

Welcome!

2019 Monthly Webinar Series

Network without
leaving your desk.



March is Colorectal Cancer Screening Awareness Month



Colorectal cancer is the #2 cancer killer in the U.S. But it can be prevented. Find out how. **And Screen for Life!**

Guest Speaker

**Caleb Levell,
National Colorectal Cancer
Roundtable**



An Update from the National Colorectal Cancer Roundtable

Caleb Levell
Director, Programs and Partnerships
National Colorectal Cancer Roundtable
American Cancer Society

March 14, 2019



National Colorectal Cancer Roundtable (NCCRT)

NCCRT is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

- ◆ Co-Founded by ACS and CDC in 1997
- ◆ Collaborative partnership of over 100 member organizations
- ◆ Includes many nationally known experts, thought leaders, and decision makers on colorectal cancer
- ◆ Work is conducted throughout the year through various Task Groups and Special Topic Meetings
- ◆ Annual Meeting addresses important topics and sets the following year's agenda

Convene



Identify

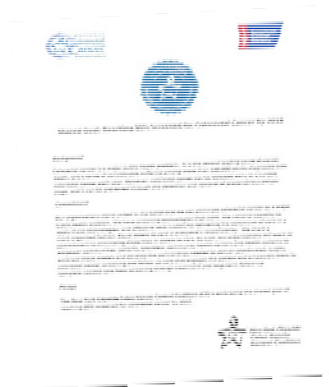


Collaborate

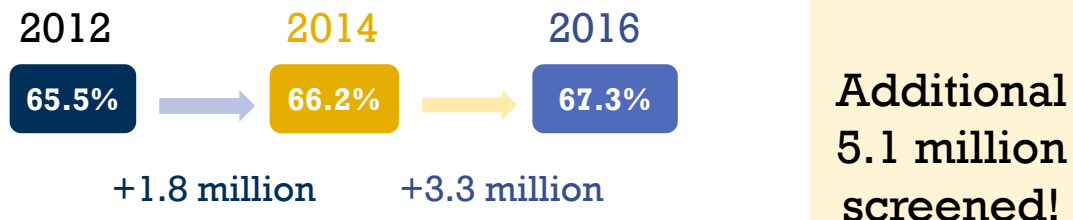


80% by 2018

80% by 2018 was a movement in eliminating colorectal cancer as a major public health problem and focused on the shared goal of reaching 80% screened for colorectal cancer by 2018.

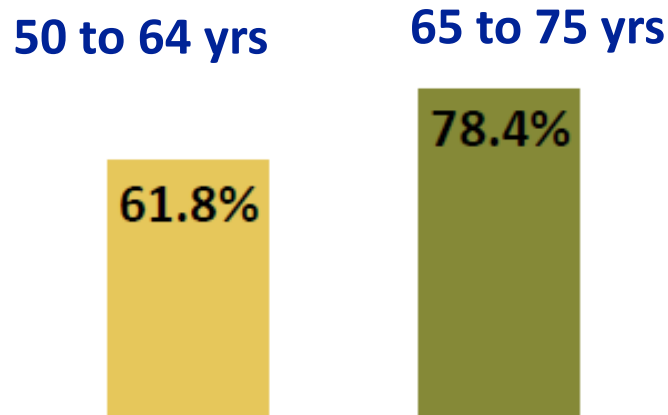


Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening (BRFSS 2016)



RELIABLE TRUSTED SCIENTIFIC DCPD

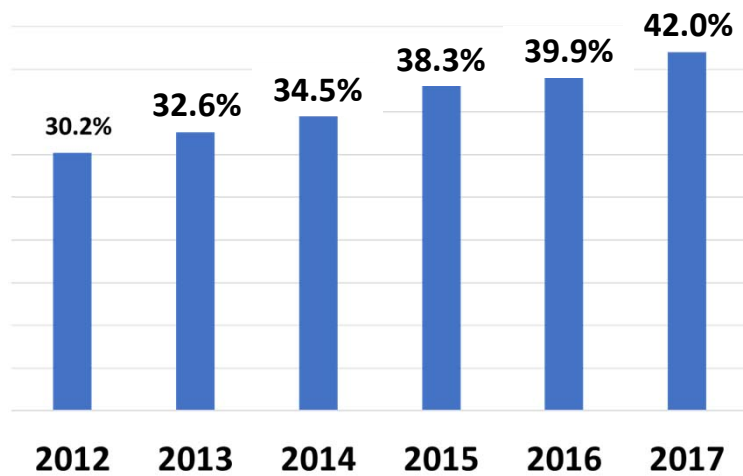
Amazing Screening Rates Among 65+ (BRFSS 2016)



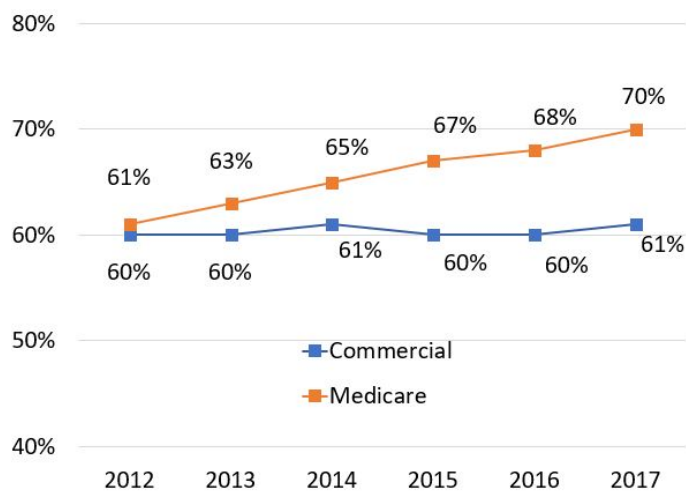
Source: BRFSS 2016

Colorectal Cancer Screening Rate

ALL FQHCs-UDS



2012 – 2017 HEDIS



Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Healthcare Effectiveness Data and Information Set

Current Strategic Plan Goals to Achieve – Update in 2019



Consumers

Move consumers to action



Systems

Use providers, payers, and employers to support screening



Policy

Increase access and remove barriers to screening



Process

Maintain momentum

When we launched this campaign,
we never imagined it would capture the
attention of the nation like it has.

Our initial goal was to have 50 organizations pledge..
As of December 2018, we have nearly 1750...



19 - 80% Pledges from WI!

- Aurora Walker's Point
- Center for Urban Population Health
- Kenosha Community Health Center
- Medical College of Wisconsin
- Mercy Health System
- Milwaukee Health Department
- Milwaukee Health Services, Inc.
- Network Health
- Outreach Community Health Centers, Inc.
- Progressive Community Health Centers
- Social Development Commission
- Society of Behavioral Medicine
- Thrivent Financial
- UnitedHealthcare Insurance Company Wisconsin
- UnitedHealthcare of Wisconsin, Inc
- UW Health (Wisconsin)
- Wisconsin Comprehensive Cancer Control
- Wisconsin Comprehensive Cancer Control Program / Wisconsin Cancer Council



#80InEveryCommunity

<http://nccrt.org/80-in-every-community/>



Preparation for the New Campaign

- Outreach to NCCRT members, ACS colleagues, and 80% partner organizations
- Multiple feedback opportunities: surveys, focus groups, one on one interviews, online discussions, open forums, and informal discussions. (16 to 18 months)
- 177 responses to our final “Slogans and Descriptions” survey
- That is to say... we spent a lot of time soliciting input, generating ideas, gathering feedback, and reflecting on the lessons from the last campaign.
- Many partners have expressed appreciation for this engagement and outreach .



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Same Target, New Emphasis

- 80% brings out the best in partnering organizations and inspired collective, coordinated activity
- Intensify our focus on key communities
- Recruit non-traditional partners
- Find opportunities for an emotionally compelling pitch for those that may be less likely swayed by a metrics-based campaign



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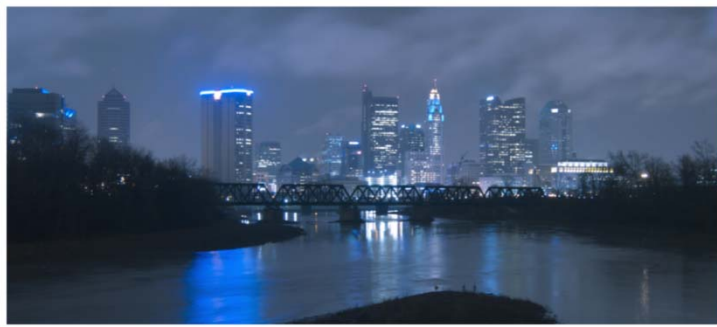


Partners in Saving Lives

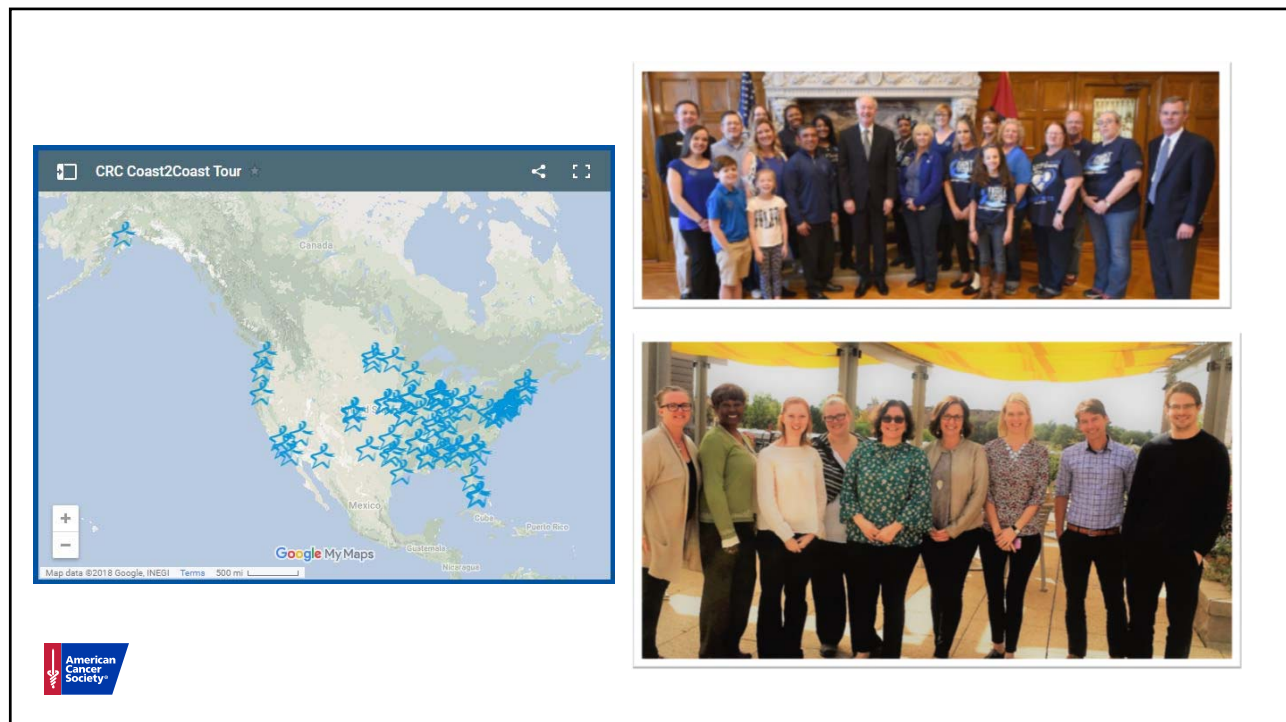
The collective action and collaborative efforts of the NCCRT's 80% by 2018 national screening campaign achieved tremendous success.



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Not everyone is benefiting equally

There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities, among others.



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With *80% in Every Community*, we will continue working to bring down barriers to screening, and our mission isn't achieved until we see every community benefitting from 80% and higher screening rates.



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Community

- Flexible and inclusive: Location, racial and ethnic community, patient population served by a health care system, workforce, or other variations specific to your needs and priorities.
- Diverse stakeholders within a community working together to increase colorectal cancer screening.



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March 2019 Broadcast

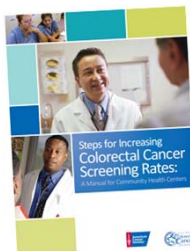
- Total uses of #80inEveryCommunity: 1,305
 - Estimated hashtag reach: 3.5MM
- Registration
 - 141 in-person
 - 700 individual livestream
 - 88 watch parties



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NCCRT Tools, Resources, and Publications



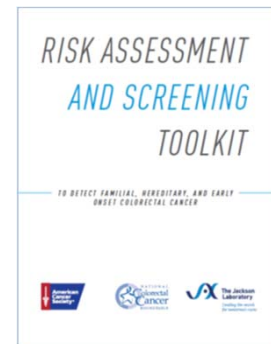
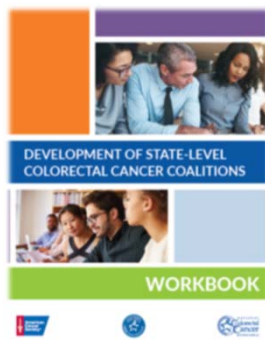
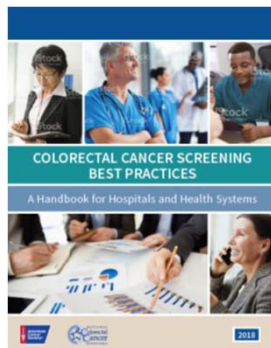
Available at:

nccrt.org/resource-center

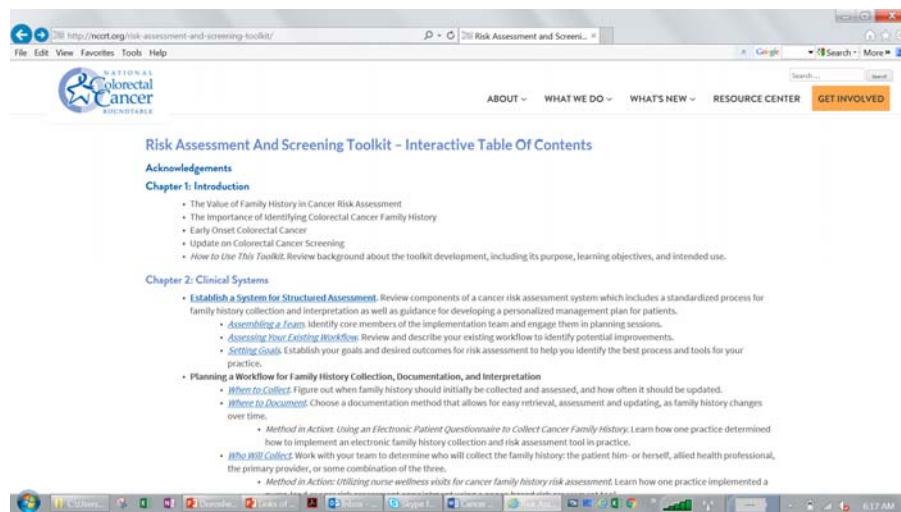


New NCCRT resources released in 2018

- ✓ Hospital Systems Change package
- ✓ State Roundtable guide and workbook
- ✓ CRC Risk Assessment Tool
- ✓ Cancer Center Summit Report



Experimenting with New Ways to Deliver Materials



New NCCRT Resources under Development....

- ✓ Links of Care curriculum
- ✓ How to pay for screening navigation curriculum
- ✓ Deep dive into Medicaid best practices on CRC screening
- ✓ NextGen Best Practices and Workflow guide
- ✓ Update and modernize CHC Steps Manual
- ✓ Refresh market research with the unscreened

2018
CRC Research:
Unscreened 50+
year olds



Background

The following presentation will summarize the findings from the first two phases of the 2018 CRC research and will focus on the 50+ Unscreened population. Findings from this research will be used to help craft the messaging to be tested in the final phase of this research.

Phase 1

Objective:

- Measure awareness of screening methods
- Understand the rationale for being screened/not being screened
- Uncover potential motivators to encourage screening

Methodology:

15-minute unbranded, online survey

Phase 2

Objective:

Dig deeper into the Unscreened population to better understand:

- Overall health perceptions
- Reasons behind their choice to remain unscreened
- CRC & CRC screening perceptions
- Motivators to get screened

Methodology:

(20) 45-minute telephone IDIs

Coming soon....

Phase 3

Objective:

Test potential messages to understand the impact they will have on motivating the Unscreened base

Methodology:

15-minute unbranded, online survey

Note: The research did capture insights from a smaller subset of 45-49 year olds, as well as Screened respondents. While both audiences may be briefly touched upon or referenced during this discussion, the main focus is the 50+ Unscreened age group.

CRC Screening Barriers

Why aren't they getting screened?



PROCRASTINATION (33%)
Often triggered by concerns about prep or the unpleasantness of the procedure



LACK OF SYMPTOMS (27%)



UNPLEASANTNESS OF PREP (23%)



NO FAMILY HISTORY (23%)



COST CONCERNS

74% of the Uninsured are deterred by cost

Among the Insured, some have expressed cost concerns, mainly just not knowing what insurance would cover and what out-of-pocket costs they would incur



IMPORTANCE OF SCREENING

60% feel CRC screening is important

(Higher among young 50 & African Americans)

Top barriers:

- 42% Procrastination
- 25% Unpleasantness of prep
- 22% No symptoms

Anxiety and fear are leading emotions Unscreened participants have when they think of being screened, largely related to the prep and procedure, but some also fear the results.

"I'm filled with a sense of dread for the preparation and the actual procedure."

CRC Screening Barriers – Population Differences

**Race/Ethnicity**

Barriers to screening are similar for Caucasians, Hispanics, and African Americans with procrastination leading

Caucasians:

More likely to cite:

- Unpleasantness of prep

Asians:

- Top barriers:

- ✓ No symptoms
- ✓ No family history
- ✓ Doctor didn't recommend

More likely than others to cite:

- Doctor didn't recommend
- Not thinking they were of age

**Young 50**

More likely to cite:

- Procrastination

**Rural Dwellers**

More likely to cite:

- Don't want to know if I have cancer

**Females**

More likely to cite:

- Unpleasantness of prep
- No family history

**Marketplace Insured**

More likely to cite:

- Can't afford out-of-pocket costs

Reaction To Not Being Screened

There are two main types of the Unscreened:

Those who acknowledge they should get screened and it's senseless they haven't



“I know it's stupid how I'm acting, but again, fears can be irrational. But, how I justify it is by saying, 'Well, I'm not saying I'm never going to do it. Maybe in some months I'll revisit it.' But then I put it out of my head and I don't think about it.”

Those who have a 'what's meant to be will be' mentality



“I think that if you get it, you get it. I don't think of it as something that's preventable where if you catch breast cancer early, you can prevent it, you can cure it. When I think of colon cancer, I don't think it's preventable or curable. I think once you get it, you get it and, again, your clock starts ticking.”

What Could Motivate Screening



What could trigger getting screened sooner rather than later:

- Stomach issues
- Someone they know having CRC
- Their doctor really pushing the issue

What could make screening easier/motivate action:

- Different/better test (21%)
- Lower cost/better insurance coverage (21%)
- Education on why it's important (15%)



How they think they'll feel prior:

- Many assume they will feel anxiety or dread about the prep and/or procedure
- Some note they would feel fine about the procedure, but would be anxious about the results

"I would be scared to death and embarrassed because you don't know what's going to happen. You feel exposed. It's not something you really want to do. You don't want to lay on a table while they stick a scope there."



Many note they would likely feel relieved after

What Could Motivate Screening – Population Differences



DIFFERENT/ BETTER TEST

Mentioned more by:

- Females
- Hispanics & Caucasians
- Insured



LOWER COST/BETTER INSURANCE COVERAGE

Mentioned more by:

- Uninsured



EDUCATION ON WHY IT IS IMPORTANT

Mentioned more by:

- Asians, African Americans, & Hispanics
- Insured

Population Summaries



Rural Dwellers - Unique Challenges & Opportunities



CHALLENGES

- Procrastination, no symptoms, & no family history top barriers

Compared to other Dwellers:

- More likely to cite not wanting to know if they have cancer as a barrier to screening
- Less likely to get annual physicals



OPPORTUNITIES

- Greater awareness of FIT-DNA test
- Lower prices/better insurance coverage leading motivator
- Message how screening can prevent colon cancer by removing polyps



"I really don't want to know if I have it or not. Sometimes, depending upon what it is, I have a certain mindset and my mindset about the whole thing is I don't have any symptoms. I don't have blood in the stool and I'm not having any problems with this and that. So why go looking?"

Young 50 (50-54 year olds) - Unique Challenges & Opportunities



CHALLENGES

- Procrastination leading barrier

Compared to 55+ year olds:

- More likely to cite procrastination, no time, and not thinking they are old enough as barriers
- More likely to be uninsured
- More likely to go to urgent care, a pharmacy, or the ER when sick



OPPORTUNITIES

- Place higher importance on screening
- More often desire health info from doctors and health portals
- Greater trust in receiving health info from family and government health organizations
- Message how screening can prevent colon cancer by removing polyps

"I mean if I have the time I'll get it done. It just depends. I mean there are so many variables, and it depends on how my father's doing. One day he could be fine, and one day he's not."

ACS 2018 Recommendations for CRC Screening

- The ACS recommends that adults aged **45 years and older** with an average risk of colorectal cancer undergo regular screening with **either a high-sensitivity stool-based test or a structural (visual) exam**, depending on patient preference and test availability.
- *As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.*



 @RichWender

ACS 2018 Recommendations for CRC Screening

- The ACS recommends that average-risk adults in good health with a life expectancy of greater than 10 years continue colorectal cancer screening **through the age of 75 years**. (*qualified recommendation*)
- The ACS recommends that clinicians individualize colorectal cancer screening decisions for individuals aged **76 through 85 years**, based on patient preferences, life expectancy, health status, and prior screening history. (*qualified recommendation*)
- The ACS recommends that clinicians discourage individuals **over age 85 years** from continuing colorectal cancer screening. (*qualified recommendation*)



ACS 2018 Recommendations for CRC Screening

- Options for CRC screening
 - Stool-based tests:
 - Fecal immunochemical test (FIT) every year
 - High sensitivity guaiac-based fecal occult blood test (HS-gFOBT) every year
 - Multi-target stool DNA test (mt-sDNA) every 3 years
 - Structural (visual) exams:
 - Colonoscopy (CSY) every 10 years
 - CT Colonography (CTC) every 5 years
 - Flexible sigmoidoscopy (FS) every 5 years
- As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.



New Decision Aids for CRC Screening

Summary for Clinicians

Conversation Cards

Patient Decision Aid



<https://www.cancer.org/health-care-professionals/colon-md.html>

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45

CRC Screening Guidelines for Average Risk Adults: ACS (2018); USPSTF (2016)

| Recommendations | ACS, 2018 | USPSTF, 2016 |
|-------------------------|---|--|
| Age to start screening | Age 45y Starting at 45y (Q) | Aged 50y (A) |
| S-strong Q-Qualified | Screening at aged 50y and older - (S) | |
| Choice of test | High-sensitivity stool-based test or a structural exam. | Different methods can accurately detect early stage CRC and adenomatous polyps. |
| Acceptable Test options | <ul style="list-style-type: none"> FIT annually, HSgFOBT annually mt-sDNA every 3y Colonoscopy every 10y CTC every 5y FS every 5y <p>All positive non-colonoscopy tests should be followed up with colonoscopy.</p> | <ul style="list-style-type: none"> HSgFOBT annually FIT annually mt-sDNA (aka FIT-DNA) every 1 or 3 y Colonoscopy every 10y CTC every 5y FS every 5y FS every 10y plus FIT every year |
| Age to stop screening | Continue to 75y as long as health is good and life expectancy 10+y (Q) 76-85y individual decision making (Q) >85y discouraged from screening (Q) | 76-85 y individual decision making (C) |



2018 NCCRT Guideline Summit: (September 20, 2018)

□ **What:** NCCRT convened a strategic meeting to consider how we promote CRC screening when recommendations differ.

□ **Participants:**

- 30+ attendees- experts/stakeholders
- Broad array of backgrounds and perspectives

□ **Format:** Informational presentations and group reflection, along with quite a bit of discussion, brainstorming, and workshop activities.

Objectives:

- Discuss where and how the differing starting ages will impact key strategy areas,
- Determine how the NCCRT can best continue to serve key and emerging constituencies as they implement CRC screening recommendations for their communities;
- Decide what changes are necessary to continue to support the shared goal to reach an 80% screening rate; and
- Explore any new opportunities that a recommendation to start screening at age 45 will present.

NCCRT Guideline Position Statement

The NCCRT supports member organizations in advancing their life saving missions around colorectal cancer screening, no matter which colorectal cancer screening recommendations they choose to follow. The NCCRT will continue to create an environment in which organizations with varying missions and policies can be heard, where differences of opinion are respected, where all organizations benefit from their membership in the NCCRT, and where the guiding philosophy emphasizes working toward the same end goal to save lives from this disease. Assuring health equity is our responsibility. The NCCRT will continue to provide resources that meet the needs of all members, serve as an information clearing house, address disparities issues, and identify opportunities to save lives from this disease, including those who are being diagnosed at younger ages.

Thank You!

To follow NCCRT on social media:



Twitter: @NCCRTnews



Facebook:

www.facebook.com/coloncancerroundtable

Caleb.Levell@cancer.org

Questions



Resource Review

► Low-Literacy Fact Sheets

- Colorectal Cancer Screening (also available in Spanish)
- Developed in partnership with Covering Wisconsin

Find Colon Cancer Early With a Simple Test
Colon (or colorectal) cancer is **treatable**. It can be **cured** when found early!

1. Who needs to get tested?
Everyone aged 50-75 years old. Colon cancer is the 2nd most common cause of cancer death in Wisconsin. It can be cured when found early!

2. What are the most common tests?
Talk to your doctor to find the best test for you. Some tests you can even do at home.

FIT test (Fecal Immunochemical Test). Repeat every year.

| Where? | What? | Next Step? |
|---------|----------------------------------|----------------------------------|
| At home | Put small bit of poop in the kit | Mail or bring to doctor's office |

Stool DNA test (brand is Cologuard). Repeat every 3 years.

| Where? | What? | Next Step? |
|---------|----------------------------------|-----------------|
| At home | Put small bit of poop in the kit | Mail to the lab |

Colonoscopy. Repeat every 10 years.

| Where? | What? | Next Step? |
|-------------------------|--|-------------------------------------|
| At a hospital or clinic | A cancer look at your colon. You may get drugs that make you sleepy. | Someone will need to take you home. |

What is the colon?
The colon is where poop collects and passes through your body.

What are polyps?
These are bumps inside the colon that can turn into cancer. They can be removed during a colonoscopy.

If you have bowel disease, or a family history of polyps, colon cancer, or rectal cancer you may need to get tested younger.
Talk to your doctor.

3. How can I prevent colon cancer?

- Eat a diet with lots of fruits and vegetables.
- Limit the amount of red and processed meats (lunch meat, hot dogs, etc.)
- Get regular exercise.
- Ask your doctor if a daily aspirin may help reduce your risk.
- Limit alcohol use. If you drink alcohol: Women: no more than 1 drink per day. Men: no more than 2 drinks per day.
- Stop smoking. For help, call the free Outline at 1-800-QUIT-NOW.

John's Story
When John turned 50, his doctor asked him to do a colon cancer test. John had no history of cancer in his family and felt healthy. He didn't think he needed the test. But his doctor told him the test is free with insurance and he could do it at home. John did the FIT test at home and it showed he needed a follow-up colonoscopy. The follow-up colonoscopy showed John had cancer, but they caught it early. John had all of the cancer removed from his colon. He has gone back each year for follow up tests, and he has been cancer free for 5 years!

Wisconsin Cancer Council
Covering Wisconsin
www.coveringwisconsin.org

How to find them on wicancer.org

Wisconsin Comprehensive Cancer Control Program

Events Contact Search

About the CCC Program Wisconsin's CCC Plan CCC Grants Program Cancer Control Resources News and Policy WI Cancer Council Breast Cancer Task Force

2019 County Cancer Program
cancer outcomes & risk factors for every county in WI

WI CCC Plan 2015-2020

Member Events Calendar

The Wisconsin Comprehensive Cancer Control Program and its partnership arm, the Wisconsin Cancer Council, work to engage public, private and community partners to develop, implement and promote a statewide approach to cancer control.

WI Cancer Facts & Figures Incoming Member Events

Questions? Comments?

- ▶ What are you doing to increase colorectal cancer screening in your community, clinic, system, etc.?
- ▶ What has been the most successful?
- ▶ What challenges/barriers have you encountered? How have you addressed them?
- ▶ Have you looked into your screening data to see if certain populations have screening rates below your clinic average?
- ▶ Are there other resources that would be helpful for your work?



Upcoming Webinars & Topics

- ▶ April 11 – Alcohol & Cancer: A Discussion
- ▶ May 9 – TBD

Have a topic that you'd like to learn more about or something you feel passionate about that you'd like to share with others? Let us know!

