American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Panel:
Right-Sizing CRC Screening Guidelines: The Impact of Screening at Age 45 and Future Directions

1:10 PM – 2:20 PM

Panel: Right-Sizing CRC Screening Guidelines: The Impact of Screening at Age 45 and Future Directions

Moderator
Michael Sapienza
Colorectal Cancer Alliance

Rebecca Siegel, MPH
American Cancer Society

Aasma Shaukat, MD, MPH
NYU Grossman School of Medicine

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

Colorectal cancer screening & incidence update

Rebecca Siegel, MPH
NCCRT Annual Meeting
November 19, 2025

Objectives

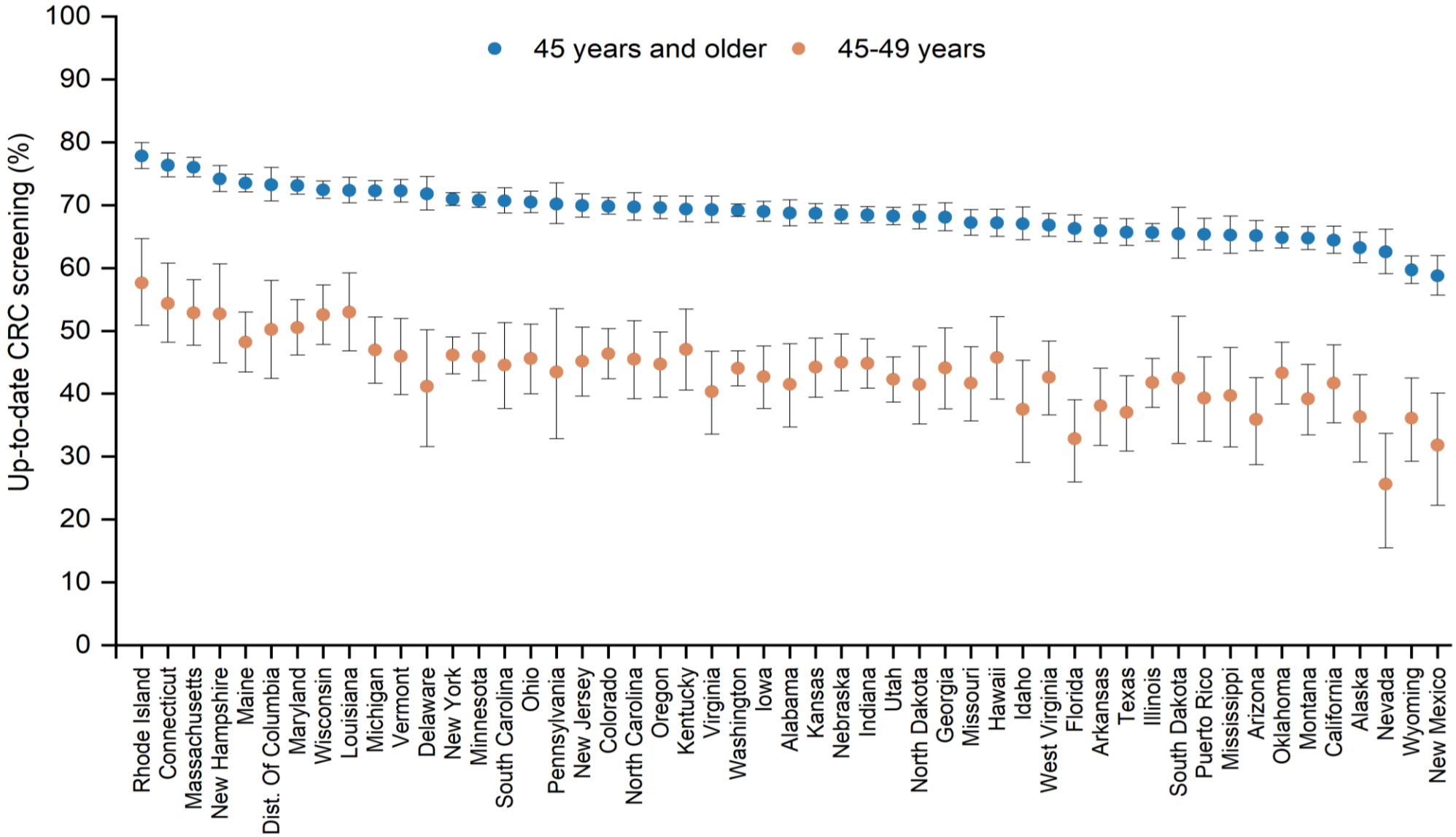
- Update on screening prevalence
- Influence of screening on early-onset CRC
- Why screening in 45-49 y is important: sneak peak at new data

Disclosures

I have nothing to disclose.

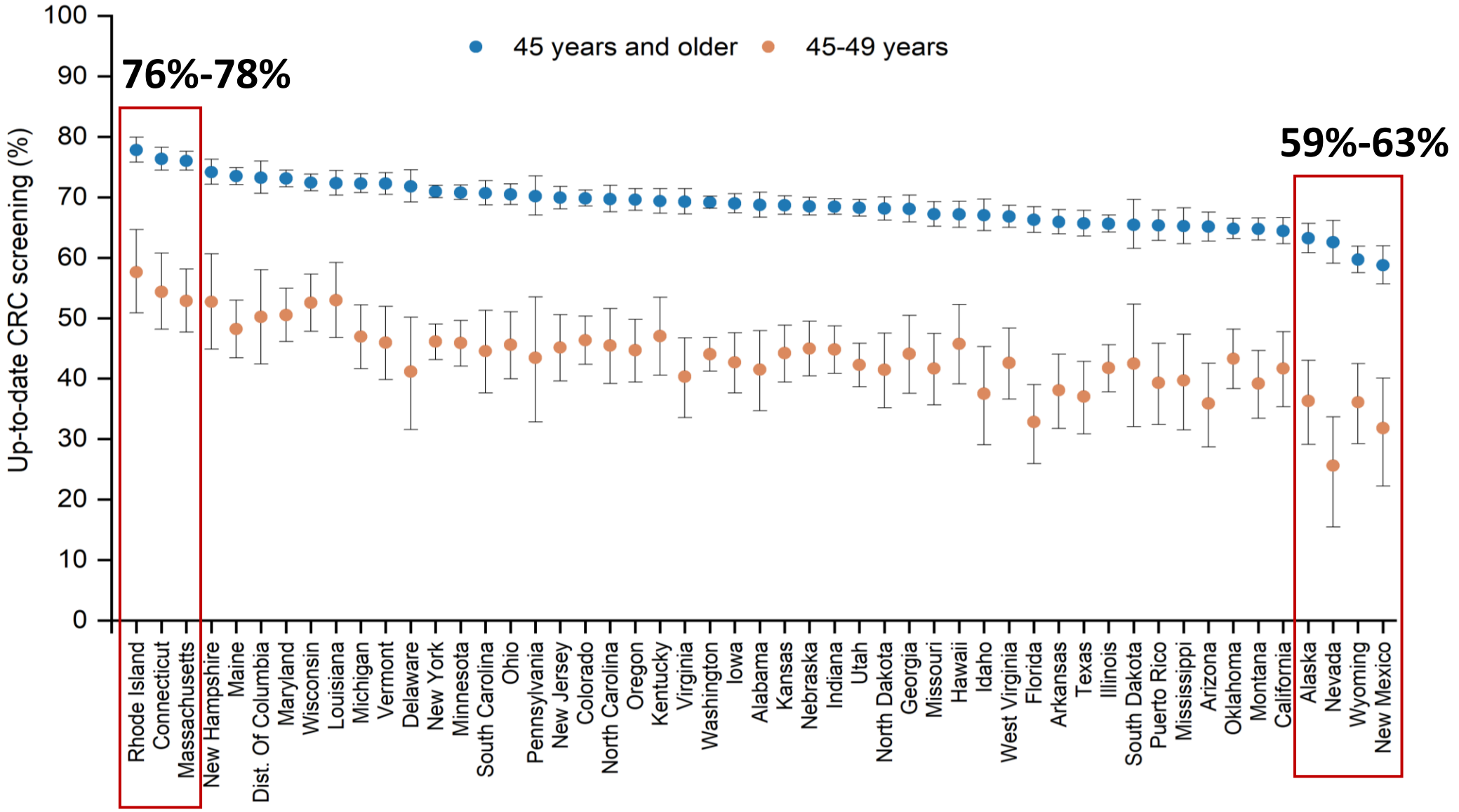
Screening prevalence

Colorectal cancer screening by state, 2024



Data source: Behavioral Risk Factors Surveillance System, 2025

Colorectal cancer screening by state, 2024



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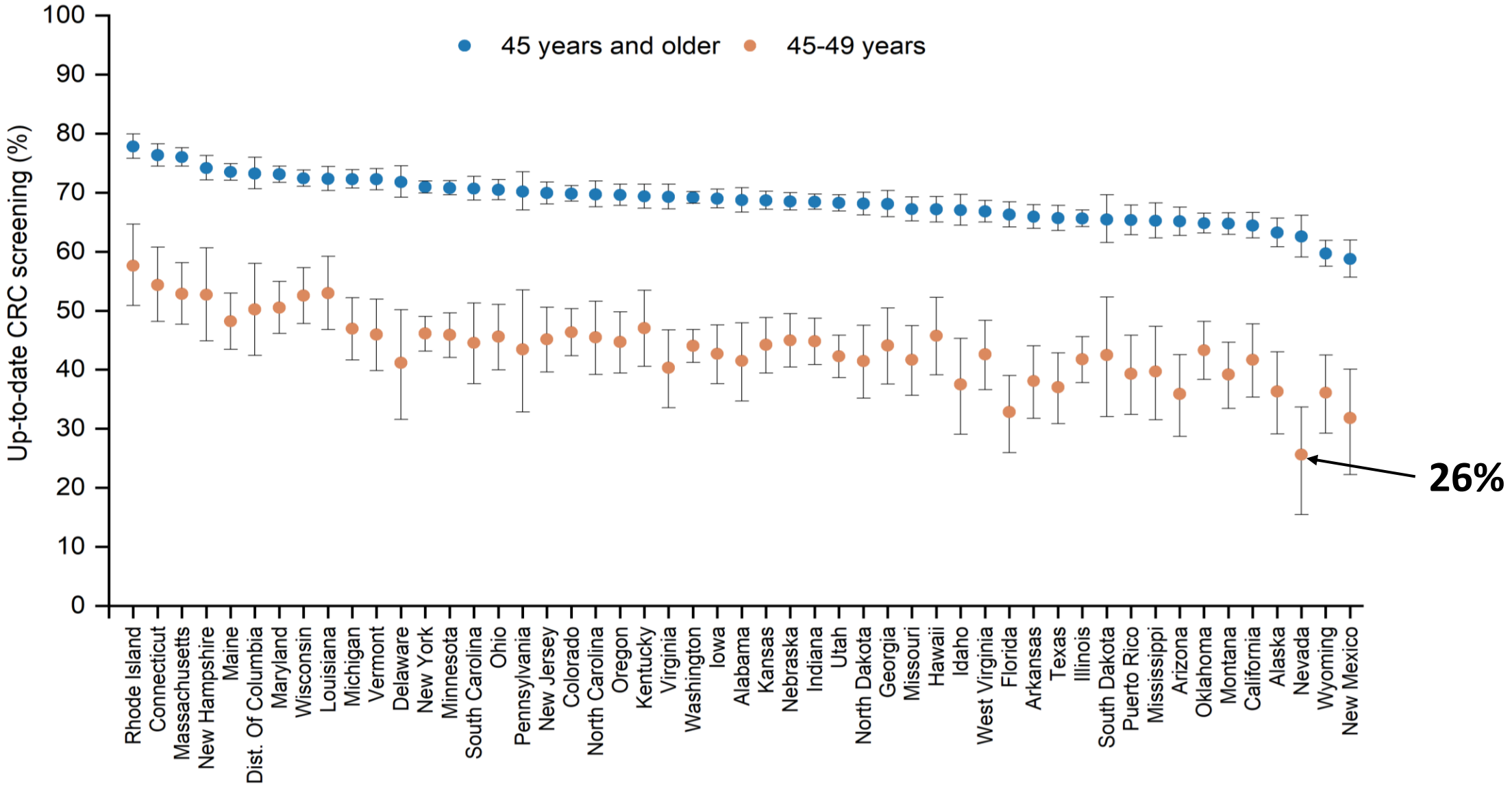

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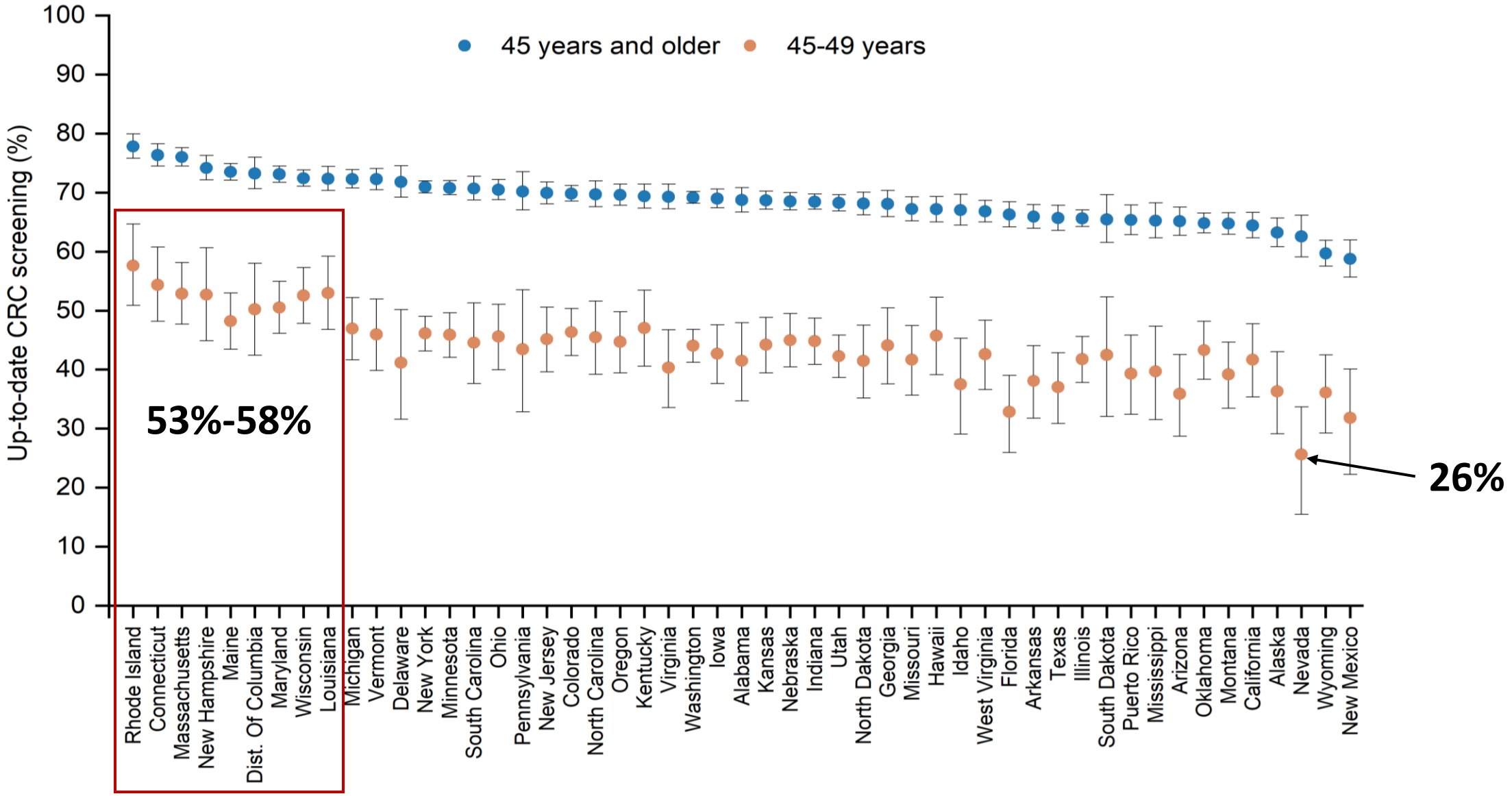

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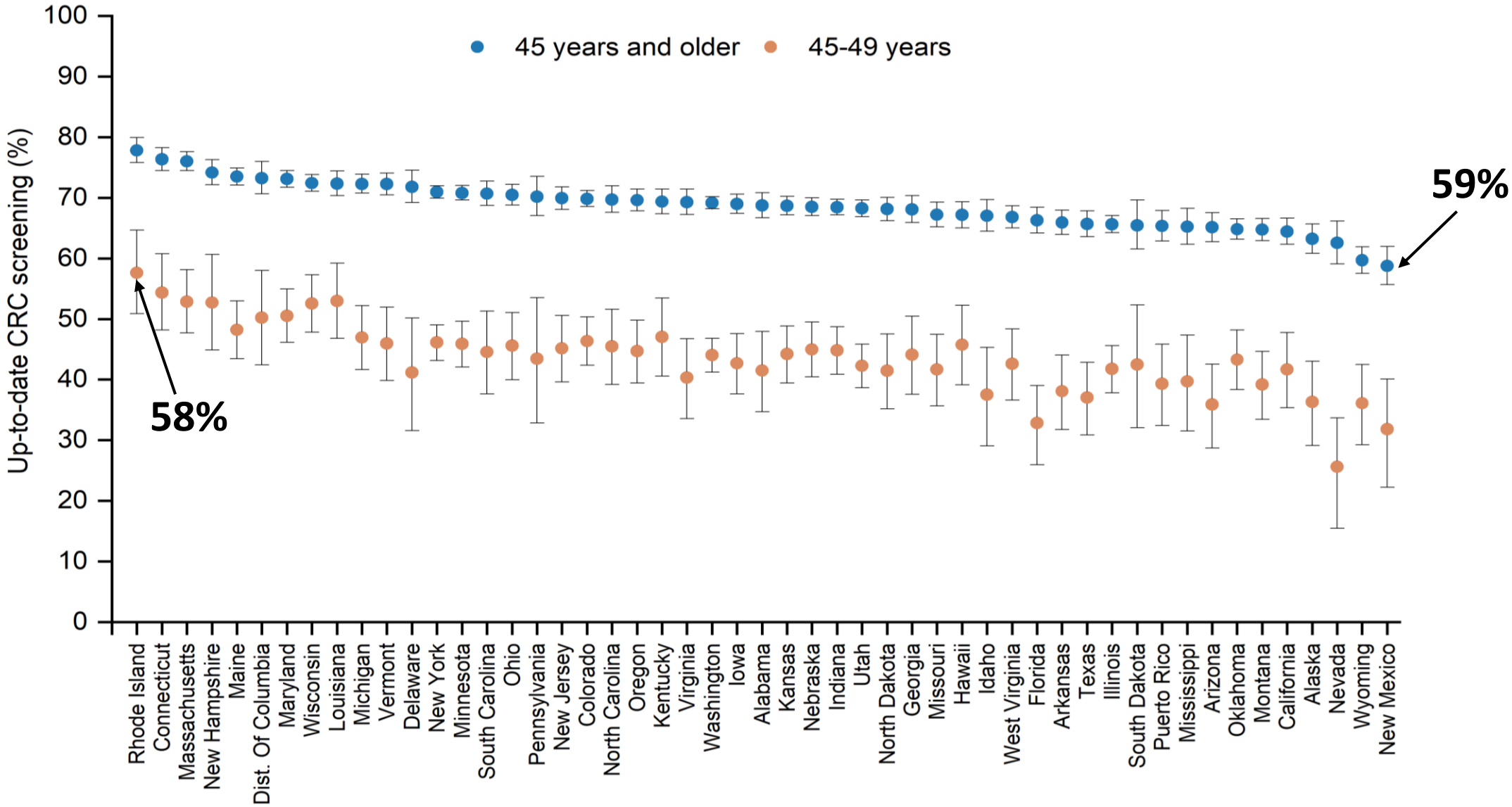

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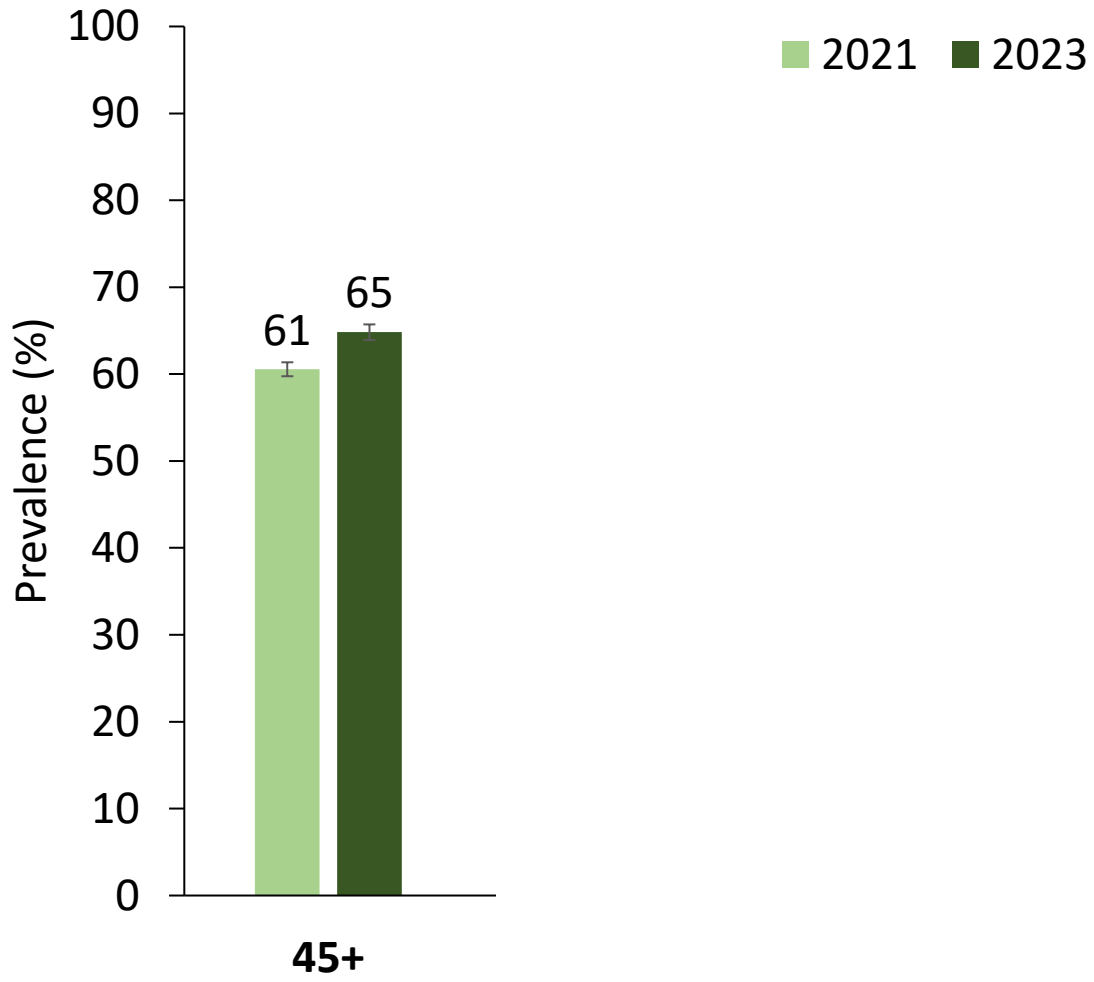
Colorectal cancer screening, 2021 vs 2023



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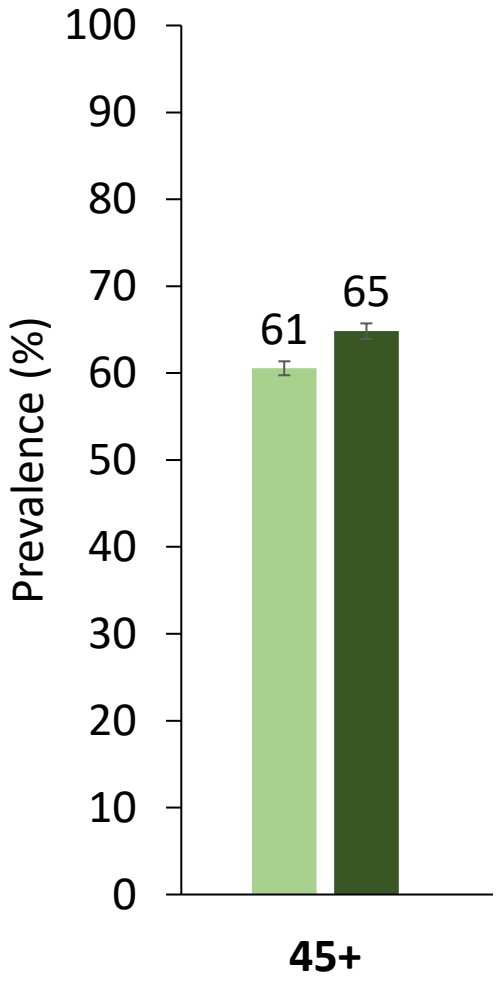
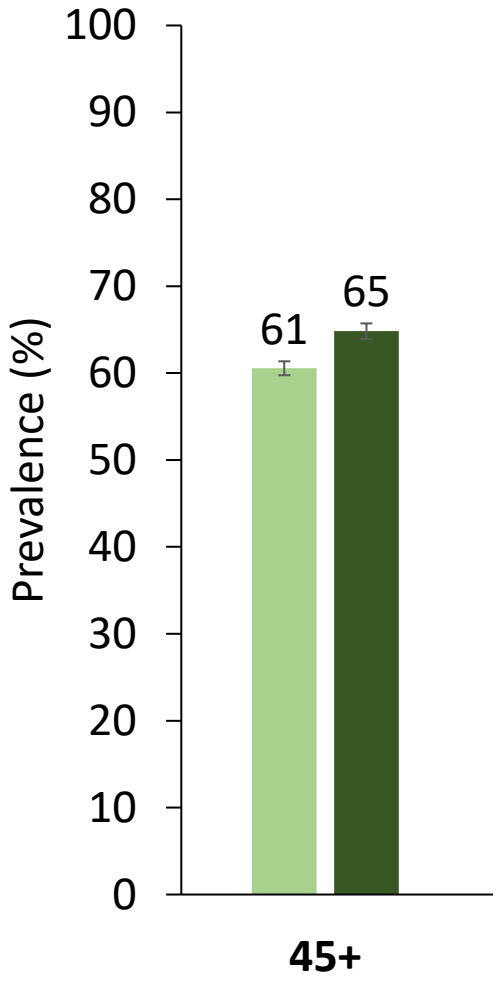


2021 2023

Colorectal cancer, **45-75 y** 63%

Data source: National Health Interview Survey, 2024

Colorectal cancer screening, 2021 vs 2023



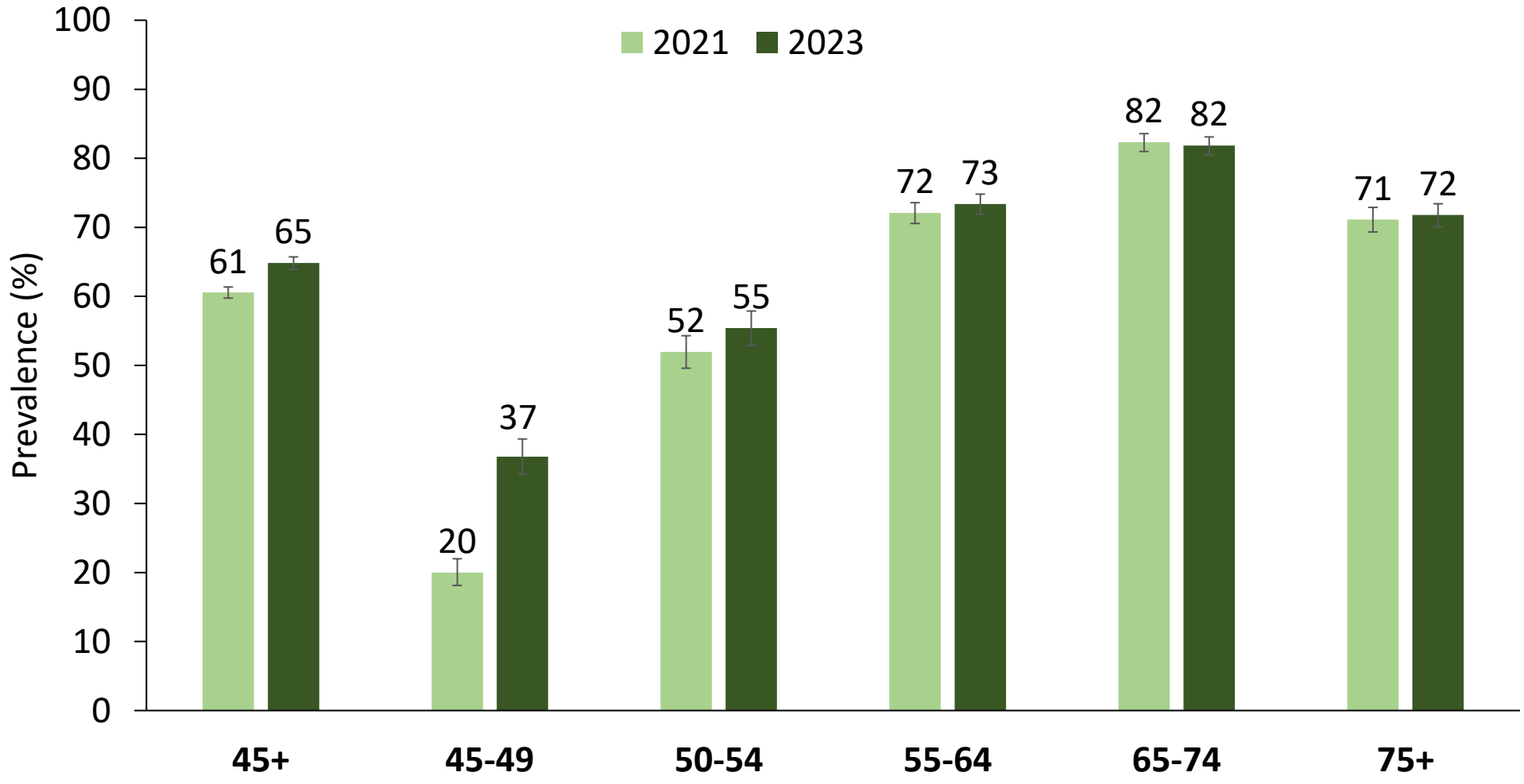
Colorectal cancer, **45-75 y** 63%

Breast cancer screening, 45+ **69%**

Cervical cancer screening, 21-65 y **76%**

Data source: National Health Interview Survey, 2024

Colorectal cancer screening by age, 2021 vs 2023



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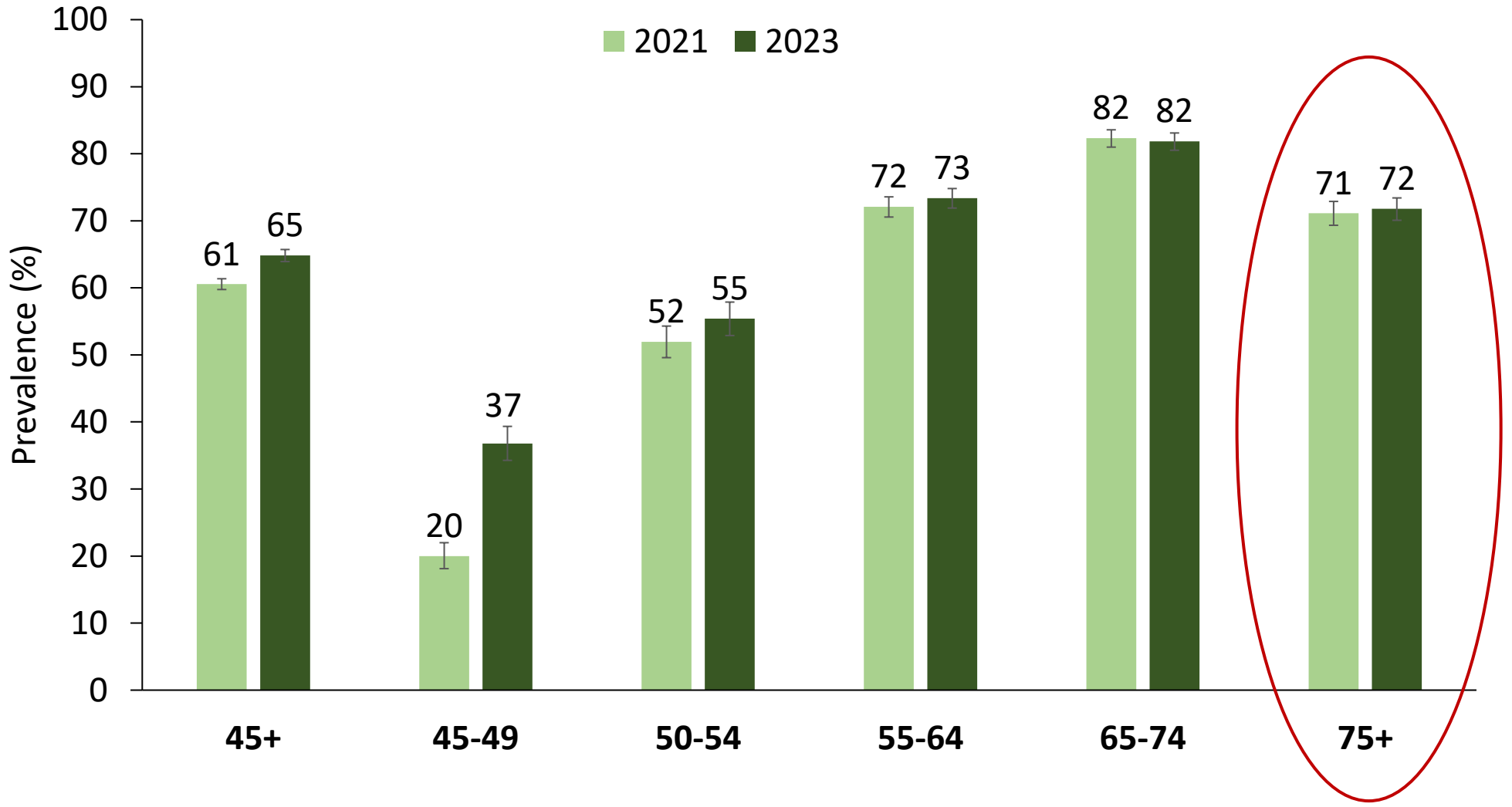

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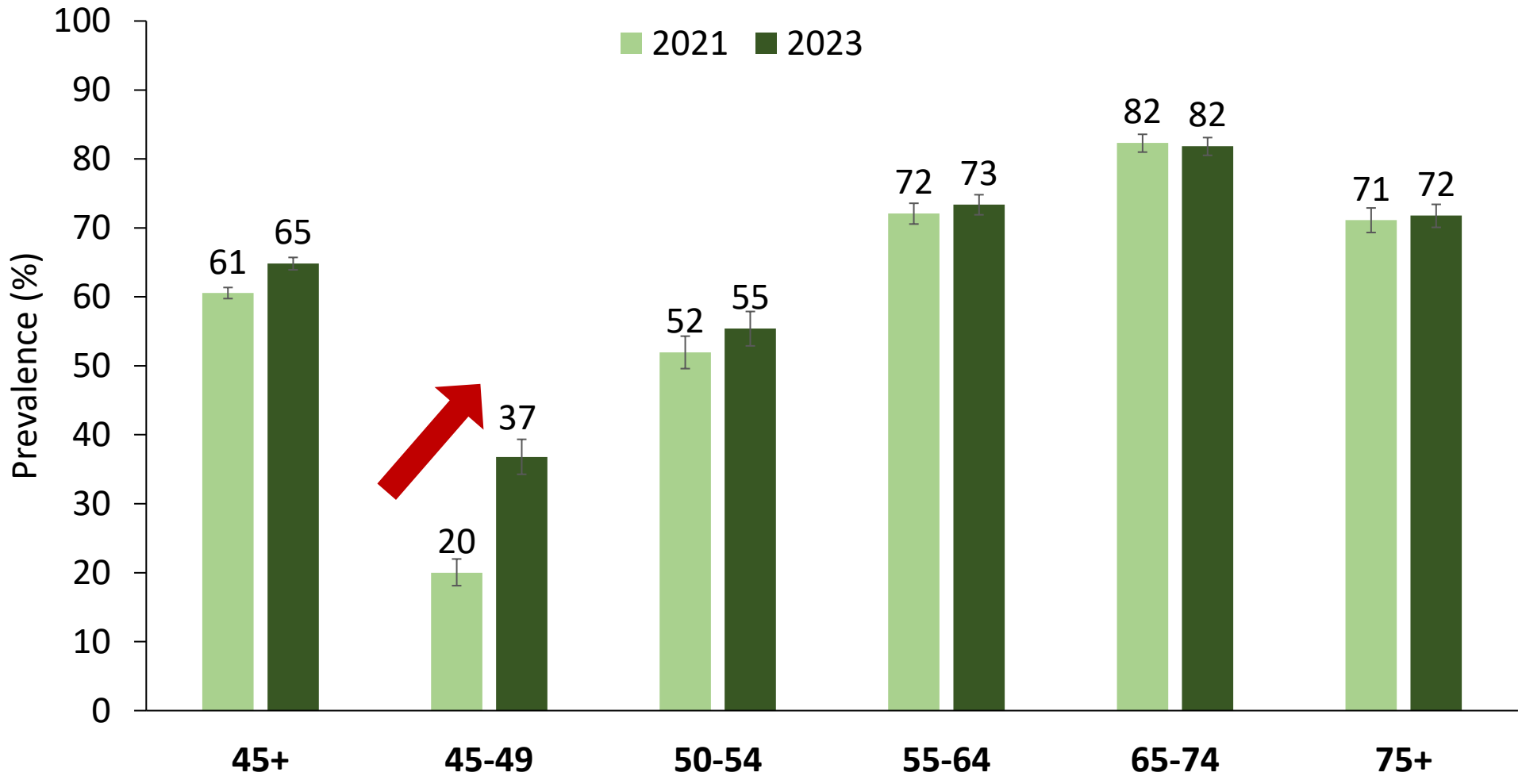

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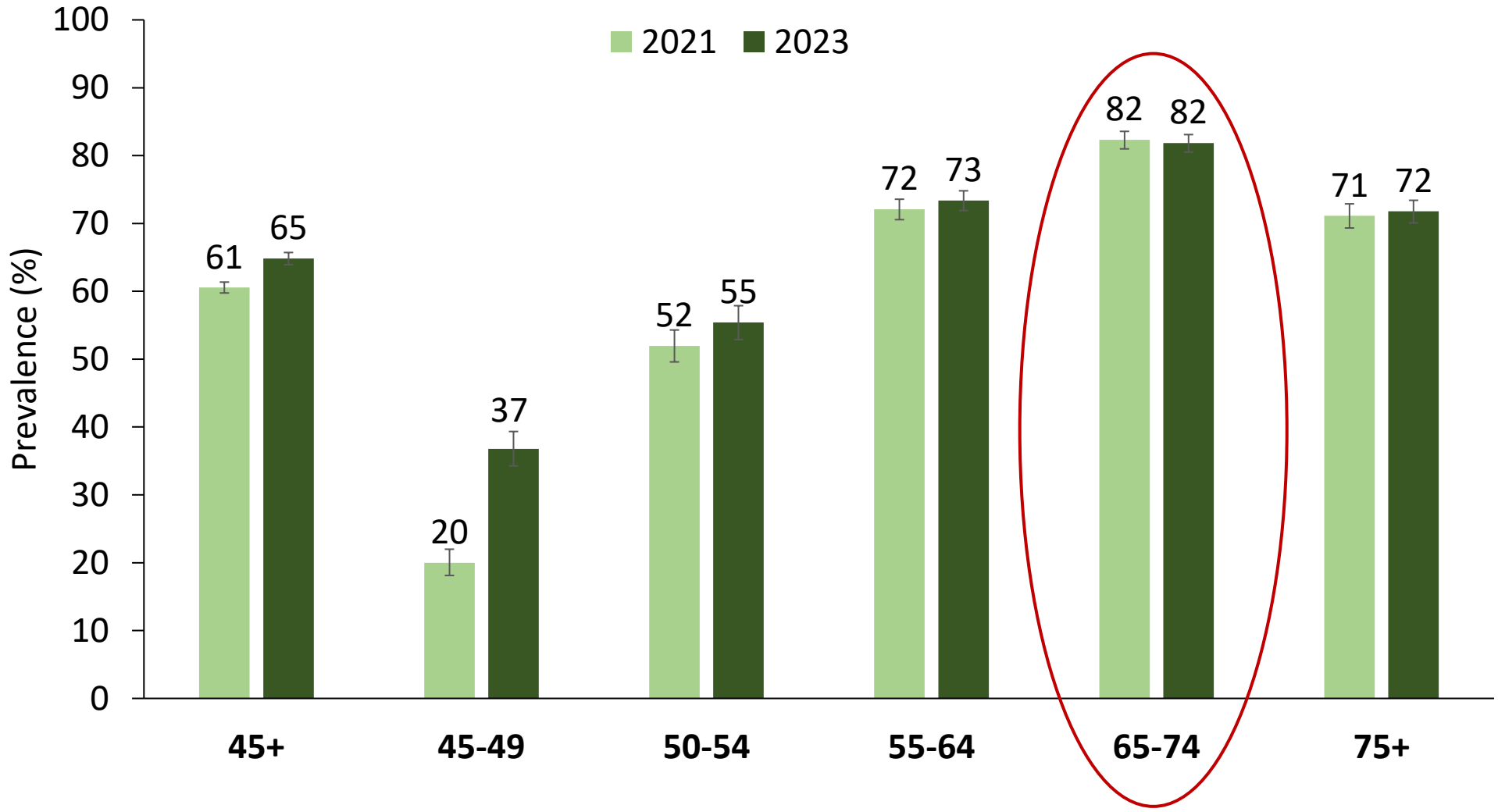

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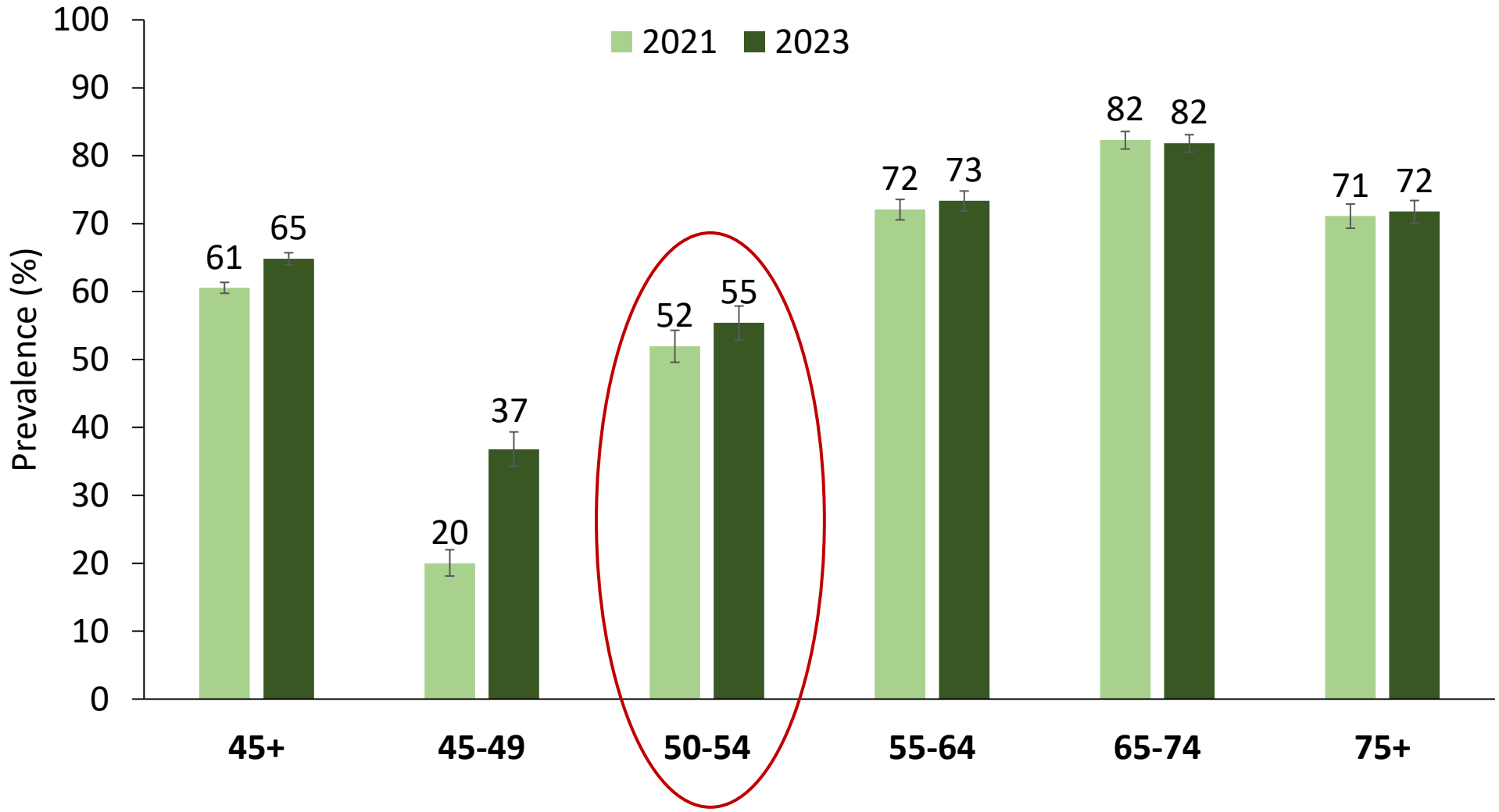
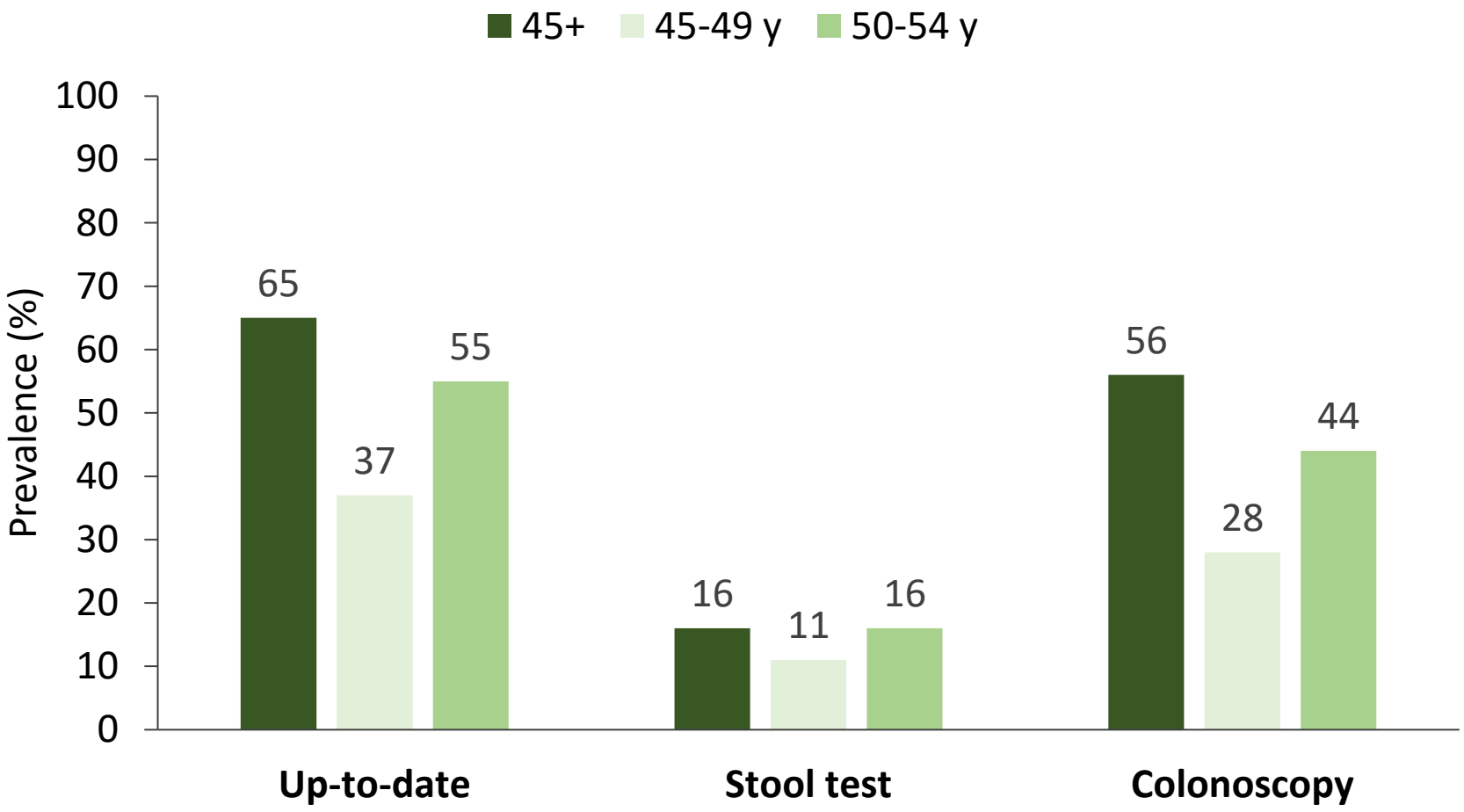
Colorectal cancer screening by age, 2021 vs 2023



Data source: National Health Interview Survey, 2024

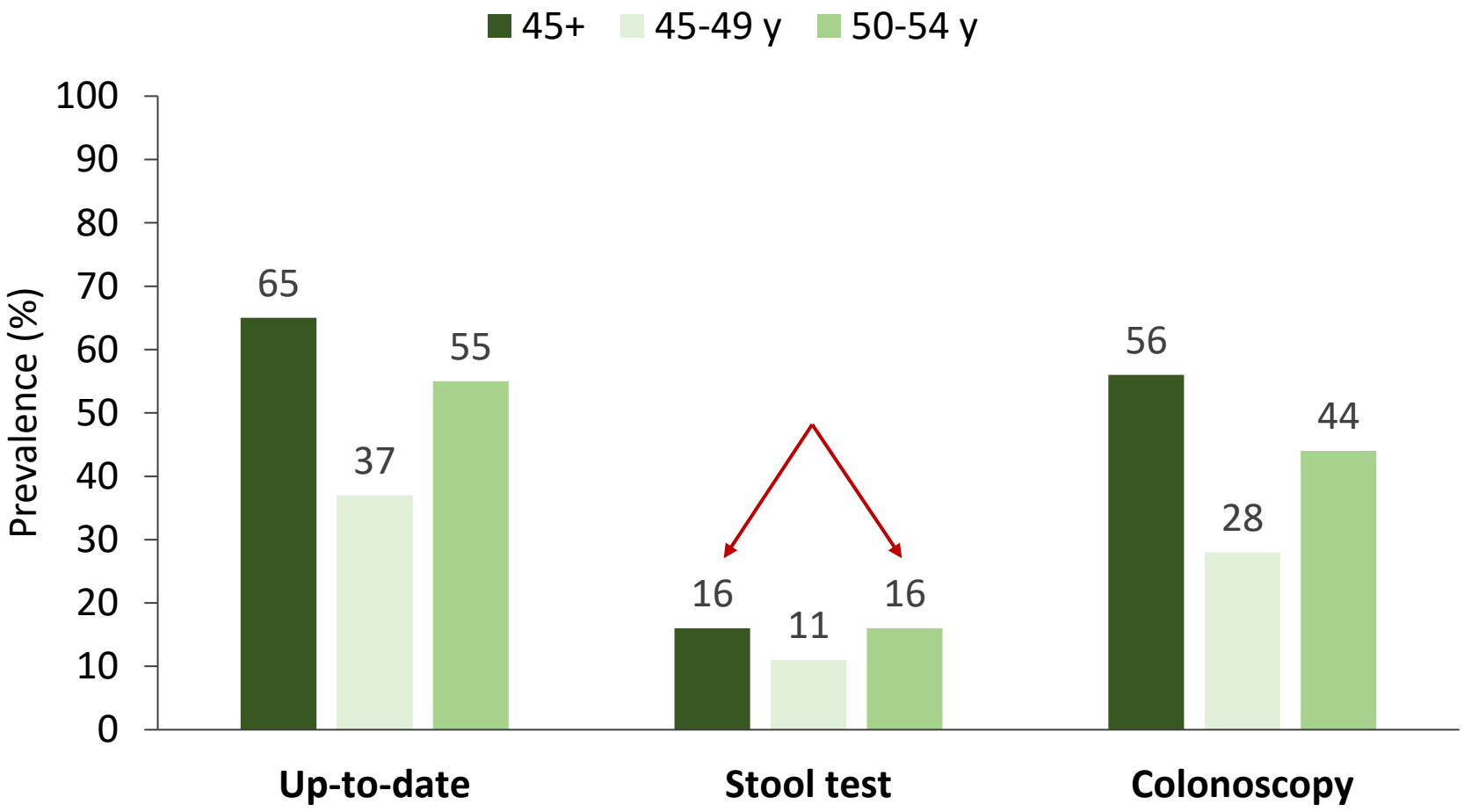
Colorectal cancer screening by age & test, 2023



UTD=Up to date per recommendations from ACS (American Cancer Society) or USPSTF (US Preventive Services Task Force)

Data source: National Health Interview Survey, 2024

Colorectal cancer screening by age & test, 2023



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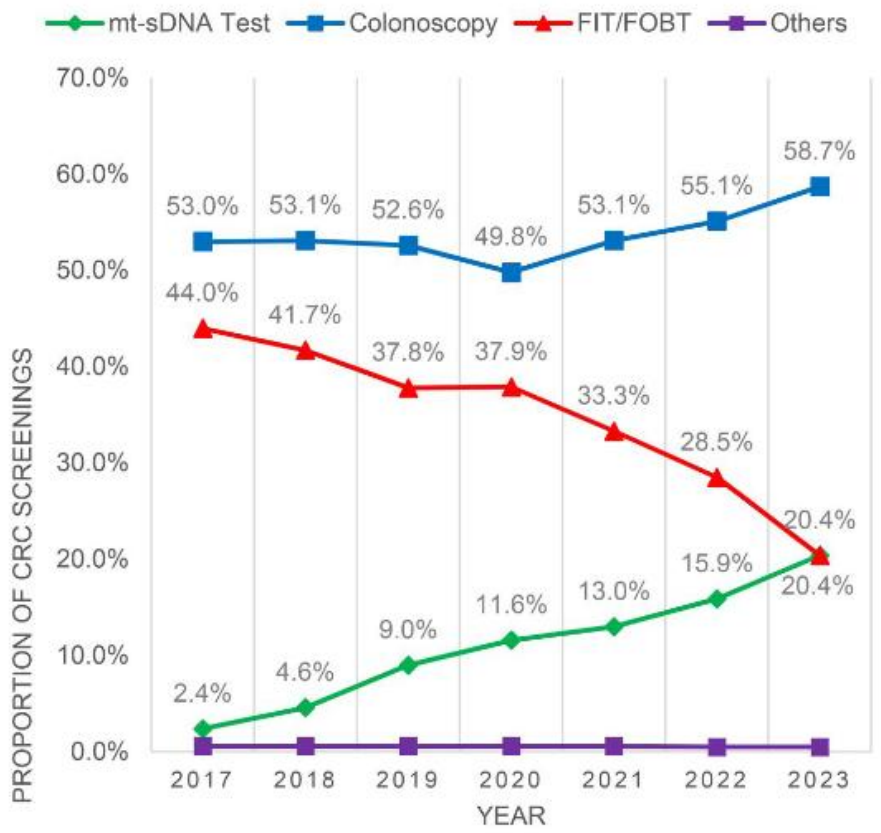
Data source: National Health Interview Survey, 2024

Current Medical Research and Opinion, Oct 2025

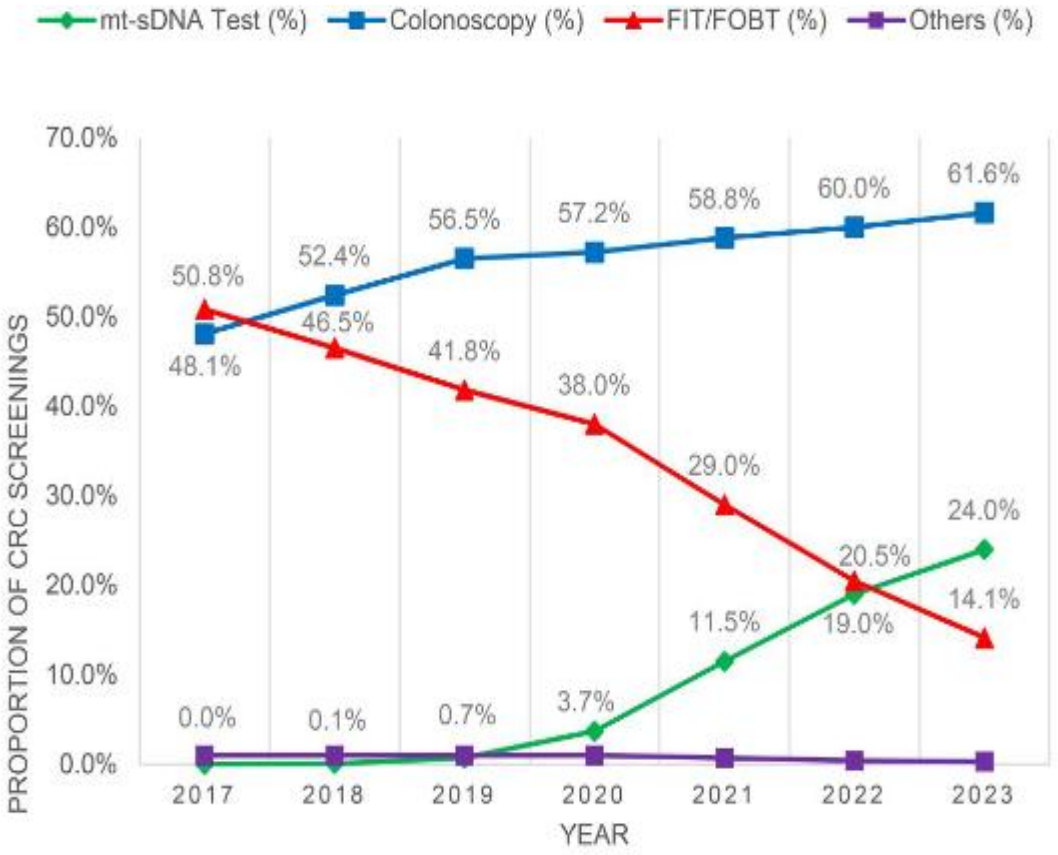
Utilization of colorectal cancer screening modalities in the United States (2017–2023): a national multi-payer claims database analysis

Mallik Greene[a], Shrey Gohil[a], Brad Stieber[a], A. Burak Ozbay[a], Quang A. Le[a], Raja Kakuturu[a], Joseph W. LeMaster[b], Michael Dore[c], A. Mark Fendrick[d], Joseph C. Anderson[e] and Jordan J. Karlitz[a]

45+ years



45-49 years



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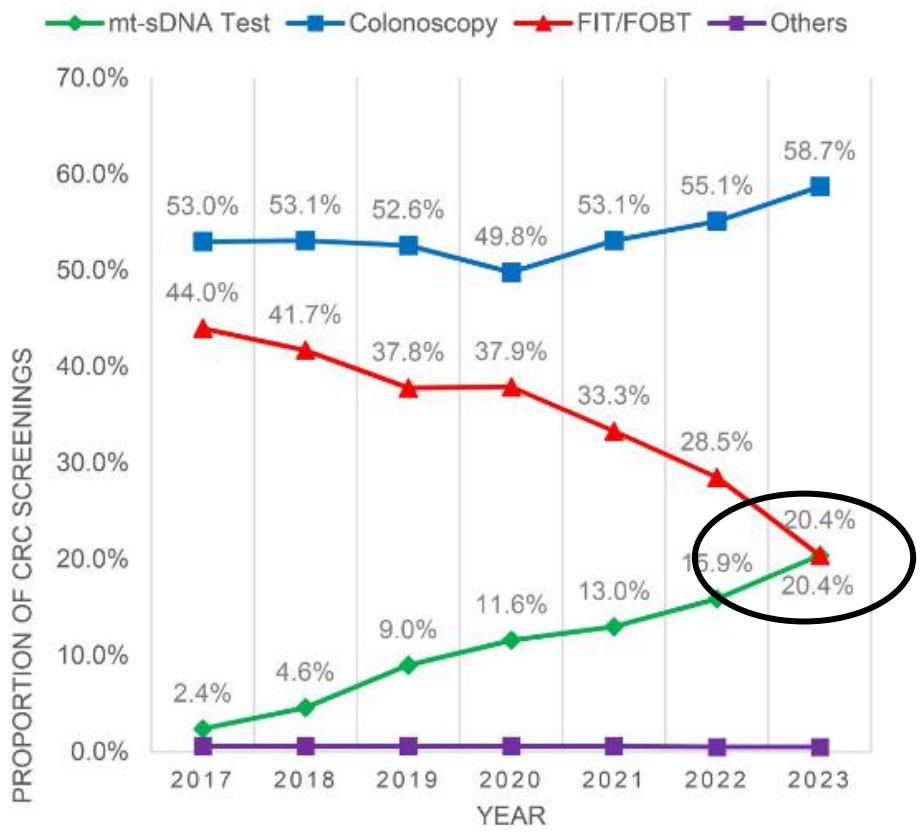

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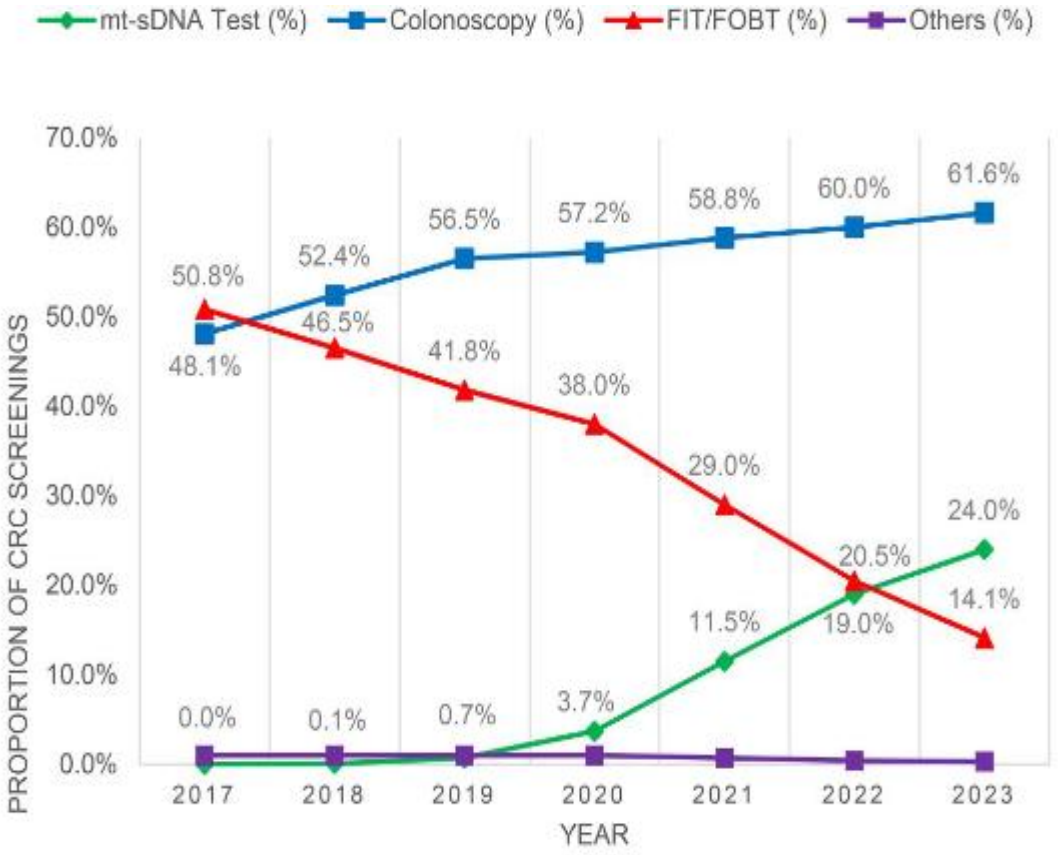

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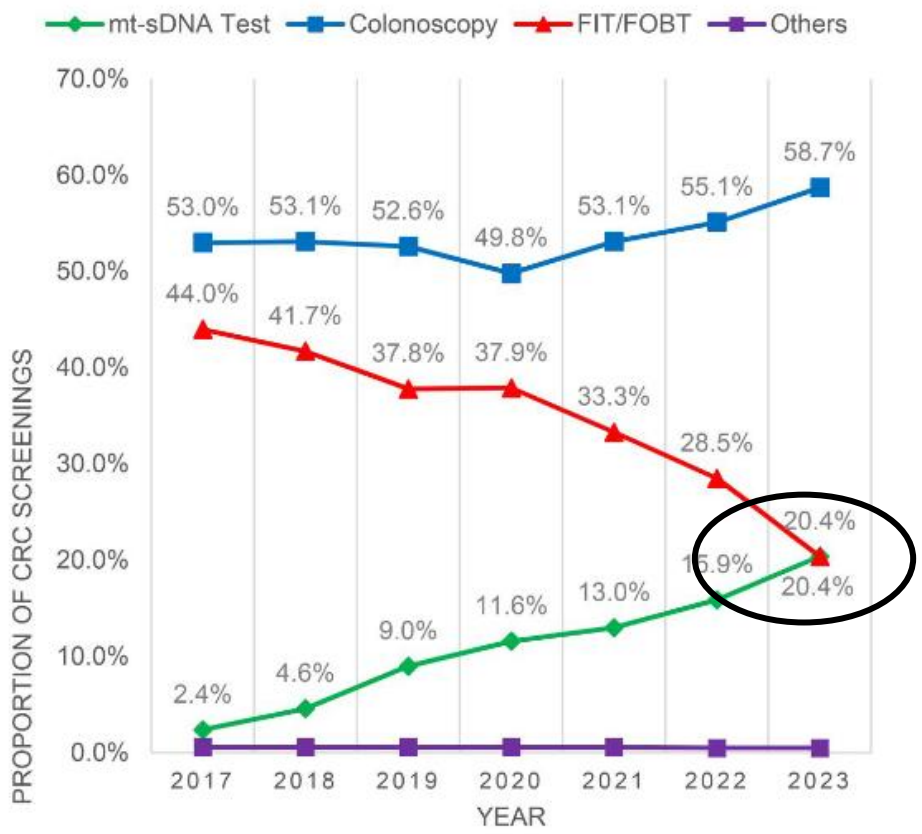
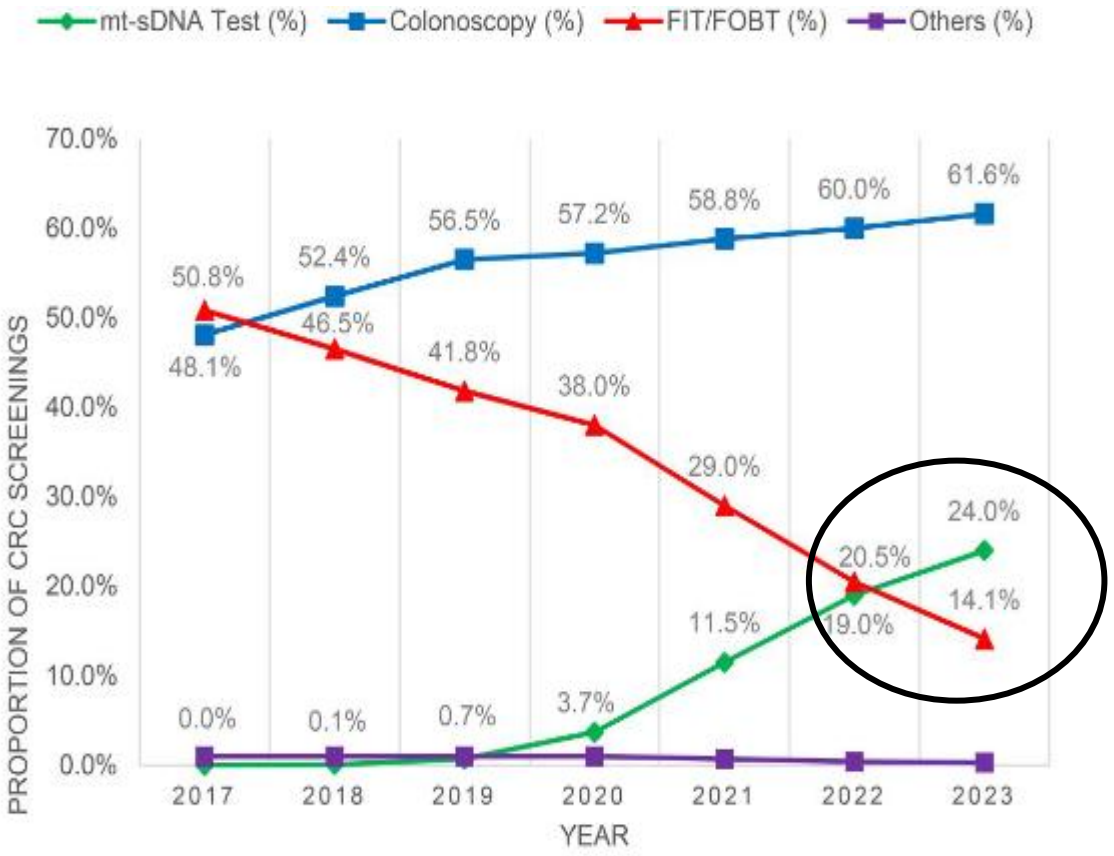
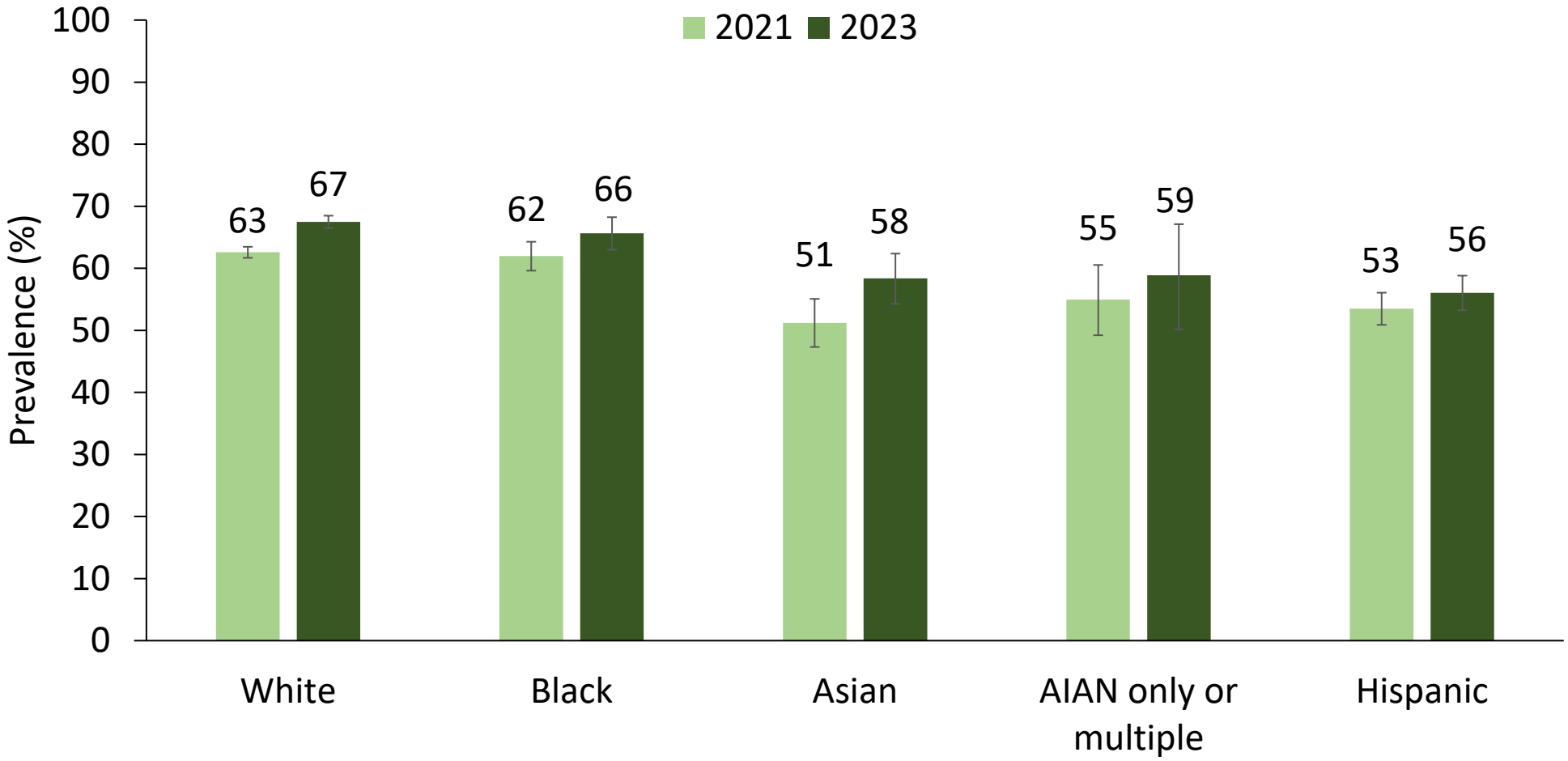


45-49 years



Colorectal cancer screening by race/ethnicity, 45+ y, 2021 vs 2023



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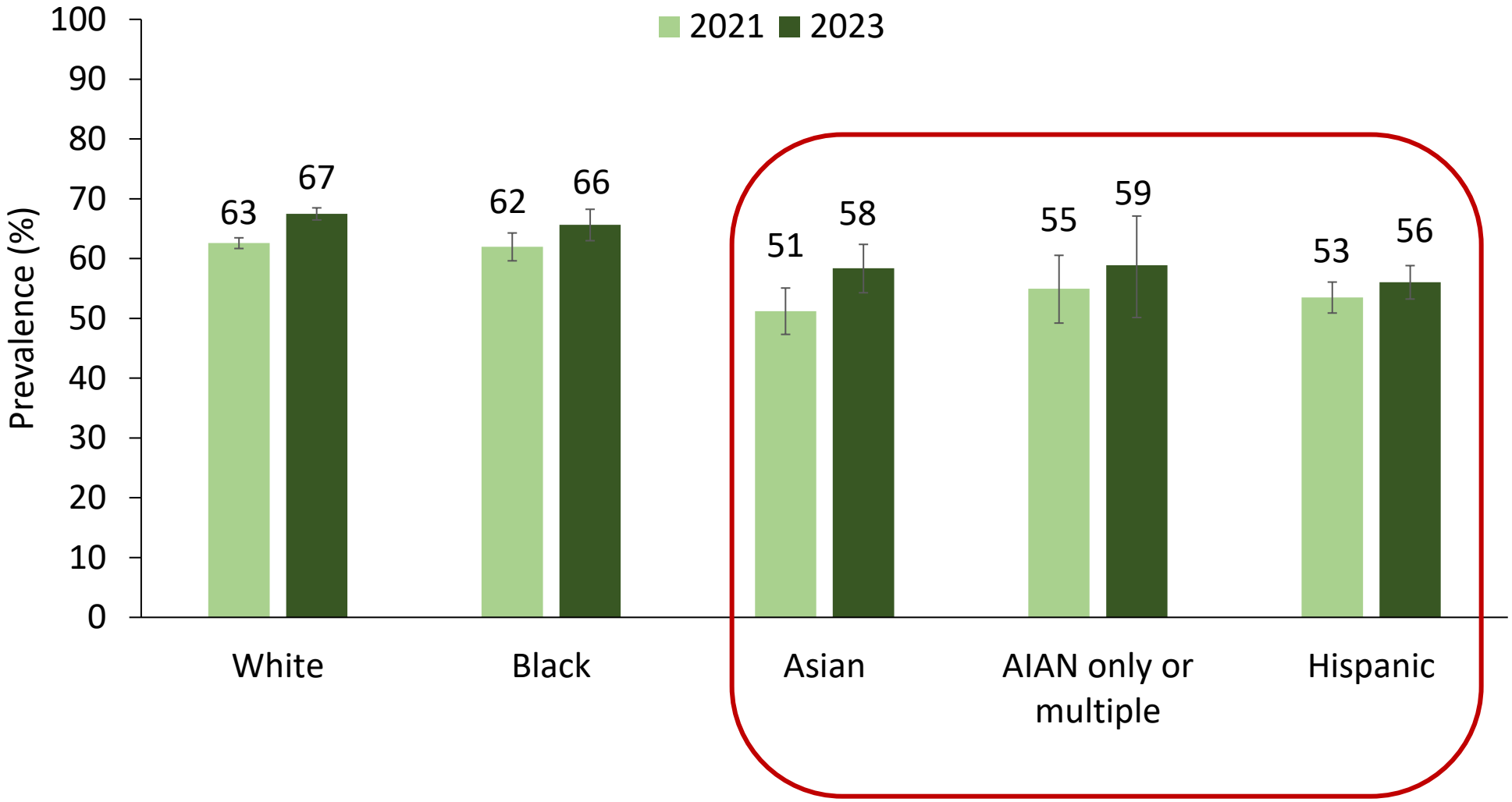

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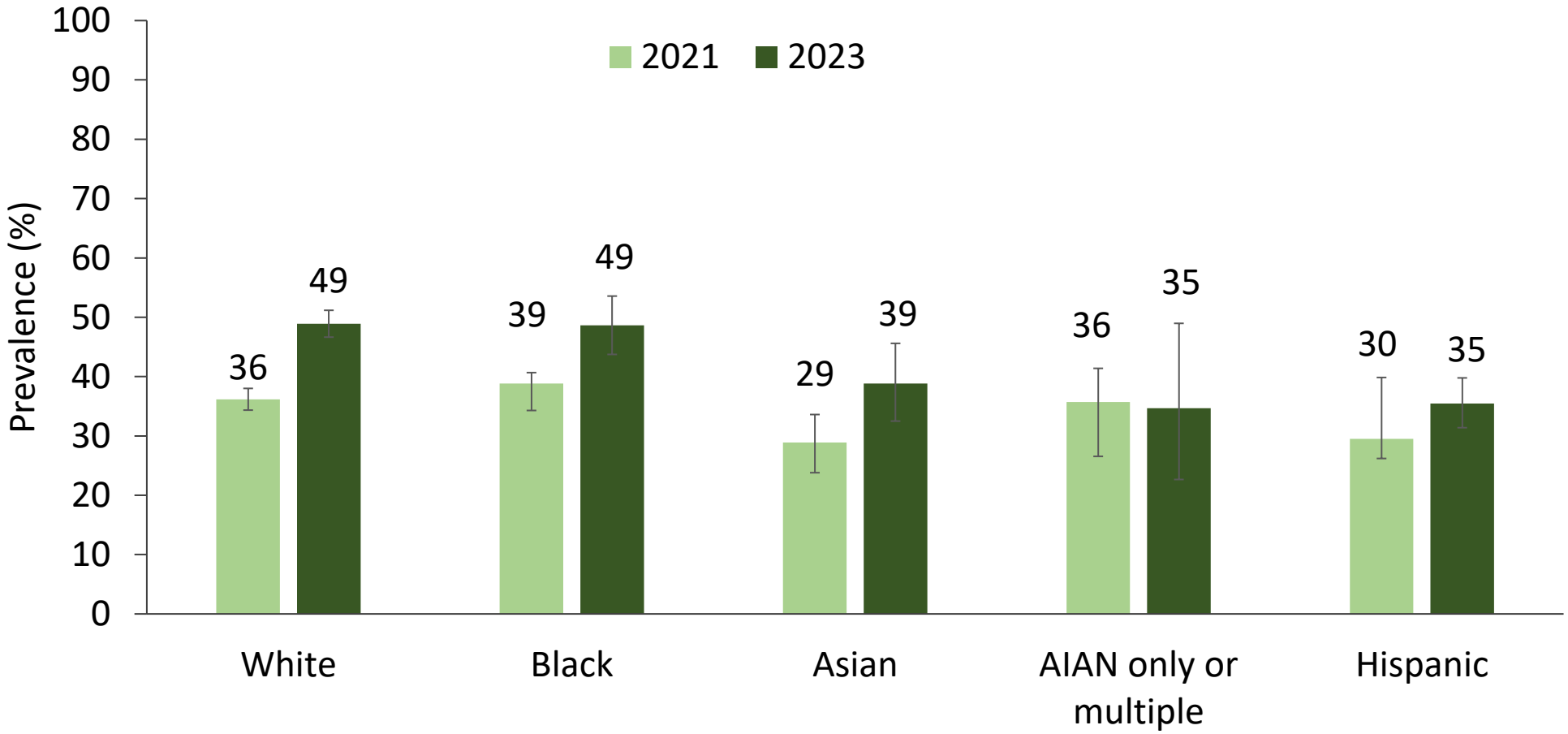
Colorectal cancer screening by race/ethnicity, 45-54 y, 2021 vs 2023



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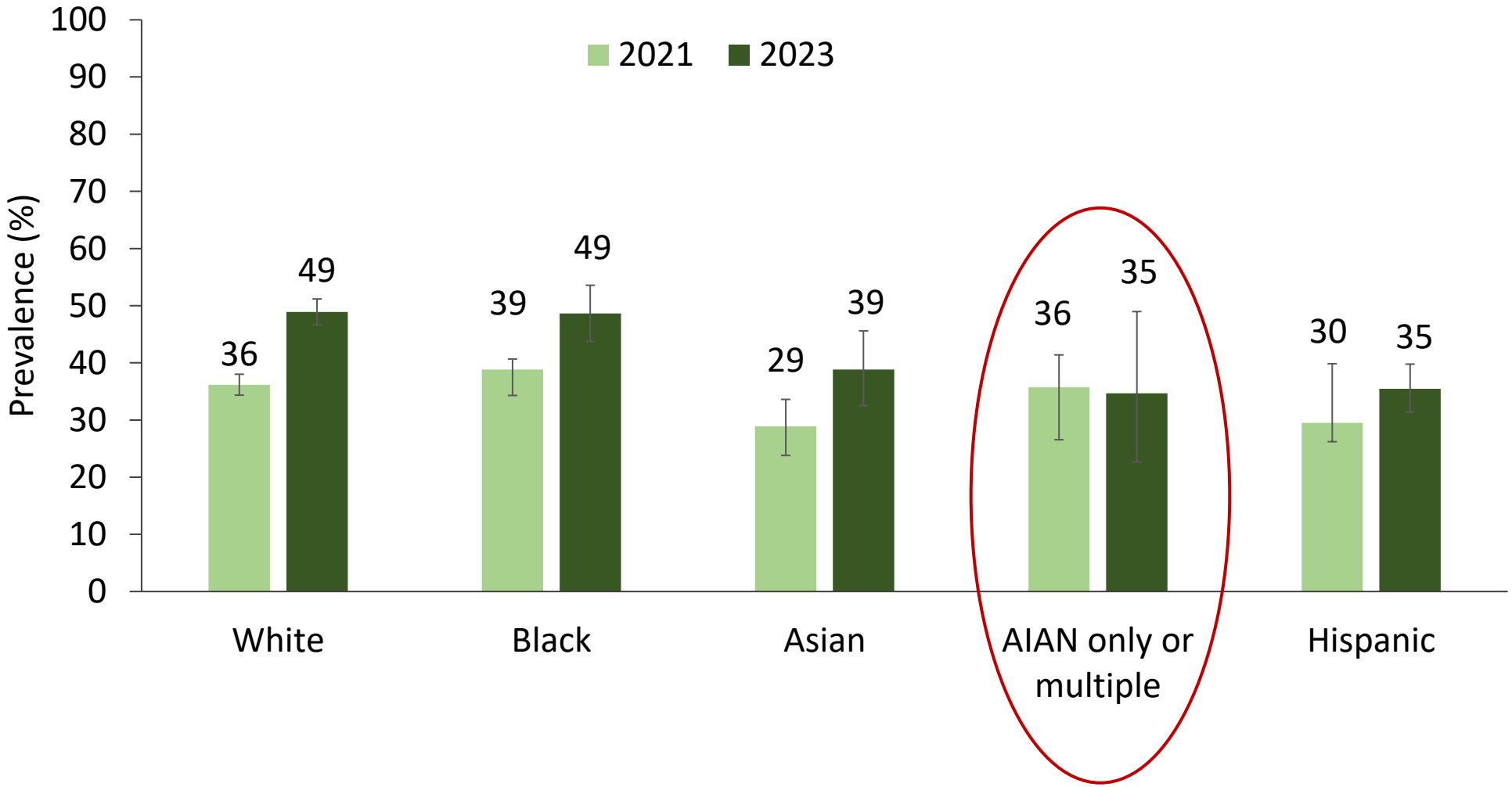
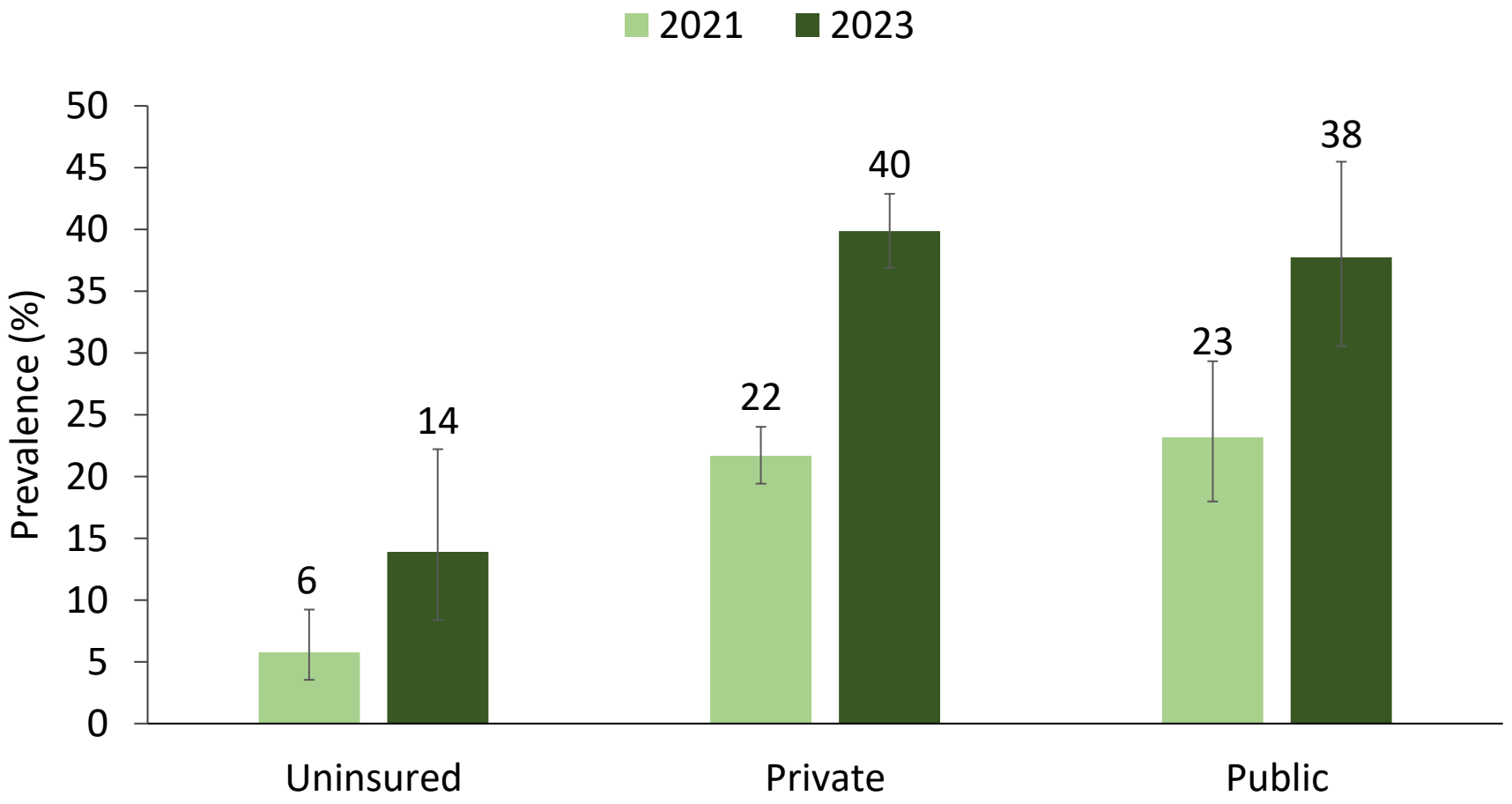


Data source: National Health Interview Survey, 2024

CRC screening ages 45–49 y by insurance status, 2021 vs 2023



Data source: National Health Interview Survey, 2024

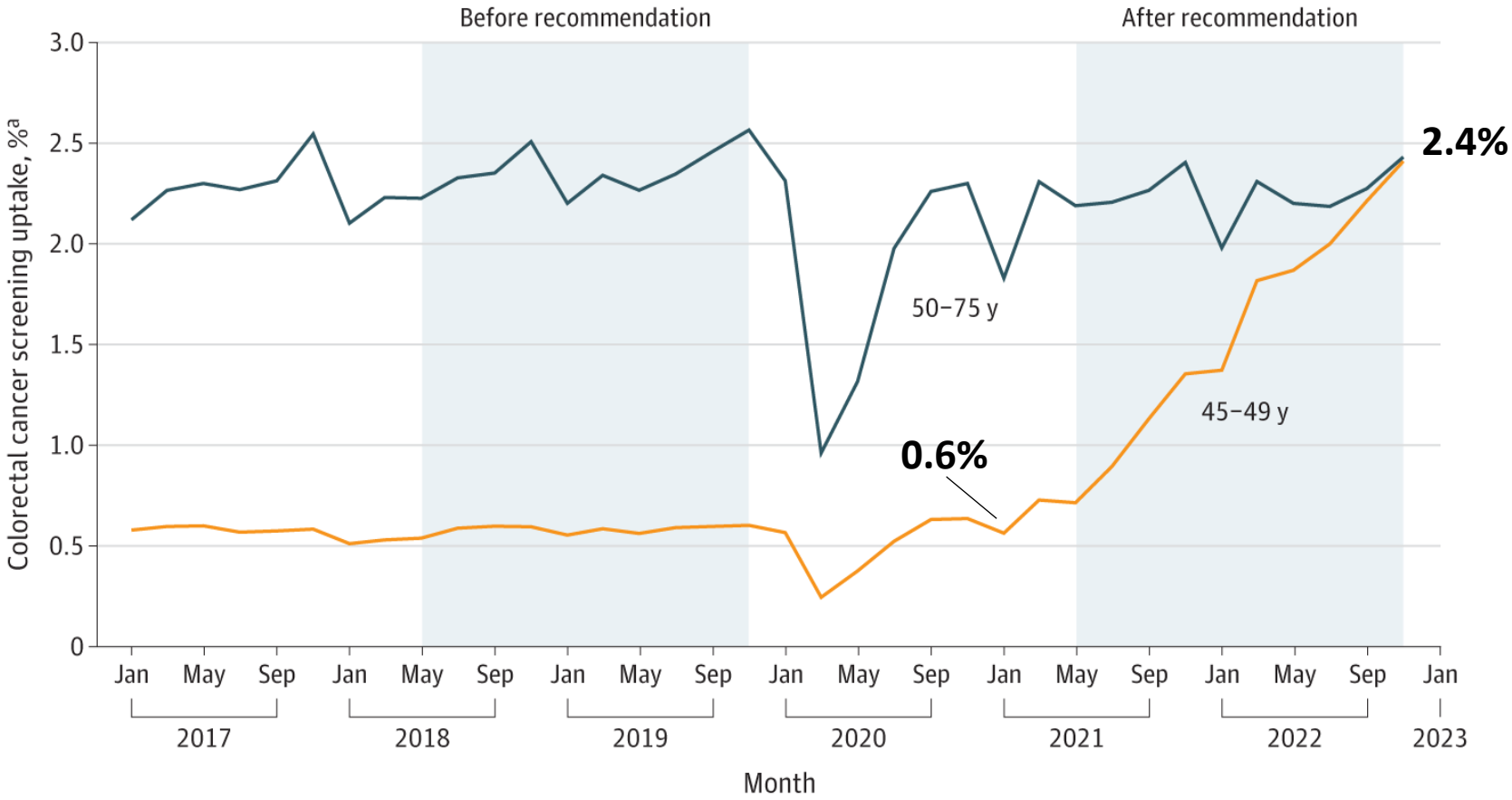
JAMA Netw Open. 2024;7(10):e2436358.

Original Investigation | Oncology

USPSTF Colorectal Cancer Screening Recommendation and Uptake for Individuals Aged 45 to 49 Years

Sunny Siddique, MPH; Rong Wang, PhD; Faiza Yasin, MD, MHS; Jacquelyne J. Gaddy, MD, MSc, MSCR; Lan Zhang, MPH; Cary P. Gross, MD; Xiaomei Ma, PhD

BCBS mean bi-monthly screening



Research Letter | Oncology

JAMA Network Open

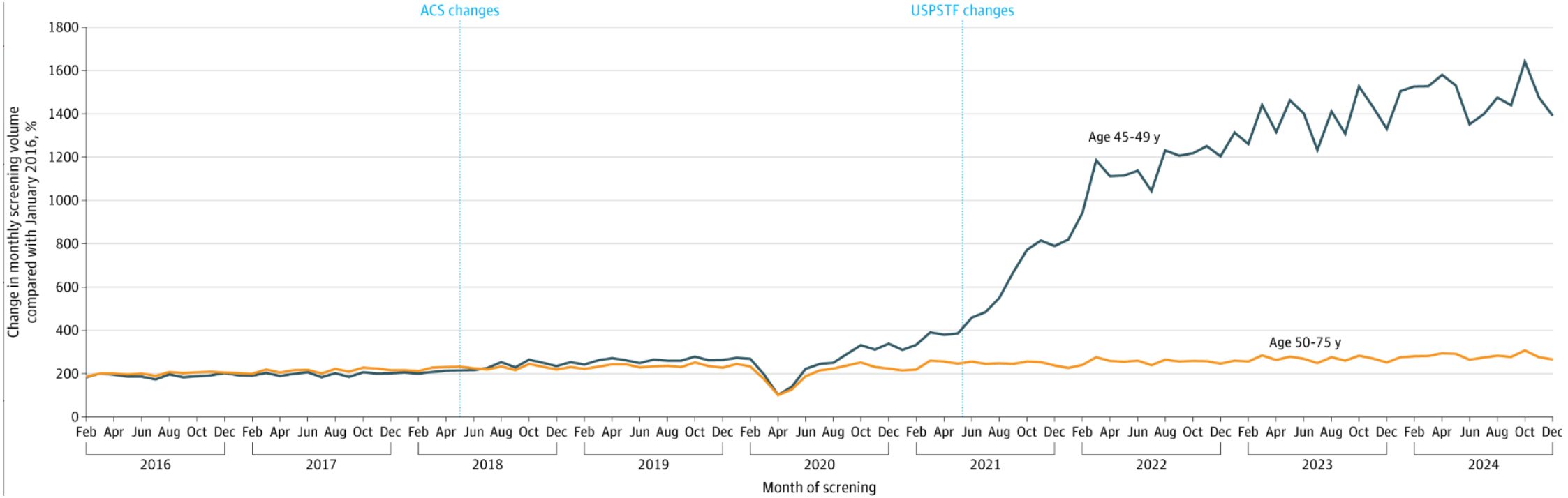
Facility-Based Uptake of Colorectal Cancer Screening in 45- to 49-Year-Olds After US Guideline Changes

Alyssa H. Harris, MPH[1,2]; Hannah R. Murphy, PhD[1]; Madeleine McDowell, MD[1] ; Margaret E. Wright, PhD[3]; M. Courtney Hughes, PhD, MS[2]

Published Online: November 4, 2025

Monthly screening volume by age

Administrative data from 1,300 facilities



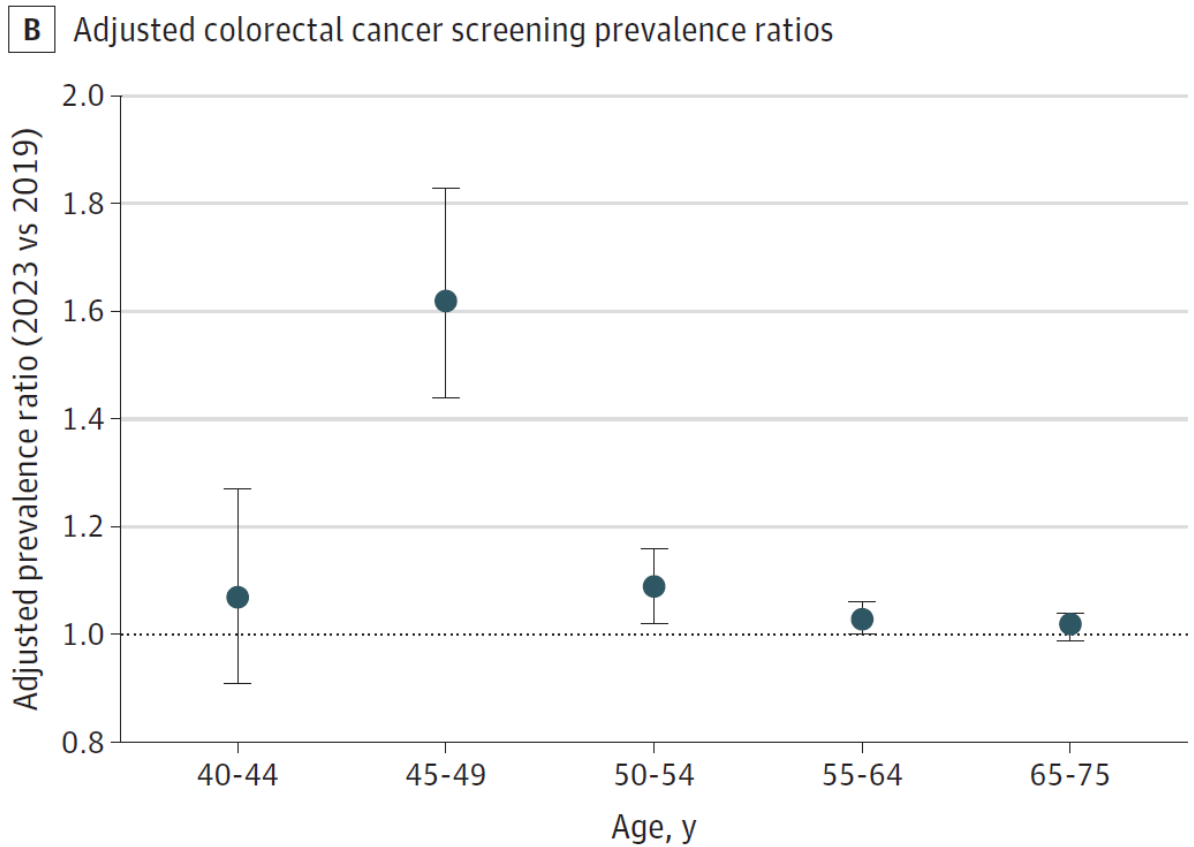
Research Letter

JAMA

Trends in Colorectal Cancer Screening in US Adults Aged 45 to 49 Years

Jessica Star, MA, MPH[1]; Rebecca L. Siegel, MPH[1]; Robert A. Smith, PhD[2]; Elizabeth J. Schafer, MPH[1]; Ahmedin Jemal, DVM, PhD[1]; Priti Bandi, PhD[1]

Published Online: August 4, 2025



Influence of screening on incidence rates

Research Letter

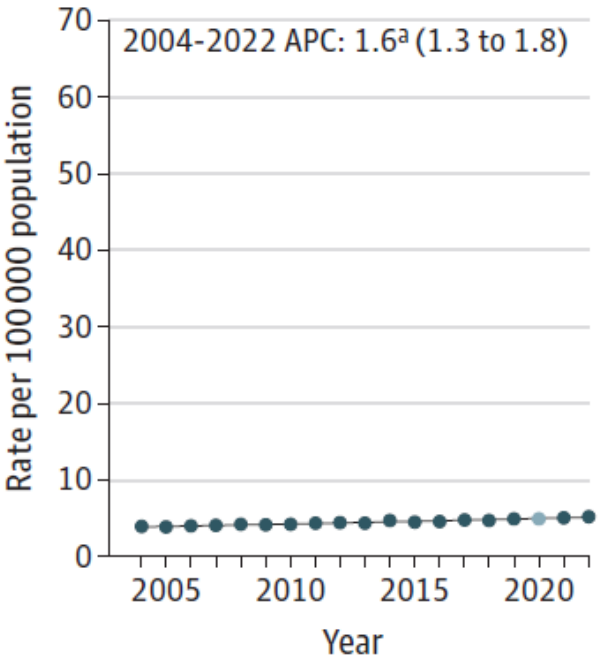
JAMA

Colorectal Cancer Incidence in US Adults After Recommendations for Earlier Screening

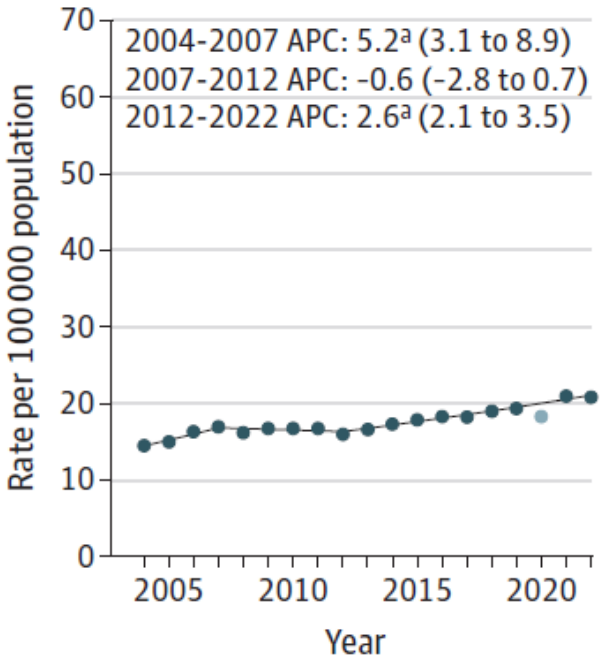
Elizabeth J. Schafer, MPH[1]; Hyuna Sung, PhD[1]; Jessica Star, MA, MPH[1]; Priti Bandi, PhD[1]; Robert A. Smith, PhD[2]; Rebecca L. Siegel, MPH[1]

Published Online: August 4, 2025

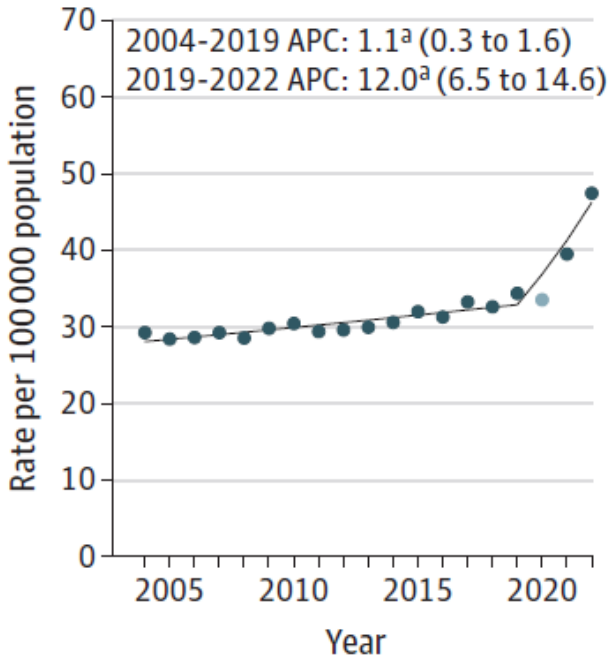
20-39 y



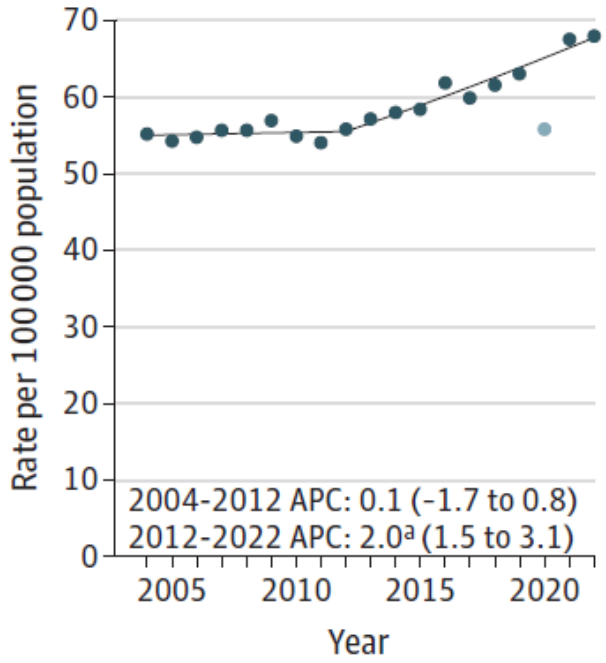
40-44 y



45-49 y



50-54 y



Research Letter

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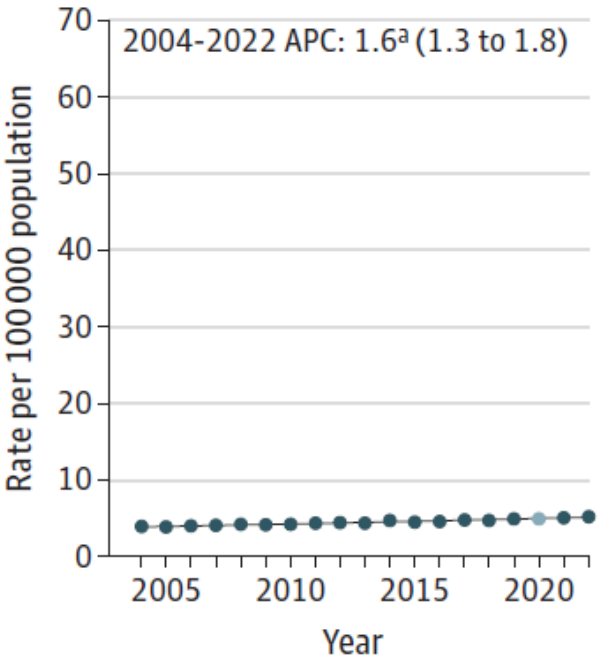

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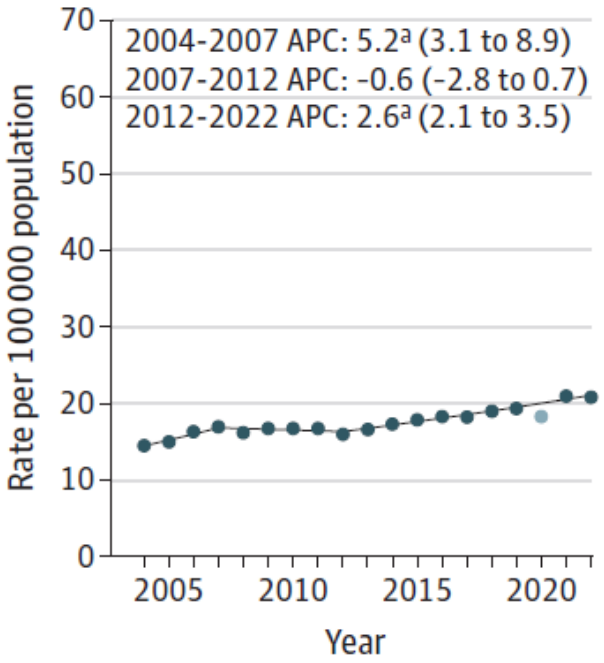

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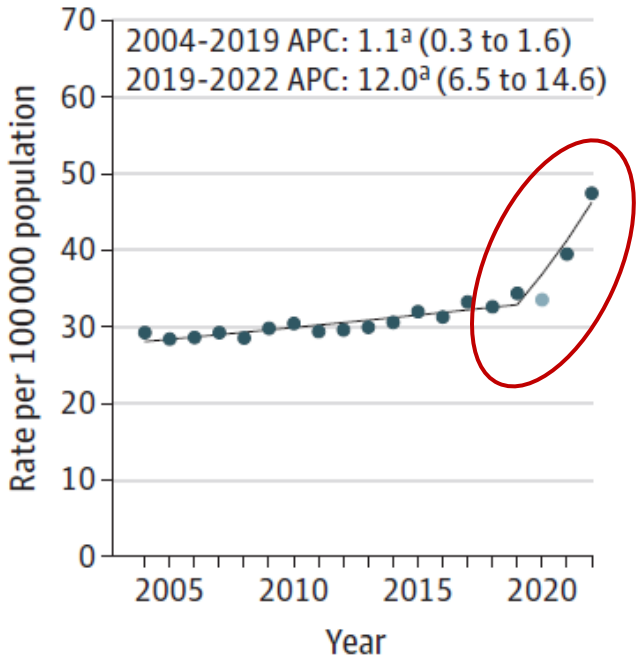

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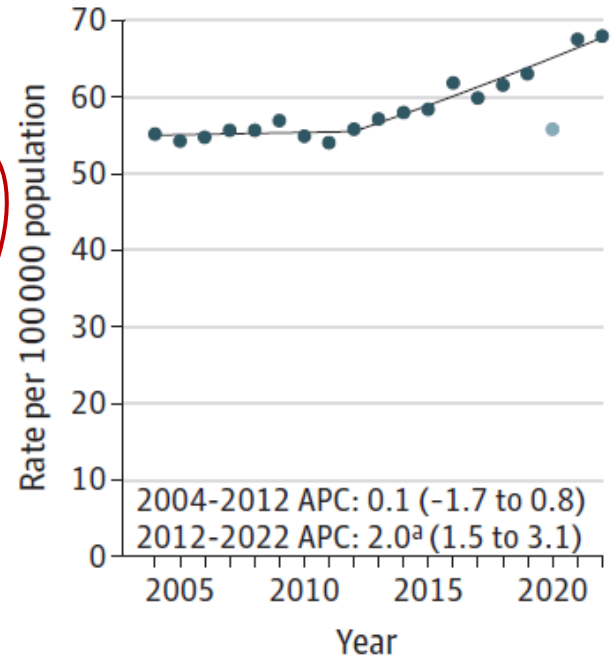

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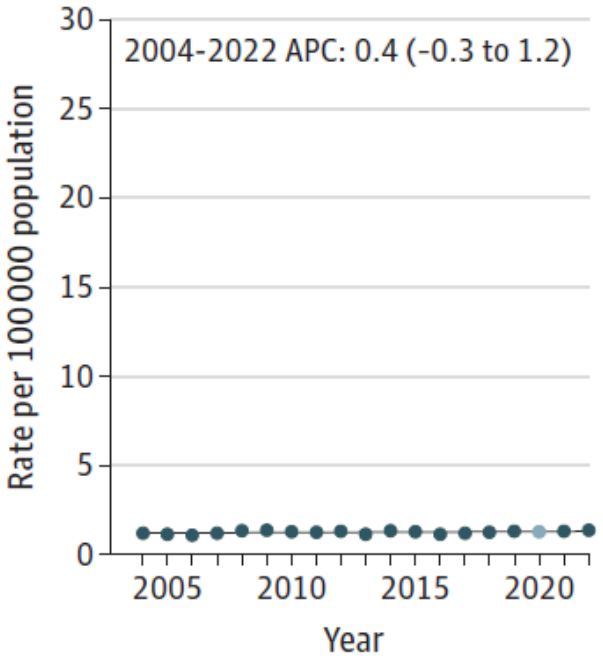
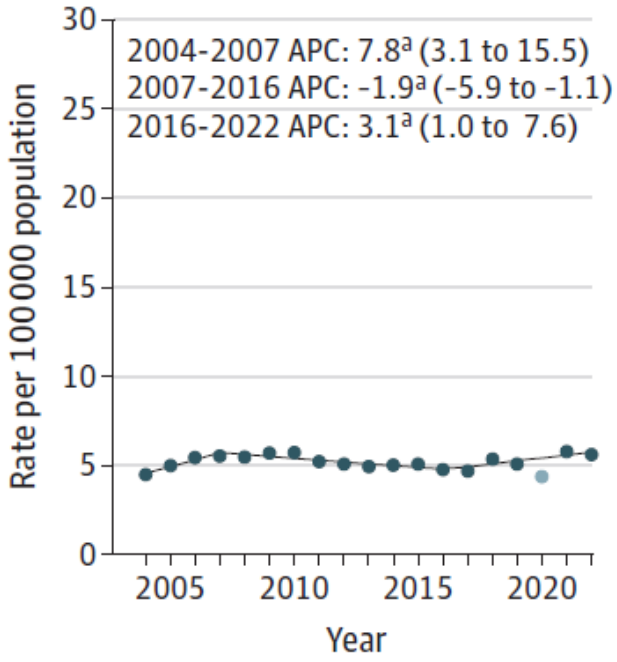
Published Online: August 4, 2025

Localized-stage

20-39 y



40-44 y



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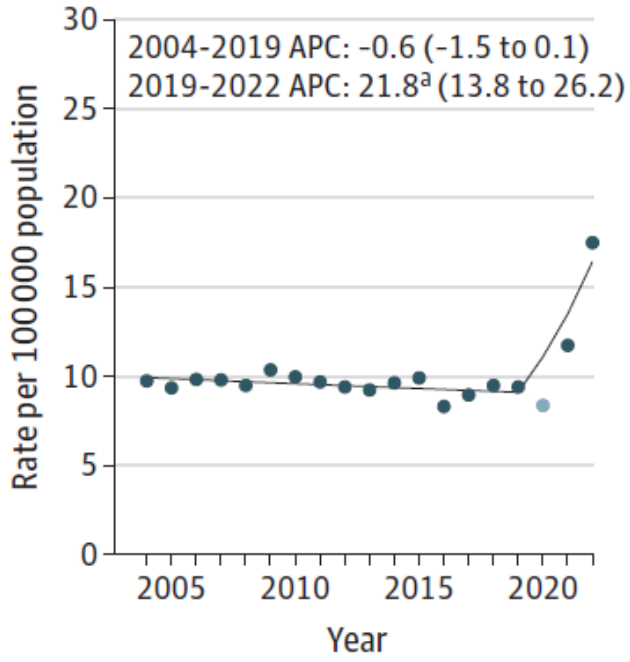
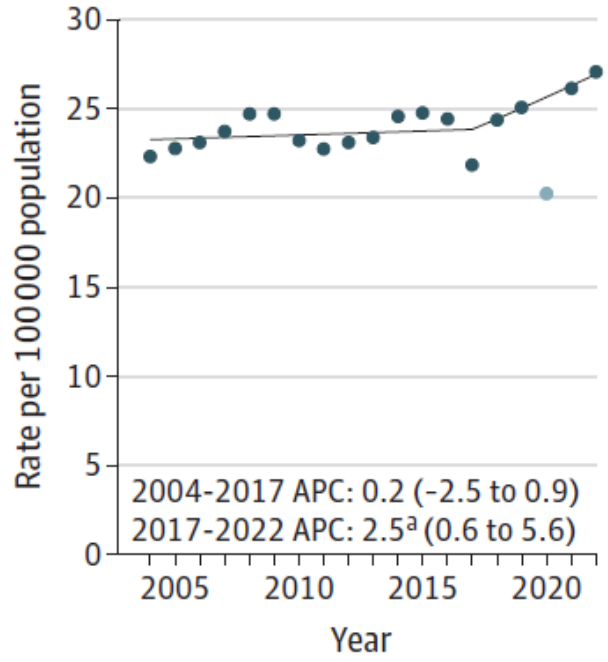


50-54 y



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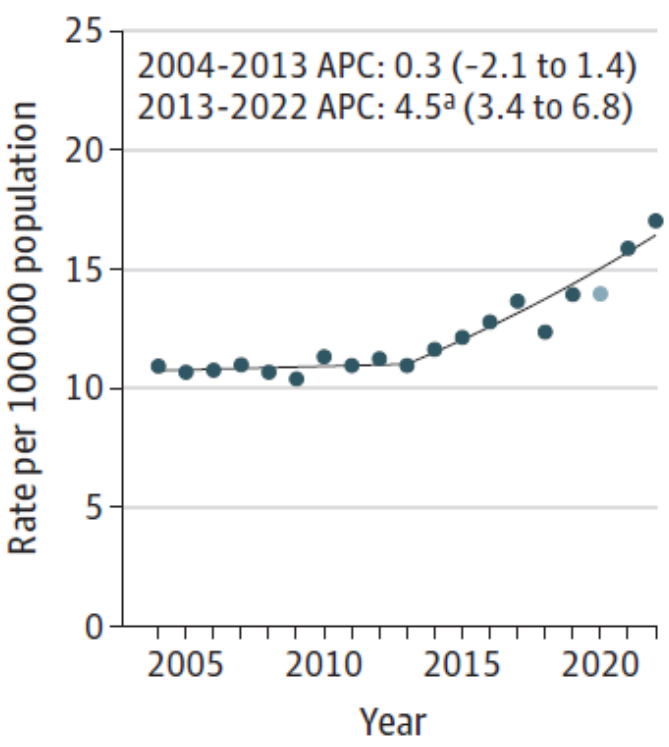
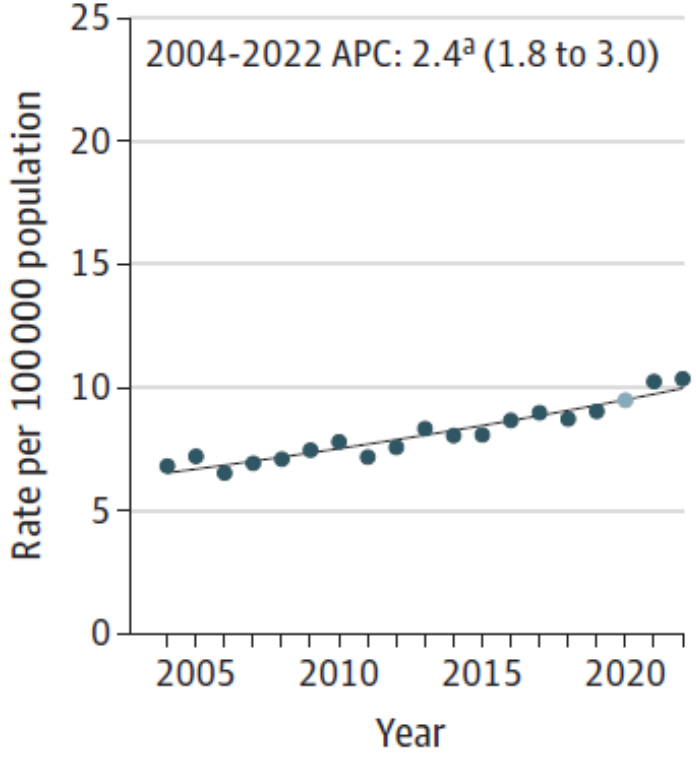
Age 45-49 years

Regional stage



Distant stage



JAMA Oncology | Original Investigation

Published online June 12, 2025.

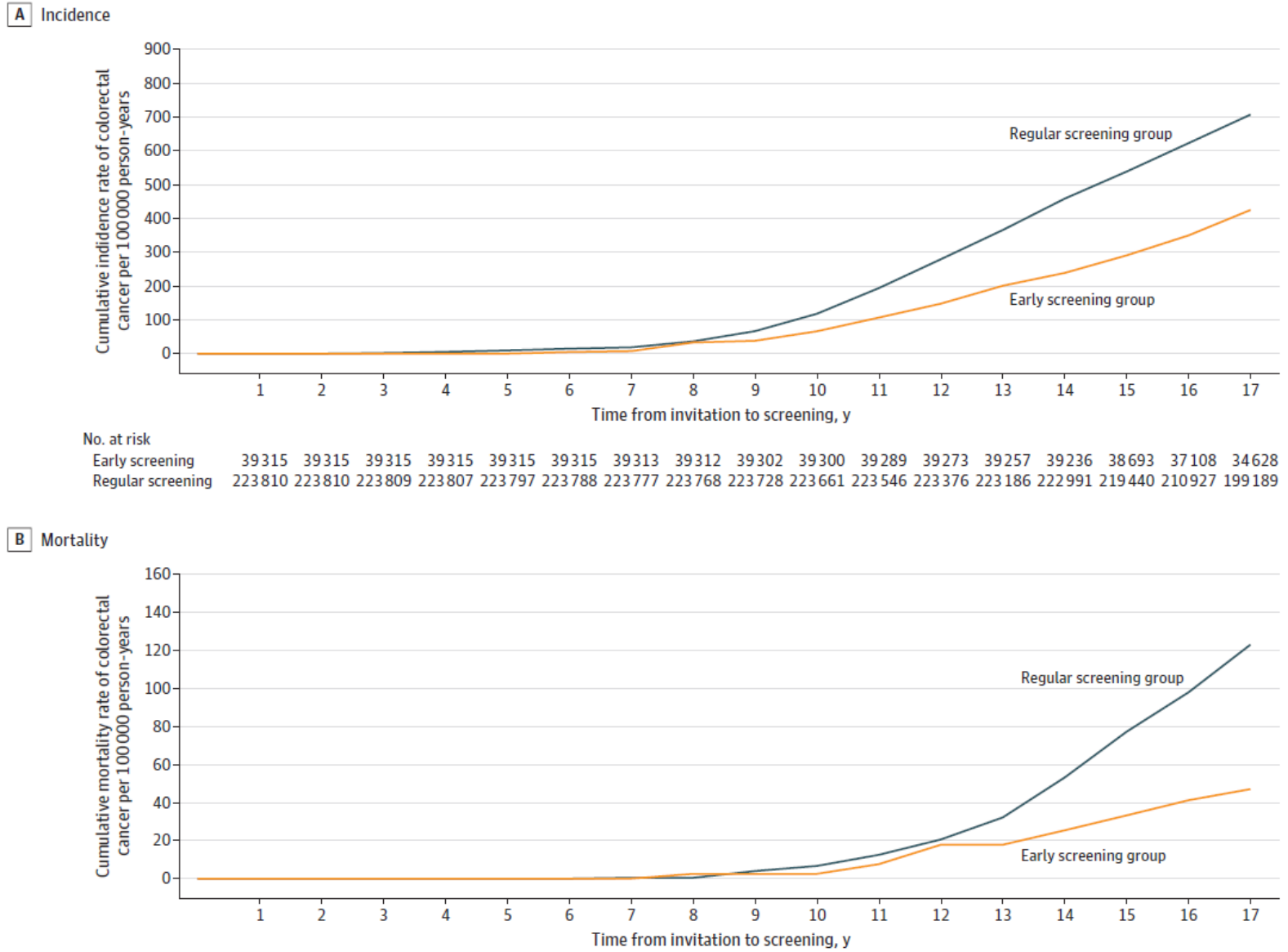
Long-Term Effectiveness Associated With Fecal Immunochemical Testing for Early-Age Screening

Han-Mo Chiu, MD, PhD; Sam Li-Sheng Chen, PhD; Chiu-Wen Su, PhD; Amy Ming-Fang Yen, PhD; Wen-Feng Hsu, MD, PhD; Chen-Yang Hsu, MD, PhD; Ting-Yu Lin, PhD; Yi-Chia Lee, MD, PhD; Ming-Shiang Wu, MD, PhD; Tony Hsiu-Hsi Chen, PhD

aRR, 0.79 (95% CI, 0.67–0.94)

aRR, 0.61 (95% CI, 0.38–0.98)

Figure 2. Cumulative Risk of Colorectal Cancer Between the Early and the Regular Screening Groups



Summary

- Screening prevalence:
  - Nearly **2 in 3** people 45+ is UTD (82% in 65-74 y!)
  - **37%** 45-49 y
  - **55%** 50-54 y
- Opportunities:
  - **Stool testing!**
  - Hispanic (45+ y) **56%**
  - **Native Americans** (45-54 y) **35%** & **no progress** since 2021; highest incidence
- First increases in **early-stage diagnosis** <50 y => screening success!

Surveillance, Prevention, and Health Services Department

Cancer Risk Factors and Screening Research

American Cancer Society

Priti Bandi
Scientific Director

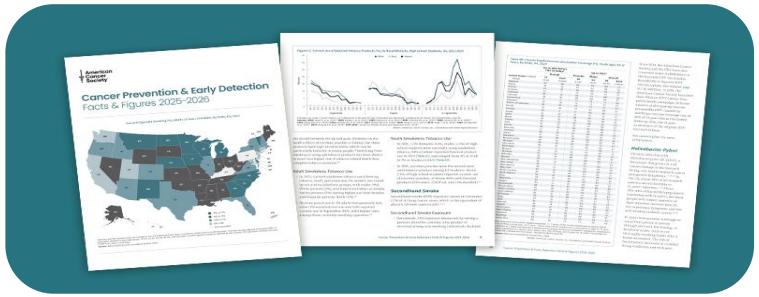
Rebecca Landy
Principal Scientist

Natalia Mazzitelli
Associate Scientist II

Will Correira
REAL Intern

Jessica Star
Associate Scientist II

Cancer Prevention & Early Detection Facts & Figures



Colorectal Cancer Screening Research

Research Letter JAMA

Trends in Colorectal Cancer Screening in US Adults Aged 45 to 49 Years

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JOURNAL ARTICLE

Colorectal cancer screening test exposure patterns in US adults 45 to 49 years of age, 2019-2021

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NCCRT Annual Meeting 2025

Michael Sapienza, Executive Director,
Colorectal Cancer Alliance

Disclosures

- I have no relevant disclosures

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Overview

Screen Smart

Screen Smart is dedicated to transforming colorectal cancer screening by bridging knowledge gaps, increasing accessibility, and fostering informed decision-making.

This initiative brings together researchers, healthcare professionals, policymakers, and patient advocates to enhance CRC screening adoption.

- **Data:** Access synthesized research on screening methods, performance, and real-world adoption.
- **Access:** Identify and address barriers to screening for diverse populations, including rural and underserved communities.
- **Adherence:** Improve patient compliance through innovative outreach and education strategies.

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Empowering Stakeholders with Data-Driven Insights for Smarter Colorectal Cancer Screening Decisions

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Objectives

- **Clarify the screening landscape** by providing data-driven insights on current and emerging colorectal cancer screening tests.
- **Improve access and adoption** by identifying and addressing barriers to equitable access and adoption of new screening tests through expert panels and policy discussions.
- **Enhance data-driven decision-making** by sharing up-to-date screening data, including test approvals and pipeline developments, to support informed decisions by healthcare providers and patients.

Access Discussion

The Kennedy v. Braidwood Threat to Preventive Care

The Big Picture

The Affordable Care Act contains a **mandate requiring insurers** to cover recommended **preventive services** with **no out-of-pocket costs.**

Free access to these services is **popular** and **effective** to improve health outcomes and lower costs more generally.

Kennedy v. Braidwood **called into question** the ability of certain advisory bodies to recommend which services will be covered at no cost.

Source: American Journal of Preventive Medicine and AJMC

USPSTF

- 16 volunteer members who are experts in preventive medicine and primary care with varied specialty backgrounds.
- Members are appointed and can be removed by Secretary of HHS, but by statute they make their recommendations independently.
- They develop their recommendations based on rigorous scientific studies.
- Only services with an A or B recommendation are covered under the preventive care mandate.
  - Currently: 54 recommendations
  - Examples: Colorectal screening (2021), PrEP coverage (2019), hepatitis C screening regardless of risk (2020), gestational diabetes screening (2021), statins for CVD (2021)
  - Since 2021, USPSTF has pushed to bring a health equity lens to its recommendations Example: More gender inclusive language in recent recommendations

SCOTUS Decision June 26, 2025

USPSTF remains in place, but the HHS Secretary now has immense power to influence the recommendations:

Short-term Outcomes

- **Preventative care coverage will not change and will remain free.**
- **Current screening guidance, including screening beginning at age 45 remains in place.**
- **There's ongoing political scrutiny of the Task Force, including criticism from some groups suggesting it's 'too progressive' — and talk of replacing members, similar to what happened with ACIP.**
- **The USPSTF's July and November 2025 meetings were both canceled.**
- **For now, the Task Force's working groups and AHRQ evidence teams are still meeting, so the scientific review work continues — but without full Task Force sessions, no new recommendations can move forward.**

Screen Smart Dinner 2024 & 2025

Evaluating Colorectal Cancer Screening Options

A Practical Framework

Literature Article

Oncology Reviews

TYPE Review
PUBLISHED 20 October 2025
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Navigating the evolving landscape of colorectal cancer screening with a practical framework: a comprehensive analysis of existing and emerging technologies for informed decision-making

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Sensitivity	Colonoscopy	CTC	FIT	Cologuard		Cologuard Plus	ColoSense	Shield	PREEMPT CRC
	Recommended by the U.S. Preventive Services Task Force					Emerging Tests			
Test Type	Visual	Computed tomography	Hemoglobin in stool	Mt-sDNA		Mt-sDNA	Mt-sRNA	Cell-free DNA blood test	Blood
CRC overall	95%	86-100%	79%	92%		94%	94.4%	83%	81.1%
Stage I	75-80%	Size of adenomas >6mm: 89% >7mm: 91% >8mm: 94% >9mm: 93% >10mm: 94%	75%	90%		87%	100%	65%(55% clinical)	63.5%
Stage II	85-90%		88%	100%		94%	83%	100%	100%
Stage III	85-90%		82%	90%		97%	100%	100%	80.5%
Stage IV	>95%		89%	75%		100%	100%	100%	100%
APL/AA	90-95%	89% for adenomas ≥10 mm	24% (APL)	42% (APL)		43% (APL)	46% (AA)	13.2%	13.7% (AA)
High grade dysplasia	75-93%	<10%	-	69%		75%	65% (HGD or ≥10 adenomas)	22,6%	29%
Sessile serrated	70-80%	-	5%	42%		46%	17% (hyperplastic and SS ≥10 mm combined)	11% in SSL's greater than 1cm	_

	Specificity	All	Negative Colonoscopy
Recommended by the U.S. Preventive Services Task Force	**Colonoscopy**	90%	–
	CTC	94% Size of adenomas >6mm: 80% >7mm: 87% >8mm: 92% >9mm: 95% >10mm: 96%	-
	FIT	93%	–
	Cologuard	87%	93%
FDA approved, awaiting USPSTF recommendation	**Cologuard Plus**	94%	93%
	ColoSense	86%	88%
	Shield	89.6% (negative advanced neoplasia)	89.9% (non-neoplastic findings and negative colonoscopy)
Not yet approved	**PREEMPT CTC**	91.5% (non-advanced colorectal neoplasia)	–

		Access	Cost
Recommended by the U.S. Preventive Services Task Force (USPSTF)	**Colonoscopy**	Medicare	$2,750 (avg. cash price)
	CTC	Medicare	$265 per screening year
	FIT	Widely available/covered	$18 – $21 estimation of $153 per screening cycle when including the patient support costs
	Cologuard	Widely available/covered	$508 (Medicare)
FDA approved awaiting USPSTF recommendation	**Cologuard Plus**	Medicare covered and included in HEDIS	$592 (Medicare)
	ColoSense	Not currently guideline-recommended but is FDA-approved to screen for colorectal cancer, advanced adenomas, and sessile serrated lesions, in average-risk individuals over the age of 45	$508 (Medicare)
	Shield	Available under the CRC screening National Coverage Determinations (NCDs) Current Coverage through Medicare and VA CCN	$1495 (Medicare)
Not yet approved	**PREEMT CRC**	Not currently available	–

		Adherence (%)		Follow-up colonoscopy	Interval
Recommended by the U.S. Preventive Services Task Force	**Colonoscopy**	About 30%	Real World Peer-reviewed Data Accumulative	n/a	10
	CTC	30–34%	Real World Peer-reviewed Data Accumulative	-	5
	FIT	35% (w/o navigation) 41.5% (w navigation) (real-world and study)	Real World Peer-reviewed Data Accumulative	47% - 83%	1
	Cologuard	71%	Real World Peer-reviewed Data N= 1,557,915	71.5% – 84.9% (real-world)	3 (1-3)
FDA approved awaiting USPSTF recommendation	**Cologuard Plus**	96.8%	Study N=24,032	–	3 (anticipated)
	ColoSense	78%	Study N=14,263	88% 74% combined test and follow up (study)	3 (anticipated)
	Shield	96%	Real World Data Not Peer-reviewed N= 10,000	49% (within 6 months of positive results (real-world))	1-3 years
Not yet approved	**PREEMT CRC**	96%	Study N=49,170	–	3

Bringing it all Together

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1. **Adherence defines impact.** Every test's effectiveness depends on completion and follow-up : **Screen Smart 2026 will focus on adherence.**
2. **Access and policy matter. Coverage uncertainty around USPSTF and ACA mandates could set us back unless we act to protect no-cost preventive care.**
3. **Collaboration is our path forward. Patients, providers, payers, and policymakers must align around shared data and equity goals: "The Screen Smart framework — Data, Access, Adherence — gives us a common language to turn innovation into impact."**

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