



NATIONAL  
COLORECTAL  
CANCER  
ROUNDTABLE

# Strategic Roadmap 2026-2029



# | About ACS NCCRT

Established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 1997, the American Cancer Society National Colorectal Cancer Roundtable (ACS NCCRT) acts as a catalyst to stimulate work on key issues related to colorectal cancer (CRC). Now a national coalition of more than 240 member organizations, we are uniquely positioned to influence and support a shared vision to help save more lives from CRC across the United States. Advancing health equity to address cancer disparities is a core component of our work to ensure that no one is disadvantaged in their fight against cancer.

The ACS NCCRT is guided by an active steering committee comprised of a diverse group of leading clinicians, researchers, and professionals from esteemed national and local organizations. As the backbone organization, ACS promotes the sustainability and longevity of the ACS NCCRT by providing organizational leadership and expert staff support.

## **Vision**

To lead and inspire national action that reduces CRC mortality and mortality disparities.

## **Mission**

Reduce CRC incidence and mortality in the US through coordinated leadership, strategic planning, and advocacy.

## **Values**

Cancer affects everyone, but it doesn't affect everyone equally. To ensure we all can prevent, detect, treat, and survive CRC, the ACS NCCRT 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 CRC regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, disability status, or where they live.

# Acknowledgments

We extend our deepest gratitude to the ACS NCCRT volunteer leaders, national experts, and staff whose expertise, passion, and steady leadership made the development of this Strategic Roadmap possible. Each of you played a vital role in shaping a plan that elevates our mission, strengthens our partnerships, and centers equity in all we do. Thank you for your hard work, thoughtful leadership, and unwavering commitment to advancing CRC prevention and care. This roadmap reflects your collective contributions and will guide and strengthen our work for years to come.

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## The Work of the Roundtable

The ACS NCCRT develops national strategies, produces tools and resources, and convenes partners to further our overarching mission of saving more lives from CRC. While the activities of the roundtable are distinct from those of our members, we leverage their experience and expertise to help guide our work. We feel our strength and value are that we fill those gaps that no one organization can do alone. In turn, the roundtable is committed to creating an environment for members to network, collaborate, and ideate on new and impactful interventions to ensure a greater impact overall.

## Roundtable Functions



### Convening Partners

ACS NCCRT Annual Meeting, Priority Team engagement, webcasts, member survey



### Developing National Strategies

Strategy summits, national priorities, member engagement



### Building Evidence

Market research, published research



### Professional Education

Learning collaboratives, webinars, trainings, and newsletters



### System, Practice, & Policy Change

Toolkits, resource guides, white papers

# Strategic Roadmap

## Background

For over a decade, ACS NCCRT members and partners have rallied around a shared goal to reach CRC screening rates of 80% and higher across the nation (80% in Every Community Strategic Plan 2019-2024). To ensure we can have the greatest impact in response to nationally identified needs, we've expanded the goals of the roundtable to prioritize the reduction of CRC mortality and mortality disparities, thereby focusing our efforts across the CRC continuum. After establishing five priority areas to help us achieve our new goals, the ACS NCCRT convened the Volunteer Leadership Strategy Summit in 2025 to develop the roundtable's next strategic roadmap (April 1, 2026-March 31, 2029). Drawing from insights gained through past roundtable initiatives and current analysis of the CRC landscape, this roadmap will enable the ACS NCCRT to achieve greater sustainability by prioritizing high-impact strategic interventions that maximize our efficiency and effectiveness.

## Timeline



# Strategic Roadmap Development Overview

The Strategic Roadmap was created through a highly participatory process involving ACS NCCRT leadership, volunteers, and team members. Our approach was grounded in a set of guiding design principles and built on a structured five step methodology.

## Design Principles

Throughout this process, we committed to:

- **Building on what already works** - Honoring the strengths and successes of our prior and existing initiatives
- **Responding to member needs** - Ensuring the roadmap reflects the priorities and insights of our diverse partners
- **Aligning with ACS's mission** - To ensure everyone has an opportunity to prevent, detect, treat, and survive cancer
- **Maintaining strategic focus while enabling flexibility** - Allowing us to stay aligned with long-term goals and still adapt to emerging opportunities and challenges

These principles informed each step and ensured that the roadmap remained both grounded in evidence and adaptable to real-world contexts.

## Our Five Step Strategy Development Process

Drawing on best practices in strategic planning, we utilized a five step process to shape the Strategic roadmap:

1. **Retrospective Analysis:** Looking back at the roundtable's history for what has worked and other lessons learned
2. **Contextual Analysis:** What current scientific developments need to be reflected and what are our member needs/wants
3. **Strategic Direction:** What does the roundtable want to complete in the next three years
4. **Strategic Interventions & Measures:** What helps us achieve the strategic direction and how will we remain accountable
5. **Review & Revise:** Seek member input and adapt plan as new discoveries or challenges emerge

# ACS NCCRT Three-year Goal

Reduce CRC mortality and mortality disparities across the United States.

## Priority Areas

1

### **MOBILIZE**

national and community-level efforts that will lead to health equity across the CRC continuum.

2

### **IMPROVE**

timely action for early-age onset CRC signs and symptoms.

3

### **SUPPORT**

on-time screening as soon as eligible, and continue 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 CRC treatment.

# Priority 1

Mobilize national and community-level efforts that will lead to health equity across the CRC continuum

## Outcomes: by 2029 we'll have achieved

- Reduced disparities in access to CRC screening
- Continued improvement in national (BRFSS, HEDIS, and UDS measures) and partner trends in screening and timely access to quality care
- Increased evidence base for interventions, best practices, and systems policies to reduce CRC-related disparities
- Increased purposeful recruitment and engagement with diverse member organizations
- Increased implementation of best practices and evidence-based interventions (EBIs) to improve CRC-related health equity
- Improved care delivery targeting communities and populations of need

## Activities: how we'll achieve our outcomes

 **Facilitate increased access to health equity-related data.**  
Building on the popularity of the CRC Data Dashboard, the ACS NCCRT will continue to collect and make available pertinent CRC-related data for partners to use in support of efforts to alleviate health disparities.

 **Expand use of ACS NCCRT's tools and materials intended to reduce inequities in CRC prevention, screening, and treatment.**  
Promote and disseminate signature NCCRT tools and resources, showcase use cases of older resources promoting health equity, and identify gaps in our content library.

  **Cultivate and maintain diverse members, volunteers, and roundtable leadership.**  
Assess composition of membership, and create and implement recruitment strategies for membership and roundtable leadership positions.

 **Better understand disparity gaps that lead to inequities in CRC outcomes.**  
Convene an expert group to inform an analysis of sources of mortality disparities, and identify the gaps along the continuum of care with a focus on disparities.

 **Develop and host peer-to-peer sharing opportunities for groups that work with diverse populations.**  
Commit to convening our membership around equity-focused topics or themes at the ACS NCCRT Annual Meeting, including reaching outside our membership to specific communities for success stories.

## Measures: how we'll know we achieved our outcomes

- Member engagement and diversity (number/type of member sectors, communities represented, attendance, collaboration/contribution)
- Reach (webinar attendance and resource analytics, such as website, social media users, views, sessions, engagement/impressions)
- Satisfaction (webinar/meeting survey)
- Knowledge and capacity of CRC-related disparities and health equity strategies (webinar/meeting survey)
- Implementation of recommended CRC health equity strategies (member survey, webinar/meeting intention to apply, testimonials)

### Roundtable Functions

 Professional Education    Developing National Strategies    Convening Partners    System, Practice, & Policy Changes    Building Evidence

# Priority 2

Improve timely action for early-age onset CRC signs and symptoms.

## Outcomes: by 2029 we'll have achieved

- Increased knowledge in clinicians and patients about early-age onset (EAO) CRC and best practices/EBIs (e.g., signs, symptoms, early intervention strategies/diagnostic pathways)
- Increased dissemination of appropriate, accessible tools (public awareness campaigns, health promotion resources)
- Increased implementation of best practices and EBIs to improve EAO CRC diagnosis and treatment
- Improved care delivery targeting underserved communities and populations of need

## Activities: how we'll achieve our outcomes



### **Facilitate professional education opportunities to increase the knowledge base of members and partners.**

Develop and promote clinician-focused materials on EAO CRC signs and symptoms and the importance of early intervention.



### **Promote reducing the time from first symptom to diagnosis.**

Convene experts to determine the need for an evidence-based diagnostic pathway for primary care providers to refer to colonoscopy when patients present with EAO CRC signs and symptoms.



### **Support member outreach efforts to reach individuals younger than 45 years of age.**

Support EAO CRC signs and symptoms communication campaigns through members and partners.

## Measures: how we'll know we achieved our outcomes

- Member engagement (attendance, collaboration/contribution)
- Reach (webinar attendance, resource analytics, such as website, social media users, views, sessions, engagement/impressions)
- Satisfaction (webinar/meeting survey)
- Knowledge and capacity to address EAO CRC (webinar/meeting survey)
- Implementation of recommended EAO CRC strategies (member survey, webinar/meeting intention to apply, testimonials)

### Roundtable Functions



Professional Education



Developing National Strategies



Convening Partners



System, Practice, & Policy Changes



Building Evidence

# Priority 3

Support on-time screening as soon as eligible, and continue participation per screening recommendations.

## Outcomes: by 2029 we'll have achieved

- Increased CRC screening/early detection
- Increased implementation of best practices and EBIs to improve on-time and continued screening
- Improved care delivery targeting communities and populations of need

## Activities: how we'll achieve our outcomes



**Promote the goal of reaching a national 80% on-time screening rate through targeted trainings, informational sessions, and toolkits.**

Develop additional tools and resources used to increase lead time messaging education prior to age 45, showcase success stories, and build on momentum of prior communications and messaging campaigns.



**Utilize targeted approaches to reach those with increased risk and a family history.**

Strengthen partnerships and collaborations between gastroenterologists and clinicians in primary care by producing and sharing resources on how to identify and communicate to patients about family history and risk factors.

## Measures: how we'll know we achieved our outcomes

- Member engagement (attendance, collaboration/contribution)
- Reach (webinar attendance, resource analytics, such as website, social media users, views, sessions, engagement/impressions)
- Satisfaction (webinar/meeting survey)
- Knowledge and capacity of CRC screening promotion strategies for patient adherence to screening recommendations (webinar/meeting survey)
- Implementation of recommended CRC screening promotion strategies (member survey, webinar/meeting attendance, testimonials)

### Roundtable Functions



Professional Education



Developing National Strategies



Convening Partners



System, Practice, & Policy Changes



Building Evidence

# Priority 4

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

## Outcomes: by 2029 we'll have achieved

- Increased evidence base for interventions, best practices, and systems policies to improve timely follow-up colonoscopy
- Increased purposeful engagement with diverse member organizations
- Increased implementation of best practices and EBIs to improve timely follow-up colonoscopy
- Improved monitoring of timely follow-up colonoscopy (HEDIS measure reporting, use of measure across partners)
- Improved care delivery targeting communities and populations of need
- Improved timely access to quality care

## Activities: how we'll achieve our outcomes



### Support adoption of follow-up colonoscopy HEDIS measure.

Align efforts to promote early adoption of the HEDIS measure through targeted trainings and informational sessions, and advocate for inclusion in U.S. Multi-Society Task Force (MSTF) on CRC and National Comprehensive Cancer Network (NCCN) CRC screening guidelines updates. (An MSTF update is expected in 2026.)



### Work with partner organizations to collect and disseminate promising practices to increase timely follow-up colonoscopy rates.

Package and publish established risk models and methods for triaging patients (to ensure timely follow-up and minimized wait times).



### Promote reduction in inequities to follow-up colonoscopy.

Identify gaps within the framework of tracking follow-up colonoscopy that inhibit health systems from reaching higher rates.

## Measures: how we'll know we achieved our outcomes

- Colonoscopy National Quality Measure Promotion (implementation resources, dissemination of activities measured by number/type events/resources)
- Member engagement (attendance, collaboration/contribution)
- Reach (webinar attendance, resource analytics, such as website, social media users, views, sessions, engagement/impressions)
- Satisfaction (webinar/meeting survey)
- Knowledge and capacity of timely follow-up colonoscopy measures and strategies (webinar/meeting survey)
- Implementation of recommended timely follow-up colonoscopy measures and strategies (member survey, webinar/meeting attendance, testimonials)
- National follow-up colonoscopy rates (HEDIS measure, 80% target)

### Roundtable Functions



Professional Education



Developing National Strategies



Convening Partners



System, Practice, & Policy Changes



Building Evidence

# Priority 5

Identify areas to ensure timely initiation of quality CRC treatment.

## Outcomes: by 2029 we'll have achieved

- Increased evidence base for interventions, best practices, and systems policies to improve timely treatment initiation
- Increased purposeful engagement with diverse member organizations
- Improved monitoring of timely treatment initiation
- Increased implementation of best practices and EBIs to improve treatment initiation
- Improved timely access to quality care
- Increased proportion of patients with colorectal cancer who initiate treatment within recommended interval

## Activities: how we'll achieve our outcomes



### Support adoption of follow-up colonoscopy HEDIS measure.

- Add/engage new members in treatment space to support interdisciplinary teams.
- Collect best practices and produce guides on how to ensure timely access to quality treatment.



### Research and share information on access to treatment.

Share cancer registry data to learn about baseline, improvements, or needed improvements to access treatment; better understand time from colonoscopy to treatment to inform content shared with members/partners; and understand the disparities between rural/urban (investigation, quality improvement plan).



### Develop and promote partner resources on the CRC continuum.

## Measures: how we'll know we achieved our outcomes

- Member engagement (attendance, collaboration/contribution)
- Reach (webinar attendance, resource analytics, such as website, social media users, views, sessions, engagement/impressions)
- Satisfaction (webinar/meeting survey)
- Knowledge and capacity of CRC-related disparities and health equity strategies (webinar/meeting survey)
- Implementation of recommended CRC health equity strategies (member survey, webinar/meeting intention to apply, testimonials)
- National data trends on time to treatment (diagnosis to treatment initiation time interval, based on Centers for Disease Control and Prevention, National Rectal Cancer Accreditation Program reporting if established)
- National data and partner trends in biomarker testing for new CRC cases (member survey, national data sources to be determined)

### Roundtable Functions



Professional Education



Developing National Strategies



Convening Partners



System, Practice, & Policy Changes



Building Evidence