Cancer Prevention and Early Detection for Community Health Centers

Session 2:
Colorectal Cancer Trends & Health Center Insights: Working Together We Can Increase CRC Screening

March 27, 2025

This session is being recorded

Welcome

Emily Bell
Director, National Colorectal Cancer Roundtable

Agenda

1 **Current State of Colorectal Cancer (CRC)**
Urgent need for screening patients ages 45-55

2 **Best Practice Sharing**
Increasing CRC with Family Health Services

3 **NCCRT and ACS Resources**
Learn about our signature resources to support screening efforts

4 **CRC Screening Conversation**
Prioritizing CRC screening in Community Health Centers

5 **Q&A**

Poll

1. What is the current age range for CRC screening for adults at average risk according to USPSTF?
2. It is my standard practice to recommend and/or educate on CRC screening starting at age 45.
3. I understand the need to increase CRC screening for those ages 45-54 years.
4. I have utilized one or more ACS/NCCRT resources in my current role.

Welcome To

Rebecca Siegel, MPH
Senior Scientific Director,
Surveillance Research
American Cancer Society

Anay Puente, RN
Regional Charge Nurse
Family Health Services

Keith Winfrey, MD, MPH
Chief Medical Officer
New Orleans East Louisiana CHC
ACS NCCRT Steering Committee
Member

Screening can help reverse the rising tide of CRC <65 y

Rebecca Siegel, MPH
NCCRT Community Health Centers Webinar
March 27, 2025

Estimated New Colorectal Cancer Cases and Deaths in 2025

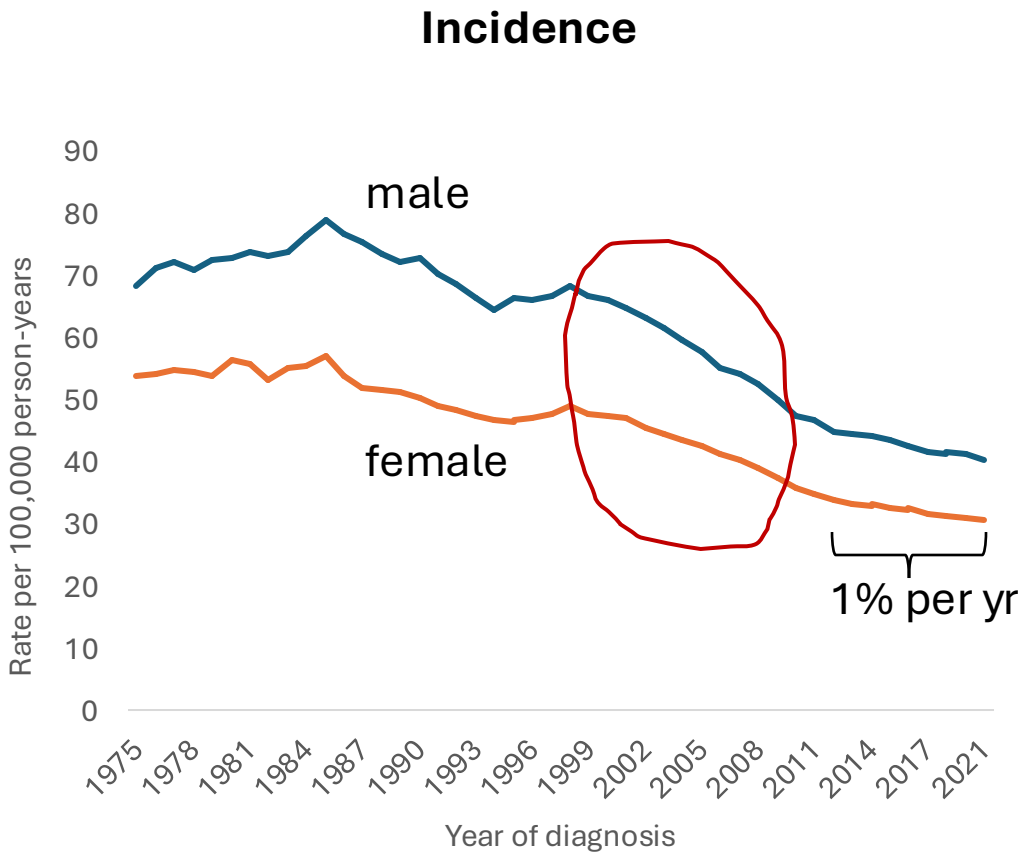
CASES		
Age, years	**Total**	**Percent**
0-49	21,010	14%
50-64	47,550	31%
65+	85,710	56%
All ages	**154,270**	**100%**

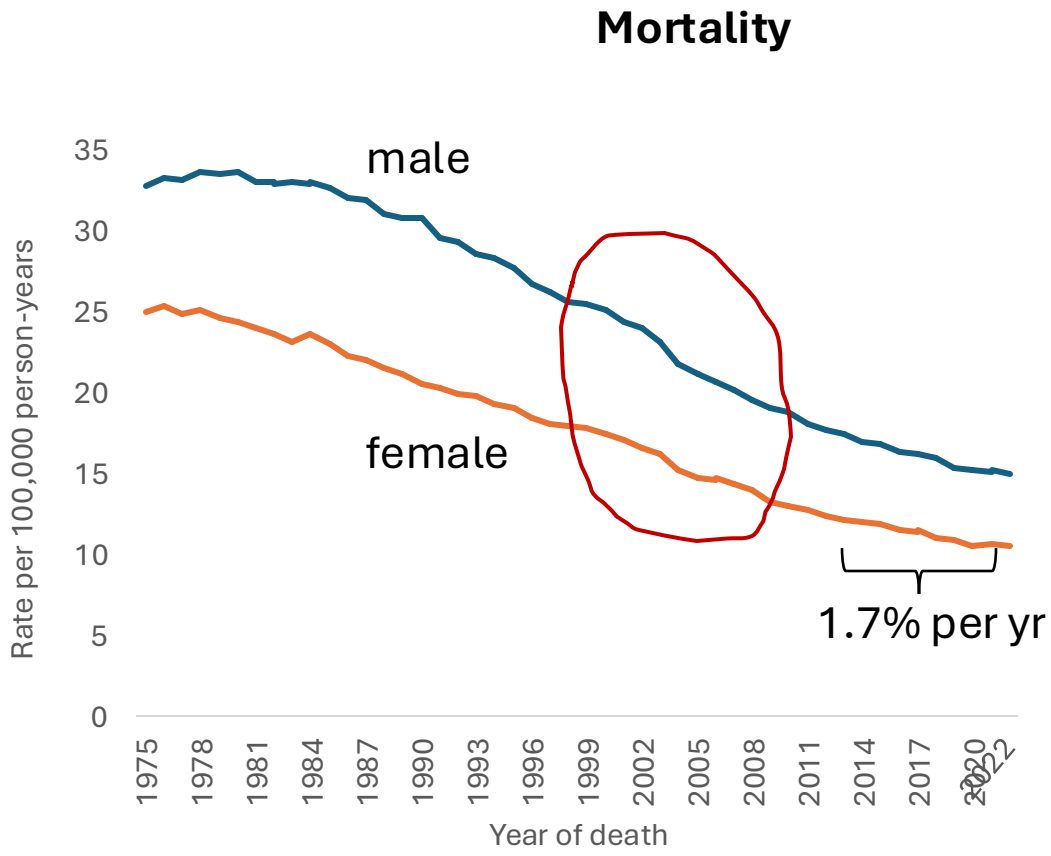
DEATHS		
Age, years	**Total**	**Percent**
0-49	3,810	7%
50-64	13,430	25%
65+	35,660	67%
All ages	**52,900**	**100%**

0–64 years: 44% of cases, up from **27%** in 1995

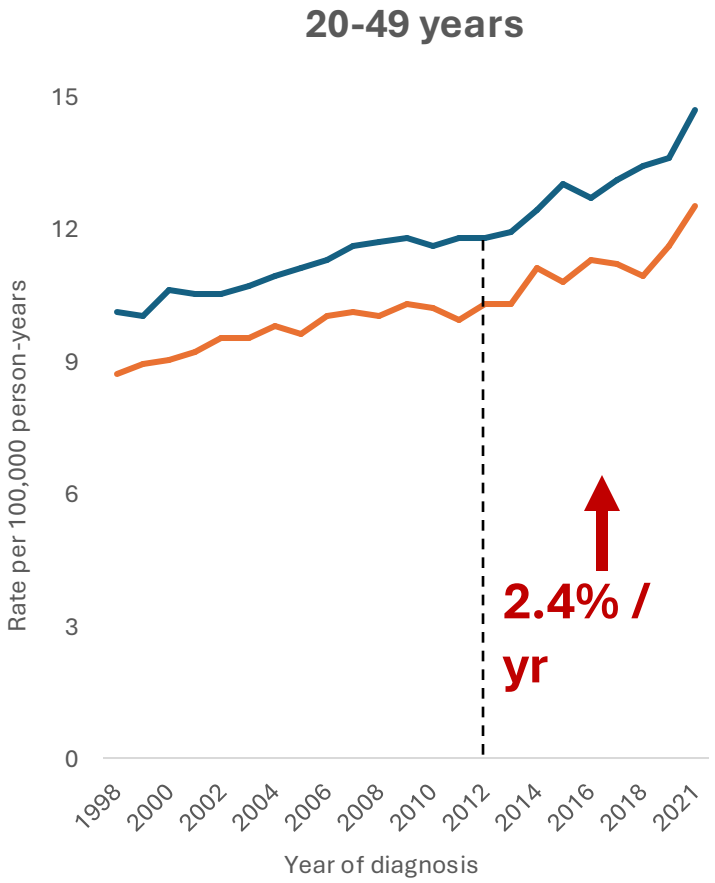
0–49 years: 58 diagnoses every day

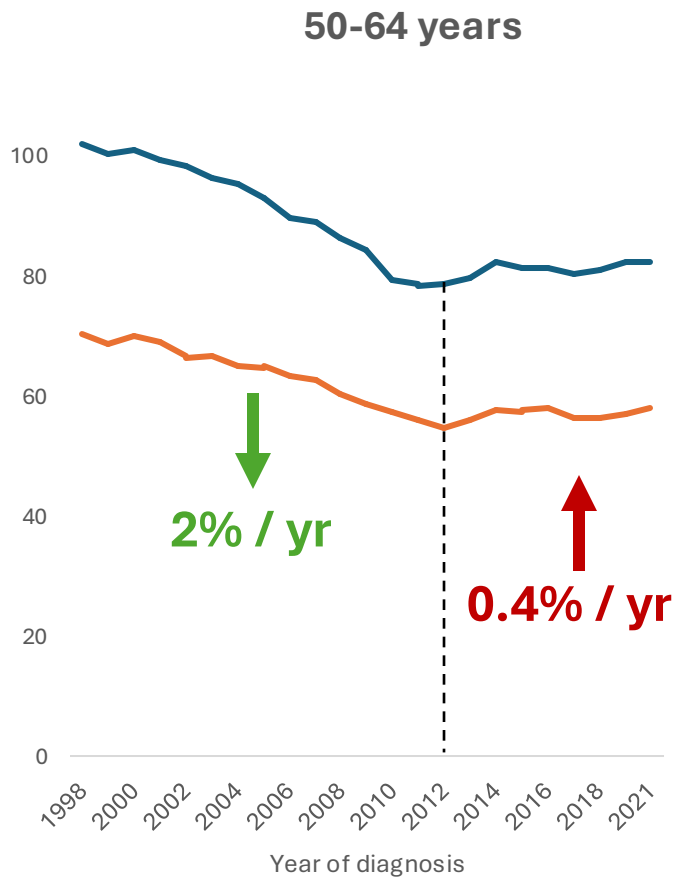
Long-term trends in colorectal cancer incidence & mortality, US

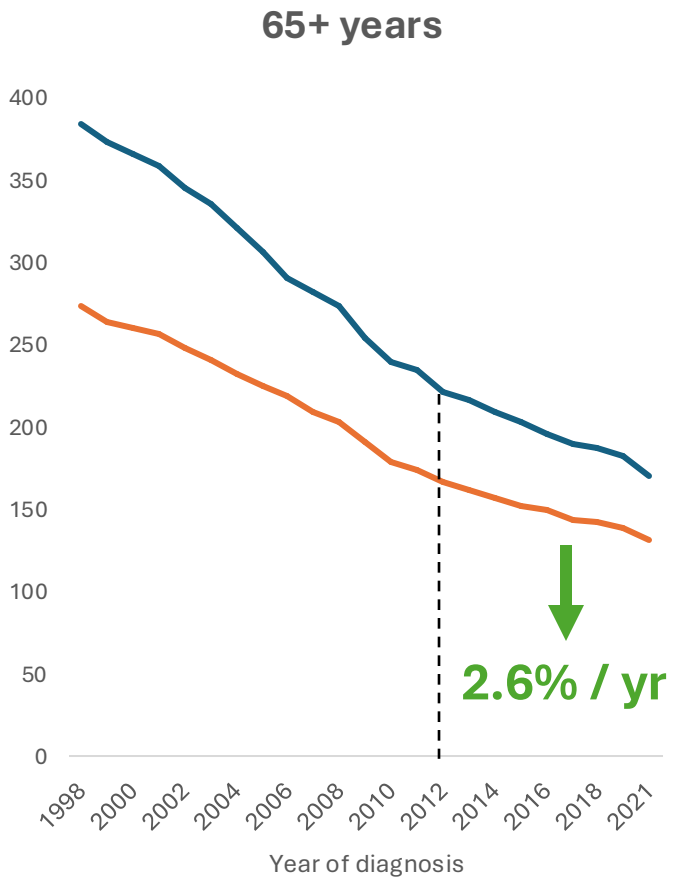




Trends in colorectal cancer incidence by age, 1998–2021





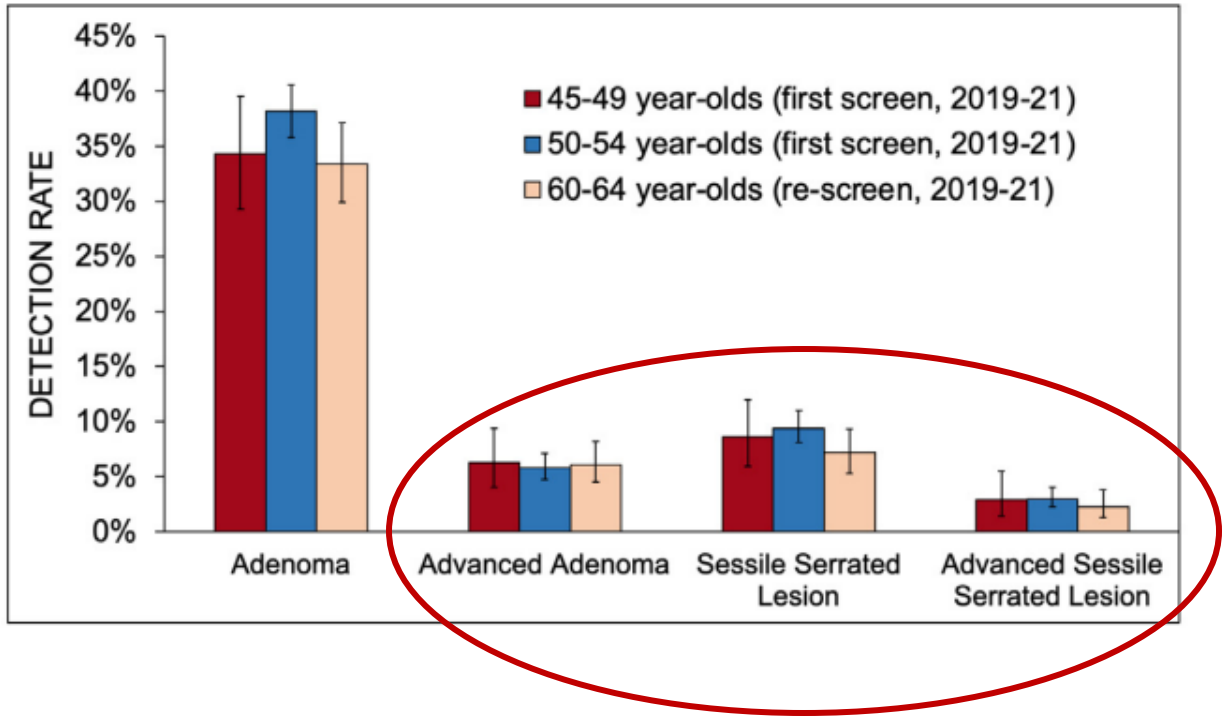


Adenoma and Sessile Serrated Lesion Detection Rates at Screening Colonoscopy for Ages 45–49 Years vs Older Ages Since the Introduction of New Colorectal Cancer Screening Guidelines

Uri Ladabaum,[1] John Shepard,[2] and Ajitha Mannalithara[1]

Colonoscopy volume and lesion detection rates in 45-49 year-olds

- Modest increase in proportion of first-time screening colonoscopies at ages 45-49
- Yield comparable to ages 50-54 at first-time screening and ages 60-64 at repeat screening



Clin Gastroenterol Hepatol. 2022 Dec;20(12):2895-2904.e4. doi: 10.1016/j.cgh.2022.04.037. Epub 2022 May 14.

Annals of Internal Medicine ORIGINAL RESEARCH

Colorectal Cancer Screening Completion and Yield in Patients Aged 45 to 50 Years

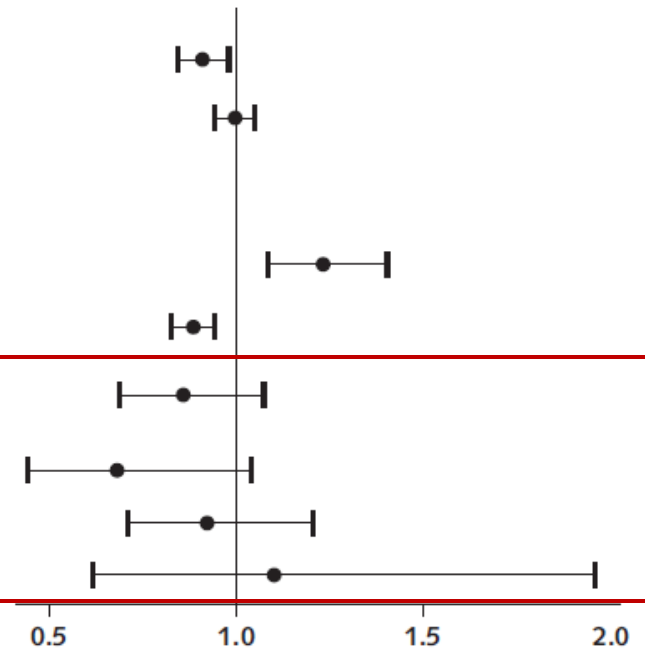
An Observational Study

Theodore R. Levin, MD*; Christopher D. Jensen, PhD, MPH*; Natalia Udaltsova, PhD; Andrea A. Burnett-Hartman, PhD; Aruna Kamineni, PhD, MPH; Chun R. Chao, PhD; Joanne E. Schottinger, MD; Nirupa R. Ghai, PhD, MPH; Gaia Pocobelli, PhD; Larissa L. White, PhD; Malia Oliver, BA; Hina Chowdhry, MPH; Brian P. Hixon, MS; Jessica M. Badalov, MS, RD; Shauna R. Goldberg, MPH; Susan C. Bradford, MS; Charles P. Quesenberry, PhD; and Jeffrey K. Lee, MD, MPH

Published online: 22 October 2024

Figure 3. Colorectal cancer screening yield measures.

Outcome	Patients, *n/N (%)*		aRR (95% CI)
	Aged 45–49 y	Aged 50 y	
FIT positivity	3015/83 175 (3.6)	813/20 195 (4.0)	0.91 (0.84–0.98)
Colonoscopy after a positive FIT result	1957/3015 (64.9)	548/813 (67.4)	1.00 (0.94–1.05)
Follow-up colonoscopy findings			
False-positive FIT result	781/1957 (39.9)	173/548 (31.6)	1.23 (1.08–1.40)
Any adenoma	1150/1957 (58.8)	371/548 (67.7)	0.88 (0.83–0.95)
Adenoma with advanced histology	259/1957 (13.2)	87/548 (15.9)	0.86 (0.69–1.07)
Polyp with high-grade dysplasia	67/1957 (3.4)	28/548 (5.1)	0.68 (0.44–1.04)
Sessile serrated lesion	202/1957 (10.3)	64/548 (11.7)	0.92 (0.71–1.21)
Colorectal cancer (adenocarcinoma)	54/1957 (2.8)	15/548 (2.7)	1.10 (0.62–1.96)



Accelerating progress to reduce the cancer burden through prevention and control in the United States

JNCI: Journal of the National Cancer Institute, 2024, **00(0)**, 1–9
https://doi.org/10.1093/jnci/djae204

Katrina A.B. Goddard, PhD,[1,*] Eric J. Feuer, PhD,[1] Asad Umar, DVM, PhD,[2] Philip E. Castle, PhD[2,3]

Table 3. Model-estimated number of cancer deaths averted and life-years gained from increased uptake of US Preventive Services Task Force–recommended screening for cohorts reaching the minimum age of screening eligibility in 2021-2045 over their remaining lifetime

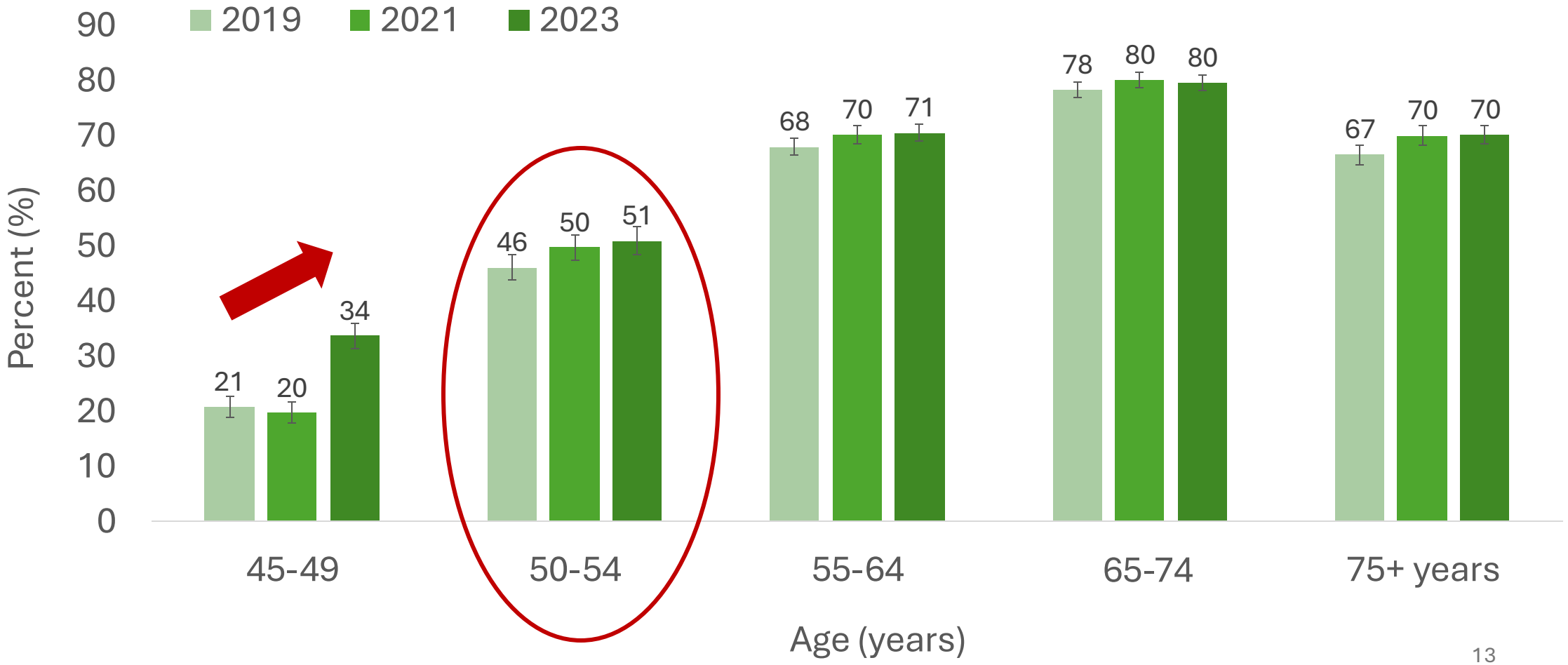
Cancer screening	Screening rate, 2019-2021[b]	Hypothetical improved screening rate	Percentage-point increase in screening rate[c]	Total over the lifetime of 25 annual cohorts (2021-2045)[a]	
				Cancer deaths averted	Life-years gained
Lung	13%	80%	67	110 000	1.5 million
Lung and smoking cessation program	13%	80%	67	150 000	4.6 million
Colorectal	69%	80%	11	360 000	4.4 million
Breast	76%	86%	10	50 000	1.0 million
Cervical	73%	83%	10	40 000	1.5 million

[a] Mean (lung and colorectal cancer models) or median (breast cancer models) estimate across Cancer Intervention and Surveillance Modeling Network models for a given cancer site; analyses for cervical cancer screening were performed with only 1 model. Additional information is provided in the Supplementary Tables 1-3 (available online).

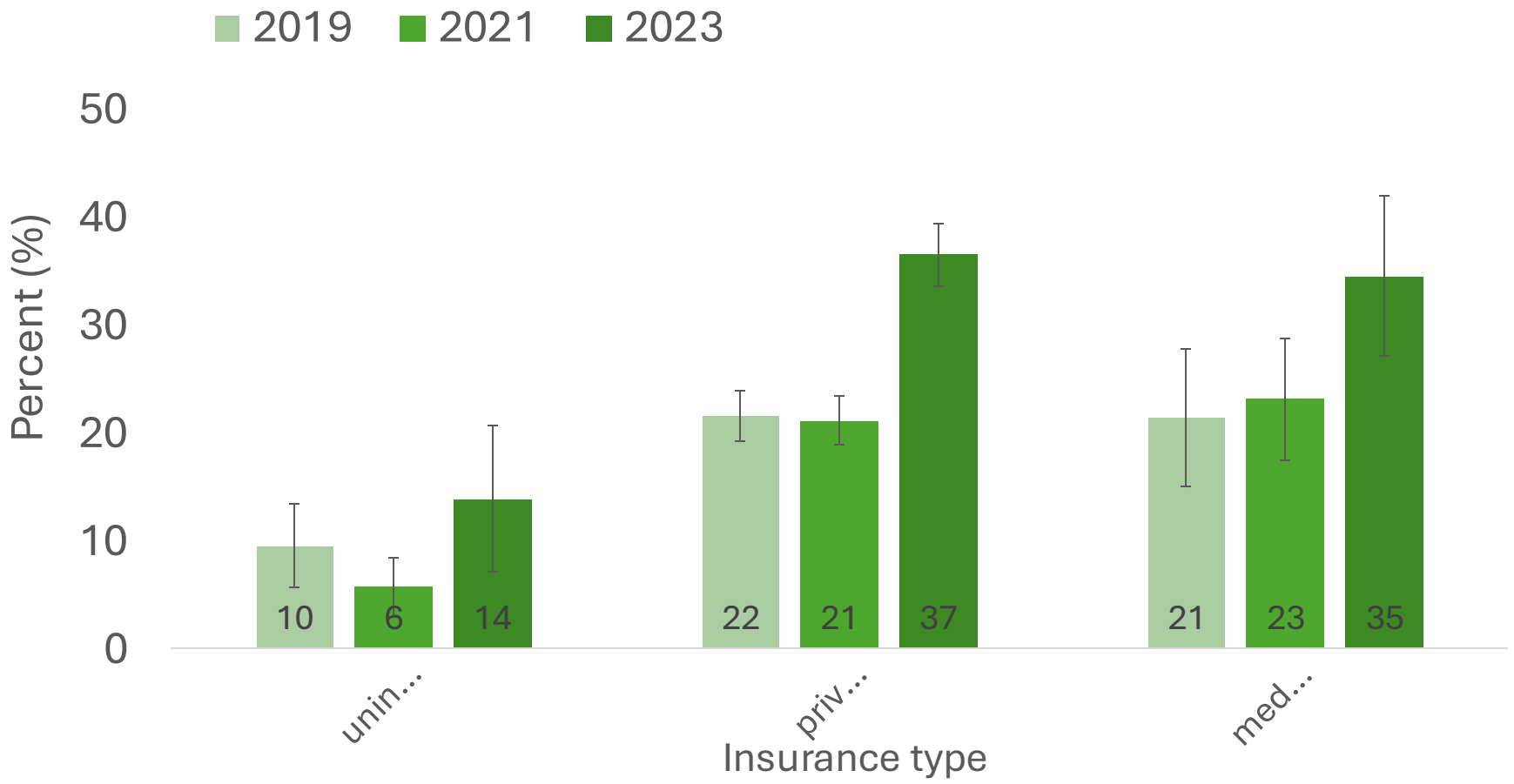
[b] Colorectal, breast, and cervical cancer screening rates (in accordance with contemporary US Preventive Services Task Force screening recommendations) are the average of the rates reported in the 2019 and 2021 National Health Interview Surveys (71); lung cancer screening rates are from the 2019 Behavioral Risk Factor Surveillance System survey (90).

[c] Increase necessary to bring screening rates to at least 80%, with a minimum increase of 10 percentage points.

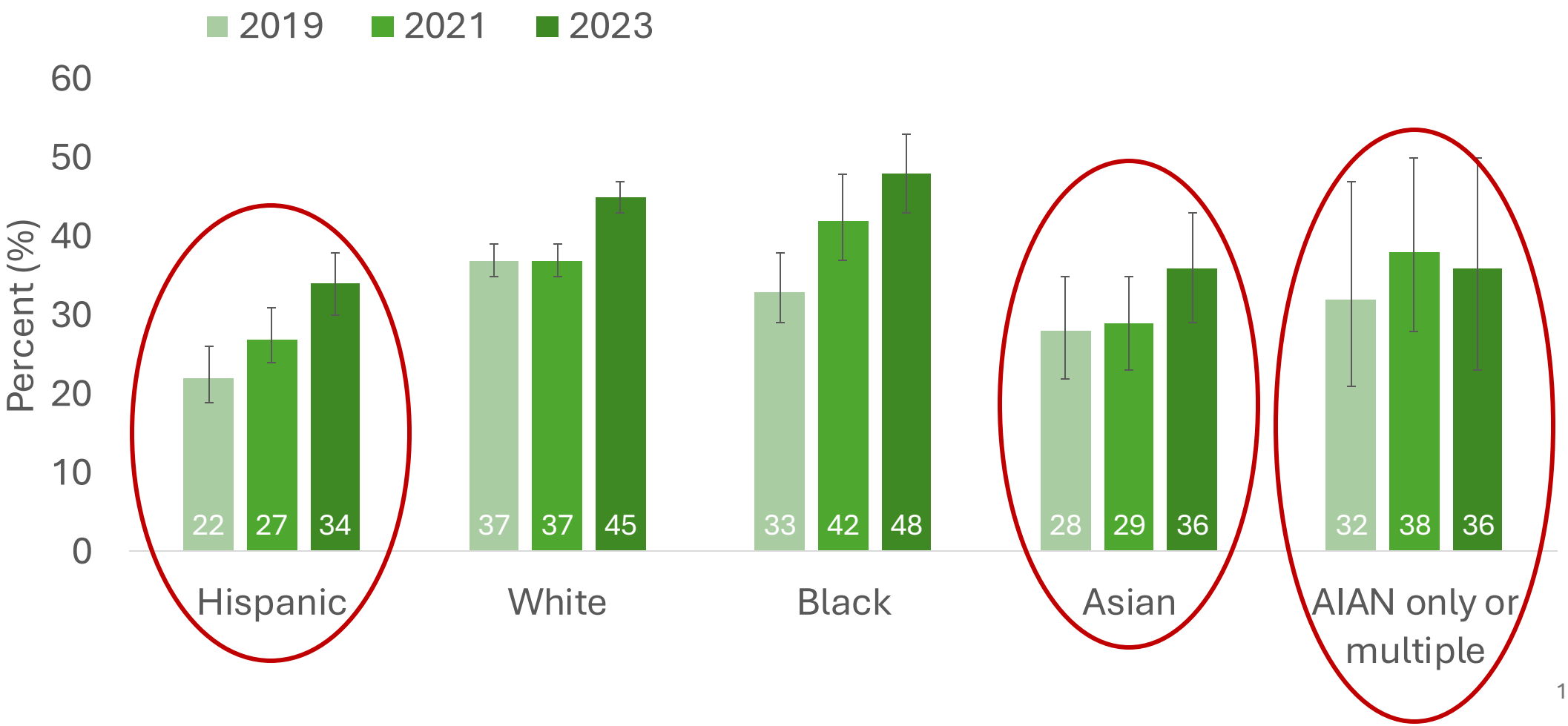
Colorectal cancer screening by age, 2019–2023



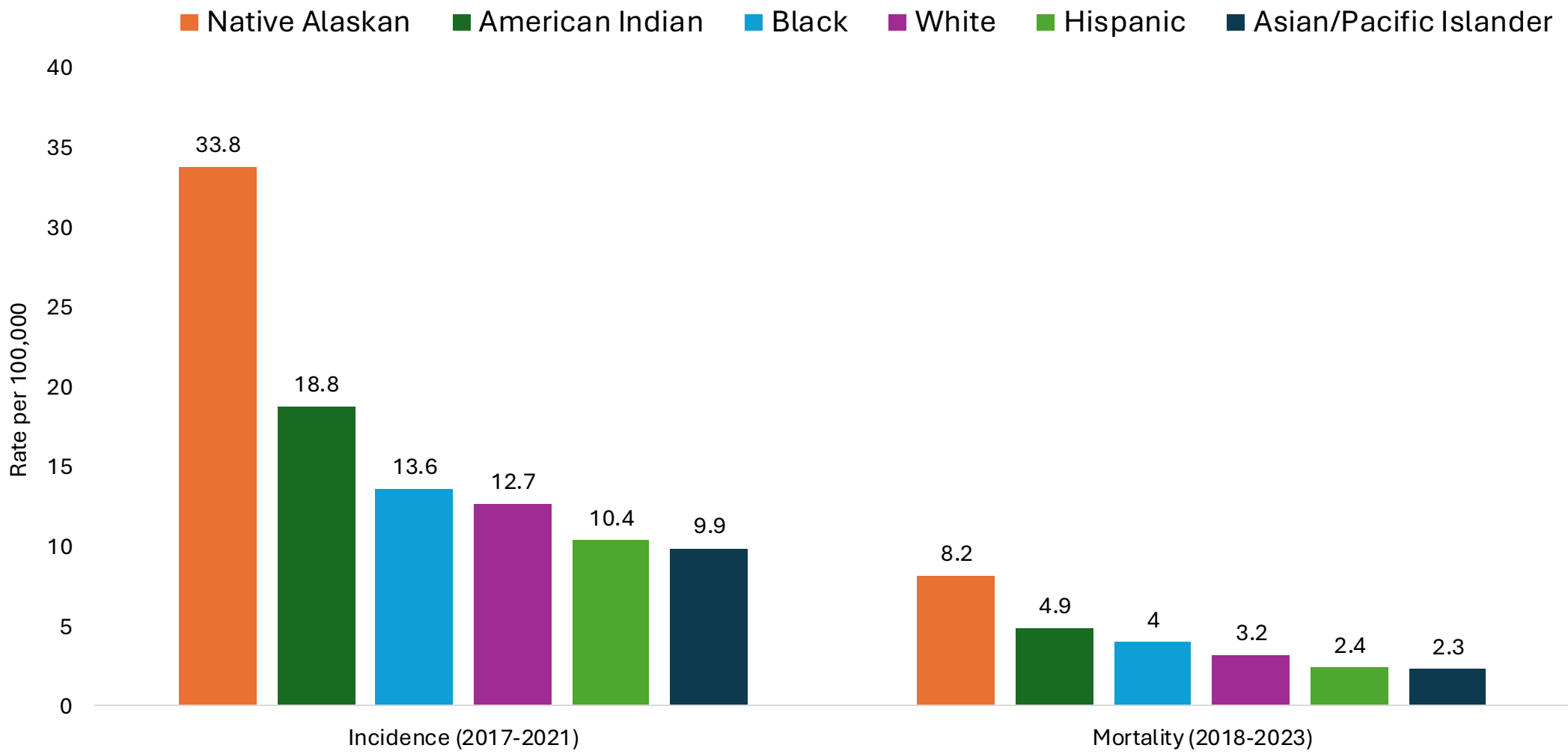
Colorectal cancer screening, ages 45-49 y by insurance type



Colorectal cancer screening, ages 45-54 y by race/ethnicity



Colorectal Cancer Incidence and Mortality by Race & Ethnicity, ages 20-49 years



Summary

- CRC **increasing** in people 0-64 y → **44% of new cases**
- **2 in 3** people 45-49 y and **1 in 2** people 50-54 y are **unscreened**
- Lowest screening:
  - **Uninsured**
  - **Hispanic**
  - **Asian**
  - **Native American**
- What you can do:
  - Talk to patients about their **family history**
  - Recommend screening at 45 AT THE LATEST
  - **Offer FIT or Cologuard** and give a **2 wk deadline** for test return

Almost 30% of early-onset have a family history/genetic risk and should have screened before 45 y

Thank you!

National Cancer Registrars Association

SEER

NPCR
NATIONAL PROGRAM of CANCER REGISTRIES

NAACCR North American Association of Central Cancer Registries

Collaborators

Priti Bandi

Tyler Kratzer

Jessica Star

Ahmedin Jemal

Focusing Our Efforts

Colorectal Cancer Screening

Family Health Services

- Federally Qualified Health Center, making high-quality, culturally sensitive, primary medical and dental care, behavioral health and social services affordable and accessible for the people of South-Central Idaho.
- Serving an eight-county rural area through eleven locations.

Where did we start?

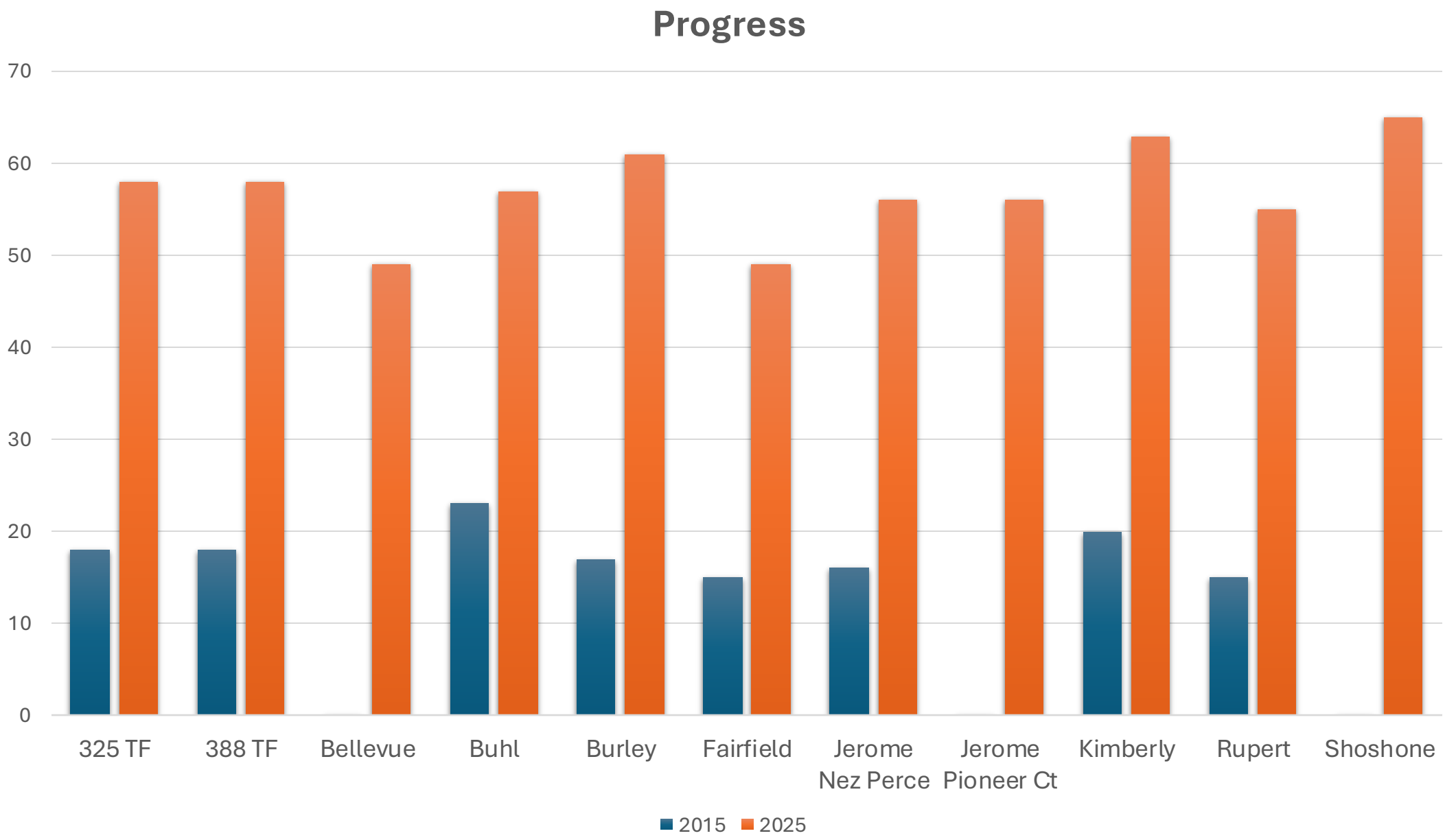
- Review historical data: 2015
  - 325 TF - 18%
  - 388 TF – 18%
  - Buhl – 23%
  - Burley – 17%
  - Fairfield – 15%
  - Jerome – 16%
  - Kimberly – 20%
  - Rupert - 15%

Set The Goals

- Preventative Screenings:
  - Education to staff
  - Education to patients
  - Clinic driven efforts
    - PDSA cycles
    - Measure based incentives
  - FHS Foundation
  - Collaboration with GI specialist- reduced cost colonoscopies
  - Patient assistance

- Competition…

Hello, Pierre
L’Poo


Progress
70
60
50
40
30
20
10
0
325 TF
388 TF
Bellevue
Buhl
Burley
Fairfield
Jerome Nez Perce
Jerome Pioneer Ct
Kimberly
Rupert
Shoshone
2015
2025

Thank you!

www.fhsid.org

 facebook.com/fhsidaho

 @fhsid

Resources

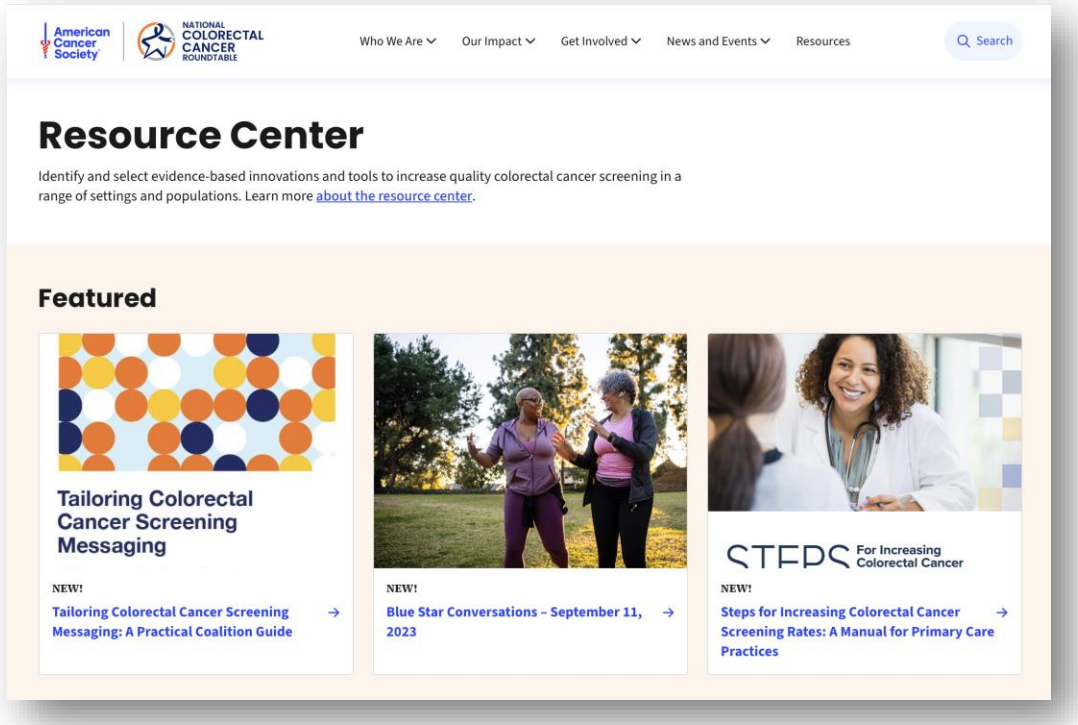
What past work is of interest and what is on the horizon?

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

ACS NCCRT Website & Resource Center

The **ACS NCCRT Website & Resource Center** contains evidence-based resources and tools to help you increase quality colorectal cancer screening in a range of settings and populations.

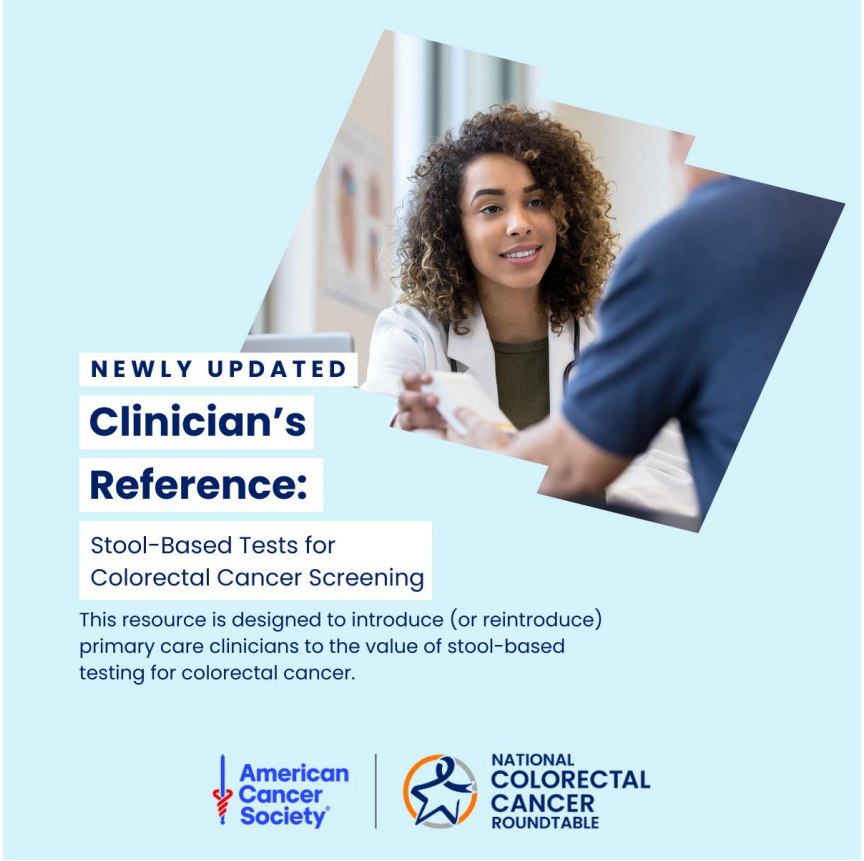


nccrt.org/resource-center

Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening

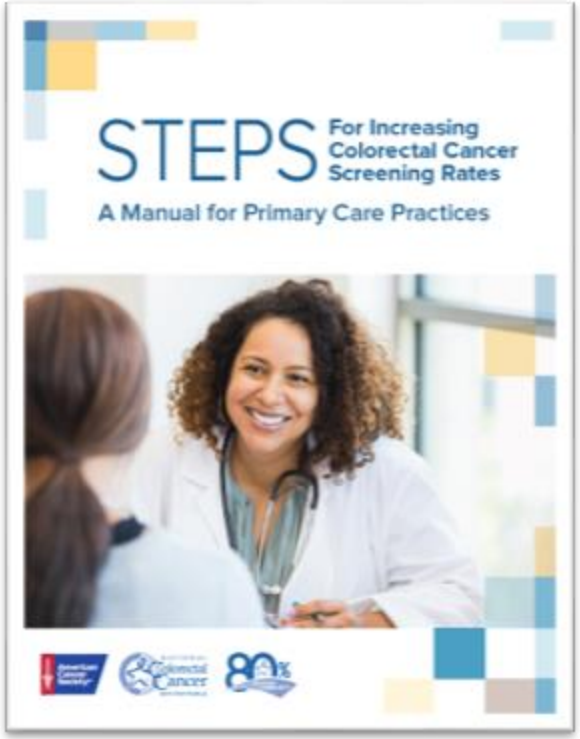
Newly Updated January 2025

- Aims to introduce (or reintroduce) the value of stool-based testing to primary care clinicians.
- Summarizes the science behind the different types of stool-based tests available—Fecal Immunochemical Tests (FIT), High-Sensitivity Fecal Occult Blood Tests (HS-gFOBT) and FIT-DNA testing—and provides guidance on implementing high quality stool-based screening programs



Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices

- Designed for health centers and private primary care practices
- Latest science and best practices
- Current guidelines and test options
- Expert-endorsed strategies
- Samples, templates, and tools
- 10 case studies



American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

The ACS NCCRT's Suite of Communication Resources

- NCCRT conducted its first market research project in 2014 to better understand the barriers and emotional motivators that influence CRC screening behavior.
  - *80% by 2018 NCCRT Communications Guidebook (2015, 2017)*
- Followed by additional projects to identify and promote effective communication strategies that educate, empower and mobilize target audiences with low screening rates.
  - *Hispanics/Latinos Colorectal Cancer Companion Guide (2016)*
  - *Asian Americans Colorectal Cancer Companion Guide (2017)*
  - *CRC Screening Messaging Guidebook: Recommended Messaging to Reach the Unscreened (2019)*
  - *Guidebook for Black & African American People (2022)*
  - *Lead Time Messaging Guidebook (2024)*

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

CRC Screening Conversation

Keith Winfrey, MD, MPH
Chief Medical Officer
New Orleans East Louisiana CHC
ACS NCCRT Steering Committee Member

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

Q&A

Poll

1. What is the current age range for CRC screening for adults at average risk according to USPSTF?
2. As a result of today, it will be my standard practice to recommend and/or educate on CRC screening starting at age 45.
3. I understand the need to increase CRC screening for those ages 45-54 years.
4. As a result of today, I plan to utilized one or more ACS/NCCRT resources in my current role.

Call to Action

1. **Review resource roundup**
2. **Identify ways to prioritize screening**
3. **Register for session 3: breast cancer screening**
   Registration information will be available closer to October

Partner Acknowledgement

Funder Acknowledgement

This program is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a $200,000 award funded by CDC/HHS. The content shared are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You!