



NCI-designated Cancer Centers & Colorectal Cancer Screening

MD Anderson's Cancer Prevention & Control Platform

Transforming Science into Actions to Realize the Promise of Prevention & Control

"The function of protecting and developing health must rank even above that of restoring it when it is impaired." Hippocrates

THE UNIVERSITY OF TEXAS

**MD Anderson
Cancer Center**

Making Cancer History[®]

Ernest Hawk, M.D., M.P.H.

VP for Cancer Prevention

T. Boone Pickens Distinguished Chair for Early Cancer Prevention

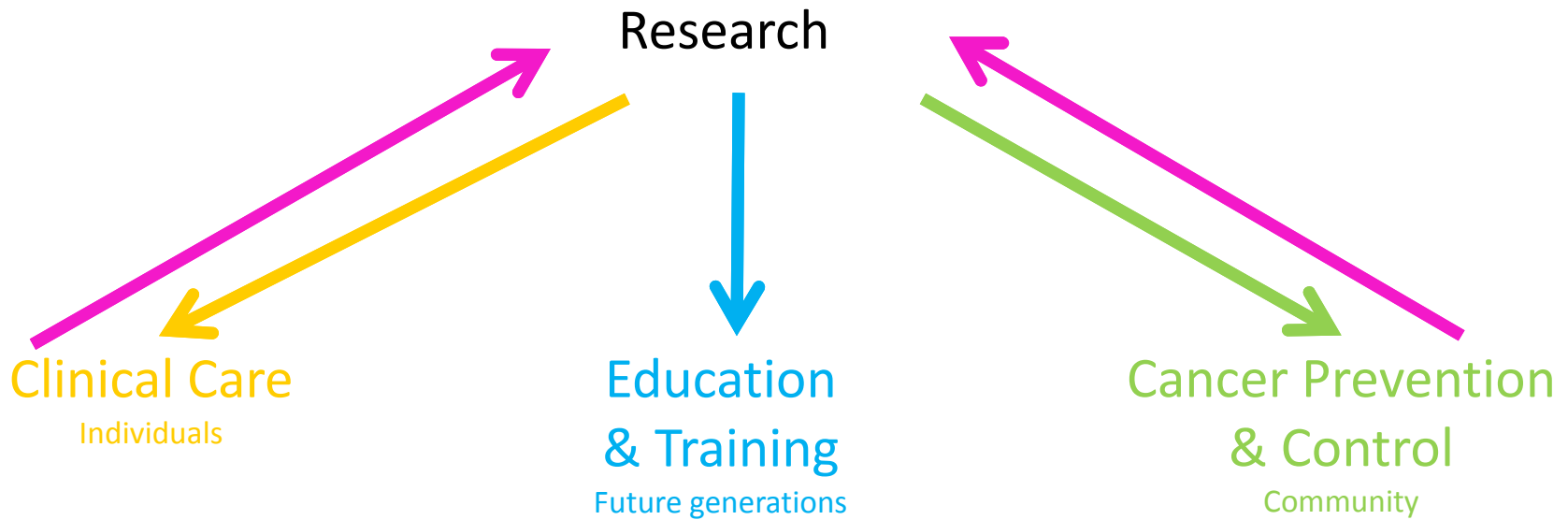
Head, Division of Cancer Prevention & Population Sciences

Director, Duncan Family Institute

Co-director, Cancer Prevention & Control Platform

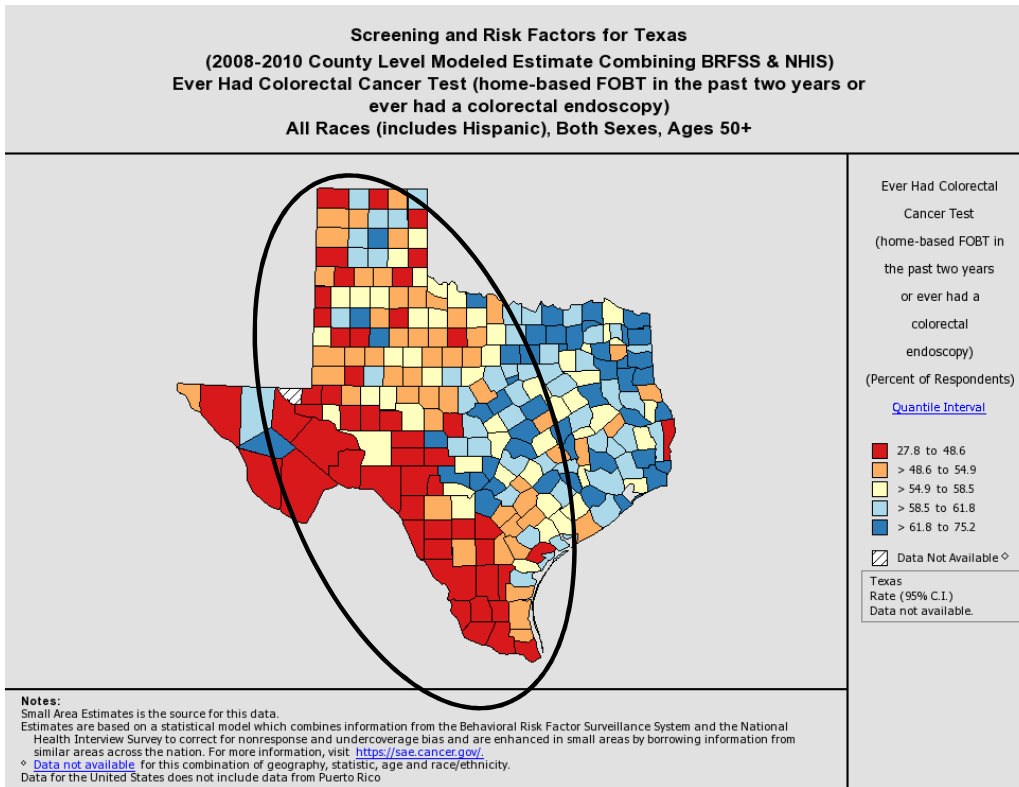
MD Anderson's Mission

To eliminate cancer in *Texas, the nation and the world...*

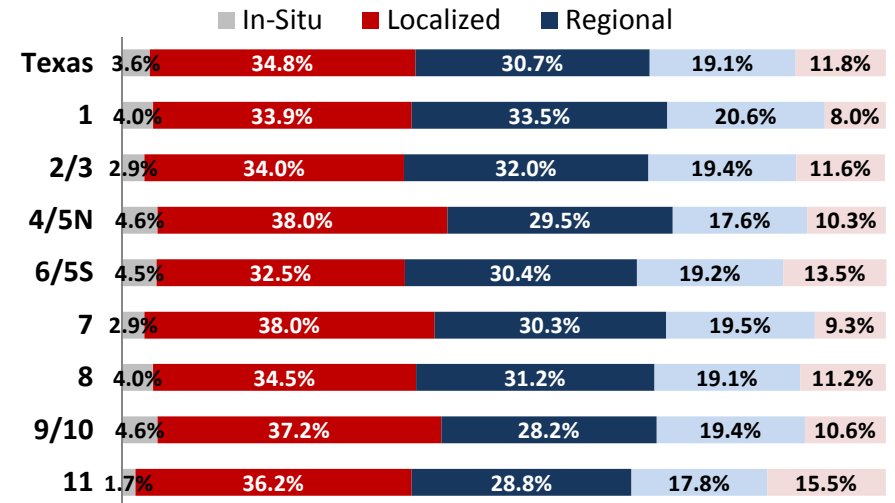


Colorectal Cancer Screening in Texas

Texas Ranks 41st in the Percentage of 50+ Meeting CRC Screening Rec's: 62.7%



Colorectal Cancer Stage at Diagnosis by Health Service Region, 2008-2012



Source: Prepared by the Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer

FIGURE 1: Total Number Needed to be Screened for CRC to Reach 80% by 2018 by State

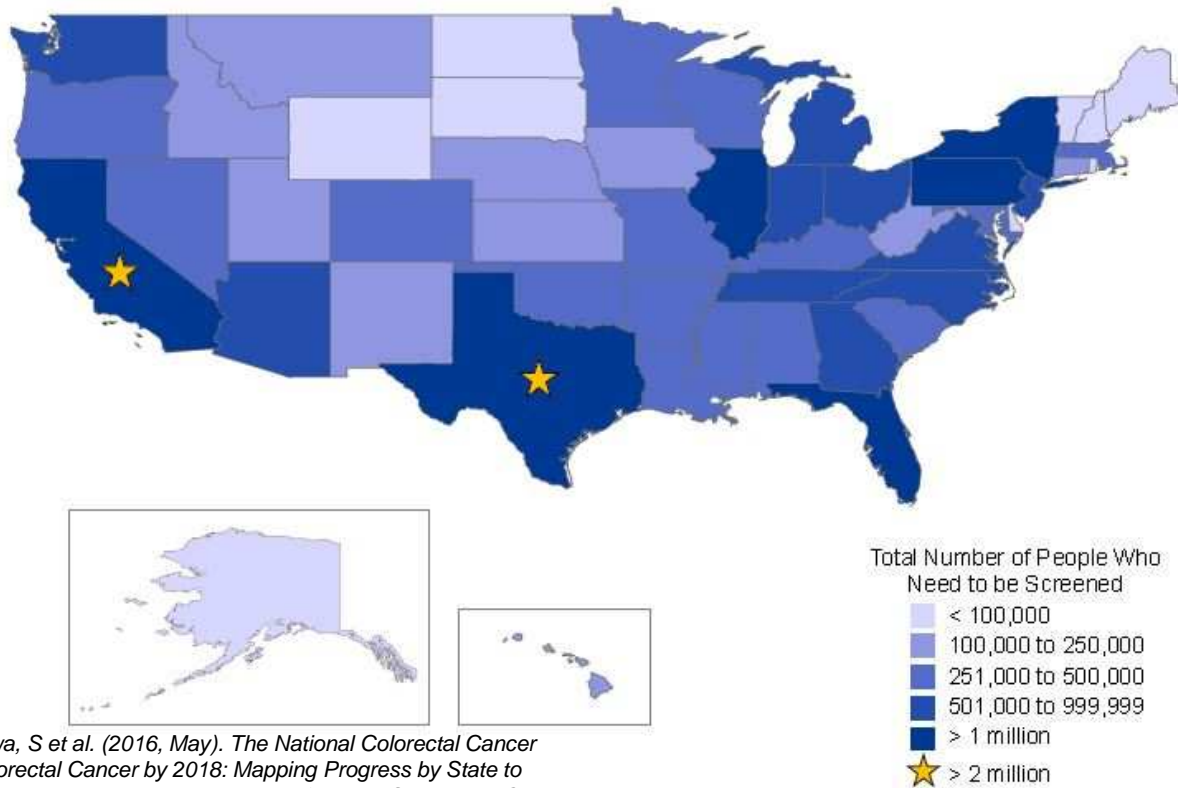
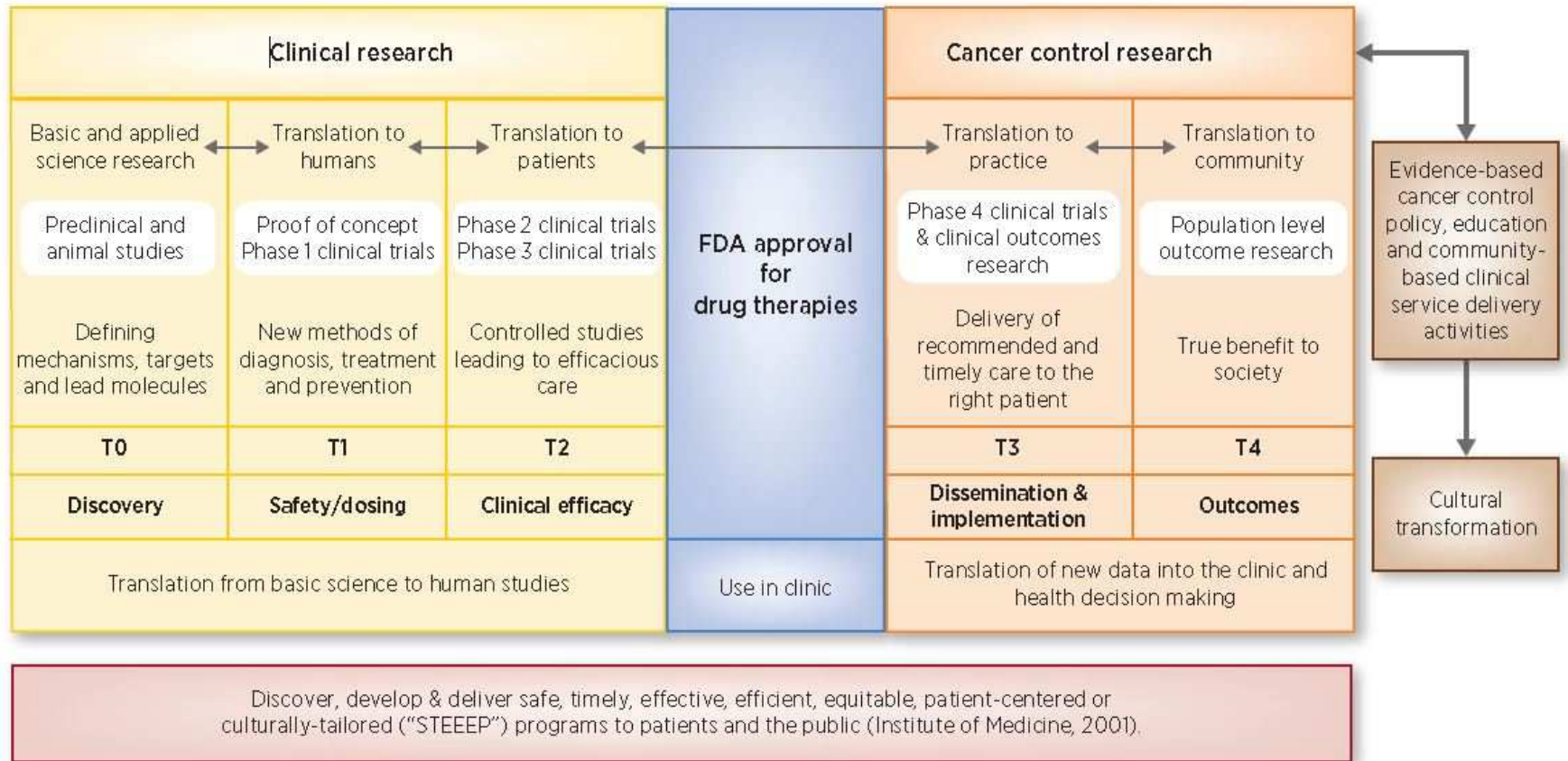


Figure from Zauber, AG, Meester, RG, Fedewa, S et al. (2016, May). The National Colorectal Cancer Roundtable Campaign to Screen 80% for Colorectal Cancer by 2018: Mapping Progress by State to Focus Screening Effort. Poster presented at the Digestive Disease Week conference, San Diego, CA.

Translational Research Phases Resulting in Evidence-Based Clinical & Public Health Actions to Drive Impactful Cancer Control

(Based in part on a drug-approval paradigm)



MD Anderson's Cancer Control Platform

Develop and deliver comprehensive evidence-based strategies (PES) in cancer prevention, screening, early detection and survivorship to achieve a measurable and lasting reduction in the cancer burden, especially among the underserved.

Actions	Expertise	Partners	Funding
<u>P</u> olicies	Gov'l Relations	UT Sister Institutions	Grants
	Health Policy	American Cancer Society	• CPRIT
<u>E</u> ducation – public & professional	Public Education	Harris Health & LBJ Hospital	Medicaid 1115 Waiver
	Professional Education	FQHCs & CHCs	Institutional
<u>S</u> ervices beyond MD Anderson's walls	D&I of Community-based Services	TX Dept State Health Svsc	Philanthropic
	• Tobacco cessation	Cancer Alliance of Texas	• Corporate
	• Nutrition		• Individual
	• Physical activity	Texas Medical Association	
	• Cancer screening		
	• Vaccination	Local & nat'l health coalitions	

MD Anderson CRC Group Education Program

Delivered by Community Relations & Education Department

Colorectal Cancer: Reduce Your Risk

- Educates on CRC screening exams, risk factors, preventive behaviors
- Presented in 1-3 sessions
 - “Colorectal cancer 101”
 - Healthy cooking demonstration
 - Physical activity class
- Also available in English, Spanish & Vietnamese
- Conducted 39 programs reaching 1,134 people in FY17
 - Outcome: 67% report they intend to get a screening test as result of program
 - Cost: \$2 per participant, not incl. staff salaries
 - Attendance: 73% Hispanic, 20% Asian, 2% African American; 65% uninsured

MD Anderson Program to Increase CRC Screening Services for Poor & Underserved Communities

Program Components

- Partnerships: FQHCs & CHCs
- Patient education - culturally- & linguistically-tailored
- EHR reminder systems
- Clinician/staff education - to identify eligible pts. based on clinical & financial criteria
- Standing orders
- Take-home FIT test (results to clinic & MDACC)
- Patient navigation
- Referral to community endoscopists for diagnosis
- Funded thru Medicaid Waiver & CPRIT prev. grant
- Medicaid Health Plan (Community Health Choice – credentialing, claims) as Third Party Administrator

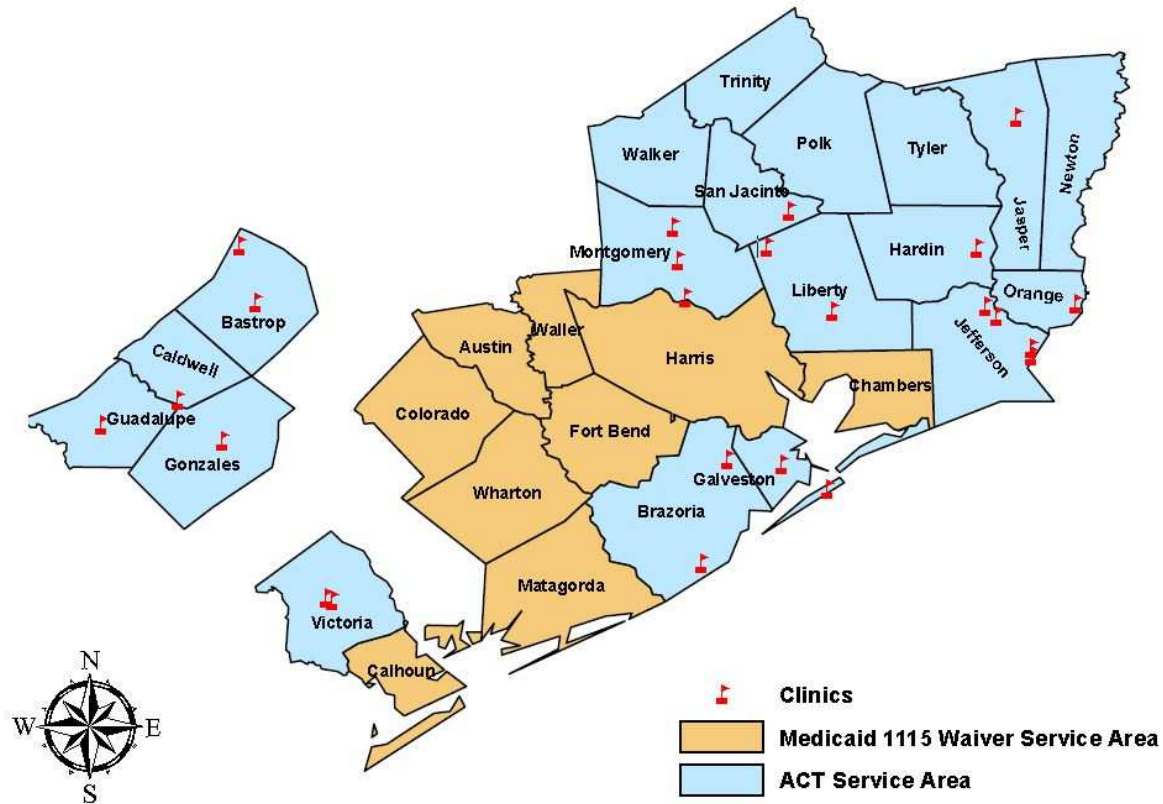
Eliminates financial barriers by covering cost of endoscopy & polypectomy

Project Staff Navigation Responsibilities

- Partner with ACS team to deliver pt. education
- Track FITs distributed & returned
- Navigate pt referrals for evaluation of + tests to community GIs for colonoscopy/polyp removal
- F/U pts diagnosed with polyps to arrange further assessment
- Navigate pts diagnosed with cancer to treatment
- Data analysis & reporting to funding agency
- Provide audit & feedback to clinics

MD Anderson CRC Screening Partner Map

Alliance for Colorectal Cancer Control Testing (ACT) and Medicaid 1115 Waiver Service Area



Colorectal Cancer Screening - Metrics to Date

Navigation & practice change expanded into 20 clinic systems with 68 sites

Project & Funding Source	FIT-FLU (CPRIT-funded Project)	1115 Waiver Project (43 sites)	ACT (CPRIT-funded Project – 25 sites)	Total
Reporting Dates	2011-2012	10/01/2013 – 9/20/2017	02/22/2016 – 09/20/2017	2011-2017
Total FITs Distributed	900	17,473	3,999	22,372
Total Returned	576 (64%)	11,996 (68.7%)	2562 (64%)	15,134 (67.6%)
Number Positive	22 (3.8%)	722 (6.0%)	194 (7.6%)	938 (6.2%)
Colonoscopies Completed	20	460	113	593
Pts with Polyps Removed	8	264	42	314
Cancers Diagnosed	1	35	7	43

Challenges in Providing CRC Screening Services to Rural & Underserved Populations in Texas

- Cultural misalignment
- Transportation concerns
- Lack of support for CRC screening in the uninsured
 - CPRIT funds screening, but not diagnostic or treatment services
- Few specialists & facilities equipped to perform endoscopies
- Specialists may not accept reimbursement rates
- Limited financial assistance for treating uninsured & low-income patients
- No financial assistance for unauthorized patients

Project ECHO: Telementoring, not Telemedicine

(Leads - Ellen Baker, MD & Melissa Lopez, MSc)

Connects MD Anderson experts with community providers serving underserved populations to promote skill development & raise self-efficacy in novel areas of medical practice

- Weekly/monthly videoconferences (45 min cases, 15 min didactic)
- Community providers present cases (e.g., patient histories, lab results, treatment plans, challenges)
- Feedback and guidance provided by MD Anderson's (or partners') specialists
- Community providers & specialists forge stronger working relationships toward the shared goal of high-quality care delivery



MD Anderson's ECHO Projects

Launched



Survivorship
Palliative Care
Pathology



Dr. Sriram Yennu
Palliative Care



Dr. Lewis Foxhall
Survivorship



Dr. Mary Edgerton
Pathology

Expanding



Cervical Cancer Prevention- Texas-Mexico
Border
ECHO Zambia
ECHO Mozambique
ECHO Latin America
ECHO Tobacco Cessation



Dr. Kathleen Schmeler
Cervical Screening



Dr. Shon Black
Breast Surg. Oncology



Dr. Janice Blalock
Tobacco Cessation

Exploring



Tobacco Cessation Latin America
Pharmacy in Zambia
Radiation therapy



Dr. Irene Tami-Maury
Tobacco Cessation



Dr. Anuja Jhingran
Radiation Therapy



Dr. Oliver Bogler
GAP

Suggestions for ACS/NCI/CDC to Promote CRC Screening in NCI-designated Cancer Centers

- Clearly define and communicate the difference between D&I research vs. D&I actions (control)
- Strengthen the current “Community Outreach & Engagement” section of the CCSG core grant
 - Clarify criteria (e.g., focus on disparities of all types; integrated actions, not research alone)
 - Outline “best practices” (e.g., partnerships with FQHCs)
 - Establish metrics/expectations
 - Work with CDC and/or other federal agencies to fund such actions (transitioning CCSG to a collaborative, cross-agency program)
- Advocate for:
 - More funding of cancer control, not “just” cancer research
 - A national cancer control plan, establishing clear national goals and priorities across administrations
 - Coverage for cancer screening (incl. CRC) for all, not just those with insurance
 - Commercial EHR vendors to build patient/provider reminder systems into their products
- Develop and disseminate patient/provider screening decision-support materials