

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

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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

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# 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

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# Facilitator

Elisè Collins

**Senior Program Coordinator**

New York State Department of Health

## **Poll # 1:**

# **What is your role in increasing colorectal cancer screening?**

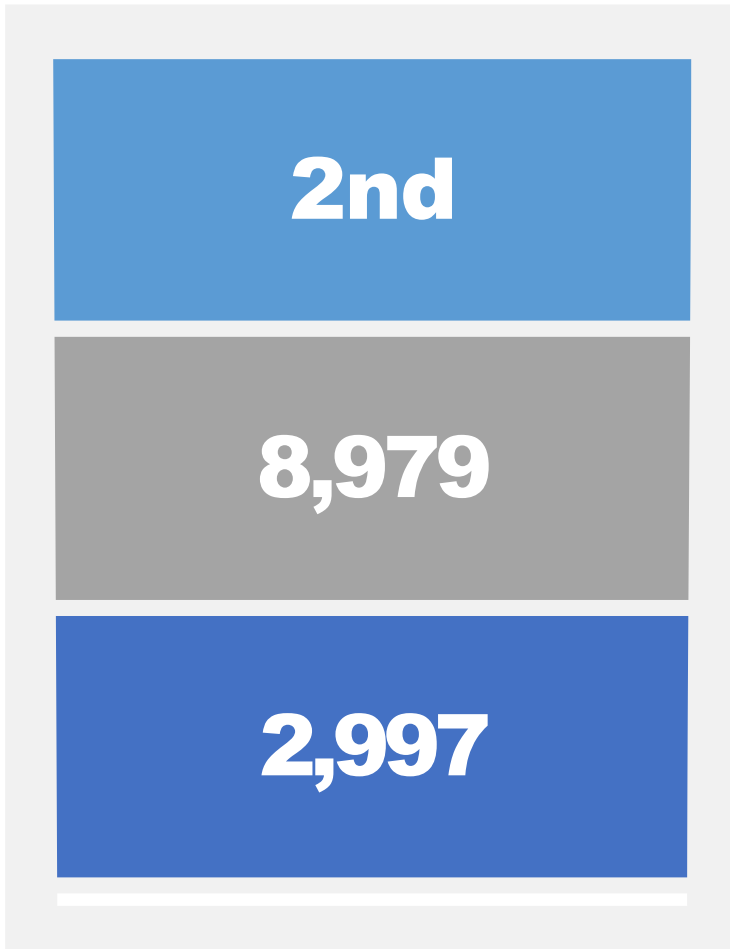
- Community Education/Services
- Provider/Clinical Care
- Patient Education/Navigation
- Policy Advocate
- Other



# Colorectal Cancer Burden in New York State and Screening Guidelines



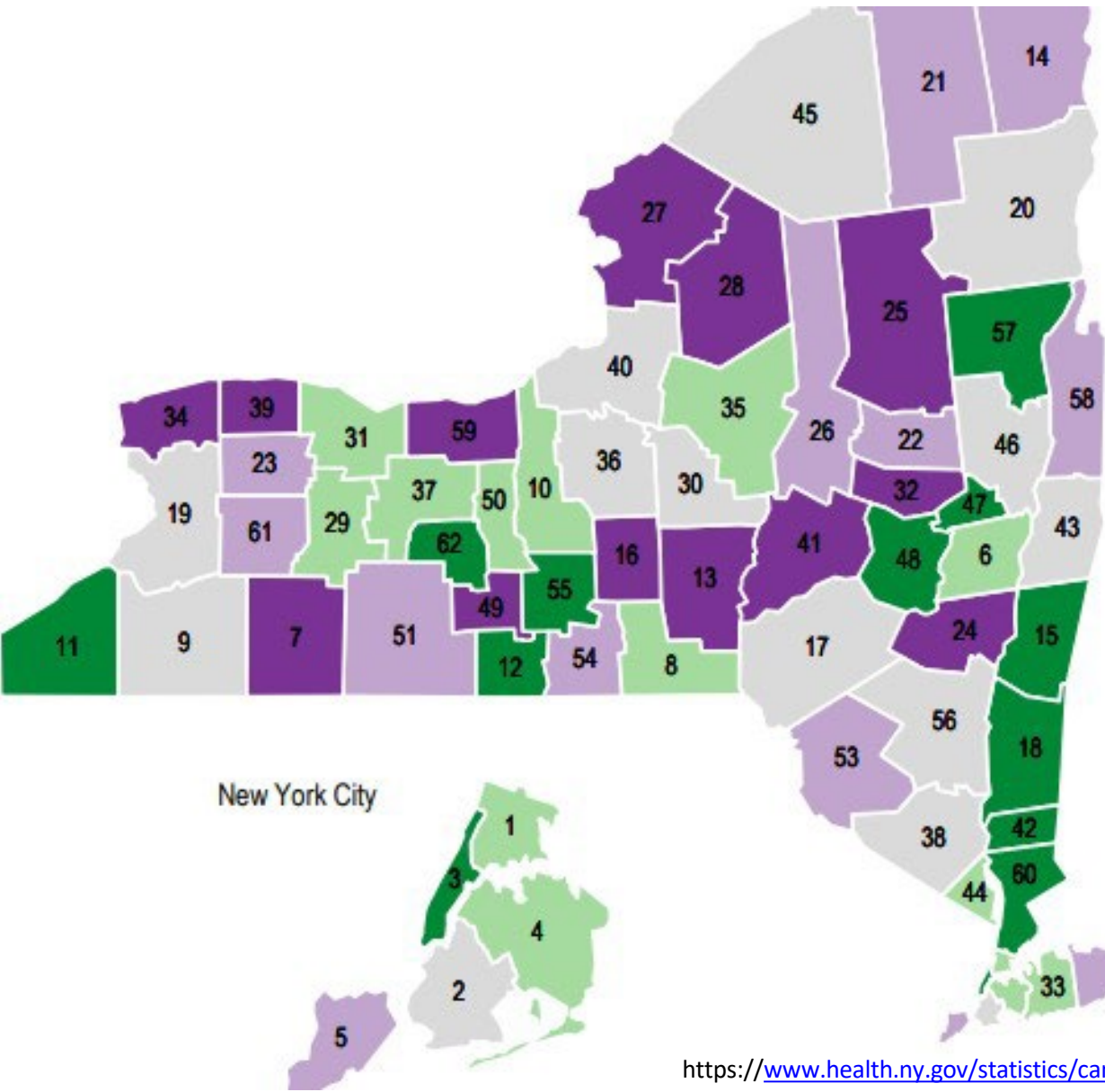
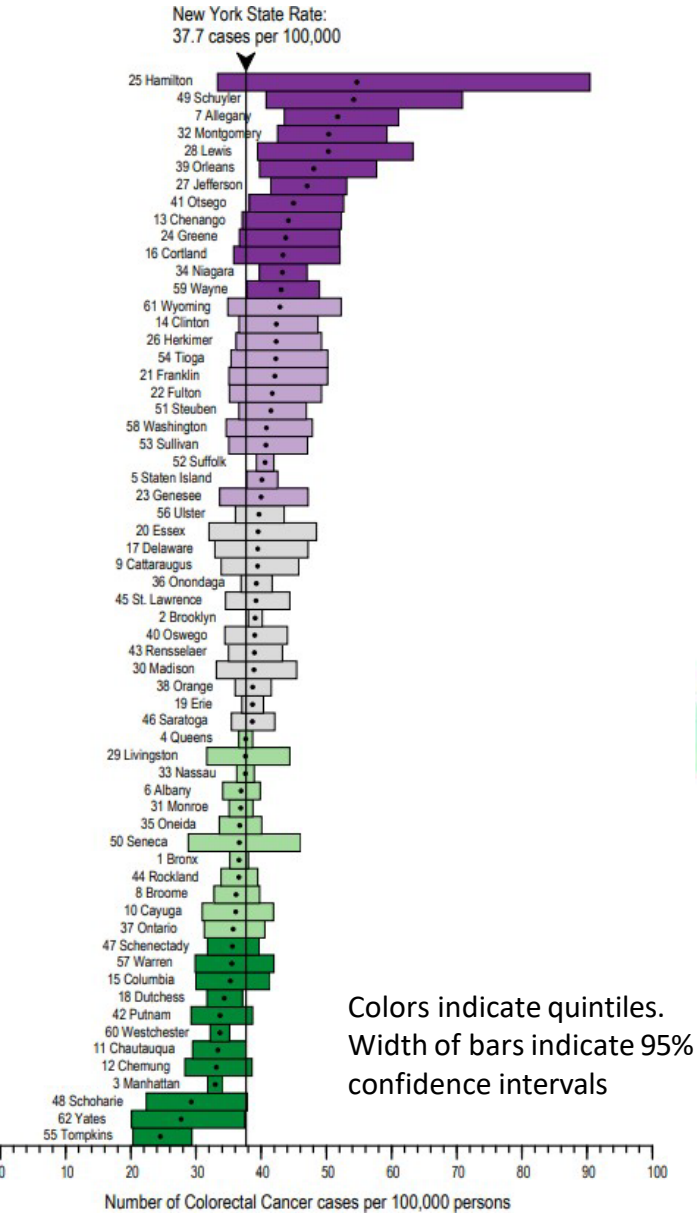
# Burden of Colorectal Cancer in New York State



- **2<sup>nd</sup> 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



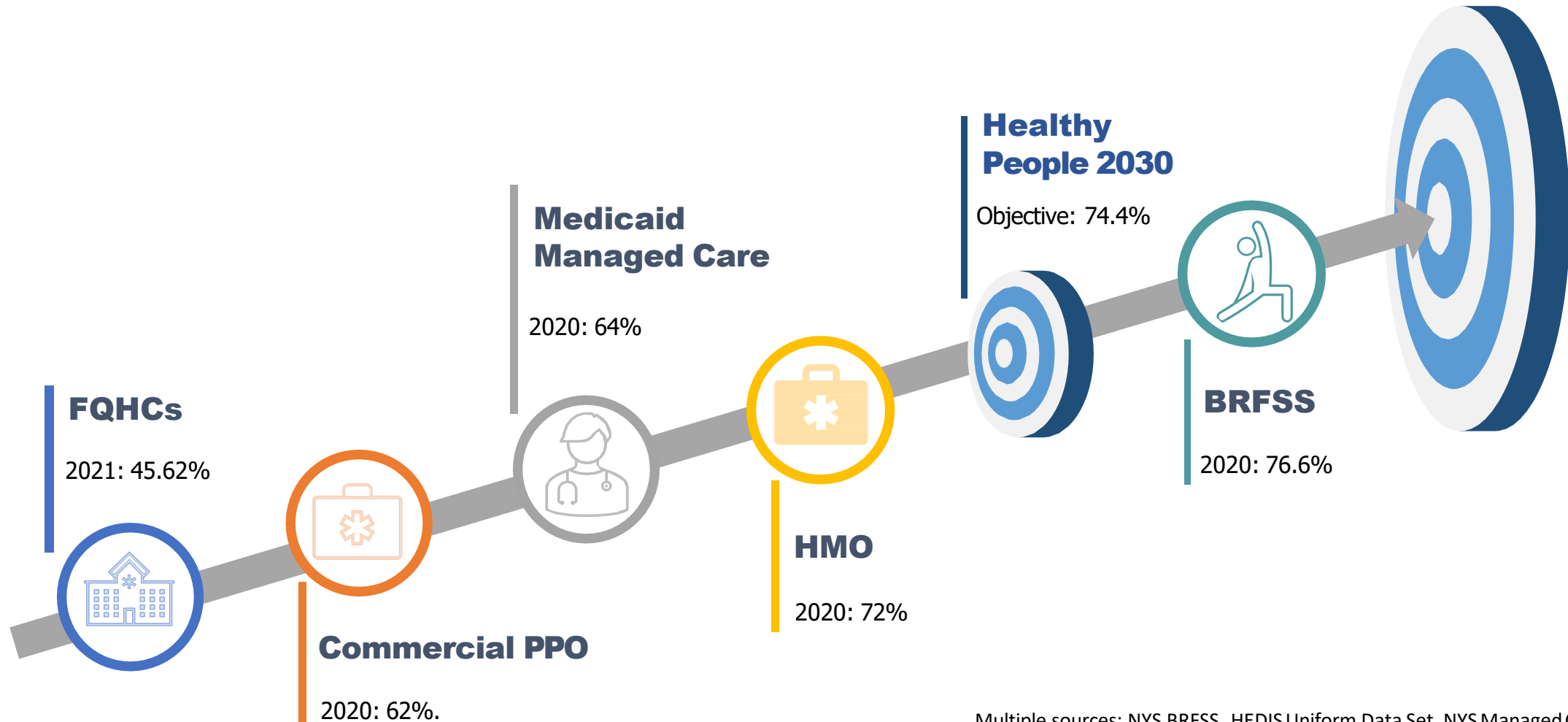
Age-Adjusted Incidence Rates  
Both Males & Females  
By County, 2015– 2019

Rates are age-adjusted to the 2000 U.S. population  
New York State Cancer Registry  
Data are provisional, November 2021



# NYS Colorectal Cancer Screening Rates and Targets

**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

	 Pros	 Cons
<b>Visual screening</b>		
<b>Colonoscopy</b> An exam of the colon and rectum with a thin device that is gently inserted through the anus	<ul style="list-style-type: none"><li>• One-step screening—no additional test is needed</li><li>• Very long intervals between screens if findings are normal</li></ul>	<ul style="list-style-type: none"><li>• Bowel prep is needed</li><li>• Completed away from home</li><li>• Sedation is used</li><li>• Small risk of bleeding, infection, and injury</li></ul>
<b>Flexible sigmoidoscopy</b> An exam of the last part of the colon with a thin device that is gently inserted through the anus	<ul style="list-style-type: none"><li>• Long intervals between screens if findings are normal</li><li>• Sedation is not needed</li></ul>	<ul style="list-style-type: none"><li>• Bowel prep is needed</li><li>• Completed away from home</li><li>• Doesn't assess the whole colon</li><li>• A colonoscopy is needed if polyps are found</li></ul>
<b>CT colonography</b> X-rays of the colon	<ul style="list-style-type: none"><li>• Long intervals between screens if findings are normal</li><li>• Sedation is not needed</li></ul>	<ul style="list-style-type: none"><li>• Bowel prep is needed</li><li>• Completed away from home</li><li>• May miss flat polyps</li><li>• Rescreen or a colonoscopy is needed if polyps are found</li></ul>
<b>Stool-based screening</b>		
<b>Multitargeted stool DNA-based test (mt-sDNA)</b> A lab test that looks for genetic markers of cancer in stool	<ul style="list-style-type: none"><li>• Stool is collected by you at home</li><li>• No prep is needed</li><li>• No physical risks</li></ul>	<ul style="list-style-type: none"><li>• A colonoscopy is needed if results are abnormal</li><li>• Not as accurate as visual tests</li><li>• Frequent screenings even if results are normal</li></ul>
<b>High-sensitivity guaiac-based test and fecal immunochemical test (FIT)</b> Lab tests that look for tiny amounts of blood in stool		

# Rescreening Recommendations for Average-Risk Adults

## Rescreening based on average risk



Screening options



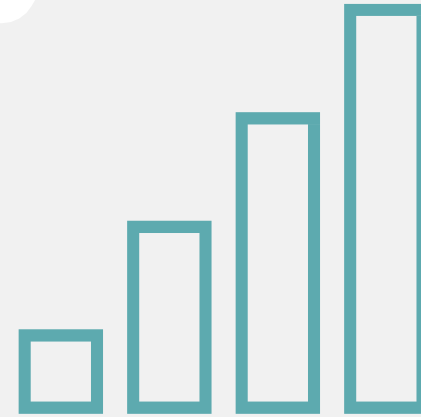
Time until rescreen if prior results are normal

Colonoscopy	Rescreen in 10 years
Flexible sigmoidoscopy	Rescreen in 5 to 10 years
CT colonography	Rescreen in 5 years
Multitargeted stool DNA-based test	Rescreen in 1 to 3 years
High-sensitivity guaiac-based test	Rescreen in 1 year
Fecal immunochemical test	Rescreen in 1 year

## 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



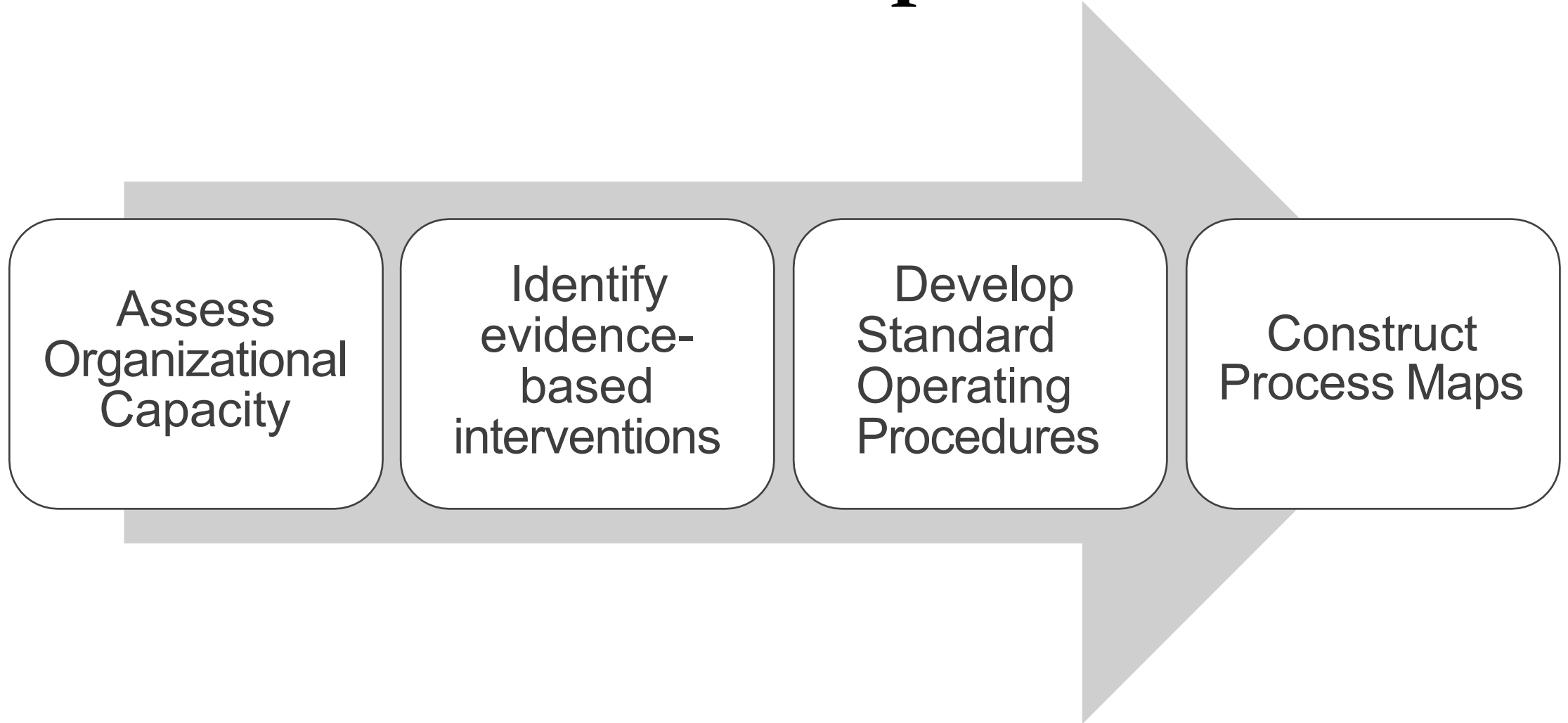
# Unique barriers and successful strategies for screening in rural communities



# 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*

# Rural clinics can take steps





# Evidence based interventions



Small media (e.g., videos, brochures, newsletters)



Reminder systems for patients



One-on-one education



Systems changes to reduce structural barriers (e.g., alternative clinic hours, simplified administrative procedures)



Reminder and recall systems for health care providers



Assessment and feedback interventions for providers



Engaging community health workers interventions



Multicomponent interventions

# 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

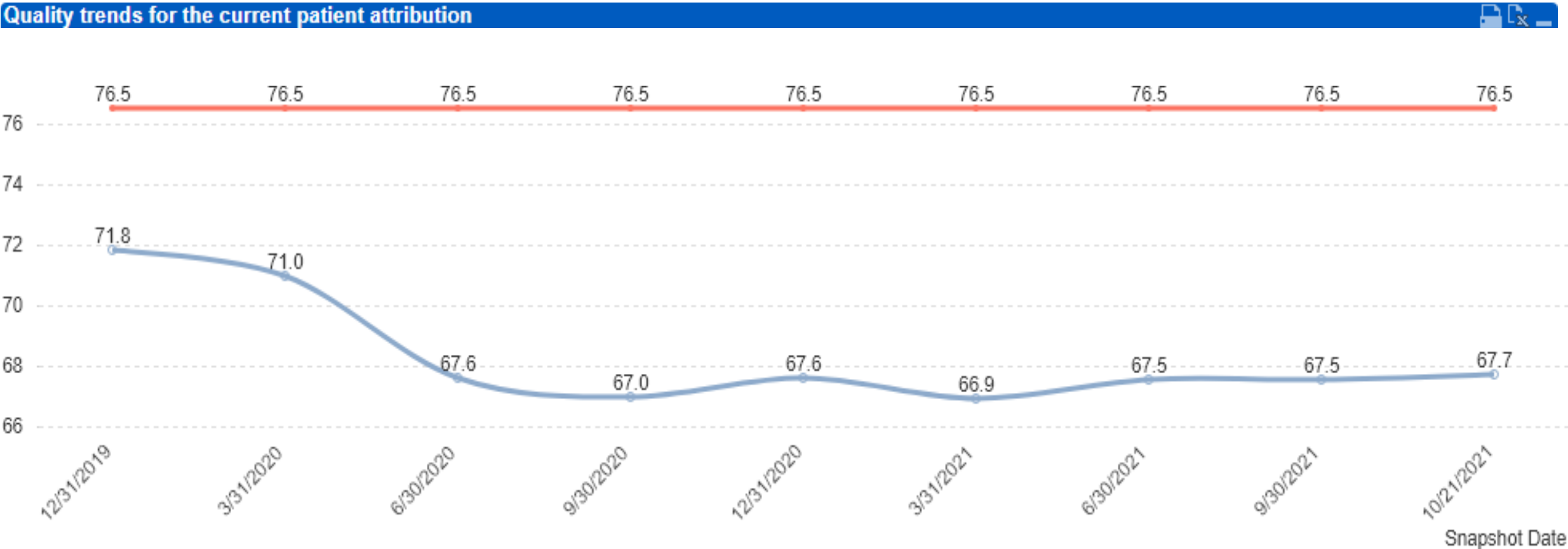
- 31 completed IFOB or Cologuard kits
  - 5 patients did Cologuard instead of or in addition to IFOB
  - 1 also completed colonoscopy simultaneously with the kit
  - 21 had contact with Patient Navigator
  - 10 completed IFOB or Cologuard screening without contact from Patient Navigator
- 5 received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

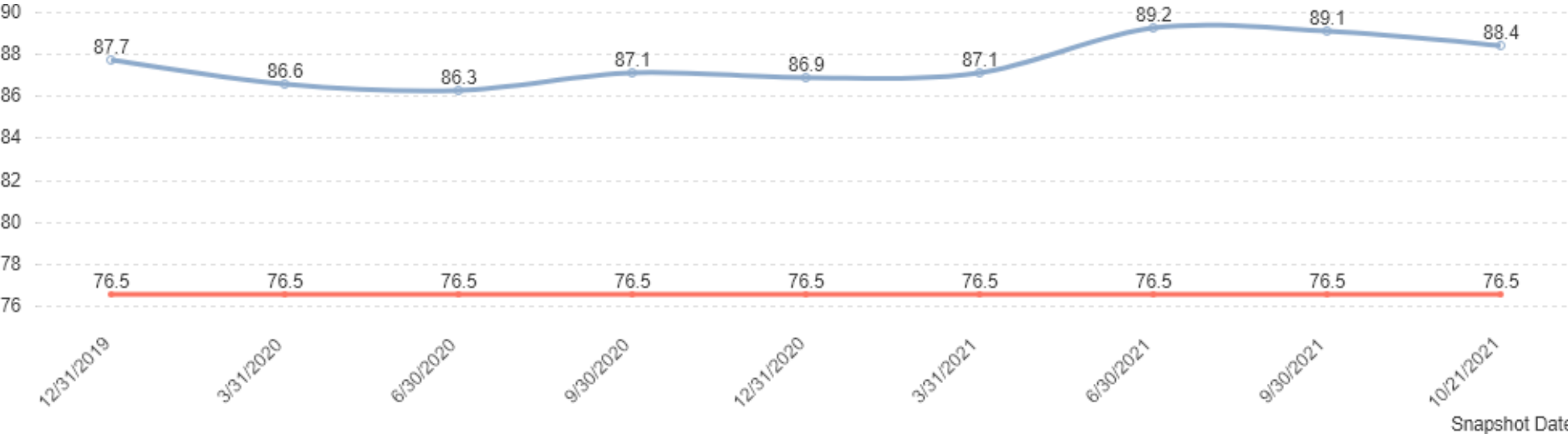
## Herkimer Health Center, eight practitioners



# Colorectal Cancer Screening Rate

## William McCue, NP

Quality trends for the current patient attribution





# Question & Answer



# Select Resources

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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](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

- Mailed FIT implementation Guide: <https://research.kpchr.org/Portals/5/documents/Mailed-FIT-Implementation-Guide.pdf>
- Smarter CRC: Improving colorectal health in rural communities: <https://research.kpchr.org/mailed-fit/Research>

National Comprehensive Cancer Network (NCCN®) Guidelines for Patients®: Colorectal Cancer Screening. Available in: Arabic, Chinese, French, Haitian, Hindi, Hmong, Italian, Japanese, Korean, Polish, Portuguese, Russian, Somali, Spanish, Spanish - Latin America, Tagalog, Vietnamese

<https://www.nccn.org/patientresources/patient-resources/guidelines-for-patients/guidelines-for-patients-details?patientGuidelineId=61>

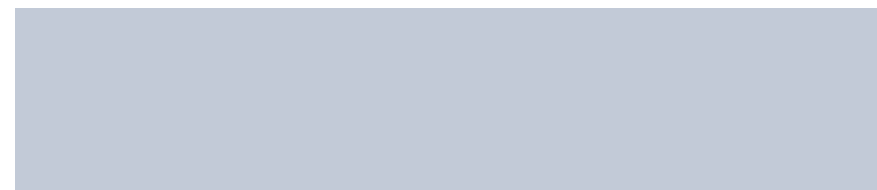
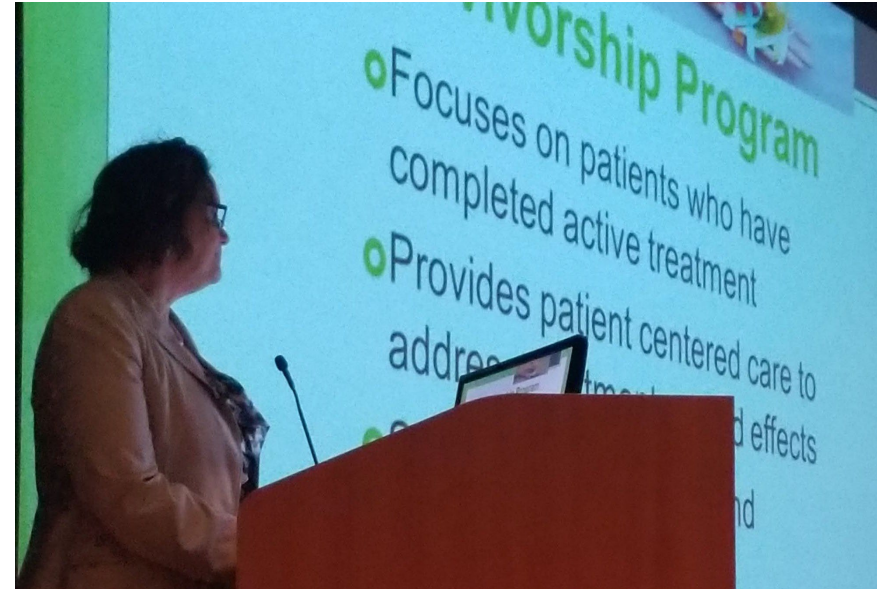
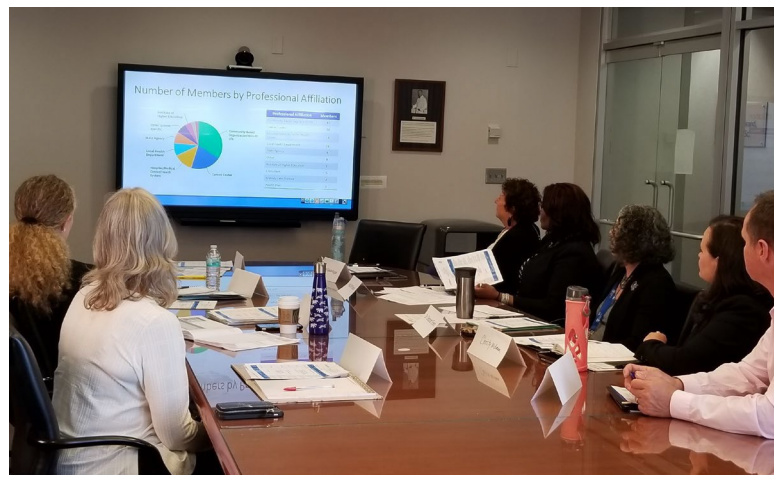
National Colorectal Cancer Roundtable: [nccrt.org](http://nccrt.org)

# 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

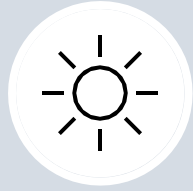


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# Action Teams

## *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



Skin Cancer



Lung Cancer



Colorectal Cancer



Survivorship



Environmental  
Carcinogens



Survivorship  
Lifestyle



HPV Coalition



# How to Find Us and Get Involved



Join the Consortium on our Website  
[nyscancerconsortium.org](http://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



## Health Promotion and Cancer Prevention

### Cancer Moonshot Launches in 2022

The White House recently underscored the importance of cancer prevention and early detection by making it a national priority and cornerstone of the new [Cancer Moonshot Initiative](#). The President's Cancer Panel also released "[Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access](#)."

The Cancer Moonshot Initiative was first launched in 2016 by then Vice President Biden to accelerate progress in cancer research. The heightened focus on cancer prevention and screening in the 2022 relaunch of Cancer Moonshot initiative is a clear acknowledgement of the impact prevention work is having through communities, employers, and families.

The new Cancer Moonshot sets ambitious goals for the future of cancer prevention and control: 1) reduce the death rate from cancer by 50 percent over the next 25 years and 2) improve the experience of patients and families living with and surviving cancer. As part of the Moonshot, the U.S. Department of Health and Human Services made a commitment that supports these new Moonshot objectives: accelerating efforts to nearly eliminate cervical cancer through screening and HPV vaccination, with a particular focus on reaching people who are most at risk.

### National Immunization Survey – Teen Data Released

A [recent study](#) analyzed a National Immunization Survey – Teen data set, including 81,899 adolescents aged 13 to 17 years and found a significant positive association between adolescents being permitted to consent to HPV vaccination and increased rates of initiation of the vaccine series. Initiation of the HPV vaccine series was 67.9% for adolescents permitted to consent, compared with 61.4% for those not permitted to consent.



### State Strategies to Improve HPV Vaccine Uptake in Pre-Teens and Adolescents

This paper highlights several successful state initiatives that policymakers may consider adopting to improve routine HPV vaccination rates among adolescents and provide catch-up vaccinations to the estimated one million adolescents who are now behind due to the challenges of the pandemic. Find more information [here](#).

# 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 31<sup>st</sup>**



# Thank you for Attending

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New York State



Cancer Consortium

