On January 19, 2023, the Colorectal Cancer Action Team presented a webinar to the NYS Association for Rural Health on 'Successes and Challenges with Colorectal Cancer Screening in Rural Communities.'

Click here to view.
Successes and Challenges with Colorectal Cancer Screening in Rural Communities

January 19, 2023
1:00 –2:00 pm
Objectives

• Describe the burden of colorectal cancer in NYS, screening guidelines, and recommended tests

• Identify unique barriers to and successful strategies for screening in rural communities

• Understand the role of the NYS Cancer Consortium and available resources to support patient and community outreach
Panelists

Heather Dacus, DO, MPH
Director, Bureau of Cancer Prevention and Control
New York State Department of Health

Anne Marie Snell
Executive Director
St. Lawrence County Health Initiative, Inc.

Carlton Rule, MD
Vice President of Medical Affairs
Bassett Healthcare Network

Elisè Collins
Senior Program Coordinator
New York State Department of Health

Facilitator

Elisè Collins
Senior Program Coordinator
New York State Department of Health
Poll # 1:
What is your role in increasing colorectal cancer screening?
- Community Education/Services
- Provider/Clinical Care
- Patient Education/Navigation
- Policy Advocate
- Other
Colorectal Cancer Burden in New York State and Screening Guidelines
Burden of Colorectal Cancer in New York State

2nd leading cause of cancer death in NYS among all people

- New cases of colorectal cancer each year
- Adult deaths from colorectal cancer annually

Early detection, through regular screening, can stop colorectal cancer before it starts or find it early when treatment may be most effective.
NYS County-Level Colorectal Cancer Incidence Rates

Age-Adjusted Incidence Rates
Both Males & Females
By County, 2015–2019
Rates are age-adjusted to the 2000 U.S. population
New York State Cancer Registry
Data are provisional, November 2021

Colors indicate quintiles.
Width of bars indicate 95% confidence intervals

NYSC colorectal Cancer Screening Rates and Targets

FQHCs
2021: 45.62%

Commercial PPO
2020: 62%

Medicaid Managed Care
2020: 64%

HMO
2020: 72%

BRFSS
2020: 76.6%

Healthy People 2030
Objective: 74.4%

National Colorectal Cancer Roundtable & NYS Cancer Consortium Goal: 80%

Multiple sources: NYS BRFSS, HEDIS Uniform Data Set, NYS Managed Care Reports
NYS Colorectal Cancer Screening Rates and Targets

• Colorectal cancer screening rates are lowest among NYS adults ages 50 to 54 years old (compared to 55 and older).

• Among adults ages 50 to 54 years old, colorectal cancer screening rates are lowest for men, those with lower annual household incomes, those without health insurance, and those without a personal health care provider.

A health care provider’s recommendation can significantly improve cancer screening rates, but in NYS many adults report not getting this recommendation from their HCP.
Screening Options for Persons at Average-Risk, Ages 45 - 75

Key messages:

• Screen average risk adults for colorectal cancer beginning at age 45 (USPSTF, 2021 and ACS, 2018)

• Several screening options exist

• Giving people options increases screening completion rates

• Every type has pros and cons

• A colonoscopy is needed if results of other screening tests are abnormal

<table>
<thead>
<tr>
<th>Screening Option</th>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td><strong>Colonoscopy</strong></td>
<td>• One-step screening—no additional test is needed • Very long intervals between screens if findings are normal</td>
<td>• Bowel prep is needed • Completed away from home • Sedation is used • Small risk of bleeding, infection, and injury</td>
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<tr>
<td><strong>Flexible sigmoidoscopy</strong></td>
<td>• Long intervals between screens if findings are normal • Sedation is not needed</td>
<td>• Bowel prep is needed • Completed away from home • Doesn't assess the whole colon • A colonoscopy is needed if polyps are found</td>
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<tr>
<td><strong>CT colonography</strong></td>
<td>• Long intervals between screens if findings are normal • Sedation is not needed</td>
<td>• Bowel prep is needed • Completed away from home • May miss flat polyps • Rescreen or a colonoscopy is needed if polyps are found</td>
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<td><strong>Stool-based screening</strong></td>
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<tr>
<td><strong>Multitargeted stool DNA-based test (mt-sDNA)</strong></td>
<td>• Stool is collected by you at home • No prep is needed • No physical risks</td>
<td>• A colonoscopy is needed if results are abnormal • Not as accurate as visual tests • Frequent screenings even if results are normal</td>
</tr>
<tr>
<td><strong>High-sensitivity guaiac-based test and fecal immunochemical test (FIT)</strong></td>
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https://www.nccn.org/patients/guidelines/content/PDF/colorectal-screening-patient.pdf
Rescreening Recommendations for Average-Risk Adults

Rescreening based on average risk

<table>
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<tr>
<th>Screening options</th>
<th>Time until rescreen if prior results are normal</th>
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</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>Rescreen in 10 years</td>
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<tr>
<td>Flexible sigmoidoscopy</td>
<td>Rescreen in 5 to 10 years</td>
</tr>
<tr>
<td>CT colonography</td>
<td>Rescreen in 5 years</td>
</tr>
<tr>
<td>Multitargeted stool DNA-based test</td>
<td>Rescreen in 1 to 3 years</td>
</tr>
<tr>
<td>High-sensitivity guaiac-based test</td>
<td>Rescreen in 1 year</td>
</tr>
<tr>
<td>Fecal immunochemical test</td>
<td>Rescreen in 1 year</td>
</tr>
</tbody>
</table>

[https://www.nccn.org/patients/guidelines/content/PDF/colorectal-screening-patient.pdf](https://www.nccn.org/patients/guidelines/content/PDF/colorectal-screening-patient.pdf)
Poll # 2: What colorectal cancer screening test/s do you recommend?
- guaiac Fecal Occult Blood Test (gFOBT)
- Fecal Immunochemical Test (FIT)
- FIT-DNA (Cologuard)
- Colonoscopy
- CT Colonography
- Sigmoidoscopy
- I recommend more than one of these tests
Unique barriers and successful strategies
for screening in rural communities
Barriers to CRC Screening in Rural USA

- Cost of screening procedures and lack of insurance coverage
- Lack of time
- Embarrassment or discomfort
- Fear of the test
- Fear of finding cancer or burdening family members
- Lack of knowledge or other misconceptions
- Inadequate supply of specialists and subspecialists
- Distrust of the healthcare system
- No reminder system for patients

- Lack of prevention attitude
- Lack of privacy due to knowing healthcare providers and screening staff
- Distances to travel for screening
- Transportation issues
- ***May also be less likely to go to the doctor until they feel sick or notice symptoms

https://www.ruralhealthinfo.org/topics/cancer
Rural clinics can take steps

- Assess Organizational Capacity
- Identify evidence-based interventions
- Develop Standard Operating Procedures
- Construct Process Maps

https://storymaps.arcgis.com/stories/1a355c0745204d96b331f56d0b1a18e4
Evidence based interventions

Evidence-based Interventions for Colorectal Cancer Screening, as recommended by the Community Guide.
Work with community partners

Where are your patients?

Are you leading by example?

How can you support?
Please Answer In Chat:
What community partners have you engaged to increase colorectal cancer screening?
Lessons Learned from a Mailed Fecal Immunochemical Test Project
Initial Kit Mailing

133 IFOB kits sent to patients of William McCue, NP, who were overdue for colon cancer screening
- First kits were sent by clinic on 4/30/2021
- Last kits were sent by clinic on 5/21/2021

Patient Navigation outreach calls were made to all appropriate patients within 7 days of kits being sent,
- Subsequent follow up calls were a little slower
- All general outreach completed except for one patient as of 7/30
  - 9 were inappropriate for outreach
    - 4 moved out of the area or changed PCP
    - 4 were deceased
    - 1 had break the glass warning
Success of Mailed Kits

36 patients completed screening

- 31 completed IFOB or Cologuard kits
  - 5 patients did Cologuard instead of or in addition to IFOB
  - 1 also completed colonoscopy simultaneously with the kit
  - 21 had contact with Patient Navigator
  - 10 completed IFOB or Cologuard screening without contact from Patient Navigator

- 5 received colonoscopies instead of IFOB or Cologuard
  - 1 of those did a kit as well

Overall, 27.06% (36/133) of patients screened
Colorectal Cancer Screening Rate
Herkimer Health Center, eight practitioners
Colorectal Cancer Screening Rate
William McCue, NP

Quality trends for the current patient attribution
Question & Answer
Select Resources

Rural Health Clinic Colorectal Cancer Screening Toolkit: https://storymaps.arcgis.com/stories/0d0ea5f3dbdc4b3c9d3b91cce3a4cf27

NYSDOH Free Patient Materials: Get the Facts about Colorectal Cancer, Get Tested for Colorectal Cancer (Available in: Spanish, Haitian Creole, Russian, Chinese, Korean, Italian, Arabic, Bengali, Polish, Yiddish) available at: https://www.health.ny.gov/diseases/cancer/educational_materials

American Cancer Society Colorectal Cancer ECHO series that was completed earlier this year. You can choose from 5 session with different topics or watch the entire series. Each session has the recording and resources attached: http://bit.ly/3BFFygu

Kaiser Permanente Center for Health Research
- Smarter CRC: Improving colorectal health in rural communities: https://research.kpchr.org/mailed-fit/Research


National Colorectal Cancer Roundtable: nccrt.org
About Us

**Working Together, Reducing Cancer, Saving Lives**

We are New Yorkers from all walks of life who work together to reduce the burden of cancer.

The NYS Comprehensive Cancer Control Plan is a cancer prevention and control roadmap that we use to guide us in our efforts.
Who We Are

Member Affiliations

A2 Associates, LLC
Action to Cure Kidney Cancer
Adelphi NYS Breast Cancer Hotline & Support Program
Albany Medical Center
Albert Einstein College of Medicine
Alliance of New York State YMCAs
American Cancer Society
American Cancer Society Cancer Action Network
American Childhood Cancer Organization
American Lung Association
American-Italian Cancer Foundation
Bassett Healthcare
Ben's Builders
Breast and Prostate Peer Education a service of Niagara Falls Memorial Center
Breast Cancer Coalition of Rochester
Broome County Health Department
Broome County Health Department Cancer Patient Support Foundation
Cancer Resource Center of the Finger Lakes
Columbia University
Cortland County Health Department
CUIMC/NYP
Cullari Communications Global
Eastern Niagara Hospital
Erie County Department of Health
Southampton Hospital
Franklin County Public Health
Fulton County Public Health
Gilda's Club NYC
Glens Falls Hospital
Great Lakes Cancer Care
Herbert Irving Comprehensive Cancer Center
HeritX.org

(Not an exhaustive list)

HITCH Inc./Open Door Family Medical Centers
Hunter College NYS Food Policy Center
Icahn School of Medicine at Mount Sinai
Institute for Family Health
Jacobi Medical Center
Jacobs School of Medicine - State University of New York at Buffalo
Jefferson County Public Health Service
Kaleida Health Family Planning Center
Leukemia & Lymphoma Society
Making Headway Foundation
NYU Langone Health
Pediatric Brain Tumor Foundation
Population Health Collaborative
Rochester Regional Health
Roswell Park Comprehensive Cancer Center
Action Teams

Join Today!

- Learn about the latest updates in state-wide cancer prevention efforts
- Promote Plan priorities through webinars, trainings, or workshops
- Collaborate with team members to achieve Plan goals and objectives
How to Find Us and Get Involved

Join the Consortium on our Website
nyscancerconsortium.org

Like us on Facebook
NYS Cancer Consortium

Follow us on Twitter
@NYSCancer
NYSCC Quarterly Member Meeting Series

Upcoming Meeting

- March 14, 2023
  11:00am - 12:15pm
NYSCC E-Blast

A bi-monthly e-newsletter created by and for Consortium Members

Topics Include;

- Funding Opportunities
- Health Promotion Articles
- Member Spotlights
- Meetings and Trainings of Interest

And more!

Deadline for February E-Blast: Jan 31st
Thank you for Attending

cancerconsortium@health.ny.gov