



NATIONAL
COLORECTAL
CANCER
ROUNDTABLE

AMERICAN CANCER SOCIETY
NATIONAL COLORECTAL
CANCER ROUNDTABLE

ANNUAL MEETING

NOVEMBER 19-21
DOUBLETREE BY HILTON
NASHVILLE, TN

Introduction

The **American Cancer Society National Colorectal Cancer Roundtable** (ACS NCCRT) held its 2025 Annual Meeting from November 19–21, 2025, at the DoubleTree by Hilton in Nashville, Tennessee. The meeting convened a diverse group of ACS NCCRT members, including public health leaders, healthcare providers, researchers, policymakers, advocates, and representatives from community organizations, united around the shared goal of reducing disparities and deaths related to colorectal cancer (CRC) in the United States.

Through coordinated leadership, strategic planning, and advocacy, the ACS NCCRT continues to advance progress toward a future in which everyone has equitable access to CRC prevention, screening, and high-quality care. The Annual Meeting provides a forum for members to share progress, examine ongoing challenges, and advance practical strategies across the cancer continuum.

Over three days, participants attended five priority team workshops and various panel discussions focused on advancing Roundtable priorities, best practices, lived experiences, health equity, and policy. Concurrent sessions on Thursday covered the following topics:

- Best Practices and Successes to Address Transportation Barriers to CRC Screening
- Innovations and Best Practices to Increase CRC Screening in Health Systems and Health Centers
- Meeting Patients Where They Are: Use of Screening Navigation and Tailored Communication to Reach Underrepresented Communities for CRC Screening
- Strategies to Facilitate Colonoscopy Completion

The 2025 Distinguished Lifetime Achievement Award was presented to Richard C. Wender, MD, recognizing his longstanding leadership and contributions to CRC prevention and control. This document provides an overview of the three-day meeting, including selected session summaries.

Helpful Links:

- [Directory of Speaker Biographies](#)
- [Annual Meeting Program](#)
- [Playlist of Recorded Sessions](#)

Chair Keynote: State of the ACS NCCRT

In his keynote address, ACS NCCRT Chair Steven Itzkowitz, MD, reflected on the Roundtable's progress, reaffirmed its mission, and introduced a new strategic roadmap to guide the organization's work over the next three years. He emphasized the Roundtable's role as the longest-running ACS roundtable and a national model for cross-sector collaboration focused on reducing CRC mortality and disparities.

He acknowledged the leadership of the Steering Committee, Priority Team Chairs, and ACS NCCRT staff, and specifically recognized outgoing and newly elected Steering Committee members for their service and commitment to advancing the Roundtable's goals. He also noted the importance of leadership continuity and shared responsibility in sustaining the Roundtable's momentum as it enters its next phase of work.

Dr. Itzkowitz highlighted recent progress, including the continued development of practical, evidence-based ACS NCCRT resources. These included clinician references on stool-based screening tests and CRC screening in rural communities, with additional resources soon to be released on advanced polyps and early-age onset CRC symptom identification. He also pointed to webinars, webcasts, Blue Star Conversations, and the ACS NCCRT National Achievement Awards as ways the Roundtable elevates effective practices and recognizes impactful work across communities.

The keynote highlighted the Roundtable's accomplishments through its "80% by 2018" and "80% in Every Community" campaigns, which significantly advanced national efforts to raise colorectal cancer screening rates among average-risk adults to 80%. While screening remains foundational, Dr. Itzkowitz emphasized that reducing CRC mortality requires attention across the full continuum of care. He cited evidence showing that most CRC deaths averted have resulted from prevention and screening, while underscoring the growing importance of timely diagnosis, follow-up, and high-quality treatment in improving outcomes.

To set the direction for future work, Dr. Itzkowitz introduced the five priority areas that will anchor the next three-year strategic roadmap for the ACS NCCRT:

1. Mobilizing efforts to advance health equity across the CRC continuum
2. Improving timely action for early-age onset CRC signs and symptoms
3. Supporting on-time and continued screening per screening recommendations
4. Promoting timely colonoscopy follow-up after abnormal non-colonoscopy tests
5. Identifying opportunities to ensure timely initiation of quality CRC treatment.

He emphasized that these priorities reflect a deliberate shift toward addressing gaps across CRC screening, diagnosis, follow-up, and treatment to more effectively reduce mortality and disparities.

He closed by encouraging participants to actively engage in shaping the Roundtable's new 3-year strategic roadmap during the meeting by sharing ideas, feedback, and practical insights from their own settings. While acknowledging the broader challenges facing public health, he reinforced the importance of continued action, collaboration, and implementation, positioning the Roundtable as a convening force focused on measurable progress in CRC prevention and care.

Early-Age Onset CRC: Scientific Updates and Member Work to Increase Action and Awareness

The panel focused on the alarming growing burden of early-age onset CRC (EOCRC) and the need to pair emerging science with practical action. Peter Liang, MD, MPH, moderated the discussion with panelists Yin Cao, ScD, MPH; Lynn M. Durham, EdD; Cynthia Yoshida, MD; and Andi Dwyer, MPH. Panelists shared perspectives spanning research, public awareness, medical education, and global advocacy.

Dr. Cao opened the panel with an overview of current EOCRC research, noting that incidence continues to rise across multiple countries, with the United States among those most affected. She explained that EOCRC is more likely to be diagnosed at later stages and often differs clinically from later-onset disease. Drawing on recent genomic and whole-genome sequencing studies, Dr. Cao described evidence suggesting that EOCRC may have distinct molecular characteristics, including mutational patterns linked to early-life exposures. She also discussed challenges in identifying clear causal pathways, given limited longitudinal data and the relative rarity of EOCRC in existing cohorts, and noted the need for coordinated international research efforts.

Dr. Durham described Georgia Center for Oncology Research and Education's (Georgia CORE's) statewide public awareness campaign aimed at adults ages 25 to 45. Based on survivor experiences and epidemiologic trends, the campaign used unexpected visuals, including the placement of unusual stool displays in bars and coffee shops, to prompt conversations about CRC symptoms. Dr. Durham shared early engagement indicators from the campaign, including strong reach, social media engagement, and early signs that the messaging was prompting conversations among the target audience.

Dr. Yoshida discussed efforts to incorporate EOCRC content into undergraduate medical education at the University of Virginia. EOCRC trends and red-flag symptoms were integrated into the first-year gastrointestinal curriculum, with attention to challenging assumptions that CRC primarily affects older adults. Clinical scenarios and survivor-informed messaging were used to support earlier recognition in future practice.

Andi Dwyer, MPH, discussed global coordination through the Global EOCRC Think Tank. She described the think tank's development from an initial international convening into a growing global network focused on aligning research priorities and fostering collaboration across countries, with participation from advocates, researchers, and clinicians.

The panel highlighted how emerging science, public awareness efforts, clinician education, and global coordination must work together to accelerate earlier recognition, diagnosis, and action for EOCRC.

From CRC Diagnosis to Treatment: Promising Models to Ensure Timely Treatment

The panel focused on delays between CRC diagnosis and treatment initiation, with particular attention on how care models can support timely transitions to quality treatment.

Christopher Lieu, MD, moderated the discussion with panelists Cathy Eng, MD, FACP, FASCO, and CRC survivor and patient advocate J.J. Singleton. The discussion highlighted differences in how patients move into treatment across health systems and the impact of those differences on patient outcomes.

Dr. Lieu opened the panel by presenting national CRC data on time to treatment initiation, noting that the median time from diagnosis to treatment for CRC is approximately 41 days. He emphasized that each four-week delay is associated with an increased mortality risk, with studies showing substantial variation depending on delay length. Dr. Lieu described contributing factors, including fragmented referral pathways, workforce shortages, insurance barriers, and the complexity of coordinating multiple specialty consultations.

Dr. Lieu also discussed multidisciplinary cancer care models as an approach to reducing delays and improving care coordination. He described multidisciplinary clinics that bring imaging review and consultations with surgical, medical, and radiation oncology teams into a single, coordinated visit, allowing patients to leave with a defined cancer treatment plan while reducing redundant testing and improving communication across providers.

Dr. Eng discussed systemic challenges faced by patients with EOCRC, particularly those diagnosed outside of routine screening. She noted that younger patients are often diagnosed after experiencing symptoms rather than through screening and that symptoms may be misattributed or overlooked, contributing to delays in diagnosis and treatment. Dr. Eng discussed the role of provider awareness, timely symptom evaluation, and access to supportive services such as fertility preservation, psychosocial care, and survivorship support for younger patients.

J.J. Singleton shared his experience navigating CRC care as a young adult, describing delays related to symptom dismissal, care fragmentation, and travel burden. He described the added challenges of coordinating care across multiple institutions, noting how distance between providers compounded delays and uncertainty for patients. J.J. emphasized the importance of clear communication and coordinated support from the patient perspective.

The panel spotlighted how delays in cancer treatment initiation are shaped by fragmented care pathways and patient burden, and how multidisciplinary models and improved coordination can support more timely, patient-centered CRC treatment.

Timely Colonoscopy Follow-Up to Positive (Abnormal) Non-Colonoscopy Tests

The panel examined gaps in the CRC screening continuum and strategies to improve completion of follow-up colonoscopy after abnormal or positive non-invasive CRC screening test results. Laura Makaroff, DO, moderated the discussion with panelists David Lieberman, MD; Francis Colangelo, MD, MS-HQS, FACP; and Miranda Hart, MD. Panelists emphasized that non-invasive CRC screening is only effective when timely follow-up is completed and that missed or delayed colonoscopy remains a major contributor to preventable CRC morbidity and mortality.

Dr. Lieberman opened the panel by reviewing evidence demonstrating that well-organized non-invasive CRC screening programs can reduce incidence and mortality when follow-up is completed. He highlighted data showing that completion of colonoscopy after a positive or abnormal FIT/FOBT test remains inconsistent across health systems, with national follow-up rates often near 50 percent, and substantially lower rates in some safety-net settings. Dr. Lieberman reviewed studies demonstrating that patients who do not complete colonoscopy after a positive or abnormal test have substantially higher CRC mortality. He outlined common barriers to follow-up, including limited patient understanding of abnormal results, bowel preparation concerns, transportation challenges, missed work, and scheduling

constraints. He emphasized navigation as an effective strategy to address these barriers and discussed ongoing efforts to develop a national quality measure to track timely follow-up after abnormal or positive non-colonoscopy tests.

Dr. Colangelo described findings from the AMGA Complete CRC Screening Best Practices Learning Collaborative, which engaged health care organizations across the United States to improve CRC screening and follow-up colonoscopy performance. He noted that while participating organizations improved overall CRC screening rates and reduced age-based disparities, follow-up colonoscopy rates after abnormal or positive stool-based tests remained difficult to improve. Dr. Colangelo shared lessons learned from the collaborative, including the importance of measuring follow-up performance, creating closed-loop referral processes, prioritizing high-risk patients, and reallocating colonoscopy capacity to ensure timely access for patients with abnormal or positive non-invasive test results.

Dr. Hart presented best practices from Erie Family Health Centers, a federally qualified health center serving a diverse and under-resourced population in Chicago, IL. She described Erie's population health and navigation model, which includes tiered outreach, regular tracking of open referrals, and targeted support for patients facing language, transportation, and caregiving barriers. Dr. Hart emphasized the importance of closing the colonoscopy referral loop, documenting navigation efforts, and building provider trust in population health teams to improve follow-up colonoscopy completion.

The panel reinforced that improving timely colonoscopy follow-up will require coordinated measurement, navigation, and system-level changes to ensure that patients complete the full CRC screening process, leading to lower CRC mortality.

Presentations and Slides

Wednesday, November 19, 2025

OPENING REMARKS

- Kaitlin Sylvester, MPA, Strategic Director, ACS NCCRT

RIGHT-SIZING CRC SCREENING GUIDELINES: THE IMPACT OF SCREENING AT AGE 45 AND FUTURE DIRECTIONS

Moderator:

- Michael Sapienza, Chief Executive Officer, Colorectal Cancer Alliance, ACS NCCRT Steering Committee

Panelists:

- Rebecca Siegel, MPH, Senior Scientific Director, Surveillance Research, American Cancer Society
- Aasma Shaukat, MD, MPH, Robert M. and Mary H. Glickman Professor of Medicine, Department of Medicine, NYU Grossman School of Medicine

EARLY-AGE ONSET CRC: SCIENTIFIC UPDATES AND MEMBER WORK TO INCREASE ACTION AND AWARENESS

Moderator:

- Peter Liang, MD, MPH, Assistant Professor, Department of Medicine and Department of Population Health, NYU Langone Health, ACS NCCRT Steering Committee

Panelists:

- Yin Cao, ScD, MPH, Associate Professor of Surgery, Division of Public Health Sciences, Department of Surgery, Washington University School of Medicine in St Louis
- Lynn M. Durham, EdD, President and CEO, Georgia Center for Oncology Research and Education, 2025 National Achievement Award Honoree
- Cynthia Yoshida, MD, Professor of Medicine, Division of Gastroenterology and Hepatology, University of Virginia Health System
- Andrea (Andi) Dwyer, MPH, Director, Colorado Cancer Screening Program, University of Colorado Cancer Center and the Colorado School of Public Health; Research Advocacy Advisor, Fight Colorectal Cancer

FROM CRC DIAGNOSIS TO TREATMENT: PROMISING MODELS TO ENSURE TIMELY TREATMENT

Moderator/Speaker:

- Christopher Lieu, MD, Professor of Medicine, Division of Medical Oncology; Associate Director for Clinical Research; University of Colorado School of Medicine, ACS NCCRT Steering Committee

Panelists:

- Cathy Eng, MD, FACP, FASCO, David H. Johnson Endowed Chair in Surgical and Medical Oncology; Professor of Medicine, Hematology and Oncology; Director, Young Adult Cancers Program; Vanderbilt-Ingram Cancer Center
- J.J. Singleton, Colorectal Cancer Survivor and Patient Advocate



Thursday, November 20, 2025

OPENING REMARKS

- Kaitlin Sylvester, MPA, Strategic Director, ACS NCCRT

CHAIR KEYNOTE: STATE OF THE ACS NCCRT

Keynote Speaker:

- Steven Itzkowitz, MD, FACP, FACG, AGAF, Professor of Medicine and Sciences, Icahn School of Medicine at Mount Sinai; ACS NCCRT Chair

TIMELY COLONOSCOPY FOLLOW-UP TO POSITIVE (ABNORMAL) NON-COLONOSCOPY TESTS

Moderator:

- Laura Makaroff, DO, Senior Vice President, Cancer Prevention, American Cancer Society, ACS NCCRT Steering Committee

Panelists:

- David Lieberman, MD, Professor Emeritus, Department of Medicine, Oregon Health and Science University
- Frank Colangelo, MD, MS-HQS, FACP, Primary Care Physician, Allegheny Health Network, ACS NCCRT Professional Education & Practice Implementation Priority Team Co-Chair
- Miranda Hart, MD, Senior Medical Director, Integrated Primary, Behavioral and Population Health, Erie Family Health Centers, 2025 National Achievement Award Honoree

CONCURRENT SESSION: BEST PRACTICES AND SUCCESSES TO ADDRESS TRANSPORTATION BARRIERS TO COLORECTAL CANCER SCREENING

Moderator/Speaker:

- Bilikisu "Reni" Elewonibi, PhD, MPH, Assistant Professor, Epidemiology and Population Health, School of Public Health, LSU Health New Orleans

Panelists:

- Miranda Hart, MD, Senior Medical Director, Integrated Primary, Behavioral and Population Health, Erie Family Health Centers, 2025 National Achievement Award Honoree
- Jayden Miracle, BS, HCA, MS HAS, Clinic Manager, and Mary Kay Knode, Care Coordinator, Melissa Memorial Hospital
- Ari Bell-Brown, MPH, Collaborative Science Manager, Fred Hutch

CONCURRENT SESSION: INNOVATIONS AND BEST PRACTICES TO INCREASE COLORECTAL CANCER SCREENING IN HEALTH SYSTEMS AND HEALTH CENTERS

Moderator:

- Sarah Shafir, MPH, Vice President, National Roundtables and Coalitions, American Cancer Society

Panelists:

- Heather Johnson, MPA, Program Director, Project 80%, Office of Health Policy, the University of Texas MD Anderson Cancer Center, 2025 National Achievement Award Honoree
- Chris Moore, MPH, Associate Director for Operations, National Colorectal Cancer Screening Program, US Department of Veterans Affairs

CONCURRENT SESSION: MEETING PATIENTS WHERE THEY ARE – USE OF SCREENING NAVIGATION AND TAILORED COMMUNICATION TO REACH UNDERREPRESENTED COMMUNITIES FOR COLORECTAL CANCER SCREENING



Thursday, November 20, 2025

Moderator:

- Rachel Matlock, MS, Program Manager, Comprehensive Cancer Control Program, Division of Family Health & Wellness, Tennessee Department of Health

Panelists:

- Laurene Tumiel-Berhalter, PhD, Director of Community Translational Research, Department of Family Medicine, Jacobs School of Medicine & Biomedical Sciences, University of Buffalo
- Marcia Gainer, DNP, APRN, AVP of Quality and Clinical Operations, Evara Health
- Patty Molina, MPH, Senior Director of Community Health Services, Mariposa Community Health Center

CONCURRENT SESSION: STRATEGIES TO FACILITATE COLONOSCOPY COMPLETION

Moderator:

- Jocelyn Phillips, Associate Director, Community Partnerships, American Cancer Society

Panelists:

- Erin Peterson, Senior Director, Mission & Partnerships, Colon Cancer Coalition
- Ashish Atreja, MD, MPH, Professor, IT Business Operations; Professor of Clinical, MED: Int Med Gastroenterology; UC Davis Health
- Nathan A. Merriman, MD, MSCE, Senior Medical Director (Interim), Surgical Specialties Digestive Health Clinical Program; Intermountain Health
- Kathryn (Katie) Swenson, DMSc, MBA, PA-C, Executive Clinical Director, Surgical Specialties and Digestive Health Clinical Program; Intermountain Health

LIVED EXPERIENCE CONVERSATION: THROUGH THE LENS OF CRC SURVIVORS AND CAREGIVERS

Moderator:

- Stacie Miller, MSN, MPH, RN, Oncology Clinic Manager, Moncrief Cancer Institute, UT Southwestern, ACS NCCRT Steering Committee

Panelists:

- Marianne Pearson, MSW, LCSW, Vice President of Cancer Care, Colorectal Cancer Alliance
- Amber Mike, Patient Advocate, Vice President, Branded Content and Integration, BET Entertainment

CRC MORTALITY HOT SPOTS & NEW TOOLS TO IDENTIFY CANCER SCREENING DISPARITIES

Speaker:

- Liora Sahar, PhD, GISP, Senior Director, Geospatial Solutions Team, American Cancer Society

ARMCHAIR CONVERSATION ON CRC HEALTH EQUITY: BARRIERS AND SOLUTIONS TO REACHING RURAL COMMUNITIES FOR CRC SCREENING

Moderator:

- Gloria Coronado, PhD, Associate Director for Population Sciences, University of Arizona Cancer Center; ACS NCCRT Vice Chair

Panelists:

- Paula Chatterjee, MD, MPH, Director of Health Equity Research, Leonard Davis Institute of Health Economics; Assistant Professor, Medicine, Perelman School of Medicine; University of Pennsylvania
- Patty Molina, MPH, Senior Director of Community Health Services, Mariposa Community Health Center



Thursday, November 20, 2025

- Brent Wallis, Chief Medical Officer, Peoples Health; Chair, Louisiana Payors Council; Founding Member, Taking Aim at Cancer in Louisiana; 2025 National Achievement Award Honoree

PRIORITY TEAM WORKSHOP: COMMUNITY HEALTH CENTERS

Leads:

- James Hotz, MD, MACP, Clinical Services Director, Albany Area Primary Health Care
- Keith Winfrey, MD, MPH, Chief Medical Officer, New Orleans East Louisiana Community Health Center

PRIORITY TEAM WORKSHOP: FAMILY HISTORY & EAO CRC

Leads:

- Heather Hampel, MS, CGCC, Professor, Department of Medical Oncology and Therapeutics Research, Associate Director of the Division of Cancer Genomics, City of Hope National Cancer Center
- Paul Schroy, MD, MPH, Emeritus Professor of Medicine, Boston University School of Medicine

PRIORITY TEAM WORKSHOP: POLICY ACTION

Leads:

- Heather Dacus, DO, MPH, Director of the Bureau of Cancer Prevention and Control, New York State Department of Health
- Molly McDonnell, Director of Advocacy, Fight Colorectal Cancer

PRIORITY TEAM WORKSHOP: PROFESSIONAL EDUCATION & PRACTICE IMPLEMENTATION

Leads:

- Frank Colangelo, MD, MS-HQS, FACP, Vice President and Chief Quality Officer, Premier Medical Associates
- Xavier Llor, MD, PhD, Medical Director of Cancer Screening and Prevention, Co-Director of the Cancer Genetics and Prevention Program, Medical Director of the Colorectal Cancer Prevention Program, Yale Cancer Center

PRIORITY TEAM WORKSHOP: PUBLIC AWARENESS & SOCIAL MEDIA

Leads:

- David Greenwald, MD, Professor of Medicine, Icahn School of Medicine at Mount Sinai, Director of Clinical Gastroenterology and Endoscopy, Mount Sinai Hospital in New York
- Erin Peterson, Senior Director, Mission & Partnerships, Colon Cancer Coalition

Friday, November 21, 2025

WELCOME

- Kaitlin Sylvester, MPA, Strategic Director, ACS NCCRT

DISTINGUISHED LIFETIME ACHIEVEMENT AWARD TO RICHARD C. WENDER, MD, UNIVERSITY OF PENNSYLVANIA

Introduction:

- Steven Itzkowitz, MD, FACP, FACG, AGAF, Professor of Medicine and Oncological Sciences, Icahn School of Medicine at Mount Sinai; ACS NCCRT Chair



Friday, November 21, 2025

Remarks:

- Richard C. Wender, MD, Chair of Family Medicine and Community Health, Perelman School of Medicine, University of Pennsylvania; ACS NCCRT Chair Emeritus

CRC POLICY: A LOOK AT THE FEDERAL LANDSCAPE AND A MODEL FOR SUCCESS IN TENNESSEE

Moderator:

- Cori Chandler, MPA, Senior State & Local Campaigns Manager, American Cancer Society Cancer Action Network (ACS CAN)

Panelists:

- Elizabeth Darnall, Senior Director, Federal Advocacy, ACS CAN
- Tobi Amosun, MD, FAAP, Deputy Commissioner for Population Health, Tennessee Department of Health
- Maddie Michael, Government Relations Director, Tennessee, ACS CAN

STORYTELLING AND LEVERAGING THE LIVED EXPERIENCE TO PROMOTE CRC AWARENESS: A CONVERSATION WITH MARKETING AND COMMUNICATION LEADERS

Moderator:

- Pascale White, MD, MBA, MS, FACG, Associate Professor of Medicine, Icahn School of Medicine at Mount Sinai; Co-Founder, the Association of Black Gastroenterologists and Hepatologists, ACS NCCRT Steering Committee

Panelists:

- Lauren Hyatt, Vice President, Marketing Strategy and Planning, ACS
- Amber Mike, Patient Advocate, Vice President, Branded Content and Integration, BET Entertainment

ENDING ON A HIGH NOTE: NCCRT'S FAMOUS MEETING FINALE

Speaker:

- Steven Itzkowitz, MD, FACP, FACG, AGAF, Professor of Medicine and Sciences, Icahn School of Medicine at Mount Sinai; ACS NCCRT Chair



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