

Achieving 80% by 2018: *The Initiative to Improve Colon Cancer Screening Rates*

For: Chronic Disease University

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Today's Presentation Outline:

- I. The State of Colorectal Cancer & Colorectal Cancer Screening Rates
- II. Colorectal Cancer Screening Guidelines
- III. National Colorectal Cancer Roundtable (NCCRT) & the “80% by 2018” Campaign
- IV. The Georgia Colorectal Cancer Roundtable (GCCRT)
- V. Next Steps: How You and or Your Organization Can Support This Initiative
- VI. Q and A/Discussion?

*Thank you for the opportunity to join
Chronic Disease University!*

The State of Colorectal Cancer & Colorectal Cancer Screening Rates



We are Making Progress!

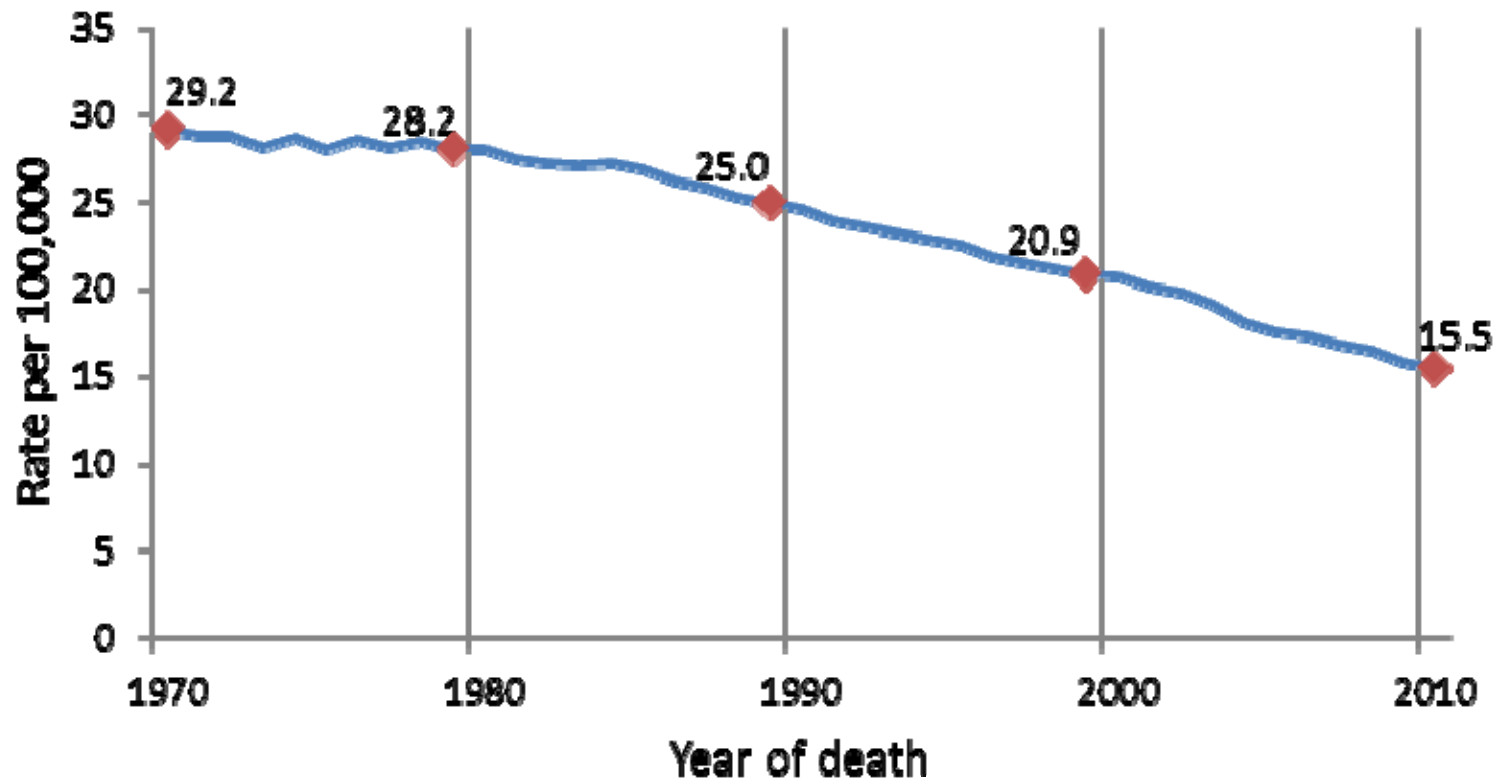
Increasing Decline in Colorectal Cancer Death Rates, 1970-2010

Decline per decade: 3%

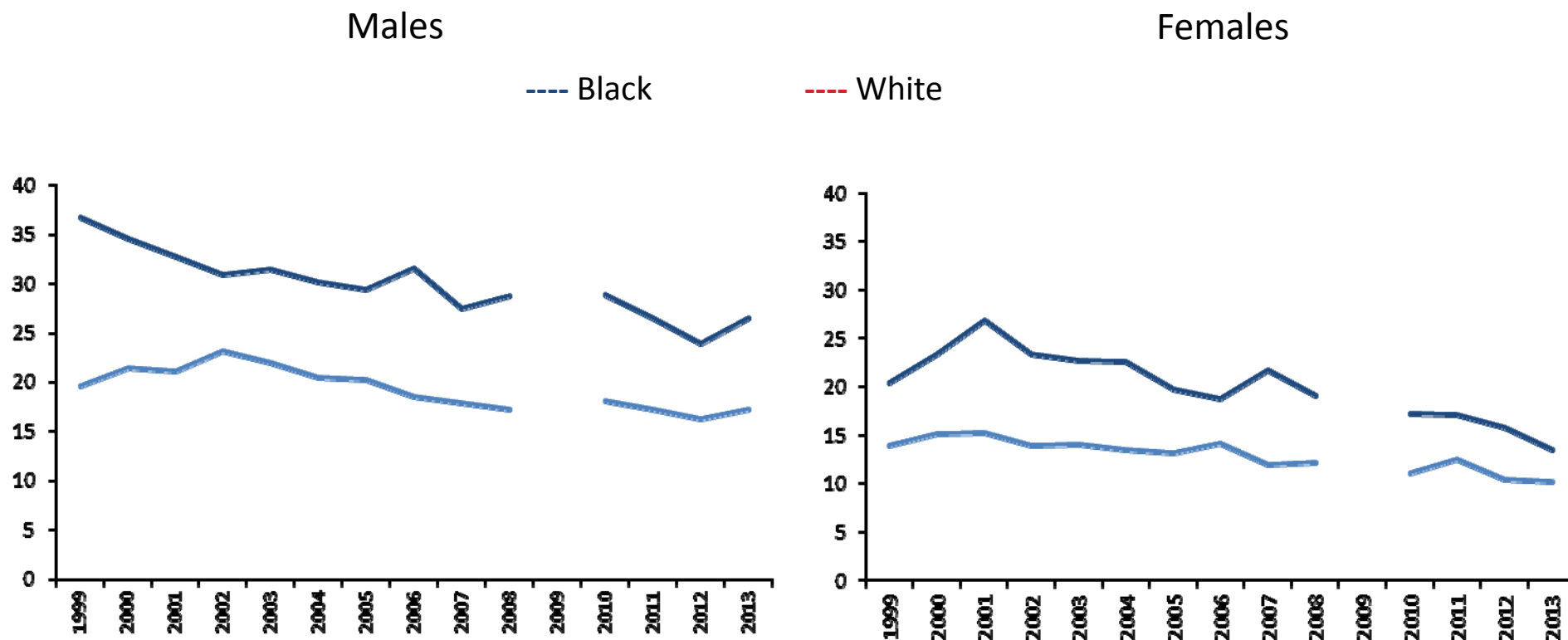
11%

15%

25%



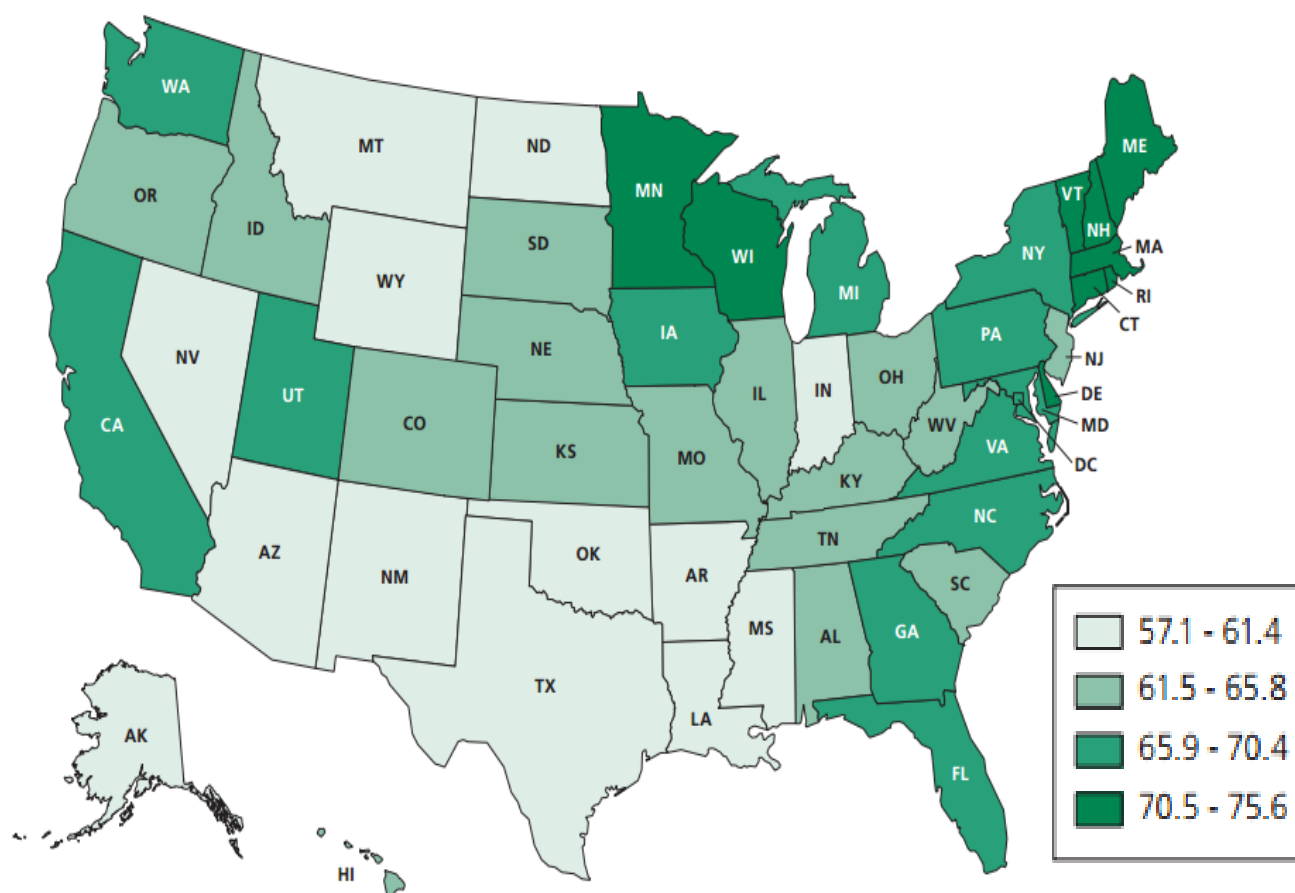
Colorectal Cancer Mortality Trend by Sex & Race, GA 1999-2013



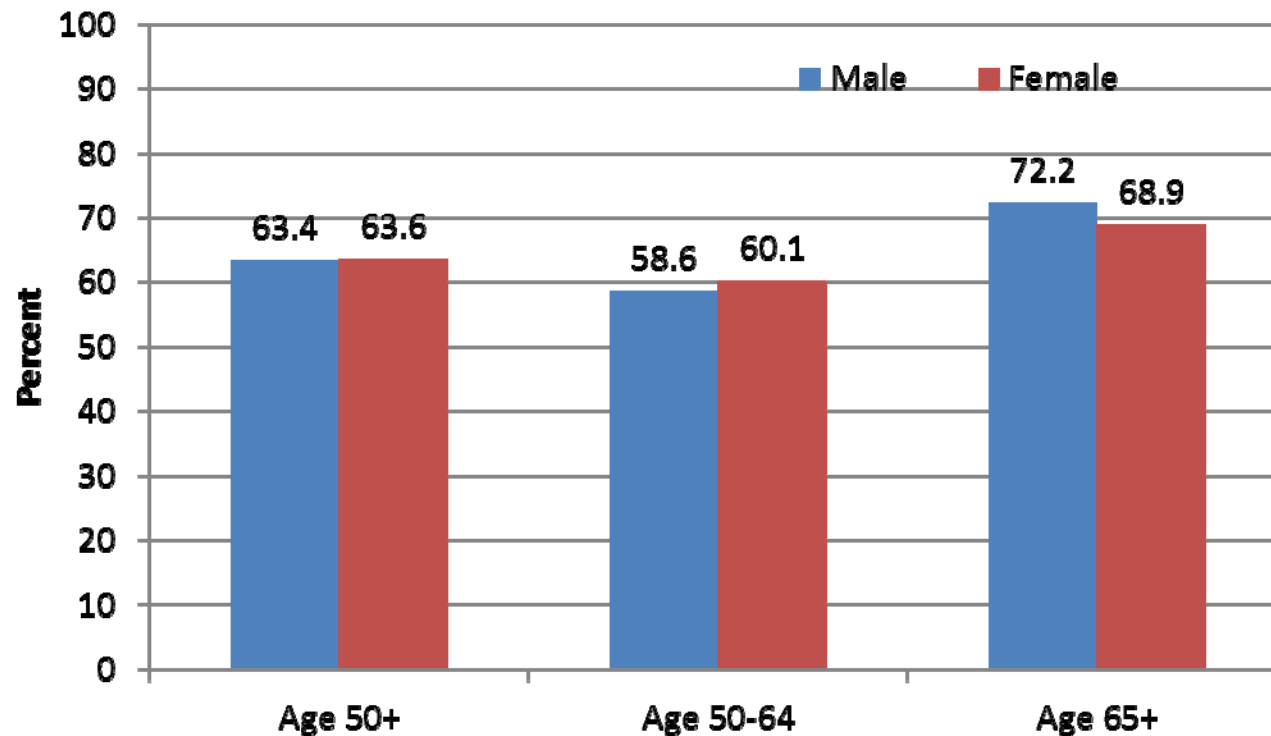
Data Source: Georgia Vital Records 1999-2013

*Slide Courtesy of Rana Bayakly, MPH, Chief Epidemiologist,
Chronic Disease at Georgia Department of Public Health*

Colorectal Cancer Screening* Prevalence Among Adults Age 50 Years And Older By State, 2012



Prevalence (%) of Colorectal Cancer Screening* by Sex and Age Group, Georgia 2011-2013

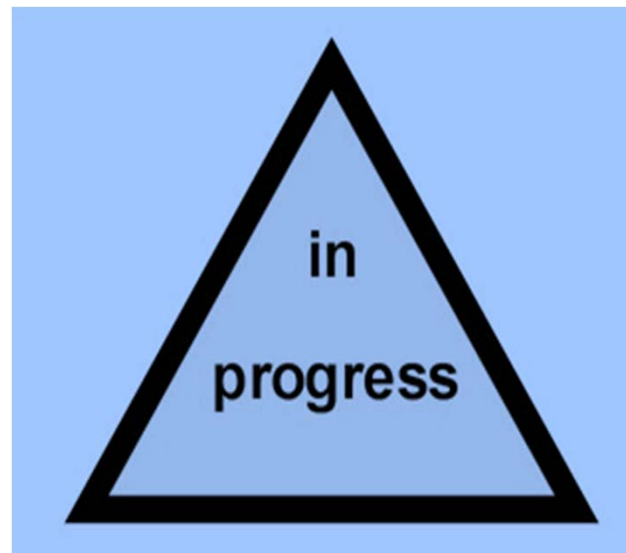


Colorectal Cancer Screening defined as percent of adults 50 years and older who had a FOBT in the last year, and/or sigmoidoscopy in the last 5 years, and/or colonoscopy in the last 10 years.

Data Source: Georgia Behavioral Risk Factor Surveillance System 2011 – 2013

*Slide Courtesy of Rana Bayakly, MPH, Chief Epidemiologist,
Chronic Disease at Georgia Department of Public Health*

Despite **this** progress and the fact that
colorectal cancer incidence rates have
dropped 30% in the last **ten** years . . .



The State of Colorectal Cancer and Colorectal Cancer Screening

- Colorectal Cancer is still the third most common cancer
- The 3rd deadliest in the United States
- **In Georgia:** Second leading cause of death for both men and women combined
- Almost 4,000 cases are diagnosed and 1,400 deaths due to colorectal cancer occur each year (in Georgia)

The State of Colorectal Cancer and Colorectal Cancer Screening

- Nationally, 65% percent of the population (between 50-75) is up-to-date with their recommended colorectal cancer screening (as of 2010, according to the CDC)
- This is an increase from 56% in 2003
- However, this means that almost 1 in 3 adults between 50 & 75 are **NOT** getting their recommended screenings (according to the CDC)
- **In Georgia**, the colorectal screening rate is 66.4%, slightly higher than the national average
- There are several recommended screening test options, including: colonoscopy, stool tests (guaiac fecal occult blood test [FOBT] or fecal immunochemical test [FIT]), and sigmoidoscopy.
- *The best test is the one that gets done*

American Cancer Society
Colorectal Cancer Screening Guidelines



ACS Screening Guidelines for Colorectal Cancer:

Options for Average Risk Adults aged 50 and older:

Starting at age 50, men and women at *average risk* for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer

Flexible sigmoidoscopy every 5 years*

Colonoscopy every 10 years

Double-contrast barium enema every 5 years*

CT colonography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer

Guaiac-based fecal occult blood test (gFOBT) every year*,**

Fecal immunochemical test (FIT) every year*,**

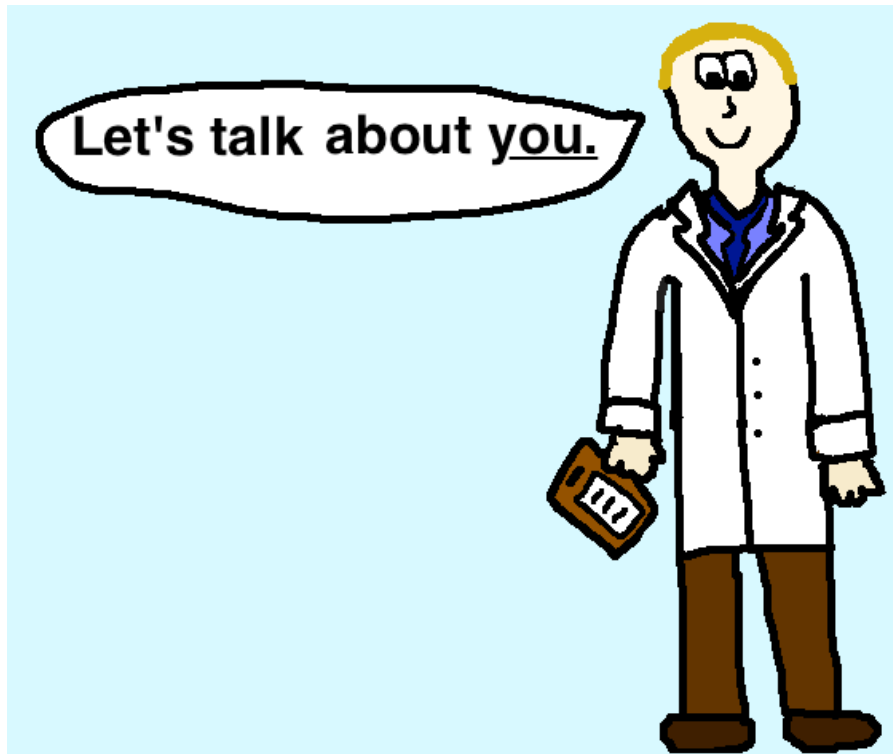
Stool DNA test every 3 years*

**Colonoscopy should be done if test results are positive.*

*** Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening.*



ACS Screening Guidelines for Colorectal Cancer:



**The best test
is the one
that gets
done!**

*The National Colorectal Cancer Roundtable (NCCRT) and
the 80% by 2018 Campaign*



The National Colorectal Cancer Roundtable (NCCRT):

- Founded in 1997 by the Centers of Disease Control and Prevention (CDC) and the American Cancer Society
- Comprised 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 (over 70 leading organizations serve as members)
- Ultimate Goal: increase the use of recommended colorectal cancer screening tests in the population for whom screening is appropriate



the 80% by 2018 initiative

- Launched in March of 2014
- 80% by 2018 is a national initiative to increase the colorectal cancer screening rate to 80 percent for adults over the age of 50
- Currently, over 750 organizations from across multiple sectors nationwide have committed to the 80% by 2018 campaign



The Potential Impact of 80% by 2018



In the United States, if we can achieve 80% by 2018, **277,000 cases** and **203,000 colon cancer deaths** would be **prevented by 2030**

The Potential Impact of 80% by 2018



In Georgia, if we can achieve 80% by 2018, **5617** cancer deaths would be **prevented by 2030** or **468** per year (2013-2030).

That is over one Georgian's life per day!

The nation has become energized by the goal of 80% by 2018.

So what will it really take?



10 Steps to Achieving 80% by 2018



10 Steps to Achieving **80% by 2018**

1. Convene and educate **clinicians, insurers, employers, and the general public.**
2. Find strategies to reach **newly insured** Americans.
3. More effectively engage **employers and payers.**
4. Find new ways to communicate with the insured, **unworried well.**
5. Make sure that **colonoscopy** is available to everyone.



10 Steps to Achieving **80% by 2018**

6. Ensure everyone can be offered a **stool blood test** option.

7. Create powerful, reliable, committed **medical neighborhoods** around Federally Qualified Health Centers.

8. Recruit as many **partner organizations** as possible.

9. Implement intensive efforts to reach **low socio-economic** populations.

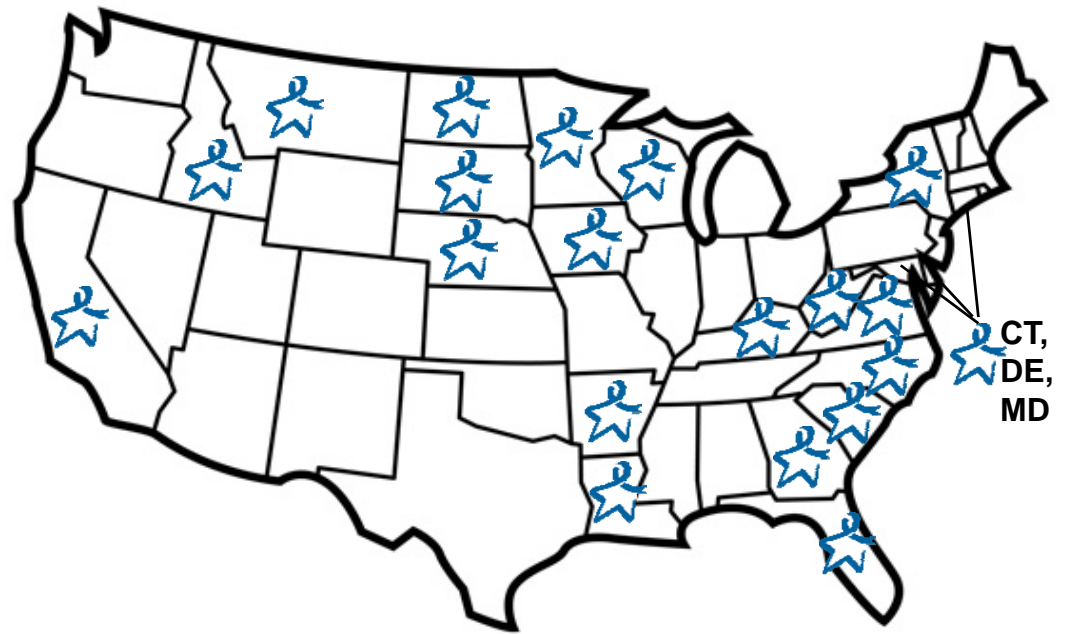
10. **Believe** we will achieve this goal!



**All public health is local . . .
The Georgia Colorectal Cancer
Roundtable (GCCRT)**



Georgia is one of the many states creating their own state-based solution to achieve 80% by 2018



*The Georgia Colorectal Cancer
Roundtable (GCCRT)*



the Georgia Colorectal Cancer Roundtable (GCCRT)

- Created in 2015 and held first statewide forum March 30, 2016
- An initiative of the Georgia Cancer Control Consortium (GC3)
- New statewide multi-organizational collaborative comprised of leading organizations working towards the common goal of improving colorectal cancer outcomes in Georgia
- Modeled after the National Colorectal Cancer Roundtable (NCCRT)



***Jim Hotz, MD at the March 30th GCCRT Inaugural Forum
Chair, Georgia Colorectal Cancer Roundtable
Chair, GC3
Clinical Services Director, Albany Area Primary Health Care***



The Initial Overarching Goals of the GCCRT

1. Develop blueprints for systems at the state and local level to define the necessary activities and organized approaches that will lead to reaching 80 percent by 2018
2. Increase access to and the utilization of high quality colorectal cancer screening by appropriate populations in all Georgia communities, with timely follow-up evaluation for those with positive test results
3. Increase timely access to high quality colorectal cancer treatment

Currents Members of the GCCRT Steering Team

Albany Area Primary Health Care, Inc. (AAPHC)

Alliant Quality

American Cancer Society, Inc.

American College of Physicians, Georgia Chapter

Blue Cross Blue Shield of Georgia

Cancer Coalition of South Georgia

Community Health Works/Central Georgia Cancer Coalition

East Georgia Cancer Coalition

Emory Prevention Research Center

Emory University School of Medicine

Employers Like Me (Georgia Tech)

Georgia Department of Public Health

Georgia Gastroenterologic & Endoscopic Society (GGES)

Georgia Hospital Association

Georgia Primary Care Association

Grady Memorial Hospital

Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph's/Candler

Oakhurst Medical Centers

The GCCRT

- The focus of the March inaugural forum, moving from “awareness to action” and “progress, not perfection”
- The New GCCRT Workgroups will start in May 2016, which include:
 - Physician Education and Engagement
 - Patient Education and Engagement
 - Policy
 - Access



How You and Your Organization Can Support “80% by 2018”

1. **Commit to the Pledge:** [80X2018 Pledge](#)
2. **Think and Evaluate:** Where could your organization/practice play a role? How can we work together to “operationalize” your pledge?
3. **Reach out to ACS** for assistance, questions, and resources, etc. (There are tools already in place)
4. **Join a GCCRT workgroup**
5. **Recruit, Promote, and Share**
6. **Believe we can do accomplish this!**





***Thank you for your time!
Together, we will achieve 80% by
2018 in Georgia***



For more information or questions about the NCCRT, the 80% by 2018 initiative, or the Georgia Colorectal Cancer Roundtable (GCCRT), please contact:

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