocacy progress: Op45



Our goal

We want payers to adopt USPSTF's new guideline immediately.



Why?

- We can't wait until 2023.
- There are 20 million people aged 45-49.
- They have largest incidence rate of young-onset population.
- Our data suggested far less than 50% were covered.

Tactics

- Grassroots call campaign
- Executive meetings
- Some tactics for you, stay tuned...

Where we are now

Largest payers mostly cover!

Payer	Market share	Cover?
UnitedHealth Group	14%	Yes
Kaiser Foundation	14%	Likely
Anthem	6%	Yes
Centene Corp	6%	Yes
Humana	6%	Yes
CVS Health (Aetna is subsidiary)	6%	Likely
HCSC	3%	Likely
Cigna Health	3%	Yes
Independence Health Group	2%	Yes

Likely not covering

- Care Oregon
- Health Net of California
- Kaiser Permanente Thrive
- Molina HealthCare, California
- Oscar Health
- Sharp Health Plan, CA

Calls to action

Stay tuned to NCCRT newsletter for Op45 CTA.

Email me with questions!

Alexandra Miller, Senior Director of Community Engagement

Amiller@ccalliance.org



CRC Screening Utilization Among People Aged 45-49 years: Where are we now?

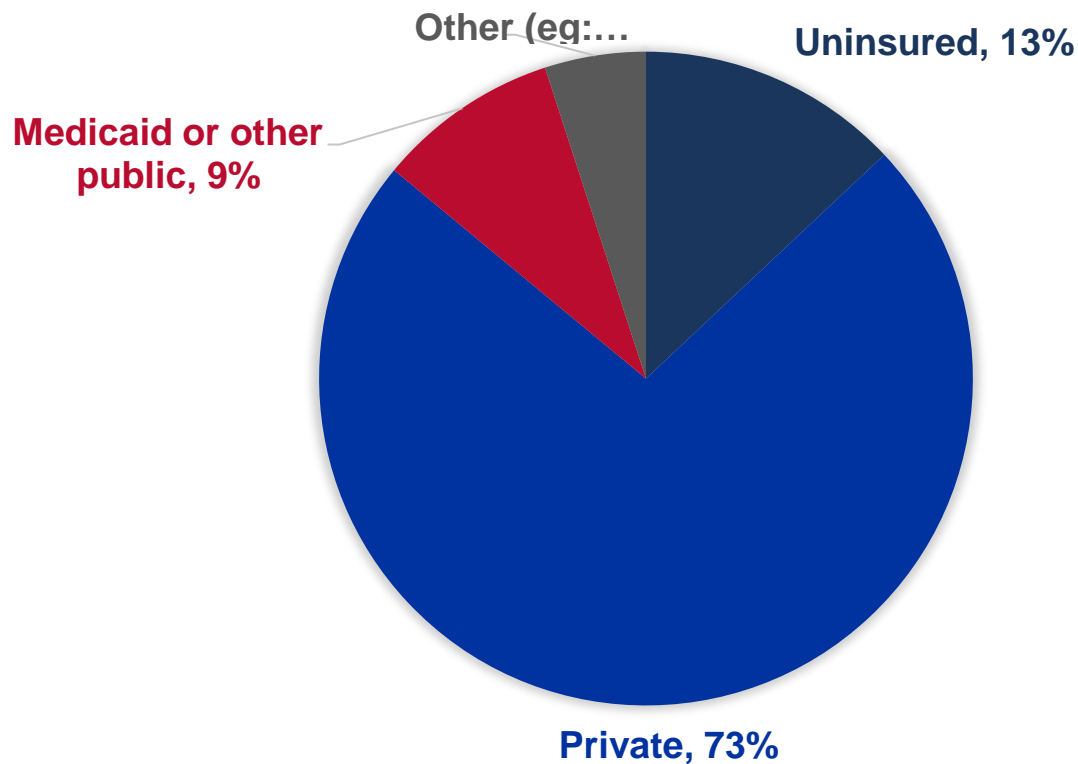
**Stacey A Fedewa, PhD
NCCRT Annual Meeting
November 2021**

Characteristics of people 45-49 years

- Approx. 20 million people
- 52% female
- 38% are non-White (17% Hispanic, 12% Black, 7% Asian)
- 24% not born in the US
- 68% have seen a physician in the past year
- 14% currently smoke
- 72% are classified as overweight or obese



Health Insurance among People Aged 45-49 years*



What do we know about screening among people 45-49 years?

- In 2018 NHIS, 21% of people 45-49 years reported “being up to date”



- Asian (17%) and Hispanic (12%) individuals
- Uninsured (10%)
- No PCP visit in the past year (9%)



- Black individuals (28%)
- PCP visit in the past year (26%)

Reasons and Cost for Colonoscopy among People 45-49 vs 50+ years

- Among respondents in 2010, 2013, 2015 and mid-2018 NHIS receiving a colonoscopy
- **Routine Reason: 44%** of people 45-49 years vs **82%** of people 50+ years
- **Some cost: 46%** of people 45-49 years vs **31%** of people 50+ years



Source: Hein et al <https://pubmed.ncbi.nlm.nih.gov/34293640/>

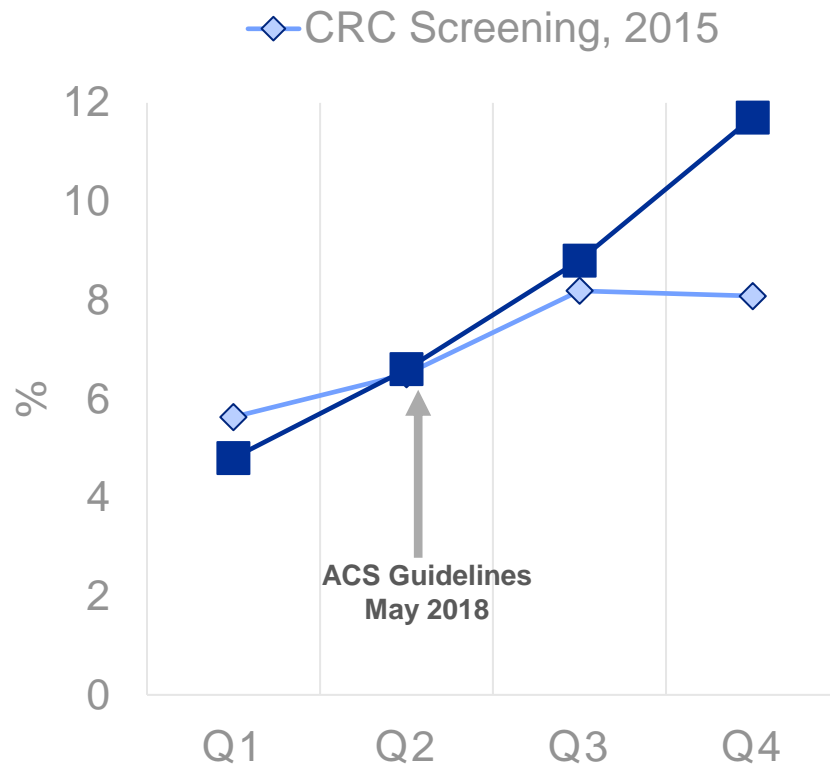


Cancer Epidemiology
Volume 74, October 2021, 101984

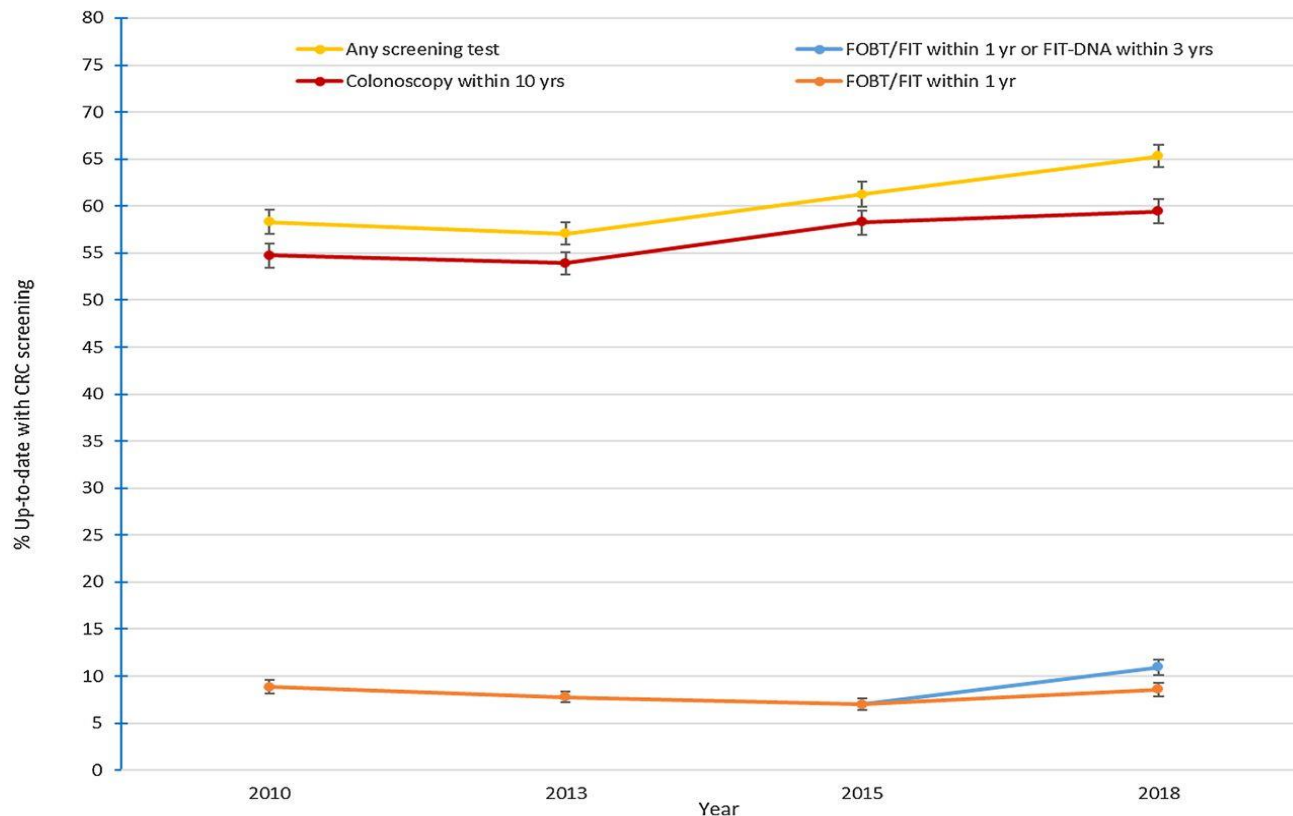


Self-reported reasons for colonoscopy among adults aged 45-49 versus 50 years and older from 2010-2018

Recent Colorectal Screening (Past Year) among Adults 45-49 years, NHIS 2015 and 2018



Stool-testing is modestly increasing in adults 50-75 years



CANCER EPIDEMIOLOGY,
BIOMARKERS & PREVENTION

Source: Shapiro et al, 2021:
<https://pubmed.ncbi.nlm.nih.gov/34088751/>

Screening for Colorectal Cancer in the United States: Correlates and Time Trends by Type of Test

Jean A. Shapiro, Ashwini V. Soman, Zahava Berkowitz, Stacey A. Fedewa, Susan A. Sabatino, Janet S. de Moor, Tainya C. Clarke, V. Paul Doria-Rose, Erica S. Breslau, Ahmedin Jemal, and Marion R. Nadel

Thank you!

Reaching the Young Eligible

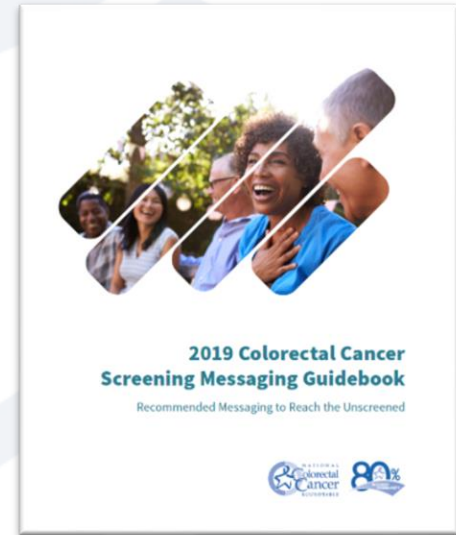
Heather Hampel, MS, CGC

*City of Hope National Cancer Center
Associate Director, Division of Cancer Genomics*

NCCRT Family History & Early-Age Onset CRC Strategic Priority Team Co-chair

Market Research Goals & Intentions

- NCCRT has developed several targeted communication guides in the last several years.
- In April, NCCRT began discussing the development of a new messaging guidebook for those nearing the age of 45 or 50 and those newly eligible for screening.
- This guide will include market research on those aged 20 to 49-years-old and serve as a supplement to the *80% in Every Community 2019 Messaging Guidebook*.



Through this project we aim to better understand:

- General awareness around family history and knowledge of when to get screened among 20–49-year-olds.
- Perceptions about CRC and the likelihood of getting screened on-time.
- Recommendations for reaching younger audiences with screening messaging:
 - What do they want/need to know?
 - When should these messages be delivered?
 - Who should deliver the information?
- Effective messaging that best resonates with this audience.



Working with NCCRT's Advisory Group

- Built a robust questionnaire for market research, analyze the results, and use the key findings to identify top tested messages for 20- to 49-year-olds.
- Use information gained to build a messaging guide to inform future initiatives and strategies to increase CRC screening rates.

NCCRT Advisory Group:

- Provides subject matter expertise
- Reviews materials and provide feedback

*Michelle Aubertine with KS&R will be doing a deeper dive into this research during **Concurrent Session 2** on Tuesday, November 16th.*



Questions & Answers