



ACS NCCRT Chair Keynote: State of the ACS NCCRT

8:40 AM – 9:30 AM

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**Steven Itzkowitz, MD, FACP, FACG,
AGAF**
ACS NCCRT Chair

State of the ACS NCCRT

Steven Itzkowitz, MD, FACP, FACG, AGAF

Professor of Medicine, Oncological Sciences & Medical Education

Icahn School of Medicine at Mount Sinai

ACS NCCRT Chair

Disclosures:

- Consulting Fees: Exact Sciences Corporation
- Research Support: The Helmsley Charitable Trust



THANK YOU

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**EXACT
SCIENCES**

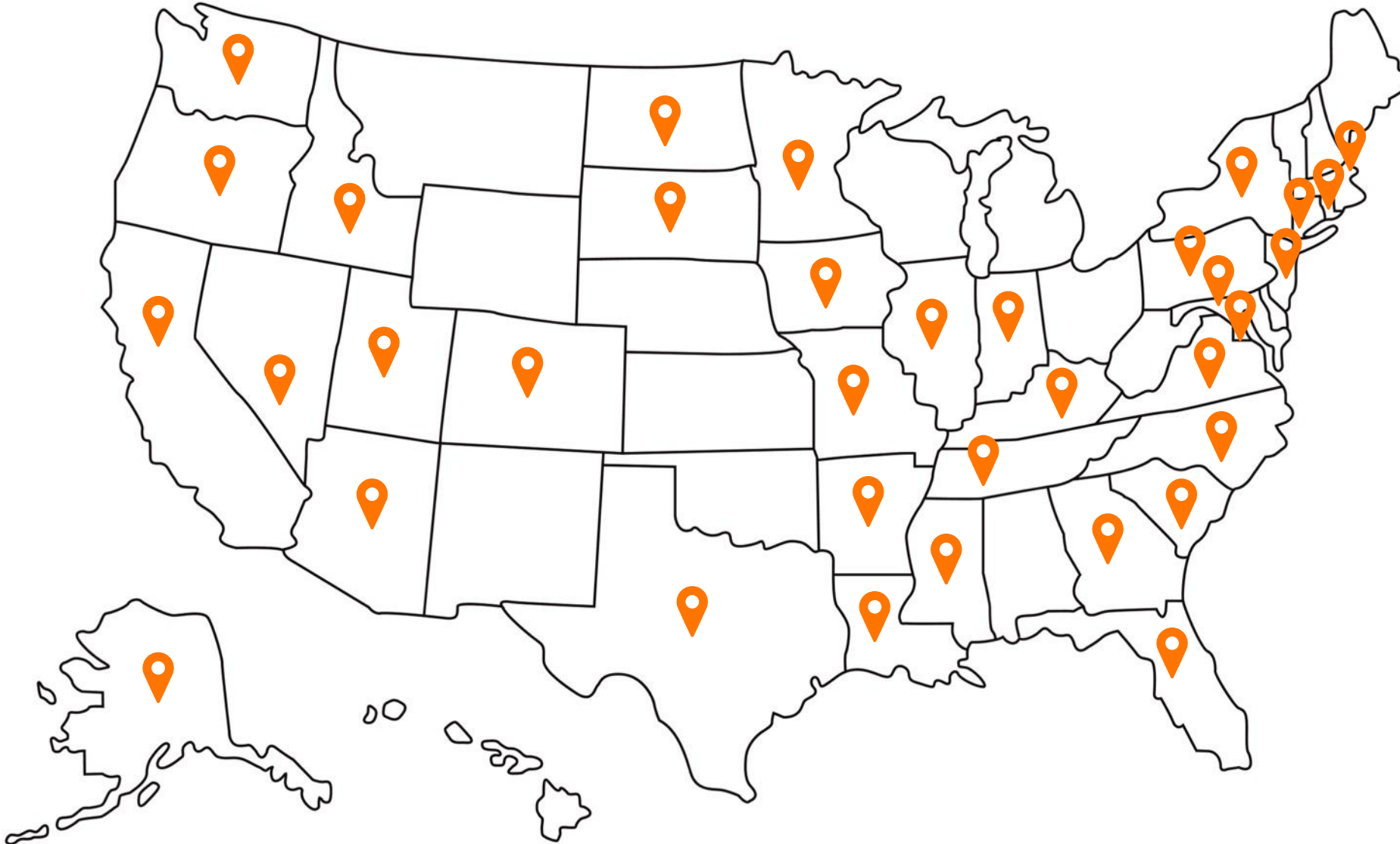


Johnson & Johnson



ONCOLOGY

Who's in the Audience Today?



We have nearly

200

attendees with us
today covering

36

states and
territories!

Welcome, New Members and Corporate Associates!

Member Organizations

- Family Health Services Corporation (ID)
- Roger Williams Medical Cancer Center (RI)
- Rural Wisconsin Health Cooperative (WI)
- Texas Association of Community Health Centers (TX)
- Essentia Health Cancer Center (MN, ND, WI)
- Falls Community Health (SD)
- Florida Digestive Specialists (affiliate) (FL)
- Intermountain Health (MT, ID, WY, NV, UT, CO)
- South Carolina Department of Public Health (SC)

Corporate Associates

- UnitedHealthcare
- Humana Healthy Horizons

Roundtable Meeting Logistics & Support Team



Kaitlin Sylvester
Strategic Director, NCCRT



Aubree Thelen
Program Manager, NCCRT



Pam Bronkema



Megan Burns



Marla Everett



Lilly Meier



Carlton Allen
CPRIT



Erica Childs Warner
Prevent Cancer Foundation



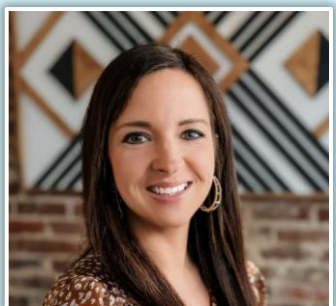
Dionne Christopher
Colorectal Cancer Alliance



Elisè Collins
New York State
Department of Health



Lynn Durham
Georgia CORE



Rachel Matlock
Tennessee Department
of Health



Stacie Miller
Moncrief Cancer Institute
UT Southwestern



Jocelyn Phillips
American Cancer
Society



Danielle Ripley-Burgess
Fight CRC



Charles Rogers
Colorectal Cancer Equity
Foundation



Michelle Tropper
HealthEfficient



Richard Wender
University of Pennsylvania



Pascale White
Mount Sinai

Thank You!



Annual Meeting Planning Committee

ACS Roundtable Leadership



Steven Itzkowitz

Chair, Icahn School of Medicine
at Mount Sinai



Gloria Coronado

Vice-Chair, University of Arizona
Cancer Center



Laura Makaroff

ACS Chair, American Cancer
Society



Peter Liang
*NYU Grossman School of
 Medicine*



Christopher Lieu
University of Colorado



Molly McDonnell
Fight CRC



Stacie Miller
*Moncrief Cancer Institute
 UT Southwestern*



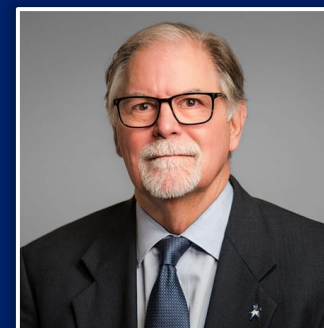
Jennifer Park
*North Carolina Department of
 Health and Human Services*



Swati Patel
Anschutz Medical Center



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*



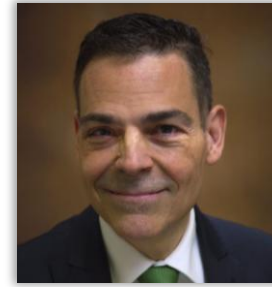
Steering Committee

ACS NCCRT Priority Teams Chairs



Community Health Centers

*Jim Hotz, AAPHC
Keith Winfrey, NOELA*



Professional Education & Practice Implementation

*Frank Colangelo, Premier Medical Associates
Xavier Llor, Yale Cancer Center*



State-Based Initiatives

Fromer Leads: Nikki Hayes, Katie Bathje



Social Media & Public Awareness

David Greenwald, Mount Sinai



Family History & Early-Age Onset CRC

*Heather Hampel, City of Hope
Paul Schroy, Boston University School of Medicine*



Policy Action

*Heather Dacus, NY Dept. of Health
Molly McDonnell, Fight CRC*

Thank You!

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

Steering Committee



Lisa Richardson



Michael Sapienza



Keith Winfrey

Priority Teams



Katie Bathje



Nikki Hayes

Please join us in welcoming our newly-elected Steering Committee members!



Dionne Christopher
Colorectal Cancer Alliance



Melinda Conklin
Hitting Cancer
Below the Belt

A photograph of an older man with grey hair and a beard, wearing a blue button-down shirt, embracing a woman with dark hair from behind. They are both smiling and looking down. The background shows a house with a window and a light fixture.

Roundtable Progress

ACS NCCRT Resources

- Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening
- Increasing Colorectal Cancer Screening in Rural Communities: A Practical Guide

Soon-to-be-Released

- Updated Advanced Polyp Brief
- Clinician's Reference: Early-Age Onset CRC Symptom Identification

Increasing Colorectal Cancer Screening in Rural Communities: A Practical Guide



ACS NCCRT Webinars & Events

- **Webinar:** Public Awareness Strategies to Promote Colorectal Cancer Screening
- **Webcast:** 2025 National Colorectal Cancer Awareness Month
- **Blue Star Conversation:** Modeling the Impact of Colorectal Cancer Screening and Timely Follow-Up Colonoscopy: Recent Data from the Cancer Intervention and Surveillance Modeling Network (CISNET)
- **Blue Star Conversation:** 2025 Supreme Court Case Update: How Kennedy v. Braidwood Management Could Affect Insurance Coverage for CRC Screening
- **Webinar:** New ACS NCCRT Resource Supporting Colorectal Cancer Screenings in Rural Communities

National Achievement Awards

2025 Awardees:

- **Grand Prize:** Erie Family Health Centers
- **Honorees:**
 - Georgia Center for Oncology Research and Education
 - Marshall
 - Peoples Health
 - Project 80% at the University of Texas MD Anderson Cancer

2026 Award Nominations are now open through January 7th!

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





Setting a New Path Forward

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

Cancer Deaths Averted: 1975–2020

Cancer Type	Intervention	Cancer Deaths Averted		
		TOTAL	Prevention & Screening	Treatment Advances Alone
Lung	Tobacco control	3,450,000	3,390,000 (98%)	60,000 (2%)
Breast	Mammography	1,030,000	260,000 (25%)	770,000 (75%)
 Colorectal	USPSTF guidelines	940,000	740,000 (79%)	200,000 (21%)
Prostate	PSA test	360,000	200,000 (56%)	170,000 (44%)
Cervical	PAP smear/HPV test	160,000	160,000 (100%)	negligible

- Overall: 5.94 million cancer deaths averted.
- Overall: cancer prevention and screening efforts averted 8 of 10 deaths
- CRC: 79% of deaths averted by **screening (removal of polyps) or early detection**

ACS NCCRT Mission, Vision & Values

OUR MISSION: To reduce colorectal cancer incidence and mortality in the US through coordinated leadership, strategic planning, and advocacy

OUR VISION: Provide leadership and expertise to support nationally coordinated efforts to end colorectal cancer as we know it, for everyone.

OUR VALUES: Cancer affects everyone, but it doesn't affect everyone equally. To ensure we all can prevent, detect, treat, and survive colorectal cancer, we must work to eliminate barriers and address the needs of everyone. We believe all people should have a fair and just opportunity to live a longer, healthier life free from colorectal cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, disability status, or where they live.



Roundtable Functions



Professional Education

CRC Mortality Learning Collaborative, March Webcast, CRC News



Developing National Strategies

Cross Continuum Strategy Summit, NCCRT Strategic Roadmap



Convening Partners

ACS NCCRT Annual Meeting, Priority Team engagement, member survey



System, Practice & Policy Changes

Tailored Messaging Toolkit, Lead Time Messaging Guidebook, Rural CRC Screening Toolkit



Building Evidence

Marketing Research on CRC screening messaging, manuscripts on RT successes

ACS NCCRT's Ongoing Strategic Process

2023



The Steering Committee and Priority Team Chairs gathered and determined that our Roundtable's goals would be to **reduce CRC mortality & mortality-related disparities** by focusing efforts across the CRC continuum.

2024



Roundtable leaders & experts came together to identify **5 Priority Areas** to guide the Roundtable and its membership in achieving our new goals.

2025



The Steering Committee further guided the formation of the Roundtable's next multi-year strategy by outlining **objectives, proposed activities, and measures** for each of the Priority Areas.

2026



The ACS NCCRT will launch the new **3-year Strategy Roadmap** in April 2026 based on these discussion. **1-year workplans** derived from the roadmap will be developed annually based on resource allocation, capacity, & funding.

What is a Strategic Roadmap?

- Centered around strategies the ACS NCCRT is committed to pursuing to achieve our goals over the next 3-years.
- Developed every 3 years to be used as a decision-making tool to guide the roundtable's activities.
- Includes intended outcomes aligned with each of our 5 Priority Areas.
- Incorporates the measures we'll use to determine if we've achieved our desired outcome.
- Intended to align the ACS NCCRT team, volunteer leaders, and membership around our Roundtable's goals, priorities, and activities.

Looking Ahead

Goal: *Establish a strategic roadmap to anchor and guide the work of the Roundtable. We want to be able to effectively execute on our newly defined areas of focus so that we can have a greater impact in reducing CRC mortality.*

Importance of Developing a Strategic Roadmap:

- Root our work in established and agreed upon goals and objectives.
- Support the sustainability of the Roundtable.
- Improve transparency on activities and actions
- Enhance clarity of roles, responsibilities and capacity
- Align our focus so that we can work as efficiently and effectively as possible
- Allow space to maneuver when new opportunities arise
- Lean into what makes the ACS NCCRT special!

ACS NCCRT's Five Priority Areas

We are dedicated to reducing **colorectal cancer mortality & mortality disparities** by focusing our efforts around these five priority areas:

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

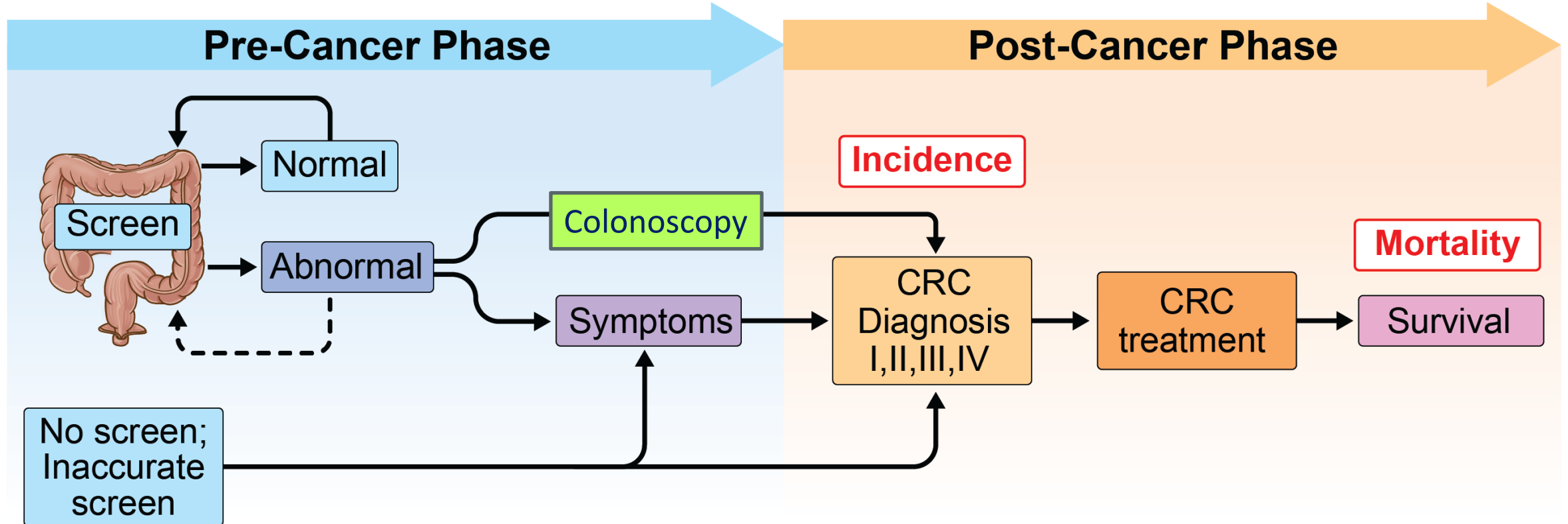
timely colonoscopy follow-up to positive (abnormal) non-colonoscopy tests.

5

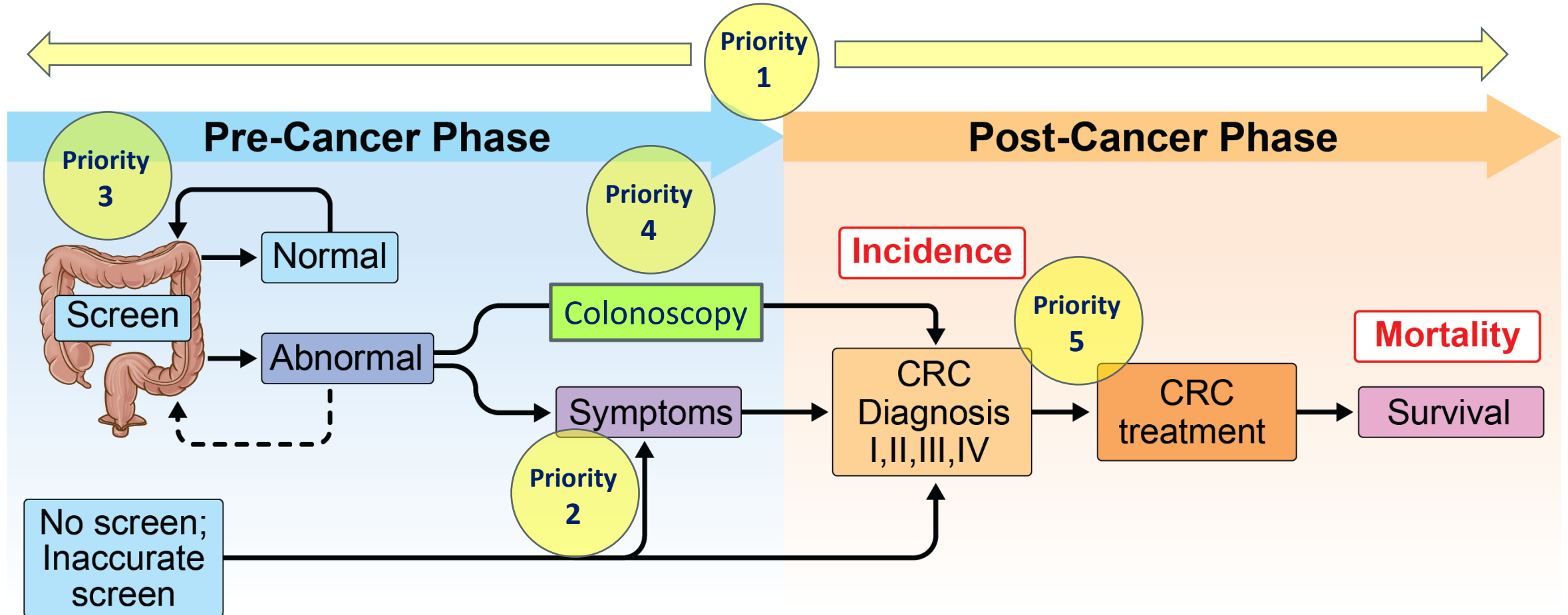
IDENTIFY

areas to ensure timely initiation of quality colorectal cancer treatment.

The Colorectal Cancer Continuum



The Colorectal Cancer Continuum



A photograph of four people sitting at a table in a meeting. A woman in a red shirt is in the foreground, looking down at a notebook. Behind her are two men, one in a white shirt and one in a blue shirt, both looking towards the left. The image is partially obscured by a white diagonal shape on the right side of the slide.

ACS NCCRT's New Strategic Roadmap

ACS NCCRT Strategic Roadmap



Priority One

Mobilize efforts to
advance health equity
across the CRC continuum



What We're Working Toward

- ✓ Fewer gaps in screening, access to care, and outcomes
- ✓ Continued improvement in national screening rates
- ✓ Stronger evidence on what works to reduce disparities
- ✓ More engagement of diverse partners
- ✓ Improved care delivery for underserved communities

How We'll Get There

- 📊 Make health equity data easier to access and use
- 🌐 Grow and support a diverse network of members, volunteers, and leaders
- 🔄 Create peer-to-peer learning opportunities for groups serving diverse populations
- ⚙️ Expand the reach of ACS NCCRT resources to reduce inequities
- 📖 Deepen our understanding of disparities driving inequities in CRC outcomes



Priority Two

Improving timely action
for EAOCRC signs

What We're Working Toward



Increased knowledge of early-age onset CRC and evidence-based strategies for early intervention



Greater dissemination of accessible tools and resources



More adoption of proven practices to improve early diagnosis and treatment



Improved care delivery for underserved communities

How We'll Get There



Facilitate professional education

- Create and promote clinician-focused materials on EAO CRC signs, symptoms, and early intervention



Promote timely diagnosis

- Convene experts to assess the need for a diagnostic for PCP referrals



Support member outreach

- Help partners facilitate communications campaigns to reach under 45 populations

Priority Three

Support on-time and continued screening per screening recommendations



What We're Working Toward



Increased CRC screening and early detection



Greater use of best practices to improve on-time and ongoing screening



Improved care delivery for underserved communities

How We'll Get There



Promote the goal of achieving a national 80% on-time screening rate through education and resources

- Develop tools to encourage earlier conversations about screening, and build on proven strategies for success from prior messaging campaigns



Use targeted approaches to reach people at increased risk or with a family history of CRC

- Strengthen partnerships between gastroenterologists and primary care clinicians with resources to help identify and communicate about risk and family history





Priority Four

Promote timely colonoscopy follow-up to positive non-colonoscopy tests

What We're Working Toward

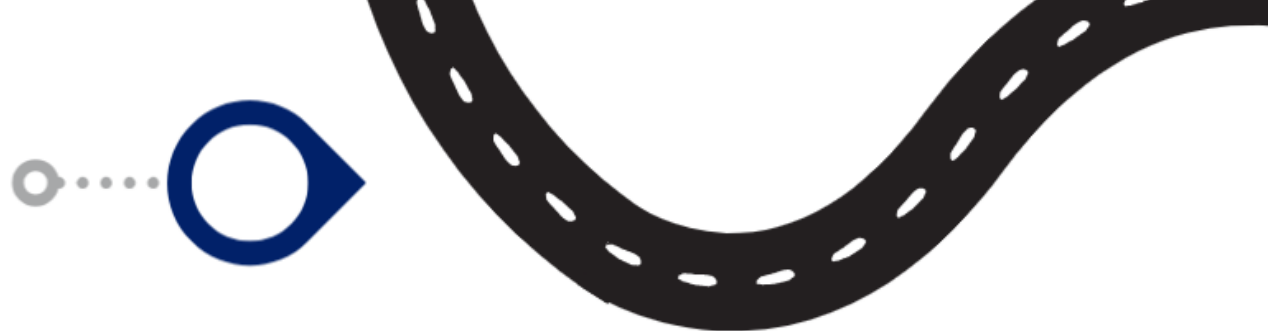
- ✓ A stronger evidence base on what works to improve timely follow-up colonoscopy
- ✓ Increased purposeful engagement with diverse member organizations
- ✓ Broader implementation of proven practices to improve follow-up after abnormal screening
- ✓ Consistent use of national measures to monitor and strengthen colonoscopy follow-up
- ✓ Improved timely access to quality care
- ✓ Improved care delivery for underserved communities

How We'll Get There

-  **Share and scale promising practices**
 - Work with partners to identify and publish effective strategies and risk models to improve timely follow-up and minimize wait times
-  **Advance equity in follow-up care**
 - Identify gaps within framework of tracking follow-up colonoscopies that inhibit health systems from reaching higher rates
-  **Promote adoption of timely follow-up measures**
 - Provide training to encourage early adoption of the HEDIS measure and advocate for inclusion in national screening guidelines

Priority Five




Identify areas to ensure
timely initiation of quality
CRC treatment



What We're Working Toward

- ✓ Stronger evidence base for best practices to improve timely treatment initiation
- ✓ Increased purposeful engagement with diverse member organizations
- ✓ Improved monitoring of timely treatment initiation
- ✓ Wider implementation of best practices to improve treatment initiation
- ✓ Improved timely access to quality care
- ✓ More patients with CRC initiating treatment within recommended interval (target ≤ 4 weeks)

How We'll Get There

-  **Activate RT Membership around timely treatment initiation**
 - Engage new partners, collect best practices and produce tools on ensuring timely access to treatment
-  **Disseminate resources**
 - Develop and promote partner resources across the CRC continuum
-  **Use data to uncover barriers and opportunities**
 - Share and analyze cancer registry data to understand treatment timelines, identify gaps, and address disparities

What We Need From You This Week



Visit the Strategic Roadmap Boards: Share your ideas, leave notes, and let us know what excites you most.



Join Networking Sessions: Connect with peers and share your purpose for attending.



Engage on Social Media: Use #NCCRT2025 to join the conversation and amplify key messages.



Ask Questions & Share Feedback: Participate in our Priority Team sessions and complete our evaluation.



Explore ACS NCCRT Resources: Check out new tools and guides at nccrt.org/resources.





Spread the Word

Join the Conversation on Social Media

#NCCRT2025





Questions?



Thank You