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

For: Chronic Disease University
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American Cancer Society, Inc.
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

Males
- Black
- White

Females
- Black
- White

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

*Either a fecal occult blood test within the past year or a sigmoidoscopy or colonoscopy within the past 10 years (includes diagnostic exams).

Source: Behavioral Risk Factor Surveillance System Public Use Data Tapes 2012, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.
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

*Includes screening for colorectal cancer, FOBT, sigmoidoscopy, and colonoscopy.
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*
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:

Let's talk about you.

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, \textbf{277,000 cases} and \textbf{203,000 colon cancer deaths} would be prevented by 2030.
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)
More and More State-Level Engagement

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)
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
## Current Members of the GCCRT Steering Team

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<tr>
<th>Organization</th>
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<tr>
<td>Albany Area Primary Health Care, Inc. (AAPHC)</td>
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<td>Alliant Quality</td>
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<td>American Cancer Society, Inc.</td>
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<td>American College of Physicians, Georgia Chapter</td>
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<td>Blue Cross Blue Shield of Georgia</td>
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<td>Cancer Coalition of South Georgia</td>
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<td>Community Health Works/Central Georgia Cancer Coalition</td>
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<td>East Georgia Cancer Coalition</td>
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<td>Emory Prevention Research Center</td>
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<td>Emory University School of Medicine</td>
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<td>Employers Like Me (Georgia Tech)</td>
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<td>Georgia Department of Public Health</td>
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<td>Georgia Gastroenterologic &amp; Endoscopic Society (GGES)</td>
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<td>Nancy N. and J.C. Lewis Cancer &amp; Research Pavilion at St. Joseph's/Candler</td>
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<td>Oakhurst Medical Centers</td>
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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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