

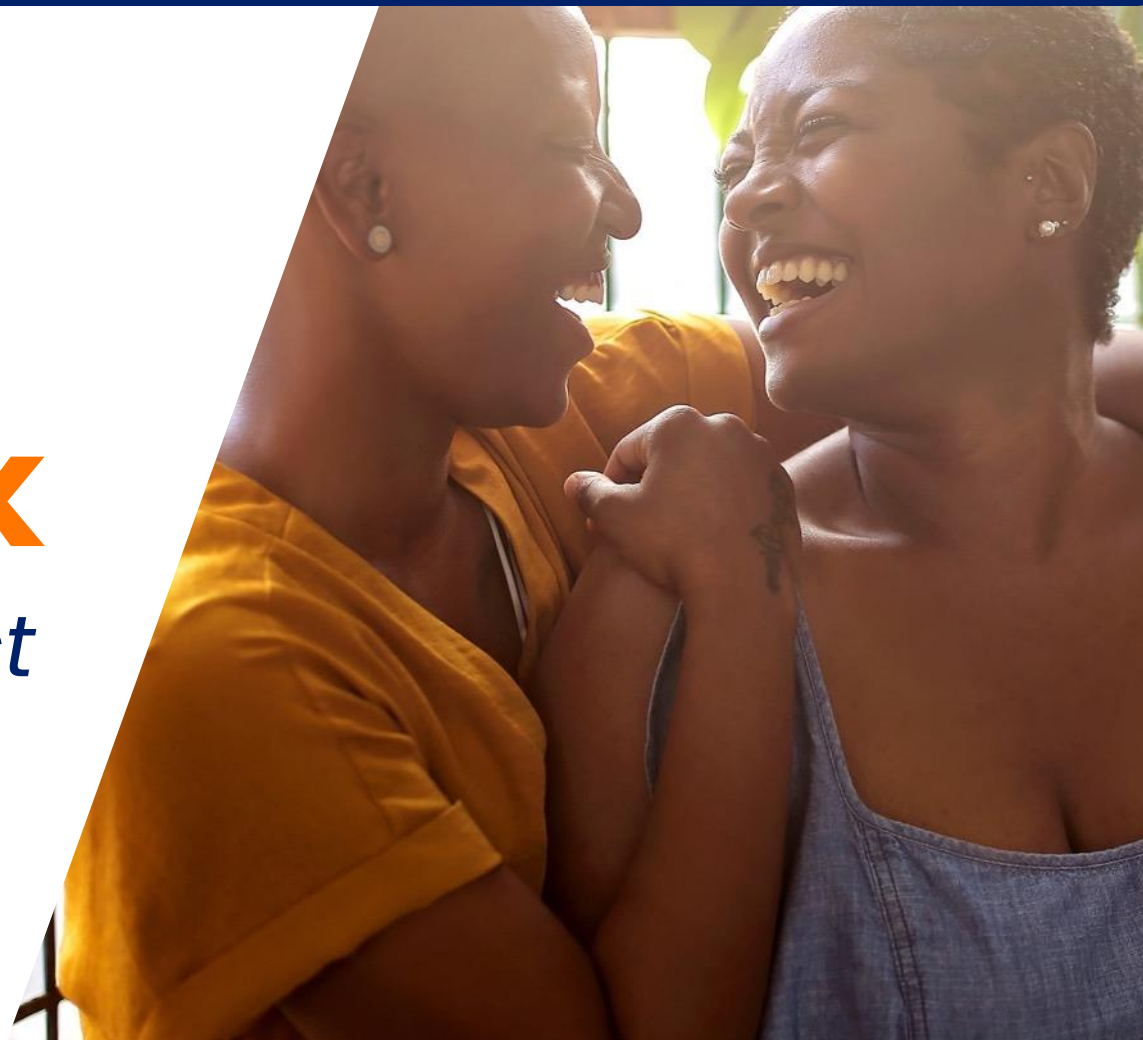
ACS NCCRT 5-Year Look Back

Reflecting On Our Work & Impact



NATIONAL
COLORECTAL
CANCER
ROUNDTABLE

Steven Itzkowitz
Chair, ACS NCCRT



ACS NCCRT Snapshot



History: Established by the ACS, in partnership with the CDC, in 1997, to serve as an umbrella organization to engage all types of stakeholders who are committed to save more lives from CRC



Mission: Reduce incidence of and mortality from CRC



Membership: Collaborative partnership of 230+ member organizations, including nationally known experts, thought leaders, and decision makers



Operations: Work is coordinated by the ACS NCCRT Team, and is conducted year-round by our members with guidance and support from our volunteer leaders



Convening: Each year the **ACS NCCRT Annual Meeting** addresses important topics and sets the agenda for the following year

We rely on our members, volunteers and partners to assist us in:

- Recognizing best practices to increase colorectal cancer screening.
- Identifying needs and opportunities to support the colorectal cancer fighting community.
- Addressing gaps in colorectal cancer screening delivery, programs, research, or advocacy.

We then design and develop activities that directly address these needs:

- Webinars & trainings
- Strategic summits
- Toolkits, guidebooks and briefs
- The ACS NCCRT Annual Meeting
- National Achievement Awards program



Progress Towards an 80% Screening Rate

2014

2018

2019

2024

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

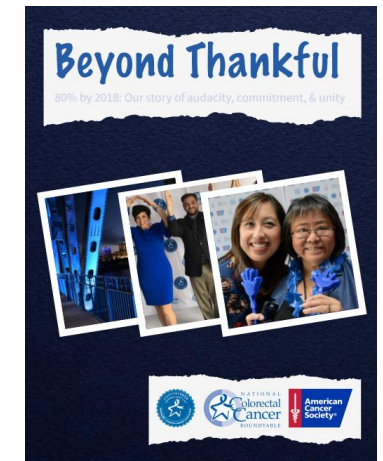
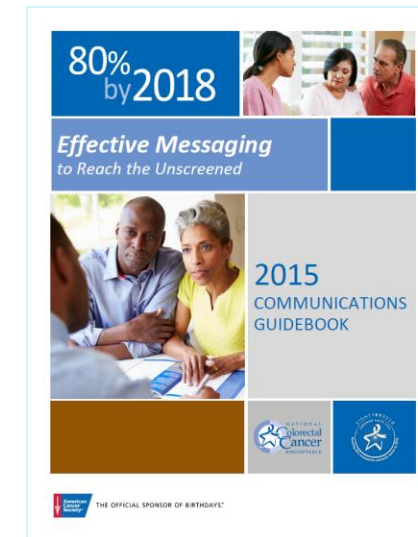
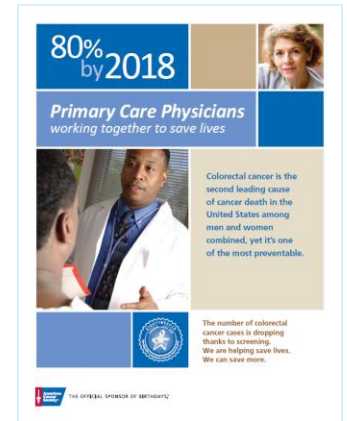


Continue to bring down barriers and address screening inequities so that everyone can live a life free of colorectal cancer



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 our 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 emphasized 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 was an increased focus on addressing disparities along the entire cancer care continuum, including lifestyle risk factors, timely diagnosis following a positive (abnormal) non-colonoscopy screening test result, and access timely treatment.
- *80% in Every Community Strategic Plan (2020-2024)* provided a roadmap for partners dedicated to this shared goal.



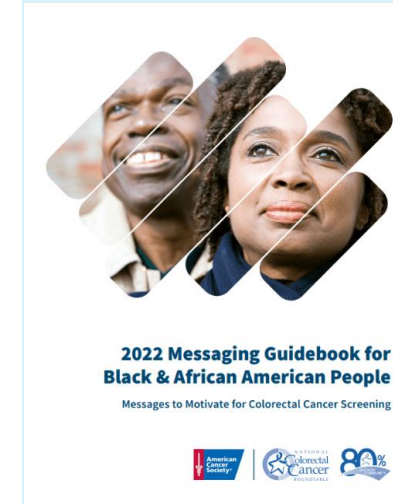
Advanced Colorectal Polyp | GI brief

An advanced colorectal polyp diagnosis has implications for both patients and their close relatives.

The National Colorectal Cancer Research Alliance created the advanced colorectal polyp GI brief to help endoscopists and primary care clinicians identify patients with advanced colorectal polyps, understand the epidemiology and associated risk factors, and most importantly know the risks of colorectal neoplasia for patients with advanced colorectal polyps and their first-degree relatives (parents, siblings, children).

Objectives:

1. Remind endoscopists that patients with an advanced colorectal polyp and their close relatives are at increased risk for advanced colorectal polyps and colorectal cancer.
2. Keep endoscopists up to date with current guidelines. Patients diagnosed with advanced polyps require more frequent surveillance, and their close relatives require earlier and more frequent screening.
3. Provide template letters to communicate colonoscopy and pathology results, risk status, and follow-up recommendations for patients and close relatives.



ACS NCCRT's Promotion of 80% *in Every Community*



Note on 80% In Every Community



- While the 80% in Every Community strategic plan has drawn to a close, the campaign remains popular, and our members and partners draw energy and momentum from being a part of the national, shared goal.
- Our challenge is to sustain this momentum while broadening our focus to other areas across the continuum of CRC.
- The campaign is not over but now more a piece of what we do rather than the umbrella for all that we do. Let's dispel any myths that the campaign is over!

Roundtable Work of the Last 5–Years: Resources & Tools

- **A Playbook for Reigniting Colorectal Cancer Screening as Communities Respond to the COVID-19 Pandemic** (2020)
- **Improving Colorectal cancer Screening: Promising Practices for State Medicaid Agencies** (2020)
- **What Can Comprehensive Cancer Control Coalitions Do to Advance 80% in Every Community?** (2021)
- **NCCRT Colonoscopy Needs Calculator** (2021)
- **“Saving Lives” Briefs: *Survivors & Families, Employers, Women’s Health Providers*** (2021)
- **Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening** (2022)
- **80% in Every Community Employer Challenge Guide** (2022)
- **Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices** (2022)
- **Tailoring Colorectal Cancer Screening Messaging: A Practical Coalition Guide** (2023)
- **Lead Time Messaging Guidebook: A Tool to Encourage On-Time Colorectal Cancer Screening** (2023)
- **Updated Brief: Increasing Colorectal Cancer Screening Among LGBTQ+ Communities** (2024)
- **Updated Flyer: The Dos and Don’ts of Colorectal Cancer Screening** (2024)
- **Updated Brief: Clinician’s Reference: Stool-Based Tests for Colorectal Cancer Screening** (2025)



Roundtable Work of the Last 5–Years: Convening Events

- **5 Annual Meetings:** 2020 (virtual), 2021 (virtual), 2022 (Baltimore), 2023 (Houston), 2024 (Fort Worth)
- **5 Steering Committee Retreats**
- **2 Strategic Summits:**
 - August 12, 2022: Meeting Summary – Primary Care Strategy Meeting: Catalyzing Primary Care to Increase Colorectal Cancer Screening
 - June 27, 2024: Cross Continuum Strategy Summit
- **6 March Awareness Month Webcast:** 2020, 2021, 2022, 2023, 2024, 2025



Roundtable Work of the Last 5–Years: Virtual Events

13 Webinars:

- What Do the Data Tell Us: What Can We Learn from the Latest CRC Screening Rate Trends Over Time? (January 30, 2020)
- Reigniting CRC Screening as Communities Face and Respond to the COVID-19 Pandemic (July 23, 2020)
- CRC Burden Shifting to Younger Individuals: A Close Look at what the Most Recent Data Tells Us About CRC Incidence, Mortality, And Screening Rates (May 18, 2020)
- CRC Screening and COVID-19: A One Year Look Back (April 15, 2021)
- 2021 USPSTF CRC Screening Recommendation Lowers Screening Age from 50 to 45: Implications for NCCRT Partners (June 7, 2021)
- What Do the Data Tell Us: What Can We Learn from the Latest Colorectal Cancer Screening Rate Trends Over Time? (November 3, 2021)
- New Resource Webinar: 2022 Messaging Guidebook for Black & African American People: Messages to Motivate for CRC Screening (June 21, 2022)
- New Resource Webinar: 2022 NCCRT Steps Guide Update (July 25, 2022)
- Field Strategies to Increase CRC Screening and Promote CRC Health Equity in Communities Across The US (January 24, 2023)
- New Resource Webinar: Lead Time Messaging Guidebook (January 24, 2024)
- New Resource Webinar: CRC Data Dashboard (July 25, 2024)
- Public Awareness Strategies to Promote CRC Screening (February 5, 2025)
- CRC Trends & Health Center Insights: Working Together We Can Increase CRC Screening (March 27, 2025)

7 Blue Star Conversations:

- What Proportion of Early-Onset Colorectal Cancer is Potentially Preventable Based on Family History and Genetics? (March 29, 2022)
- Demystifying CRC Screening Quality Measures: A Conversation with NCQA's Mary Barton (June 7, 2022)
- Rates of Follow-Up Colonoscopy After a Positive Stool-Based Screening Test for CRC featuring AMGA's Elizabeth Ciemens (May 17, 2023)
- Recent Updates, Research, and Resources to Support Increased CRC Screening in Community Health Centers (September 11, 2023)
- Tailoring CRC Screening Messaging: Practical Advice for Coalitions (February 21, 2024)
- Leveraging the EHR for Cancer Prevention: A Look at How Yale New Haven Health System is Systematizing Risk Assessment and Risk Stratification to Identify Candidates for Genetic Testing (May 29, 2024)
- Modeling the impact of CRC screening and timely follow-up colonoscopy: Recent data from CISNET (April 15, 2025)



ACS NCCRT Cross Continuum Summit: June 27, 2024

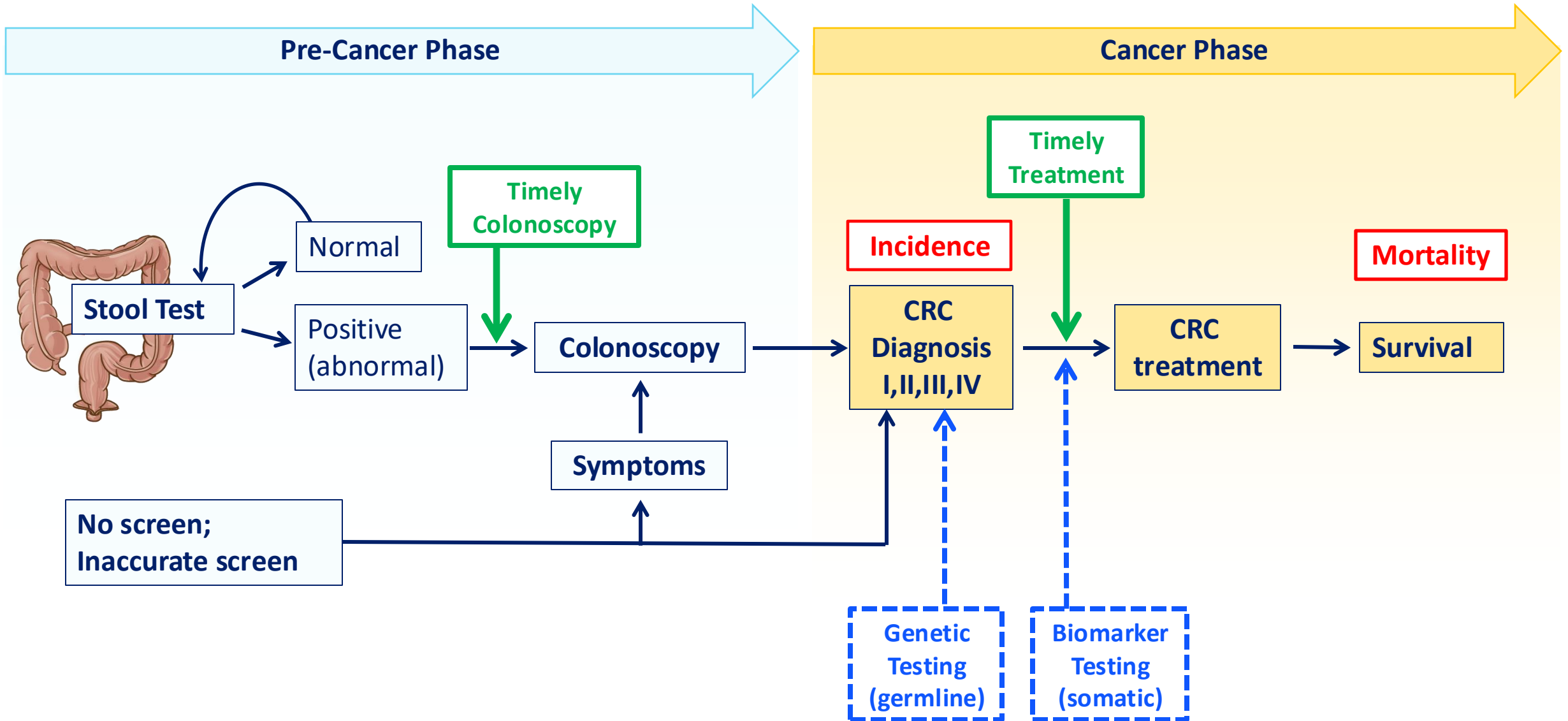
We challenged ourselves to look at how we can better reduce mortalities and disparities related to colorectal cancer. Last June, we hosted a Cross-Continuum Strategy Summit and ACS NCCRT Steering Committee Retreat to help us further define our areas of focus.

Objectives:

1. Problem: Understand and characterize CRC-related mortality and mortality disparities (including post-diagnosis and early onset), why they persist and the potential contributors to disparities.
2. Clarify: What is the ACS NCCRT's role and what criteria we should use to select focus areas.
3. Focus Areas: Identify 2-4 focus areas for the Roundtable's future work.
4. Strategies: Begin to identify possible strategies that ACS NCCRT might promote to address the prioritized focus areas.



The Colorectal Cancer Continuum



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.

A yellow double-headed arrow pointing both up and down, positioned to the left of the list items.

1.

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) non-colonoscopy tests.

5.

Identify areas to ensure timely initiation of quality colorectal cancer treatment.