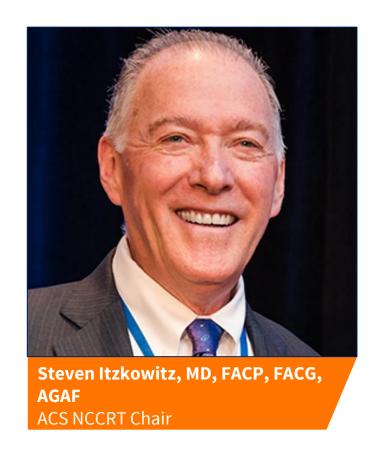




# ACS NCCRT Chair Keynote

8:40 AM - 9:30 AM

# **ACS NCCRT Chair Keynote**







# State of the NCCRT

Steven Itzkowitz, MD, FACP, FACG, AGAF
Professor of Medicine, Oncological Sciences & Medical Education
Icahn School of Medicine at Mount Sinai
ACS NCCRT Chair





# THANK YOU







to our generous sponsors!





**ONCOLOGY** 



Erica Childs Warner
Prevent Cancer
Foundation



Dionne Christopher Colorectal Cancer Alliance



**Nikki Hayes**Centers for Disease
Control and
Prevention



**Xavier Llor** Yale School of Medicine



Molly McDonnell Fight Colorectal Cancer



Stacie Miller Moncrief Cancer Institute | UT Southwestern



Michael Potter University of California, San Francisco



**Allison Rosen** American Cancer Society



Michelle Tropper HealthEfficient



Richard Wender University of Pennsylvania



**Pascale White** *Mount Sinai* 







**Laura Wood** American Cancer Society



**Trudy Wright** *HealthEfficient* 

ACS NCCRT Planning Committee

# Thank You!

# Who's in the Audience Today?



We have over

**250** 

attendees with us today covering

46

states and territories!

### Welcome, New Members and Corporate Associates!

### **Member Organizations**

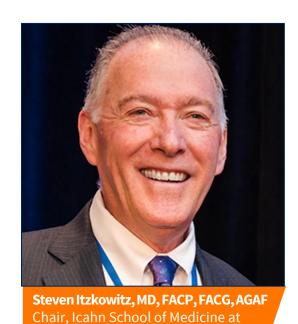
- Atrium Health Navicent
- Big Mike's Bottom Line
- Cape Atlantic Coalition for Health
- Colorectal Cancer Equity Foundation
- Fllis Fischel Cancer Center
- Fetter Health Care Network
- Fred Hutch Cancer Center (Office of Community Outreach and Engagement)
- GH Foundation
- Indiana Primary Care Association
- Kentucky Dept for Public Health
- Louisiana Cancer Prevention
- Maniilaq

- New Jersey Dept of Health
- Quentin N Burdick IHS Unit
- Rutgers Health Office of Population Health
- Southwest Coalition for Colorectal Cancer Screening (SuCCCeS)
- Sylvester Comprehensive Cancer Center
- Taking Aim at Cancer in Louisiana
- Tennessee Cancer Coalition
- Turtle Mountain Band of Chippewa
- Unity Medical Center
- University of North Carolina Lineberger Comprehensive Cancer Center
- University of Pennsylvania Health System
- Western North Carolina CRC Screening Initiative

### **Corporate Associates**

- mPATH
- Olympus America, Inc.

### **ACS Roundtable Executive Leadership Team**



Mount Sinai









Laura Makaroff, DO Steering Committee, **ACS Permanent Representative** 



Frank Colangelo
Premier Medical Associates



**Beverly Green**Kaiser Permanente
Washington Health Research
Institute



**Candace Henley** *Blue Hat Foundation* 



**Peter Liang**NYU Grossman School of
Medicine



**Swati Patel** *Anschutz Medical Center* 



**Allison Rosen** *American Cancer Society* 



Michael Sapienza Colorectal Cancer Alliance



**Robert Smith** *American Cancer Society* 



**Richard Wender** *University of Pennsylvania* 







**Pascale White** *Mount Sinai* 



**Keith Winfrey**New Orleans East
Community Health Center

ACS NCCRT Steering Committee

# **ACS NCCRT Strategic Priority Teams**



#### **Community Health Centers**

Lead: Dr. Jim Hotz



# Professional Education & Practice Implementation

Leads: Drs. Frank Colangelo, Xavier Llor



#### **State-Based Initiatives**

Leads: Nikki Hayes, Katie Bathje



# Social Media & Public Awareness

Lead: Dr. David Greenwald



# Family History & Early-Age Onset CRC

Leads: Heather Hampel, Dr. Paul Schroy



#### **Policy Action**

Leads: Molly McDonnell, Dr. Heather Dacus

### **ACS NCCRT Team**













Roundtable Business



The ACS NCCRT Nominating Committee reviews all nominations and prepares a recommended slate for membership.

### ACS NCCRT Steering Committee Nominating Process



Per our bylaws, this is to be emailed to ACS NCCRT members on behalf of the Steering Committee no later than 30 days before the ACS NCCRT Annual Meeting.



The slate will be voted on in-person at the ACS NCCRT Annual Meeting, with a majority vote of the membership being required to approve the slate.

As a reminder, each non-corporate ACS NCCRT member (organization or individual) will have one vote. Corporate associates are not permitted to vote.

# 2024/2025 Steering Committee Slate: Confirm Vice Chair-Elect



### Three-Year Term, Renewable

Gloria Coronado, PhD

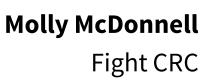
Associate Director for Population Sciences Professor, University of Arizona Cancer Center

# 2024/2025 Steering Committee Slate: New Members

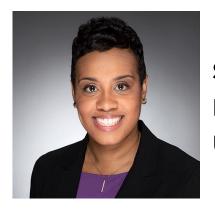
### Two-Year Term, Renewable



**Christopher Lieu, MD**University of Colorado







**Stacie Miller, MSN, MPH, RN**Moncrief Cancer Institute
UT Southwestern

Jennifer Park, CHES, MPH
Carolina Department of Health and
Human Services



# 2024/2025 Steering Committee Slate: Current Members

### Two-Year Term, Non-Renewable

- Peter S. Liang, MD, MPH
   NYU Grossman School of Medicine
- Swati G. Patel, MD, MS
   University of Colorado
   Anschutz Medical Center
- Pascale White, MD, MBA, MS, FACG
   Icahn School of Medicine at Mount Sinai

### **Three-Year Term, Renewable**

Steven Itzkowitz, MD, FACP, FACG, AGAF
 Icahn School of Medicine at Mount Sinai

### One-Year Term, Non-Renewable

- Michael Sapienza
   Colorectal Cancer Alliance
- New Orleans East Community Health
  Center

### **Proposed Steering Committee Slate**

Steven Itzkowitz, MD, FACP, FACG, AGAF

Icahn School of Medicine at Mount Sinai

Gloria Coronado, PhD

University of Arizona Cancer Center Stacie Miller, MSN, MPH, RN

Moncrief Cancer Institute
UT Southwestern

Molly McDonnell Fight CRC

**Christopher Lieu, MD**University of Colorado

Jennifer Park, CHES, MPH

North Carolina Department of Health and Human Services **Swati Patel, MD, MS** 

University of Colorado School of Medicine

Peter Liang, MD, MPH

NYU Grossman
School of Medicine

Pascale White, MD, MBA, MS, FACG

Association of Black Gastroenterologists and Hepatologists Michael Sapienza

Colorectal Cancer Alliance

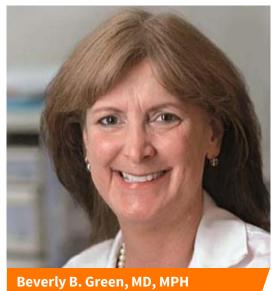
Keith Winfrey, MD, MPH,

New Orleans East Community Health Center

### **Thank You!**

### In recognition of your commitment and service to the ACS NCCRT!



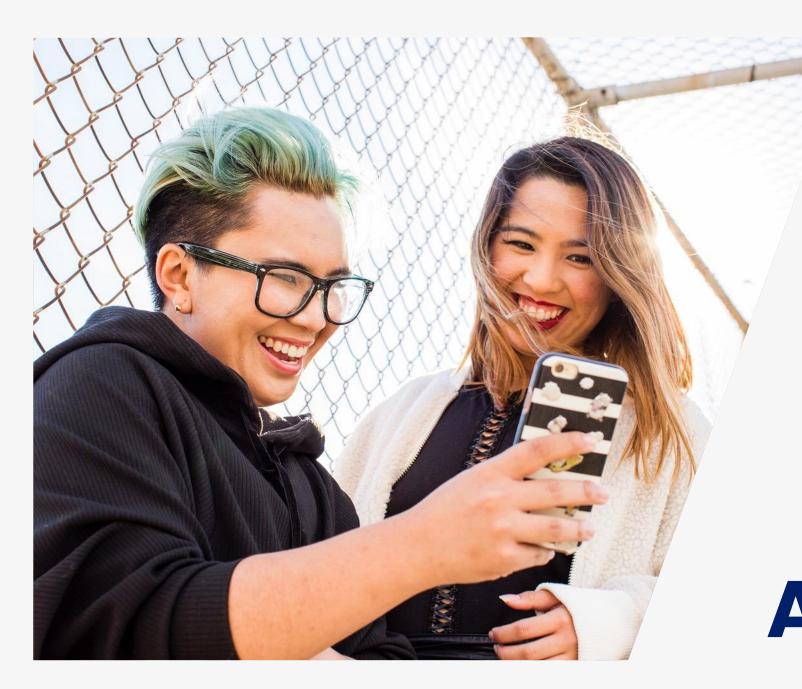






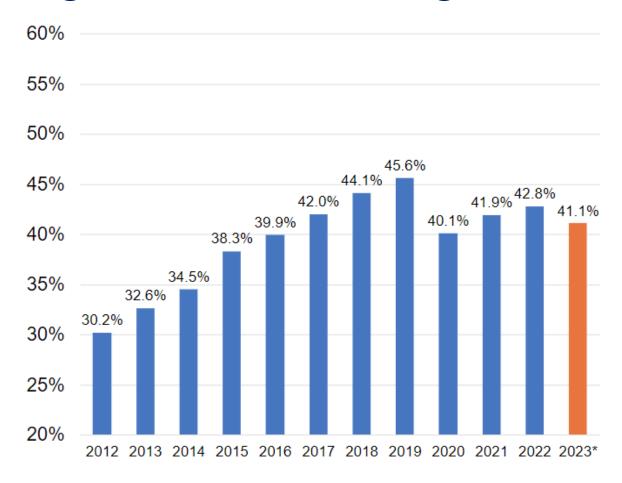






# The State of the ACS NCCRT

# **Progress in Screening**



### Community Health Center Patients – UDS

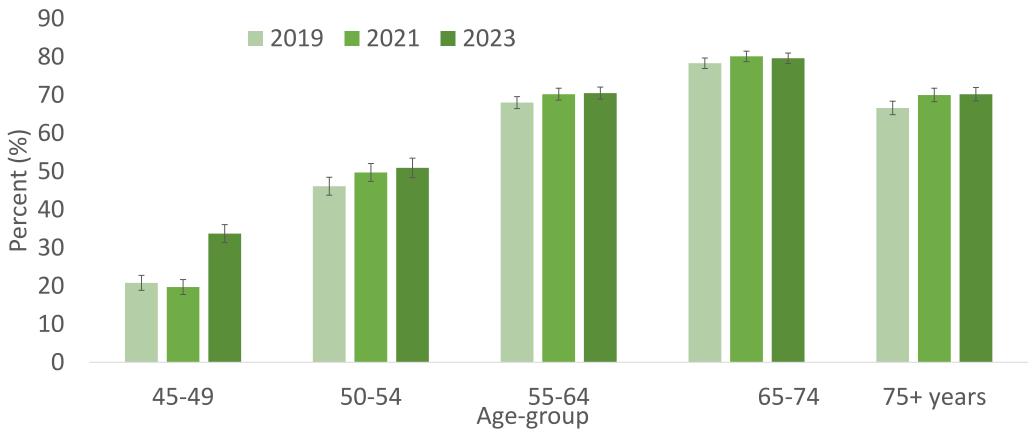
Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System

In 2023, health centers began reporting CRC screening for adults 45–75 years of age following previous reporting for adults 50-75 years of age. The total number of patients screened for CRC reached 3,306,873 in 2023, up from 2,769,337 in 2022.

2022 Health Center Data. Health Resources & Services Administration.2022. https://bphc.hrsa.gov/uds/datacenter.aspx

### Colorectal<sup>‡</sup> Cancer Screening (%) ACS guideline, 2019-2023

# 45-49 years: newly eligible in 2018 (ACS guideline), 2021 (USPSTF)





American \*FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Source: National Health Interview Survey, 2019, 2021, 2023

# **ACS NCCRT Priority Areas**

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### 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.

### **New Resources Released in 2024**

Increasing Colorectal Cancer Screening Among LGBTQ+ Communities Brief

Colorectal Cancer Data Dashboard



The Dos and Don'ts of Colorectal Cancer Screening

### **Colorectal Cancer Data Dashboard**

Developed with the ACS Geospatial Solutions Team, led by Dr. Liora Sahar, this new mapping tool offers an interactive geospatial view of data pertaining to CRC in the US.

The dynamic national platform integrates layers from multiple sources and allows you to interactively explore data using maps and graphs, including:

- CRC surveillance data (incidence rates, mortality rates)
- CRC screening rates
- Healthcare settings (Commission of Cancer hospitals, Federally Qualified Health Centers, National Cancer Institute Designated Cancer Centers)
- Demographics (age, race and Hispanic origin, poverty status, educational attainment)
- Additional health measures (smoking prevalence, obesity)



# Increasing CRC Screening Among LGBTQ+ Communities Brief

- This newly updated brief describes unique barriers to colorectal cancer screening face by LGBTQIA+ communities and outlines action steps to take to increase screening rates.
- It is intended for community-based organizations, health systems, and other organizations to use to better understand and serve LGBTQIA+ members of their community.

Cancer Screening Among
LGBTQ+ Communities

# The Dos and Don'ts of Colorectal Cancer Screening

 This one-page flyer is intended to be used to remind clinicians about some of the "dos" and "don'ts" when it comes to colorectal cancer screening.







# New and Updated Resources Coming Soon



### **Toolkit to Support CRC Screening in Rural Communities**

- Advisory group is currently convening to develop this toolkit
- Goal for release is April 2025

### **Resources Targeted Towards Primary Care**

- Clinician's Reference on Stool-Based Testing Brief is being updated for a re-release, combined with a webinar promoted to coalitions
- Primary Care Primer focusing on orienting clinicians to the Steps Guide and key issues surrounding colorectal cancer

### **2024 Roundtable Events**

#### **Blue Star Conversation Series**

- Tailoring Colorectal Cancer Screening Messaging: Practical Advice for Coalitions
- Leveraging the EHR for Cancer Prevention:
   A Look at Systematizing Risk Assessment & Risk Stratification to Identify Candidates for Genetic Testing

#### **Webinars**

- Lead Time Messaging Guidebook
- 2024 National Colorectal Cancer Awareness Month Webcast
- CRC Data Dashboard

**Cross Continuum Strategy Summit & ACS NCCRT Steering Committee Retreat** 











Reflecting on Our Impact and Looking Ahead

# Progress Towards an 80% Screening Rate

2014 2018 2019

2024 and Beyond

80% by 2018



Audacious goal to ensure 80% of adults of average risk are regularly screened for colorectal cancer by 2018 **80% in Every Community** 

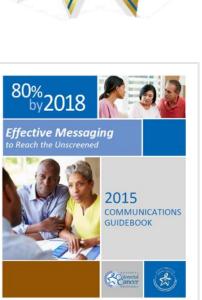


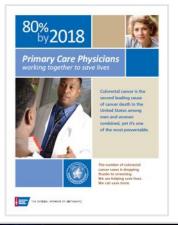
Continue to bring down barriers and address screening inequities so that everyone can live a life free of colorectal cancer

# 80% by 2018

- In 2013, then Assistant Secretary for Health, Dr. Howard Koh, challenged ACS NCCRT member organizations to develop a bold and ambitious plan to advance colorectal cancer screening.
- The ACS NCCRT officially launched the 80% by 2018 campaign in March of 2013.
- Over 1800 organizations signed the "80% pledge," committing to increasing screening rates to 80% or higher.
- The ACS NCCRT released numerous resources and launched the National Achievement Awards program in support of the campaign.
- We did not reach out goal, but between 2012 and 2018, 9.3 million additional US adults (50 to 75) were screened for colorectal cancer, and screening rates increased across the United States.











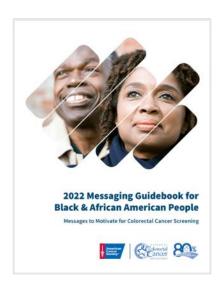
# 80% in Every Community

- Launched in 2019, this updated campaign emphasizes not simply reaching a national or state-level screening rate of 80% but reaching a rate of 80% or higher in every community across the nation.
- "Community" in 80% in Every Community is intended to be flexible and inclusive, and can be a city, county, or state, a racial and ethnic community, or a patient population served by a healthcare system
- There has also been an increased focus on addressing disparities along the entire cancer care continuum, including lifestyle risk factors, timely diagnosis following a positive (abnormal) noncolonoscopy screening test result, and access to timely treatment.
- 80% in Every Community Strategic Plan (2020-2024) provides a roadmap for partners dedicated to this shared goal.





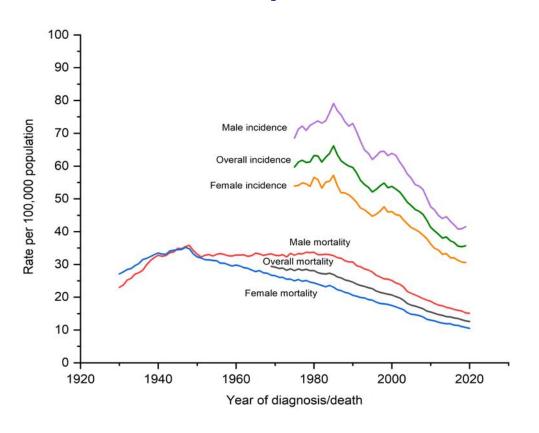




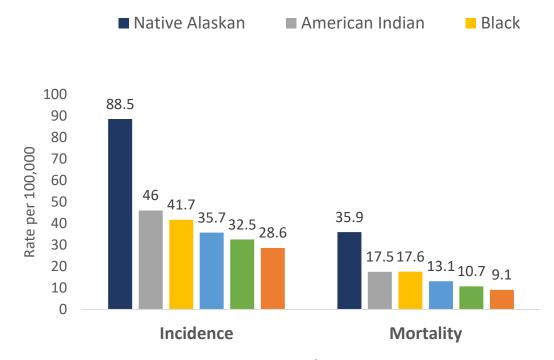


# **Incidence and Mortality Trends**

# Long-Term Trends in Colorectal Cancer Incidence & Mortality



# Colorectal Cancer 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.

# Assessing Our Priorities to Save More Lives from Colorectal Cancer

- We challenged ourselves to look at how we can better reduce mortalities and disparities related to colorectal cancer.
- In June, we hosted a Cross-Continuum Strategy
   Summit and ACS NCCRT Steering Committee Retreat
   comprised of national experts and roundtable
   leadership.
- ACS NCCRT staff and volunteer leaders will look to our dedicated members to help us further define our areas of focus.



### **Cross Continuum Summit Objectives**



Understand and characterize CRCrelated mortality and mortality disparities (including post-diagnosis and early onset), why they persist and the potential contributors to disparities.



Clarify the ACS NCCRT's role in these areas and determine what criteria we should use to select focus areas.

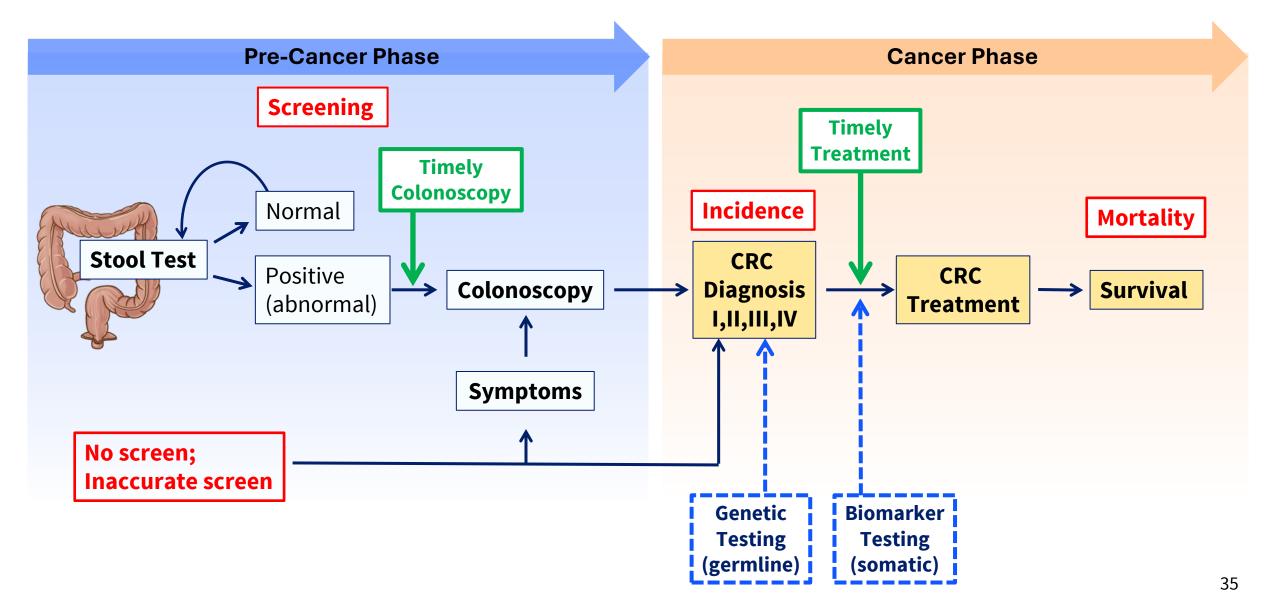


Identify 2-4 focus areas for the Roundtable's future work.



Begin to identify possible strategies that ACS NCCRT might promote to address the prioritized focus areas.

### The Colorectal Cancer Continuum

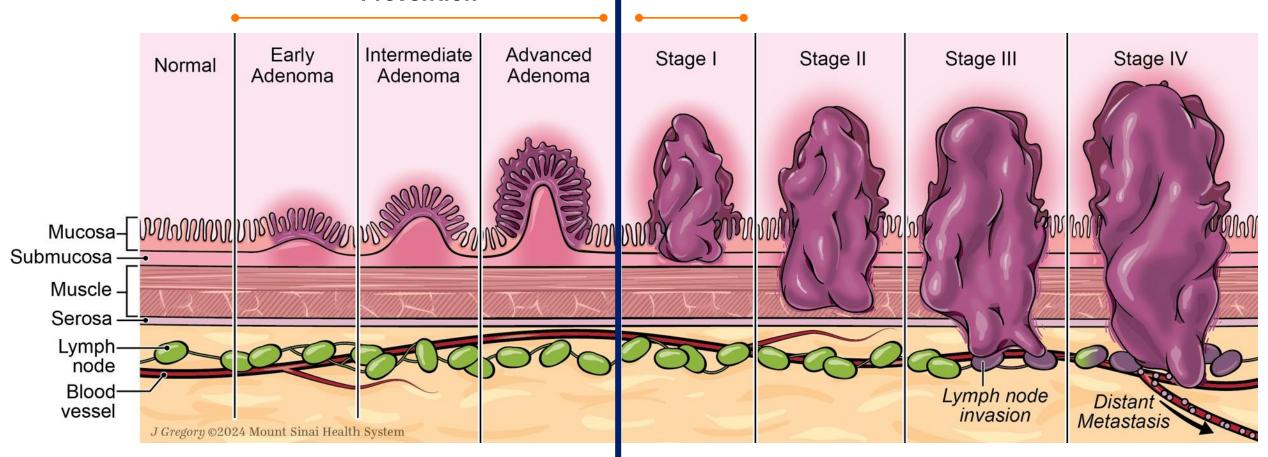


### **Pre-Cancer Phase**

### **Cancer Phase**

#### "Prevention"

"Early Detection"



### **ACS NCCRT's New Areas of Focus**

These five areas of focus will be our guide to reducing mortality and mortality disparities related to colorectal cancer, in addition to prevention and early detection.

### MOBILIZE

national and community-level efforts that will lead to health equity across the colorectal cancer continuum.

2

#### **IMPROVE**

timely action for early-age onset colorectal cancer signs and symptoms.

3

#### **SUPPORT**

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

4

#### **PROMOTE**

timely
colonoscopy
follow-up to
positive
(abnormal) noncolonoscopy
tests.

5

#### **IDENTIFY**

areas to ensure timely initiation of quality colorectal cancer treatment.







# 2024 Annual Meeting Overview

# Thursday, November 21st

### **Plenary Sessions**

- Timely Colonoscopy Follow-Up to Positive (Abnormal) Non-Colonoscopy Tests
- Lived Experience Panel: Through the Lens of Colorectal Cancer Survivors & Caregivers
- Colorectal Cancer Facts & Figures: Recent Findings
- Armchair Conversation on Colorectal Cancer Health Equity: Barriers and Solutions to Reaching Asian American Communities for Colorectal Cancer Screening

### **Concurrent Sessions**

- Early-Age Onset Colorectal Cancer Updates
- Advances in Colorectal Cancer Diagnostic Testing & Treatment
- Best Practice sharing in Community Health Centers, Health Systems, & Health Plans
- Successes in social media & public awareness
- Expanding our impact open dialog sessions with Roundtable leadership

### Friday, November 22<sup>nd</sup>

### **Plenary Sessions**

- Distinguished National Leadership Award presentation
- How to Get Involved in the Colorectal Cancer Policy Landscape at Any Level
- Supporting the Delivery of Timely, Quality Colorectal Cancer Screening: A Conversation with Primary Care Leaders
- Recent Research and Emerging Work to Guide Timely, Quality Colorectal Cancer Screening & Follow-Up

### **National Achievement Awards**

#### 2024 Awardees:

- Grand Prize: Southwest Coalition for Colorectal Cancer Screening (SuCCCeS) Program
- Honorees:
  - Florida Agency for Health Care Administration
  - Unity Medical Center
  - Family Health Services
  - Mikisha Longie (Individual RN at the Indian Health Service)

### 2025 Award Nominations are now open until December 6!

Submit your work or a partner's work to get national recognition at **nccrt.org/awards** or at the QR code to the right.









Spread the Word

Join the Conversation on Social Media

#NCCRT2024





# Thank You