

Panel:
From Colorectal Cancer
Diagnosis to Treatment:
Promising Models to Ensure
Timely Transitions to Quality
Treatment

3:50 PM – 5:00 PM

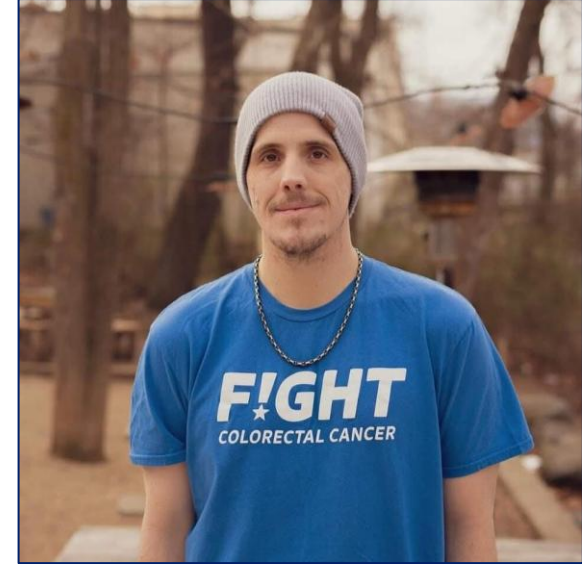
Panel: From Colorectal Cancer Diagnosis to Treatment: Promising Models to Ensure Timely Transitions to Quality Treatment



Moderator/Speaker
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University of Colorado School of
Medicine



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J.J. Singleton
Colorectal Cancer Survivor and
Patient Advocate



Cancer Center

NCI-DESIGNATED COMPREHENSIVE
CANCER CENTER

FROM COLORECTAL CANCER DIAGNOSIS TO TREATMENT:

*PROMISING MODELS TO ENSURE TIMELY
TRANSITIONS TO QUALITY TREATMENT*

DISCLOSURES:

I HAVE NO CONFLICTS OF INTEREST TO SHARE.

STRATEGIC PRIORITY FOCUS:

TIMELY INITIATION OF QUALITY CRC TREATMENT

Importance of Timely Treatment

Delays in colorectal cancer treatment increase mortality risk significantly. Prompt initiation improves survival outcomes.

Data-Driven Improvement

Studies show median treatment initiation at 41 days with variation; evidence-based practices can accelerate care.

National Health Initiatives

Timely care to reduce disparities and improve access in CRC treatment

Current Data on Time to Treatment Initiation for CRC

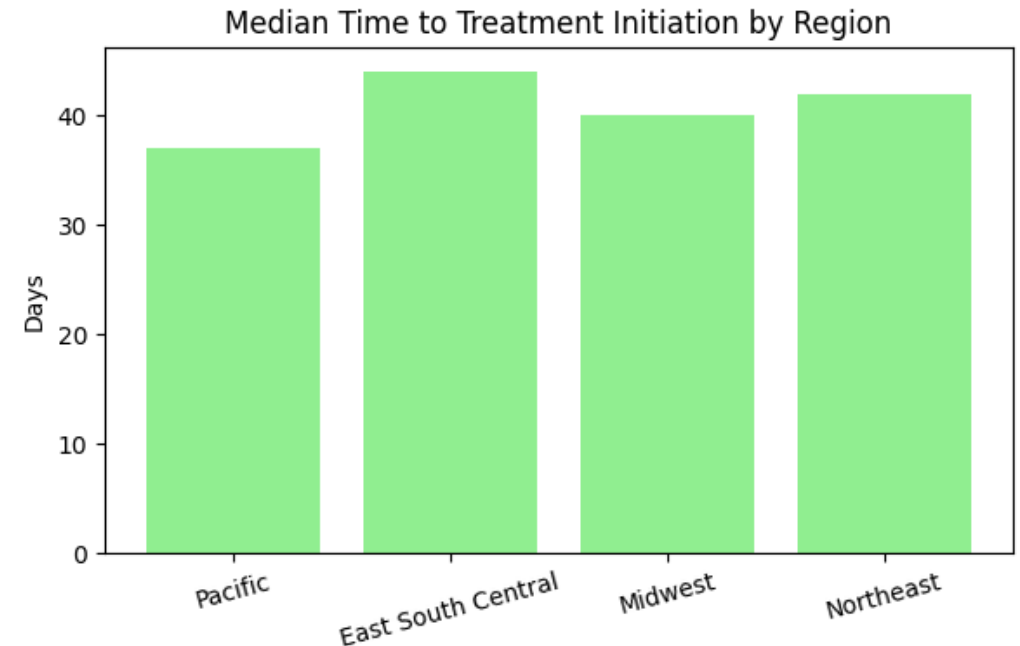
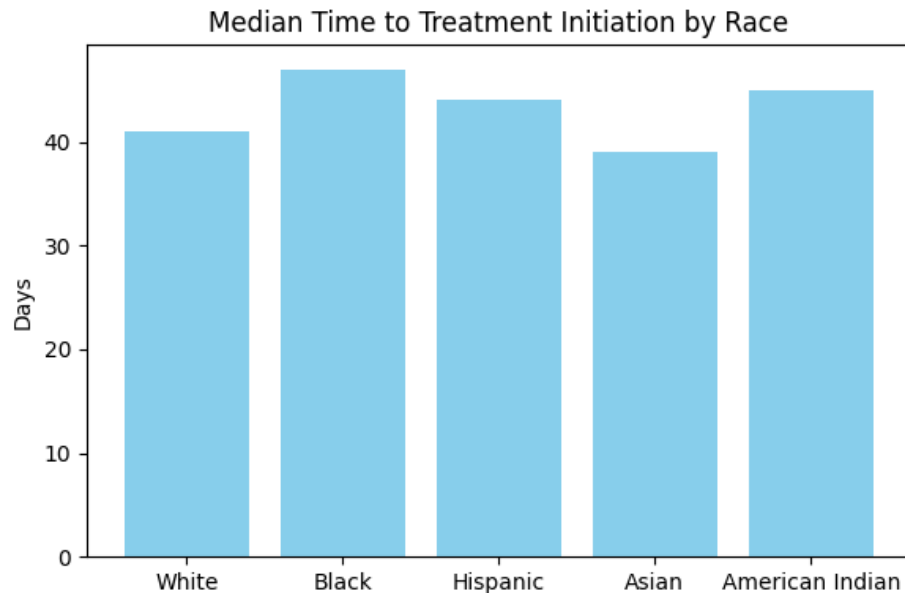
- Median Time To Treatment Initiation: 41 days
- Each 4-week delay increases mortality risk by 12–39%

DELAY INTERVAL (WEEKS)	HAZARD RATIO (HR)
<4	1.12
4-8	1.24
8-12	1.39
>12	1.47



Current Data on Time to Treatment Initiation (TTI) for CRC

- TTI By Race: White 41, Black 47, Hispanic 44, Asian 39, American Indian 45
- TTI By Region: Pacific 37, East South Central 44, Midwest 40, Northeast 42

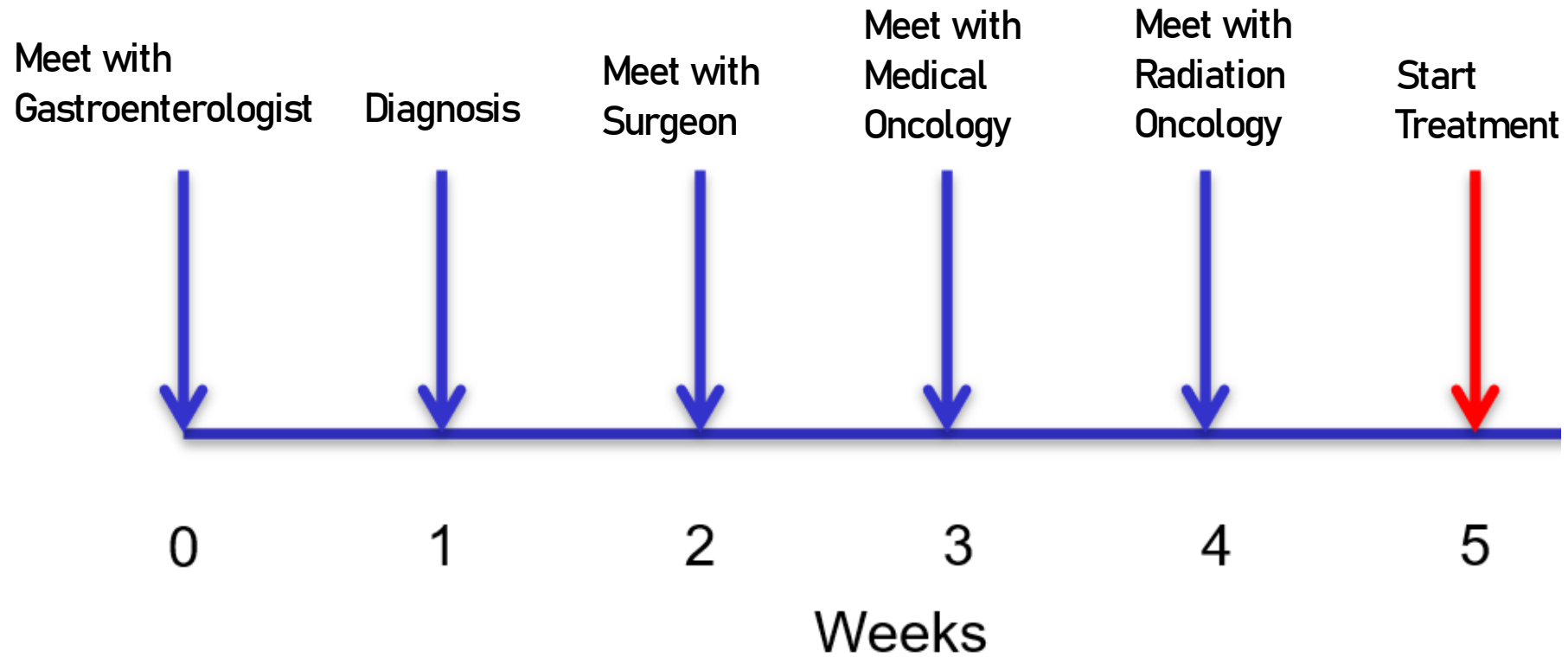


Barriers to Timely Treatment

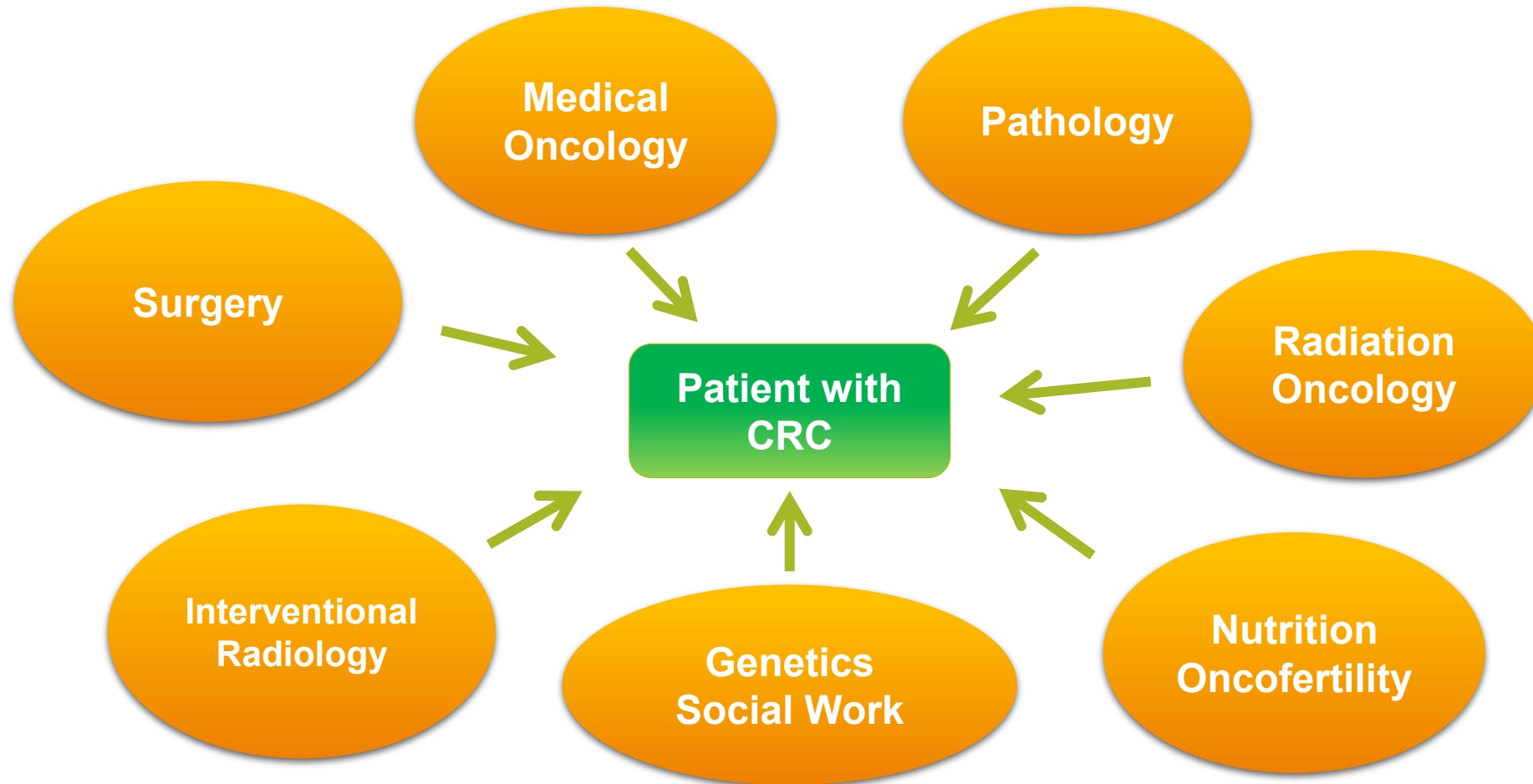
BARRIER TYPE	EXAMPLES
Patient-level	Financial constraints, mental health, awareness
System-level	Provider shortages, insurance delays
Social determinants	Transportation, rural access, stigma



Typical Patient Journey



All patients with CRC need multidisciplinary management



Multidisciplinary Care

- **NCI Definition:**

- “a treatment planning approach where a team of doctors and other healthcare professionals from different specialties collaborate to create a coordinated, patient-centered plan.”

- **Benefits:**

- Uniformity of standards of care for cancer patients
- Adherence to clinical guidelines – improves outcomes & reduces mortality
- Better optimization & integration of all therapeutic resources
- Shared decision-making with all specialists in one room

- **Two common approaches:**

- Tumor Board & Multidisciplinary Clinic

Tumor Boards

1. Patient has a clinic visit with specialist
2. Patient is presented at the next tumor board, specialists make recommendations
3. Provider relays recommendation to the patient:
 - a. Next clinic appt
 - b. Phone call to patient
 - c. Delegates to clinic staff

Provider driven



```
graph TD; A[Provider driven] --> B[Inconsistent Communication]; B --> C[Inadequate testing/ workup]; C --> D[Delay in workup & treatment]; D --> E[Increased costs for patient];
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Inconsistent
Communication

Inadequate testing/ workup

Delay in workup &
treatment

Increased costs for patient

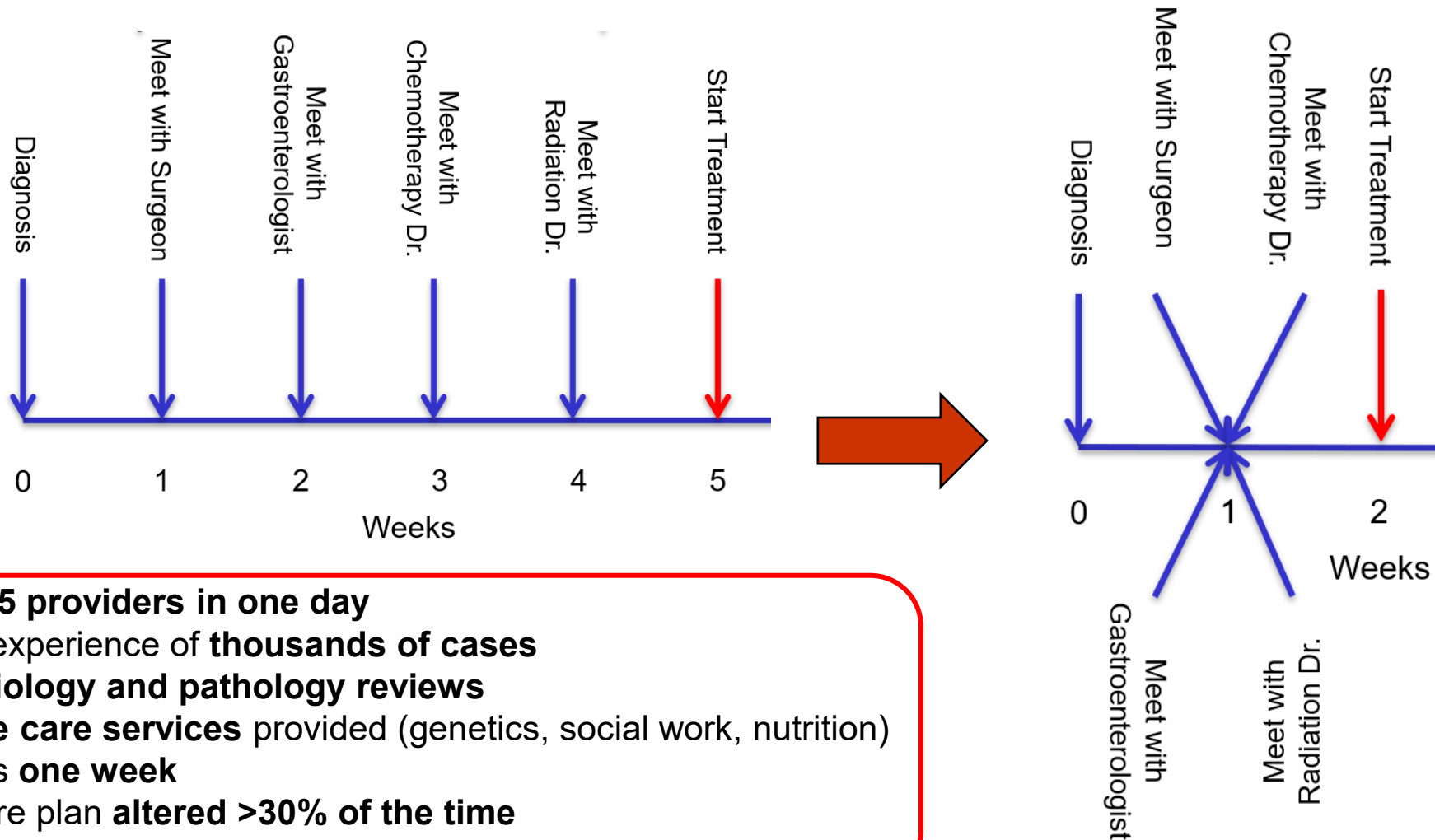
Limitations of Tumor Boards

Multidisciplinary Clinic (MDC)

- Weekly clinic & conference combination
- 1-day clinic visit
- Radiographic studies, labs, H&P & staging procedures performed in advance
- Comprehensive multidisciplinary team review
- Consultation with multidisciplinary team that same day
- Patient-centered model

Multi-Disciplinary Cancer Clinics

(one patient visit, >4 disciplines, >20 providers review each case)



Seen by **1-5 providers in one day**
Collective experience of **thousands of cases**
Expert **radiology and pathology reviews**
Supportive care services provided (genetics, social work, nutrition)
Wait time is **one week**
Outside care plan **altered >30% of the time**
Providers often lead **cutting-edge clinical trials**

Multidisciplinary Clinic Benefits

Meetings with support services

- RD, SW, CGC

Surgical candidate

- Pre-op teaching, Pre-Procedure Services appointment

Chemotherapy recommended

- Chemotherapy teaching by a pharmacist, port scheduling

Clinical Trial/Study

- Research coordinators speak to patients & obtain consent

Radiation recommended

- CT Simulation Scan performed same or next day

Multidisciplinary Clinic Benefits

Dedicated
coordinator

Limits physician
time

Easy referral
process

One trip for
patients

One facility fee

Downstream
revenue

Quick scheduling
process

Multiple opinions
from multiple
specialists

Patient leaves
that day with a
plan

Change in Diagnosis/Change in Treatment Plan

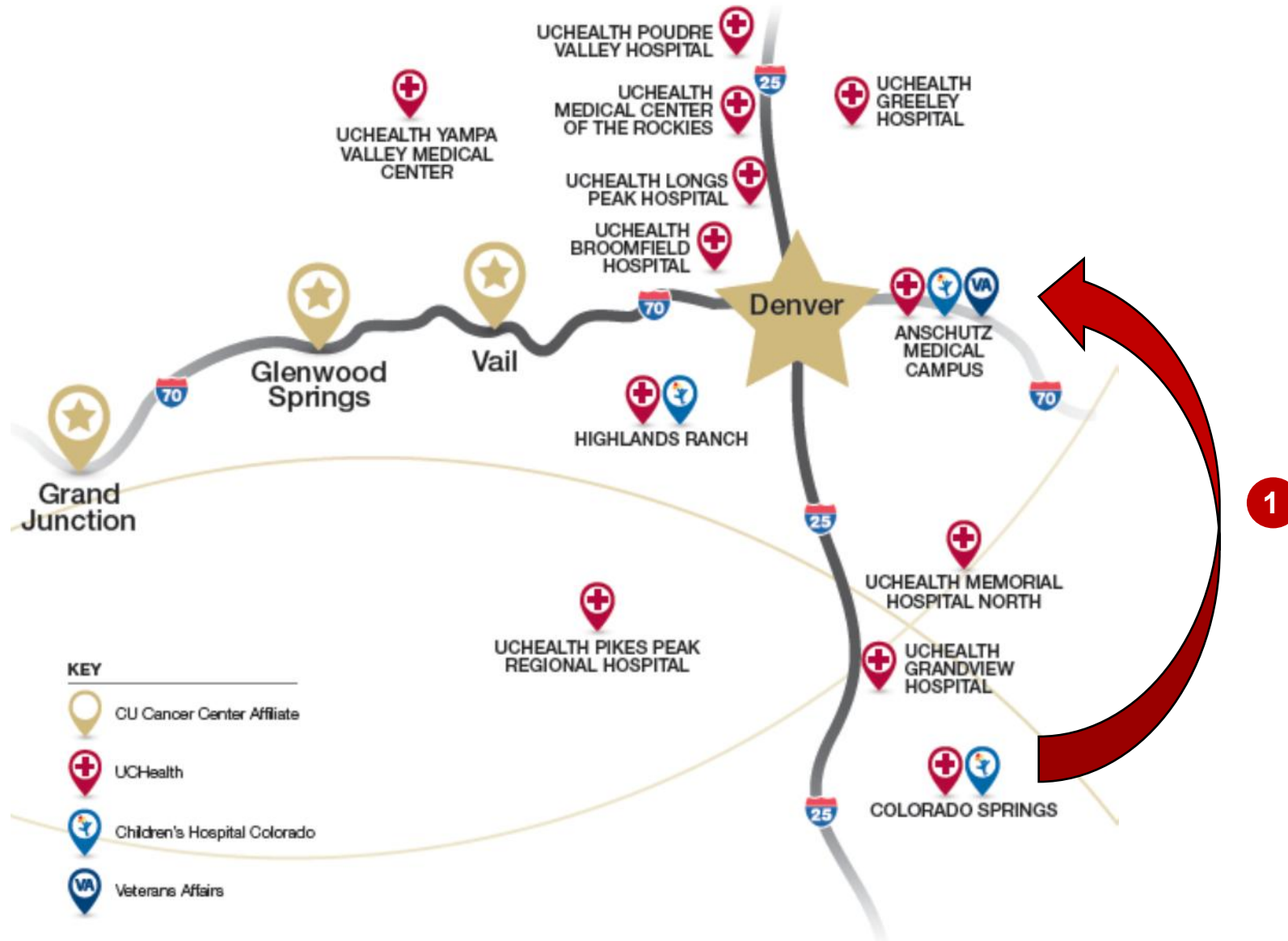
TABLE 3 Summary of findings

	Total	Pancreas and biliary	Esophageal and gastric	Liver and neuroendocrine tumor	Colorectal cancer
Number of patients	1747	842 (48.2 %)	406 (23.2 %)	339 (19.4 %)	160 (9.2 %)
Overall change in diagnosis	470 (26.9 %)	319 (37.9 %)	52 (12.8 %)	73 (21.5 %)	26 (16.3 %)
Radiographic or endoscopic change resulting in stage change	359 (20.5 %)	265 (31.5 %)	38 ^a (9.4 %)	33 ^a (9.7 %)	22 (13.8 %)
Radiographic change resulting in change in clinical diagnosis	86 (4.9 %)	45 (5.3 %)	1 (0.2 %)	41 ^a (12.1 %)	0 (0.0 %)
Pathology change	33 (1.9 %)	9 (1.1 %)	14 ^a (3.4 %)	6 ^a (1.8 %)	4 (2.5 %)
Incidental finding on radiographic evaluation	111 (6.4 %)	53 (6.3 %)	8 (1.9 %)	40 (11.8 %)	10 (6.2 %)
Change in treatment recommendation	491 (28.1 %)	295 (35.0 %)	83 (20.4 %)	93 (27.4 %)	20 (12.5 %)

^a In esophageal and gastric MDC, 1 patient had both stage change and path change. In liver and neuroendocrine tumor MDC, 5 patients had both stage change and change in clinical diagnosis and 2 patients had both stage change and path change

- Total of 1747 patients
- Pancreas & Biliary: 38%/35%
- Esophageal & Gastric: 13%/20%
- Liver & NET: 22%/27%
- Colorectal & HIPEC: 16%/13%

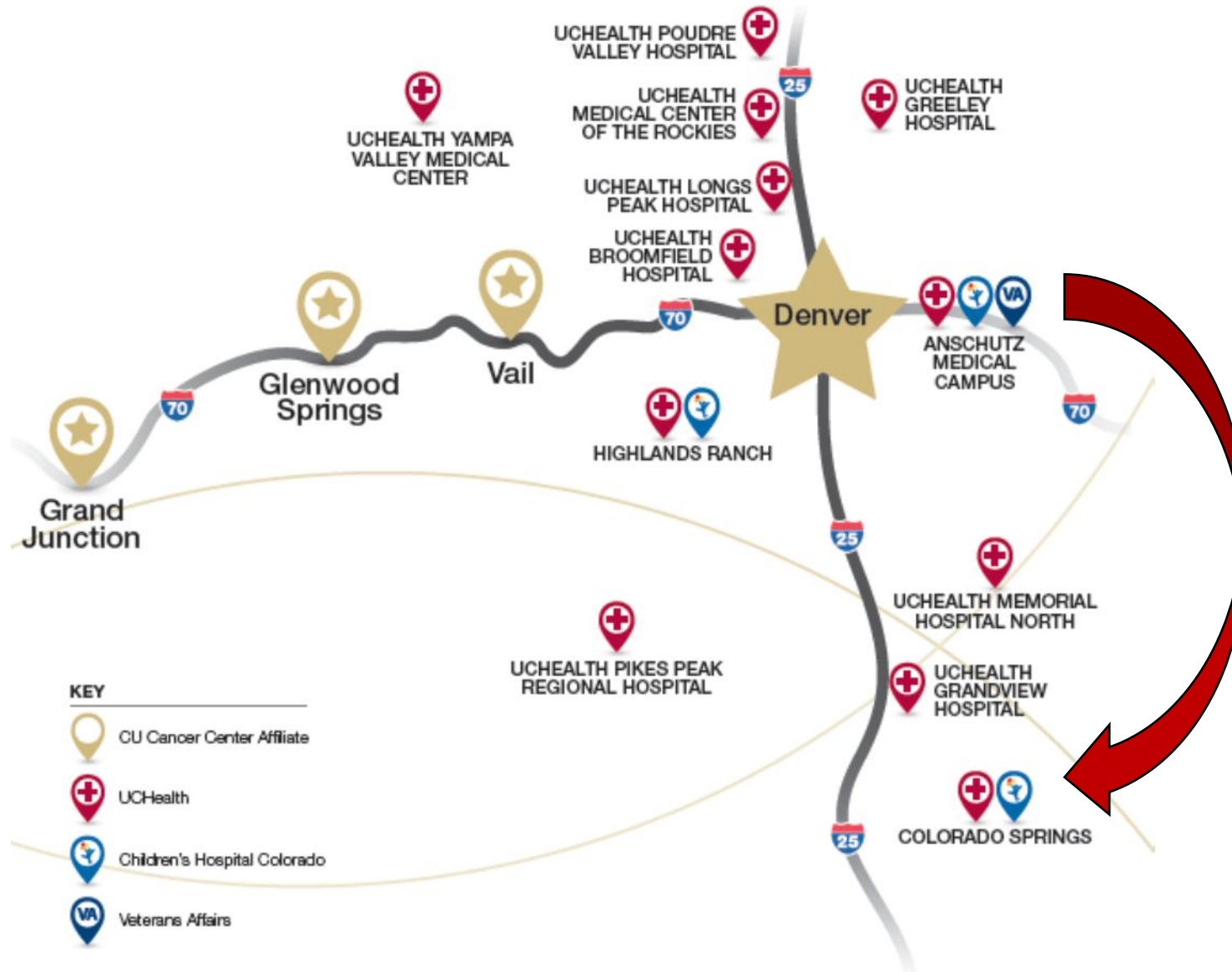
Patients receive care close to home, while leveraging specialists



Patient diagnosed with locally-advanced rectal cancer. Referred to CU multi-disciplinary clinic for surgical consultation.

Scans, and overall plan, reviewed by 20 providers during multidisciplinary clinic.

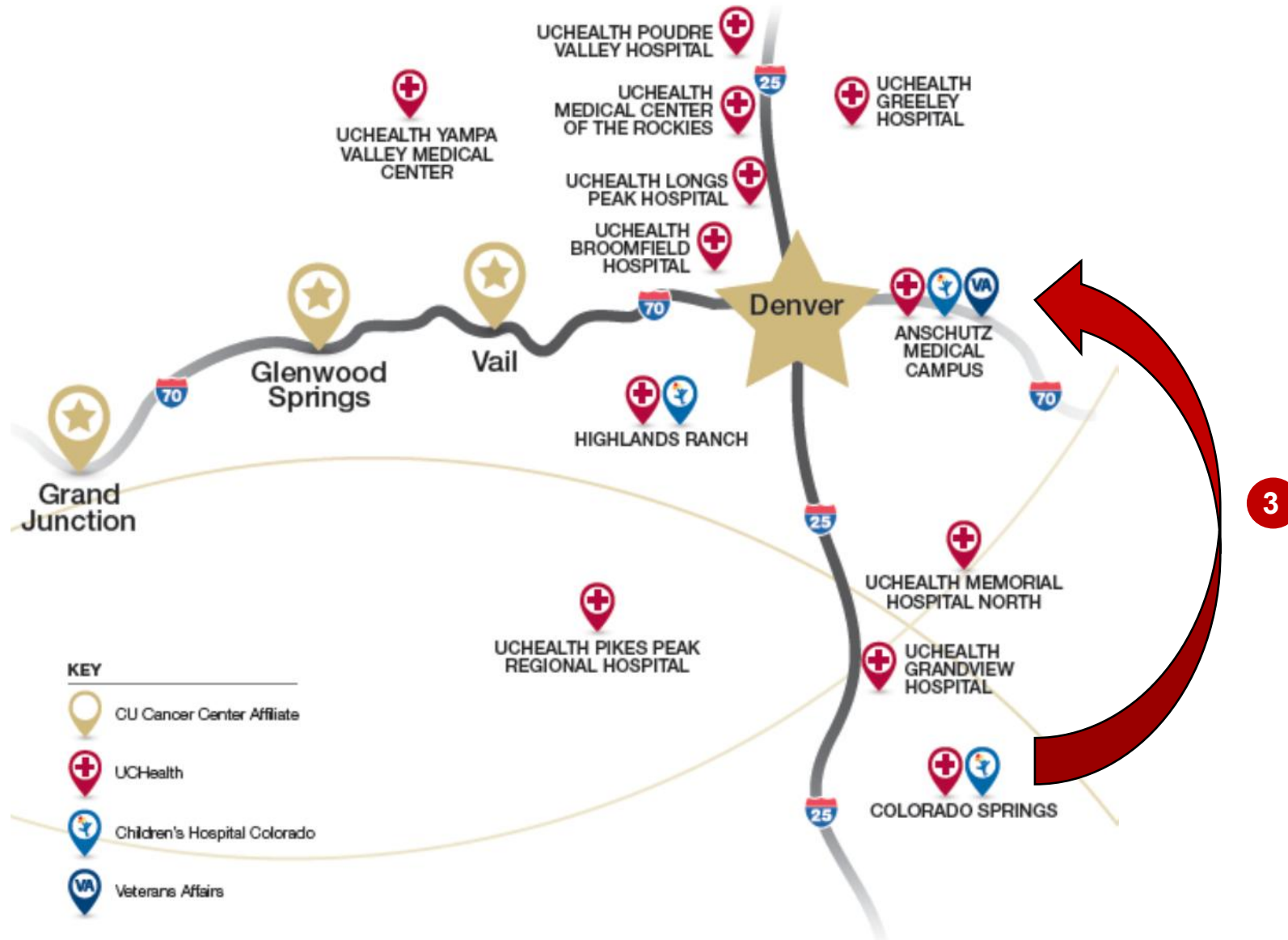
Patients receive care close to home, while leveraging specialists



Multi-disciplinary plan made for chemotherapy (to shrink tumor) prior to surgery. Referred back for chemotherapy.

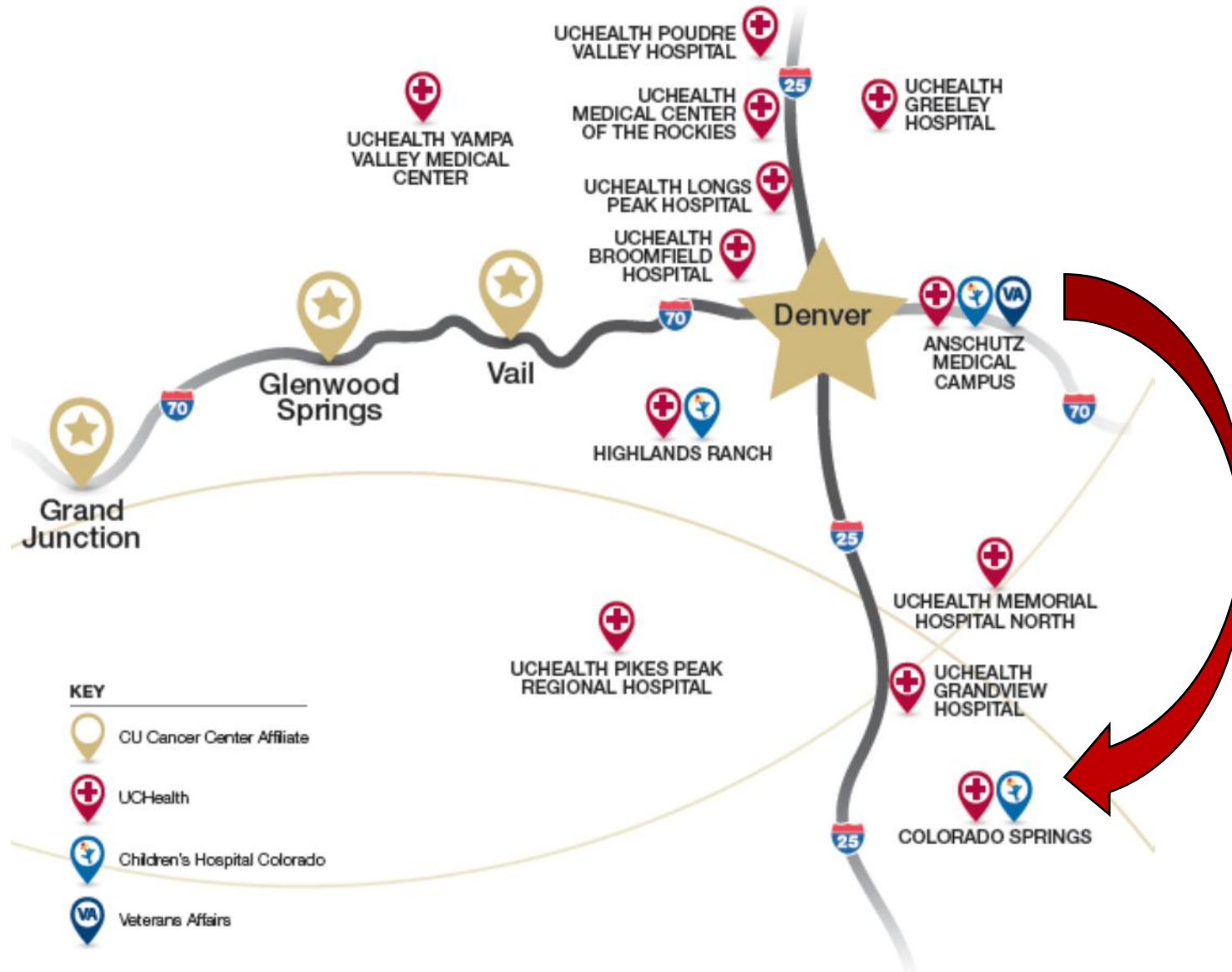
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Patients receive care close to home, while leveraging specialists



Following completion of three months of pre-operative treatment, sent back to CU for surgery. Surgery completed.

Patients receive care close to home, while leveraging specialists



4 Following surgery, referred back (all of these are “warm” handoffs) to complete post-operative chemotherapy locally

5 Patient then placed on an immunotherapy tumor vaccine trial that is open across the UCHHealth system



Cancer Center

NCI-DESIGNATED COMPREHENSIVE
CANCER CENTER

Prevent and conquer cancer. **Together.**

From Colorectal Cancer Diagnosis to Treatment: The Need to Identify A Model to Ensure Timely Transition to Quality Treatment

Cathy Eng, MD, FACP, FASCO

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November 19, 2025

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Disclosures:

Consultant:

- Abbvie
- Amgen
- Arcus
- BMS
- Boehringer
- EMD Serono
- Gilead
- GSK
- Incyte
- Merck
- Merus
- Novartis
- Revolution Medicine
- Takeda

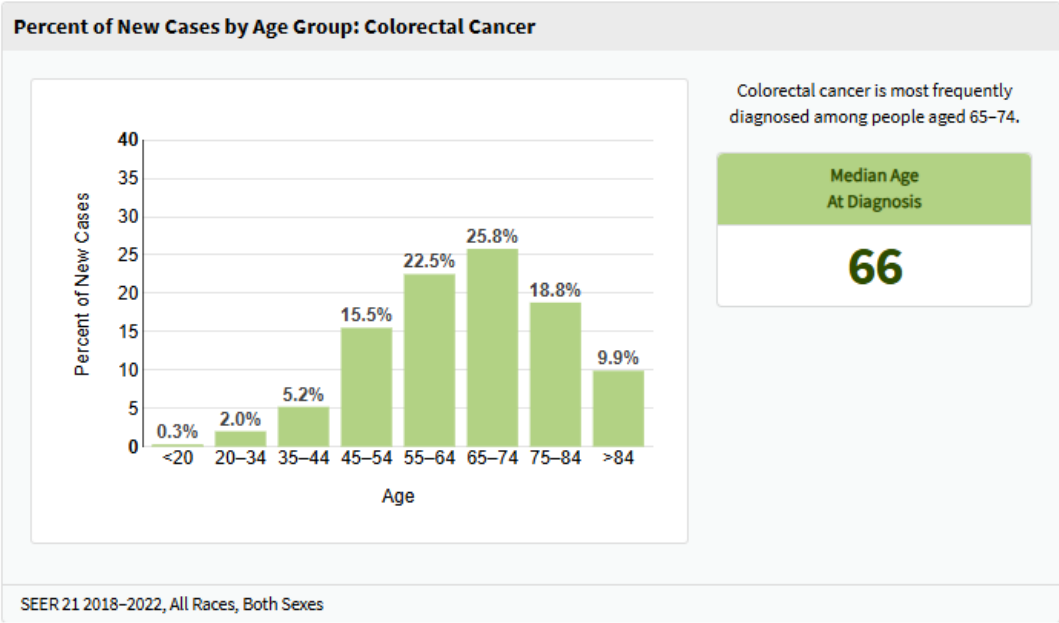
Institutional Grants:

- Agenus
- Amgen
- Arcus
- Exelixis
- Gritstone
- Hutchmed
- J&J
- Merck
- Pfizer
- Sumitomo

Incidence and mortality of colorectal CA in the US and globally (Globocan)^{1,2}

At a Glance

Estimated New Cases in 2025	154,270
% of All New Cancer Cases	7.6%
Estimated Deaths in 2025	52,900
% of All Cancer Deaths	8.6%

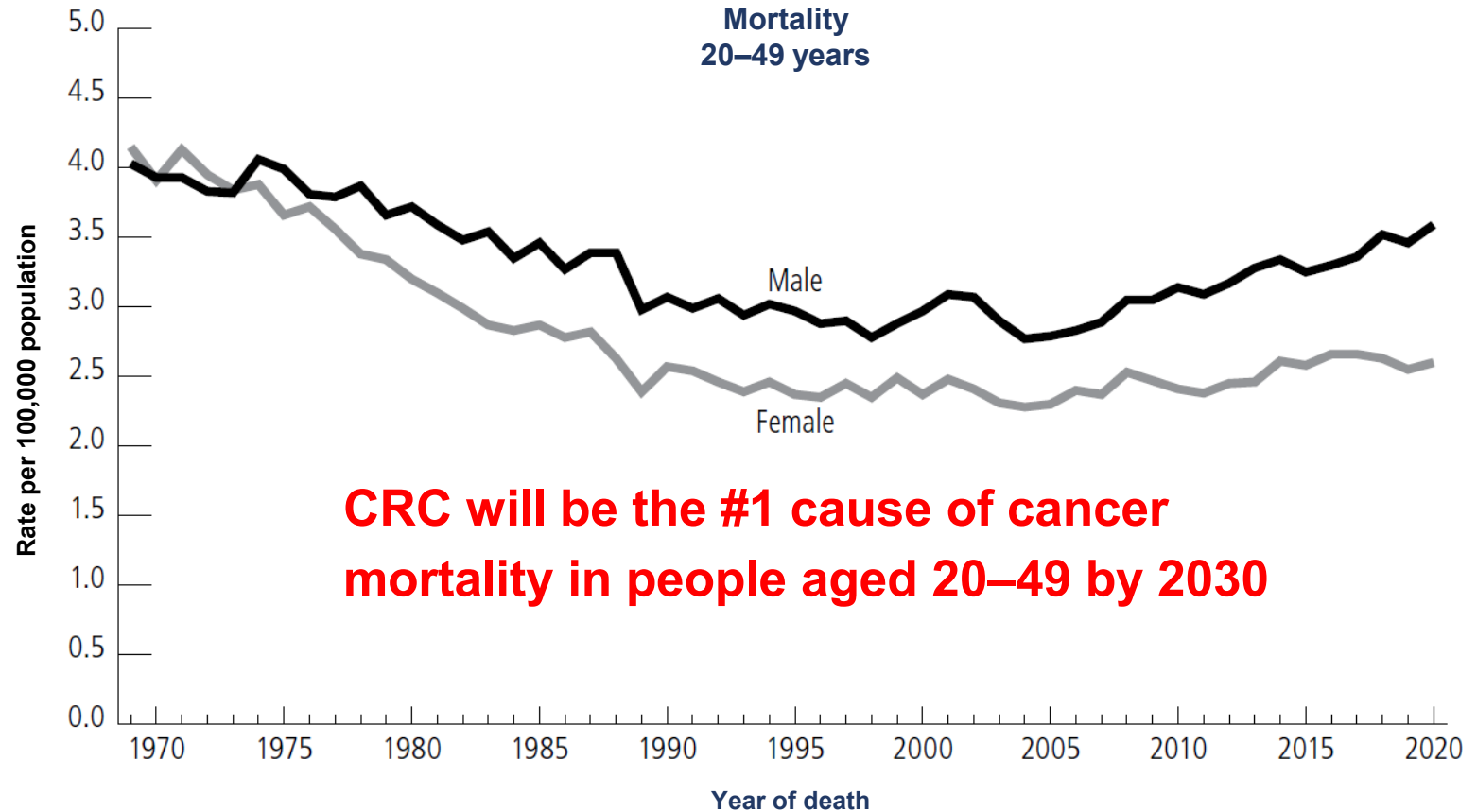
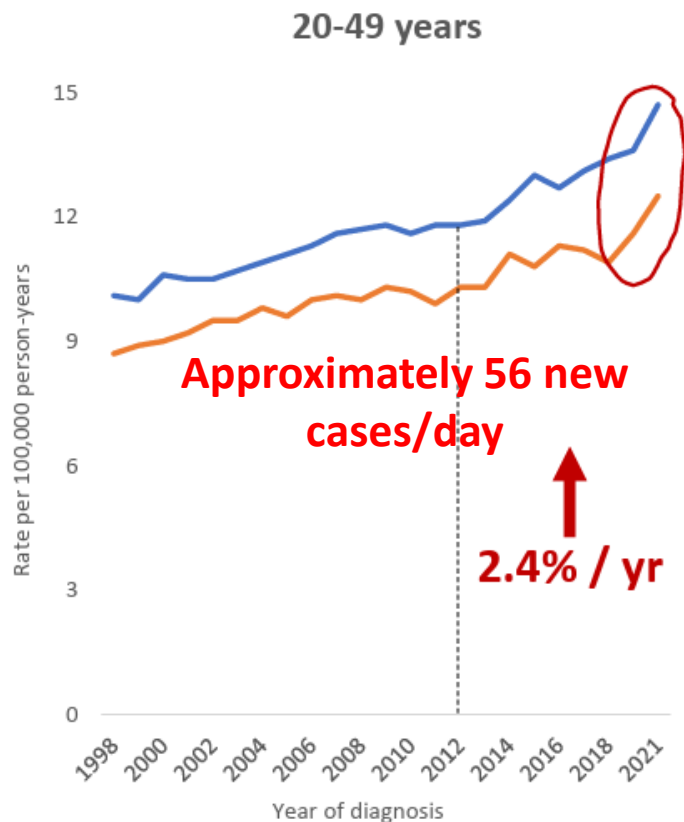


Estimated number of new cases from 2020 to 2040

Cancer sites	2020		2040
Colon	1,148,515	↑ 67%	1,916,781
Rectum	732,210	↑ 58%	1,160,296

INCREASING in Early Onset Colorectal Cancer Patients

Trends in colorectal cancer incidence by age, 1998-2021

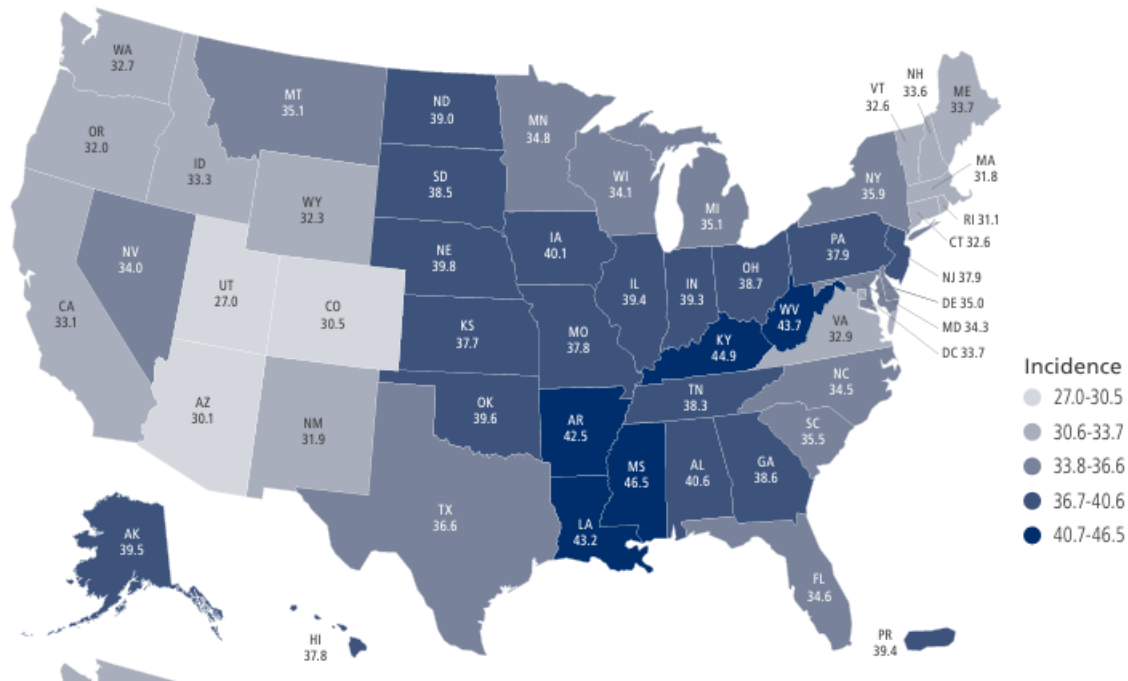


EOCRC: Early-onset colorectal cancer

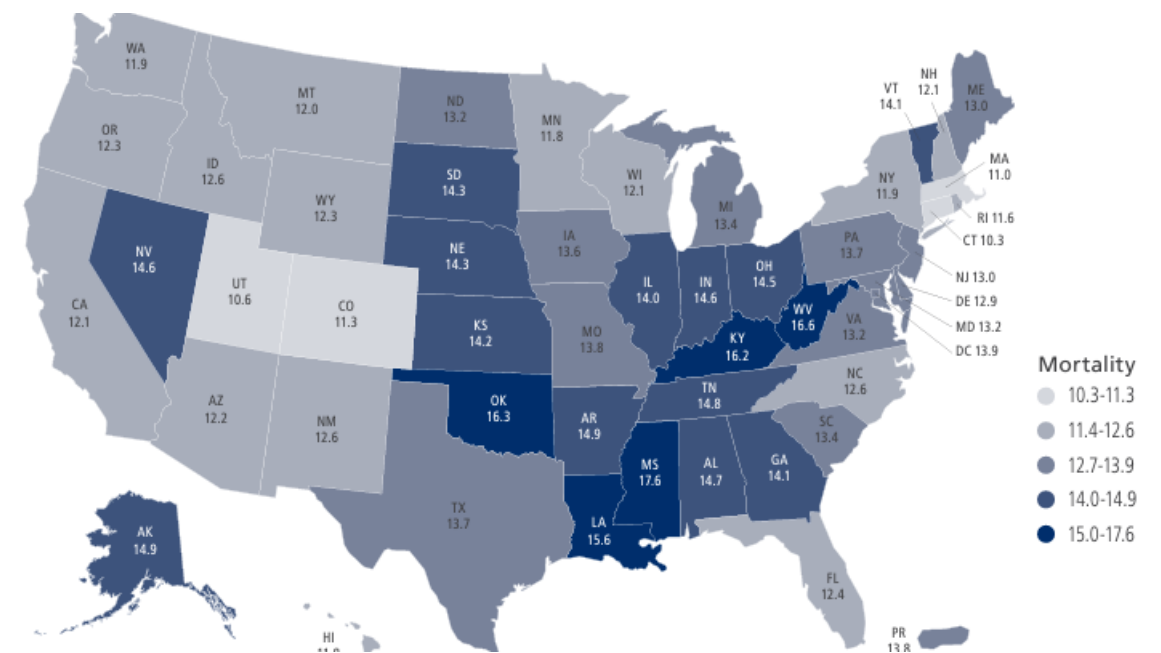
Puijk RS et al., *BMC Cancer*. 2018;18:821; 2. American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2023.pdf>; Last accessed on 06 August 2024; courtesy Rebecca Siegel, NCCRT Meeting 2024

Colorectal Cancer Incidence (2015-2019) and Mortality (2016-2020) by State

Incidence



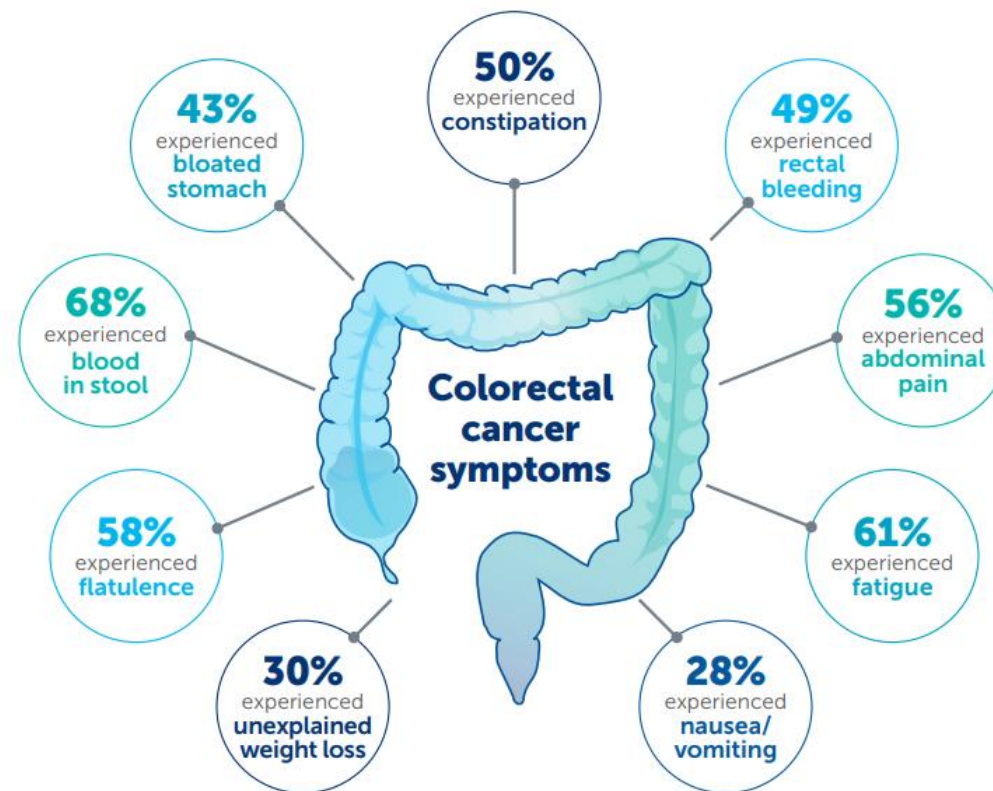
Mortality



Colon Cancer Alliance: 2019 Never Too Young Survey

- 884 patient and survivor respondents who were in treatment or had finished treatment
- The median age of patient and survivor respondents was 42
- M:F = 21%:79%
- 90% of respondents are white
- 75% have a college degree
- 40% having professional or graduate degrees
- 87% are from the United States
- 60% suburb; 19% urban; 21% rural

14%	aware of the signs and symptoms associated with colorectal cancer before they were diagnosed
49%	no knowledge of signs and symptoms of colorectal cancer before their diagnosis
37%	somewhat familiar with signs and symptoms of colorectal cancer before their diagnosis



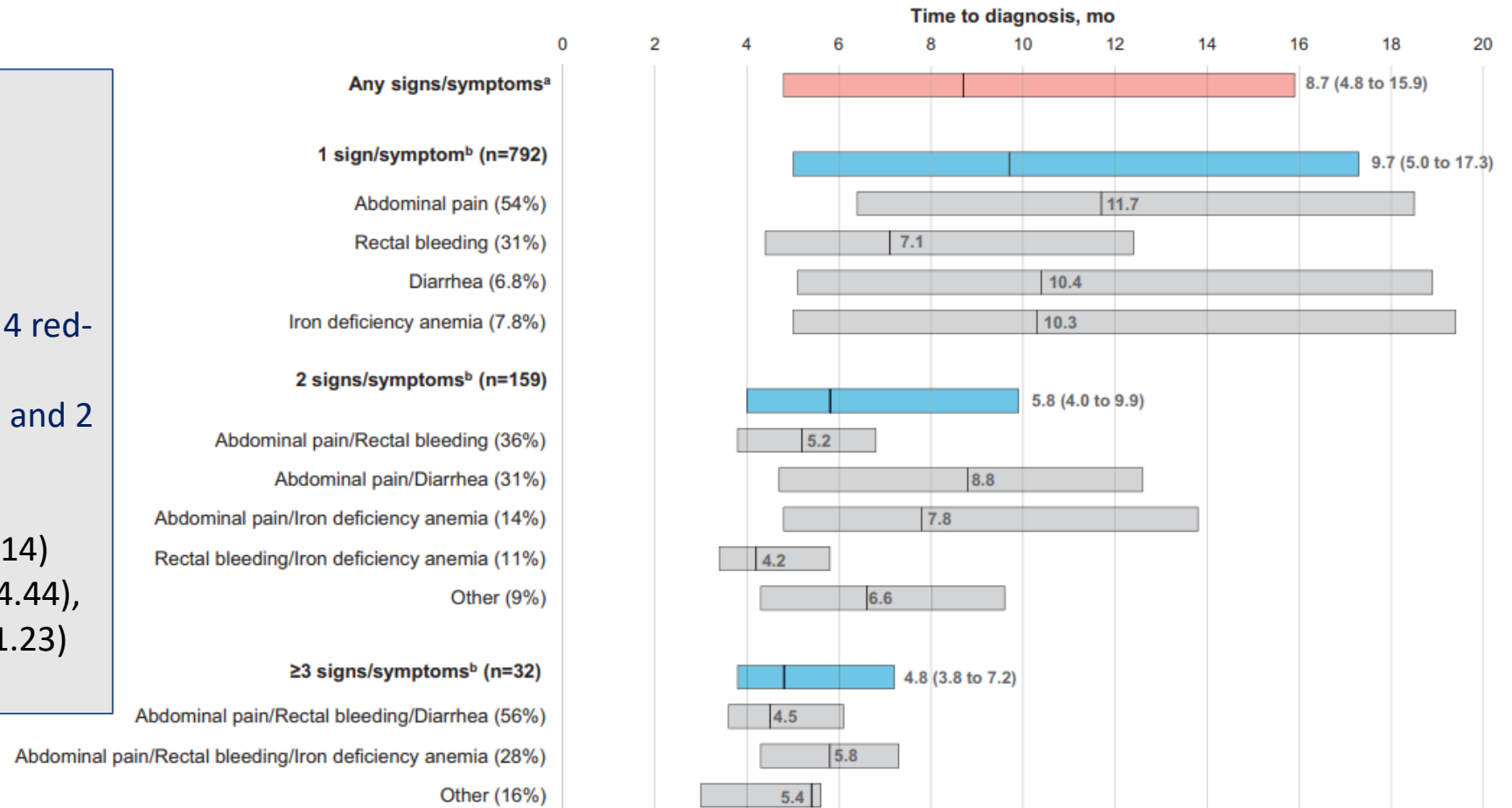
The majority of patients and survivors reported they experienced multiple symptoms, with 81% of them experiencing at least three different symptoms prior to diagnosis.

Matched Case Control Study: Signs and Symptoms of Colorectal Cancer

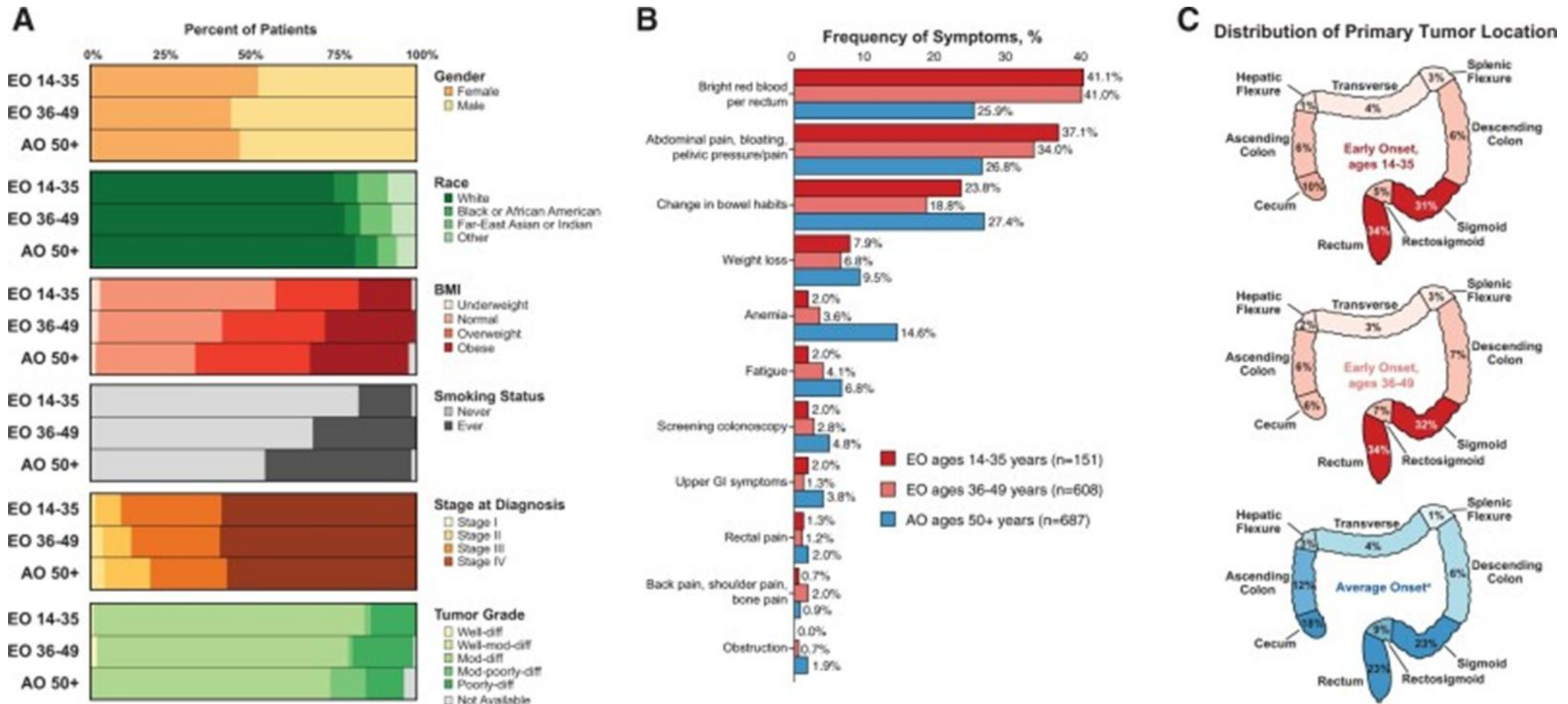
- N=5075 (EOCRC)
- US commercial insurance database
 - N=113M
 - 2006-2015
 - ≥ 2 yrs of enrollment

*A total of 983 cases have had ≥ 1 or more 4 red-flag signs and symptoms associated with increased risk of EOCRC between 3 months and 2 years prior to diagnosis

- Relative risk:
 - 1 sx: 1.94-fold (95% CI = 1.76 to 2.14)
 - 2 sx's: 3.59-fold (95% CI = 2.89 to 4.44),
 - 3x's: 6.52-fold (95% CI = 3.78 to 11.23)



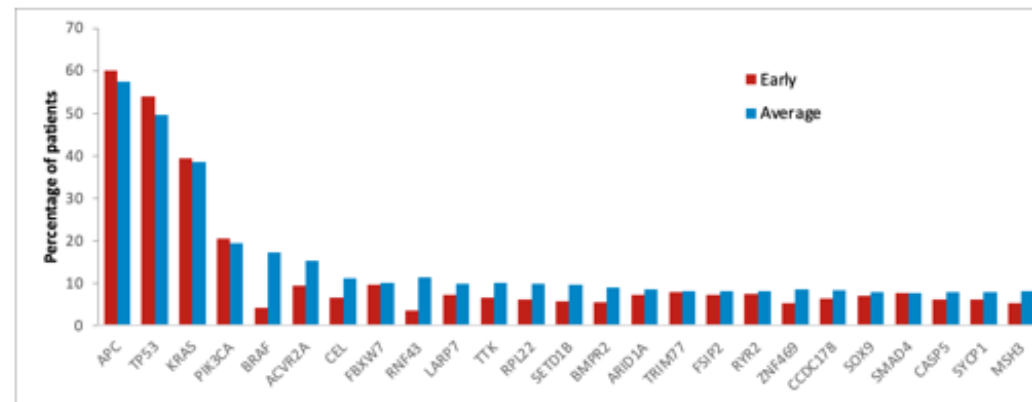
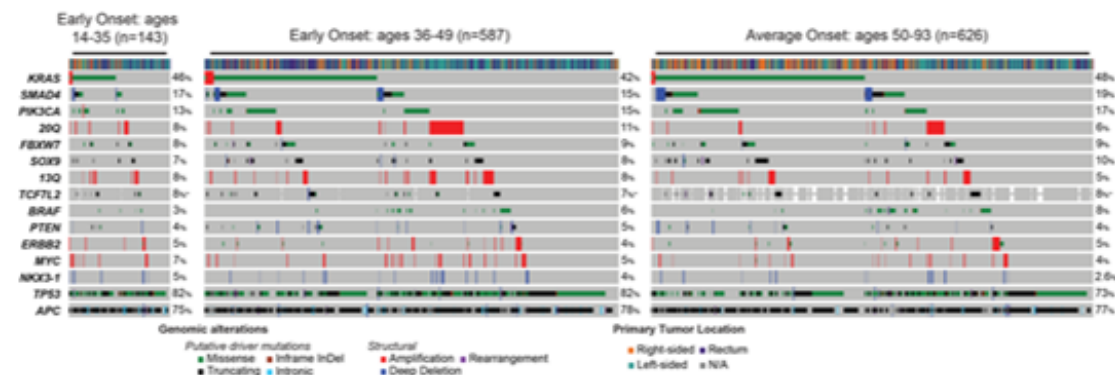
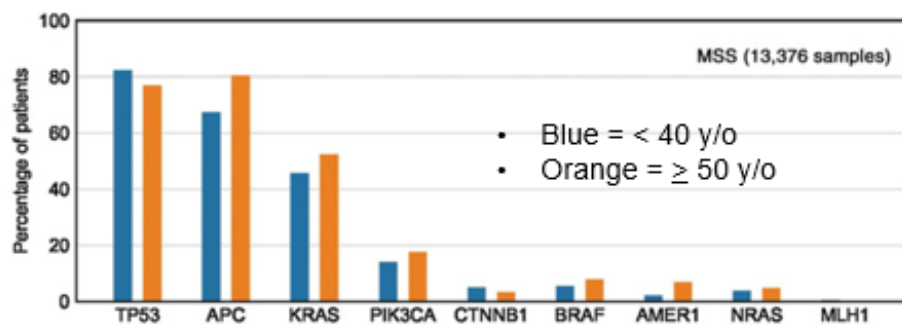
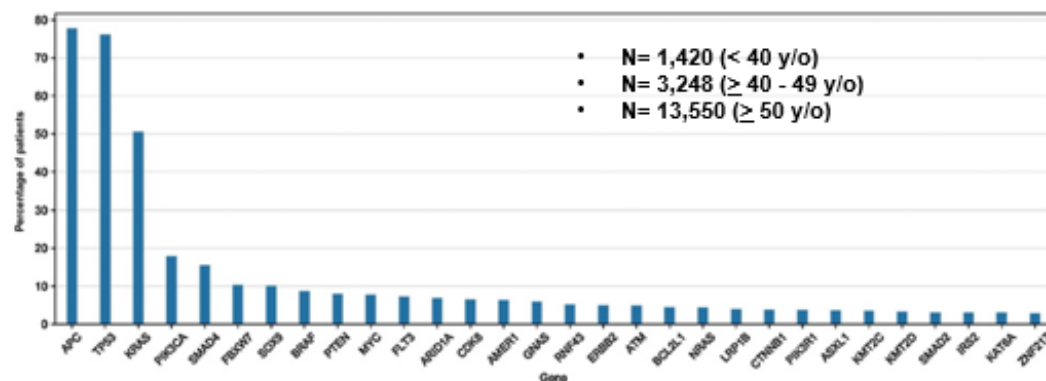
Background – Clinical Presentation in EO vs. AO



- Lower average BMI
- Fewer smokers
- More advanced stage at Dx

- Diagnosed after symptoms rather than screening colonoscopy

Genomic landscape: Can we identify a specific molecular alteration?



How can we help our EOCRC patients today?

- No unique molecular alterations in EOCRC
- Existing challenges to create therapeutic clinical trials specific to early onset
- EOCRC patients often present with advanced disease
 - Often meeting with several providers prior to diagnosis
 - Misdiagnosis
 - Delay in diagnosis
 - Appear “too healthy”
 - Too young to be screened
- Promote education and awareness
- Promote collaborations across institutions nationally and internationally

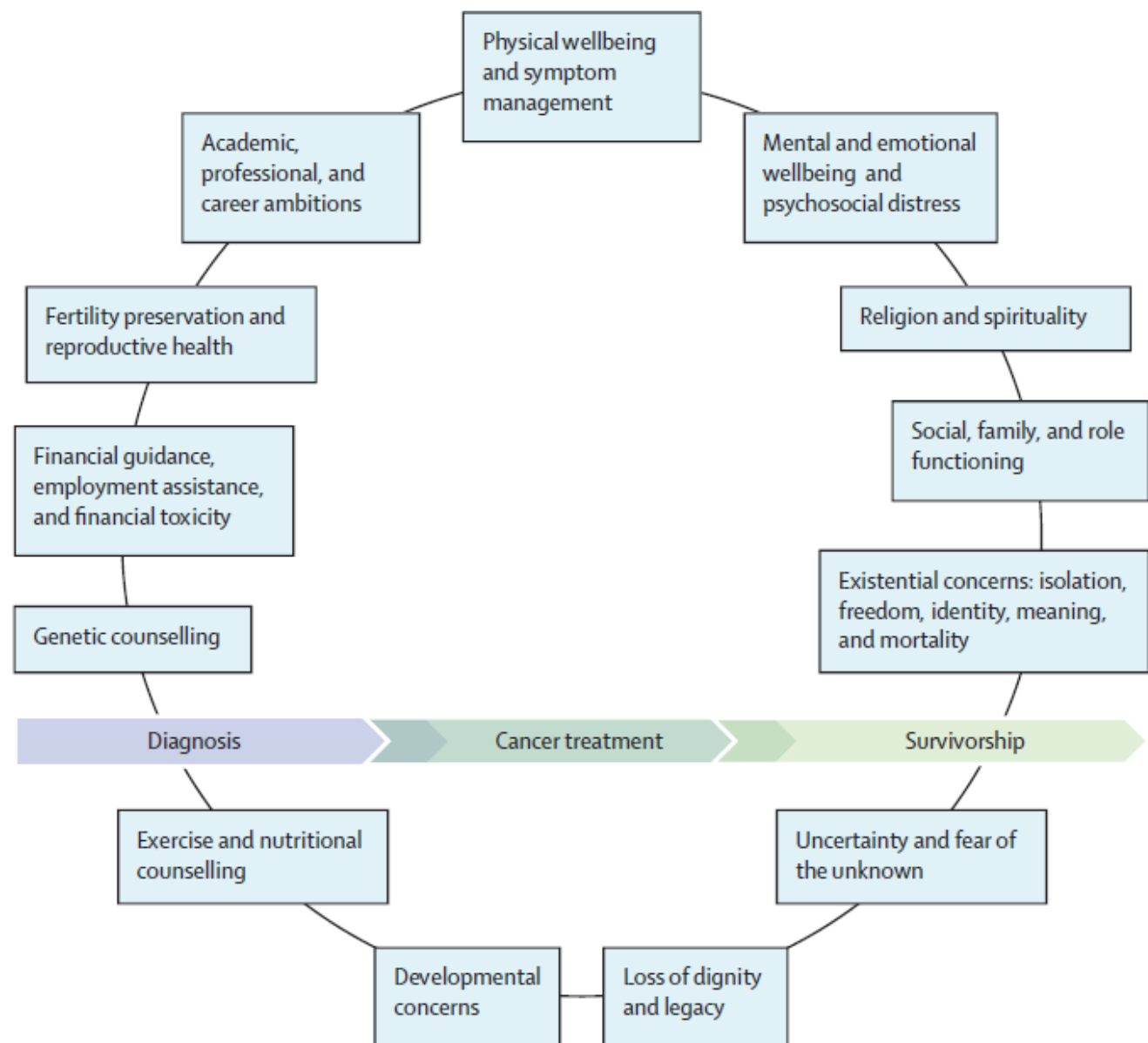


***BEACON consortium: Bridging expertise and advancing
cancer research in oncology for young adults***



- Timely diagnosis

Optimizing the Care of EOCRC Patients



VICC Young Adult with Cancers Newsletter



July 2025

As July turns up the heat, we are reminded of the importance of staying cool—both physically and mentally. Whether you're beating the sweltering days with a favorite iced beverage or finding joy in small moments of shade, we hope this month inspires you to prioritize self-care and stay hydrated inside and out. We are excited to share fresh perspectives and resources for **young adults**; inside, you'll discover inspiring stories, the latest research updates, and events designed to empower **young adults** navigating the challenges of **cancer**. Whether you're a patient, survivor, caregiver, or healthcare professional, we are here to remind you that you are never alone on this journey. Let's face this summer together with hope, resilience, and maybe a little extra sunscreen!

Upcoming Seminars & Events

- Gilda's Club Middle Tennessee **Young Adults with Cancer Support Group** (IN PERSON) - Monday, **August 11**. These on-going support groups for people living with **cancer** who are currently in treatment are held bi-weekly. If you are interested in attending call (615) 329-1124 or e-mail the Clubhouse first. Find the full [program calendar here](#).
- **Stand Up To Cancer's** televised fundraising event will air on **Friday, August 15th**. [Donate online here](#).
- **St. Jude Walk Nashville** to support Childhood **Cancer** research at First Horizon Park on **September 6th**. Register or Donate [here](#).
- Join the ride to fight **cancer!** **Clip In 4 the Cure**, a team cycling event led by Nashville's top spin instructors, will take place at Geodis Park on **September 27th**. [Register here](#).
- The Leukemia & Lymphoma Society's **Light The Night** to celebrate, honor, and remember those touched by blood cancers on Thursday, **October 9th** will be held at First Horizon Park. [Register here](#).

Learn More About Colorectal Cancer Screenings




Vanderbilt-Ingram Cancer Center Young Adult Cancers Program

www.youngadultswithcancer.com



YOUNG ADULT CANCER PROGRAM
FOR THOSE 45 AND UNDER



For updates on events, services, and more please join our mailing list by scanning the QR Code and signing up today.

We look forward to helping you navigate your cancer journey!

We're here to help you get the support you need on topics you're concerned about:

- Reproductive health, fertility, and sexuality
- Financial/ insurance guidance
- Access to age-specific support groups and individual counseling
- Nutritional and exercise consults
- Educational and vocational resources
- Navigating relationships
- Parenting with cancer
- Music, art, and pet therapy
- Pain management
- And more....



Co-Directors:

Elizabeth Davis, MD and Bhagi Dholaria MBBS
Executive Director: Cathy Eng, MD, FACP, FASCO



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Thank You



Questions