



# The CDC Colorectal Cancer Control Program: Experience and Lessons Learned

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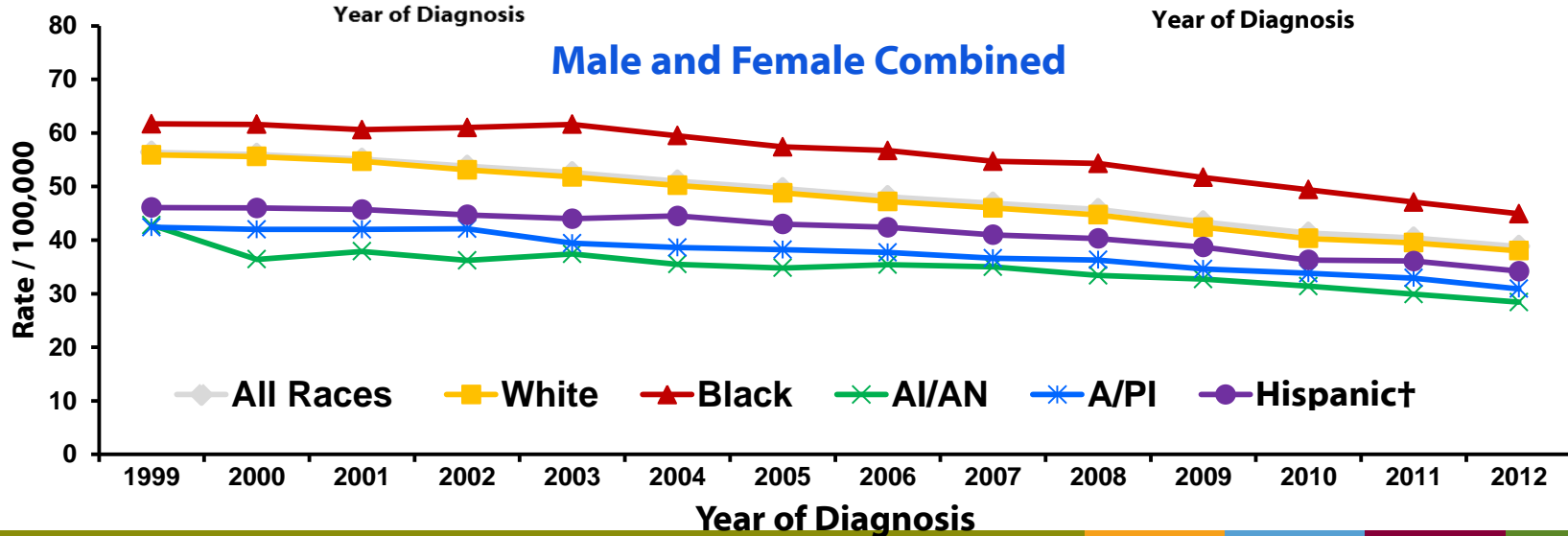
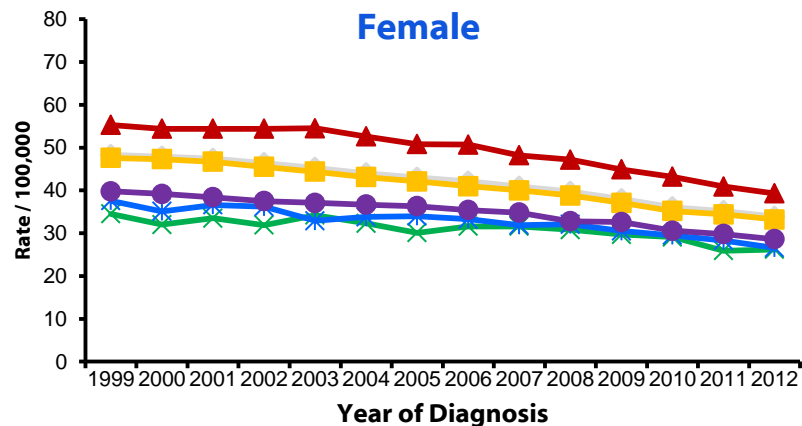
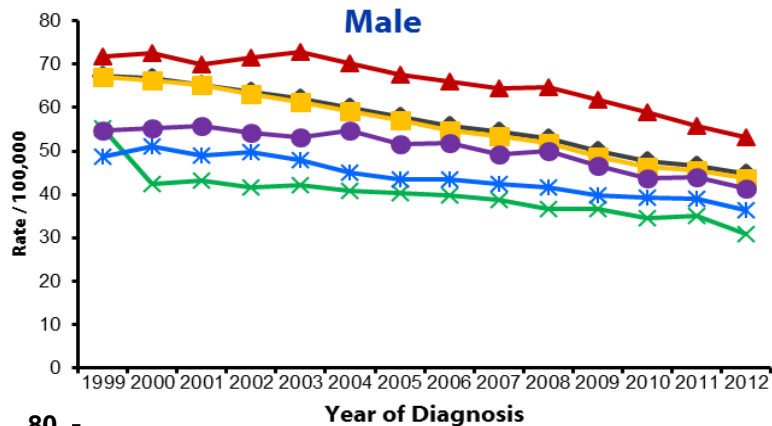
Medical Director, Colorectal Cancer Control Program

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# Colorectal Cancer in the U.S.

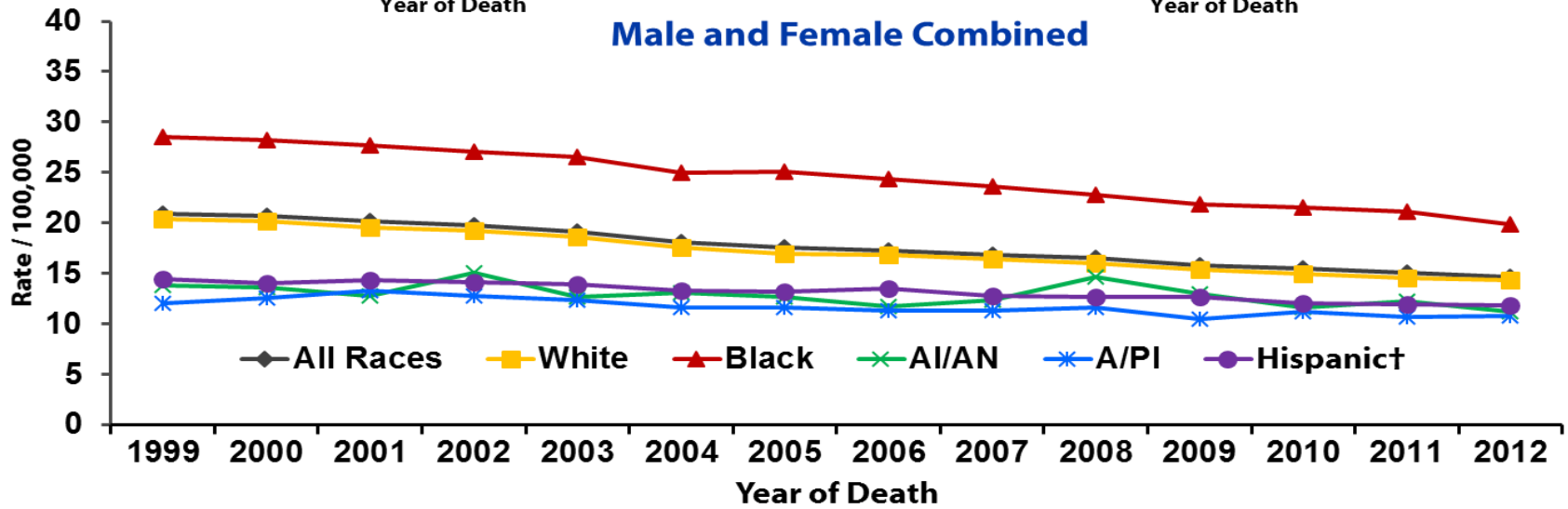
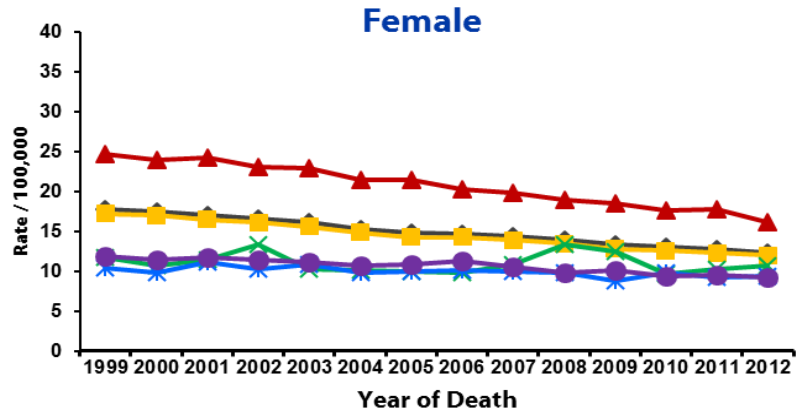
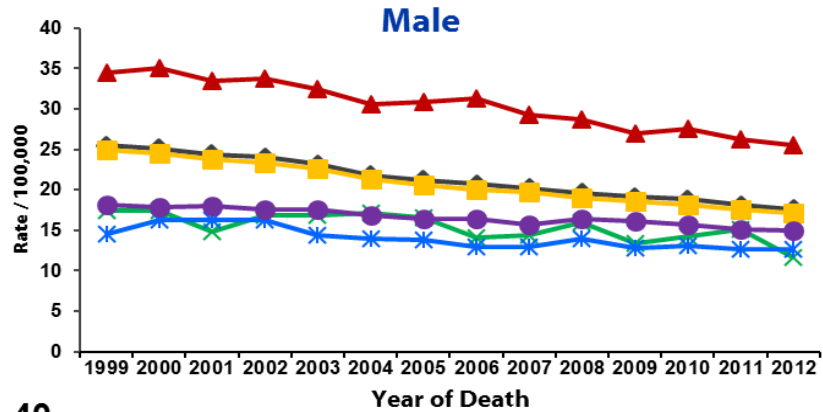
- Of cancers that affect both men and women:
  - 3<sup>rd</sup> most common cancer
  - 2<sup>nd</sup> most common cause cancer death
  
- In 2012
  - 134,784 new cases
  - 51,516 deaths

# Colorectal Cancer Incidence Rates, By Race, Ethnicity, United States, 1999–2012

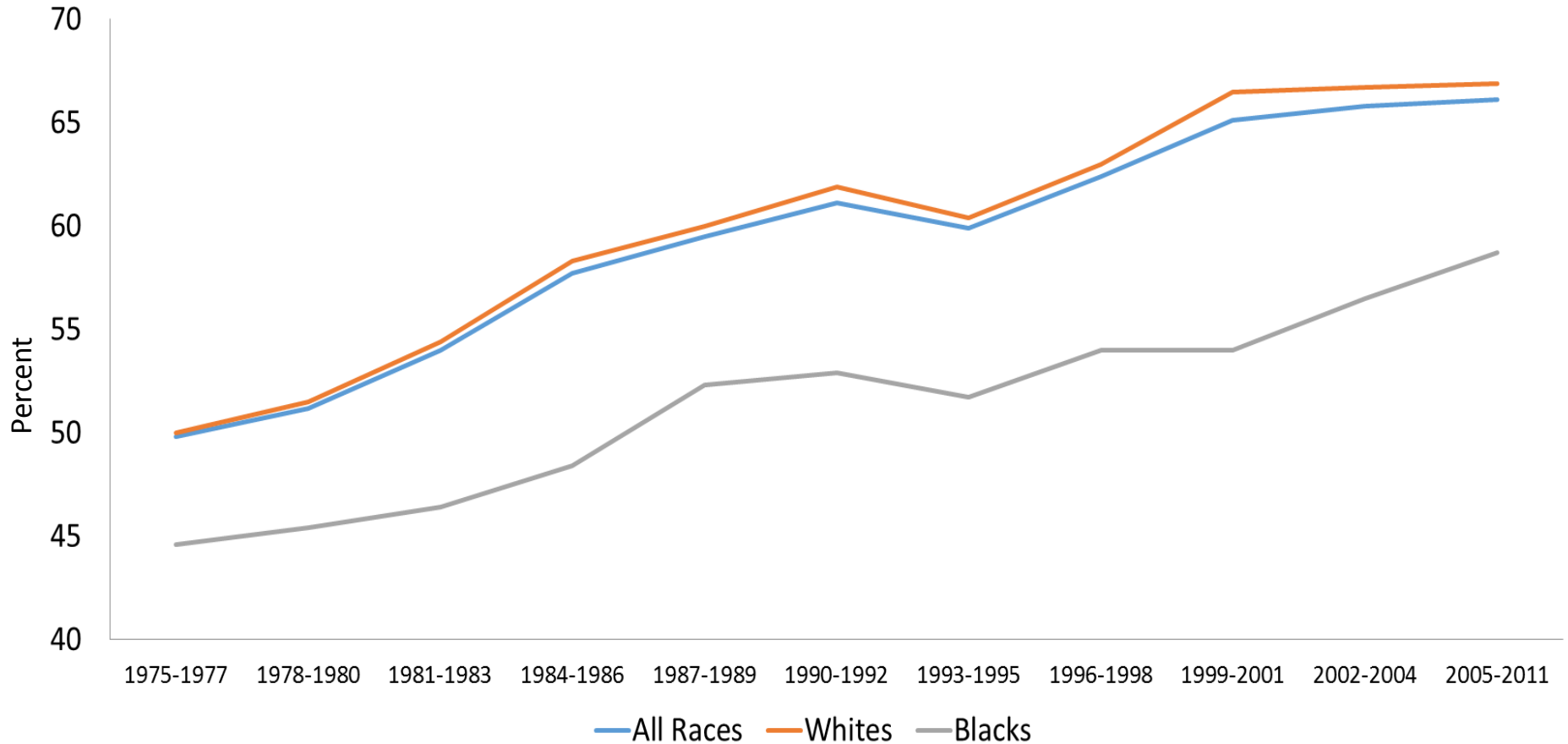


All Races
  White
  Black
  AI/AN
  A/PI
  Hispanic

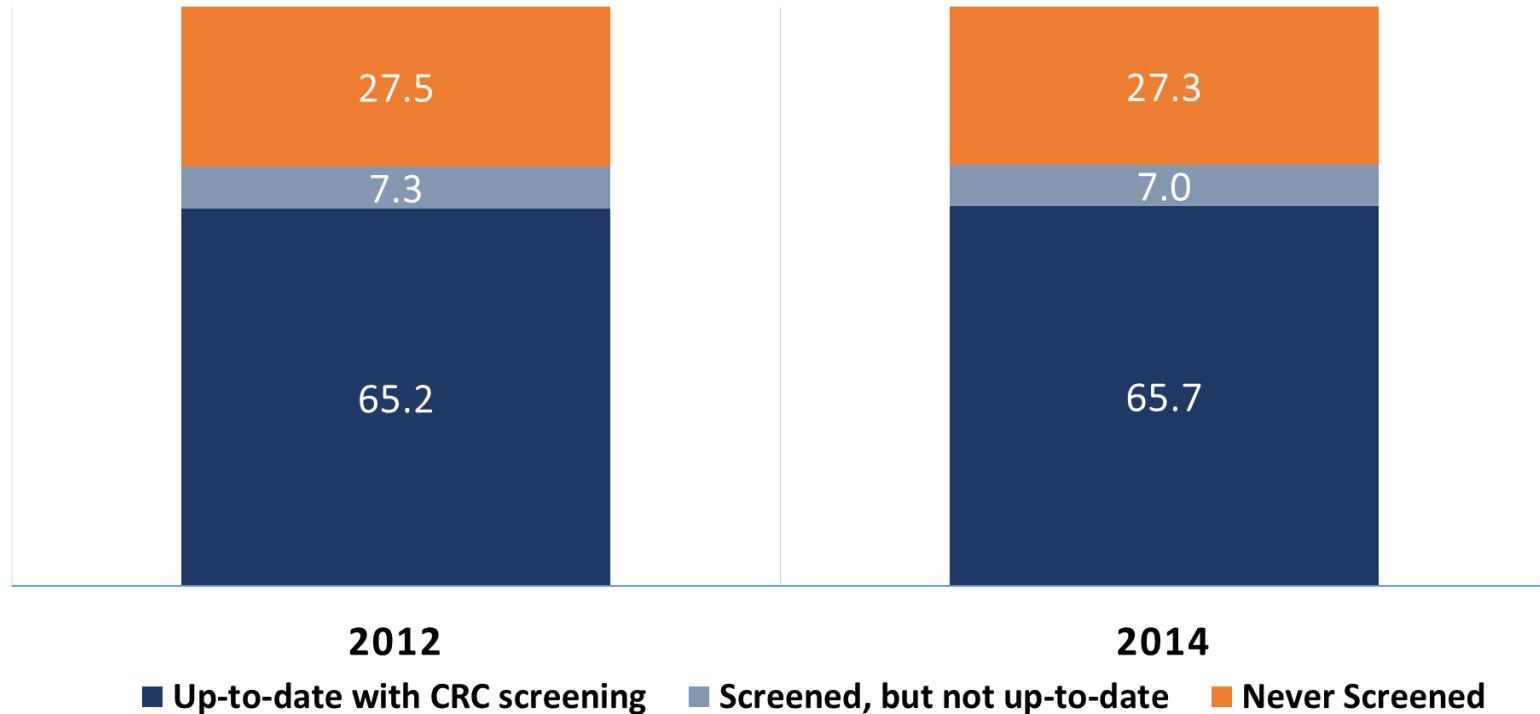
# Colorectal Cancer Death Rates, By Race, Ethnicity, United States, 1999–2012




# 5-Year Relative Survival - Colorectal Cancer



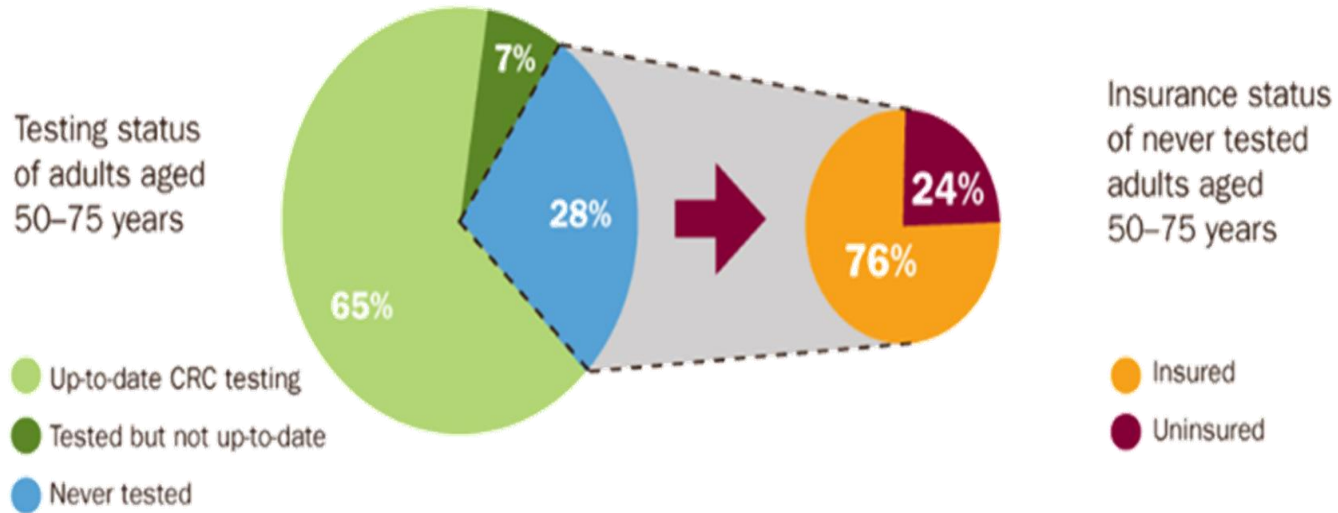
# Colorectal Cancer Screening, Adults aged 50-75 years



# Factors Associated with CRC Screening

- Race/ethnicity
  - Health insurance status
  - Annual household income
  - Education
  - Regular health care provider
  - Age
- 

# Insurance Status and CRC Screening







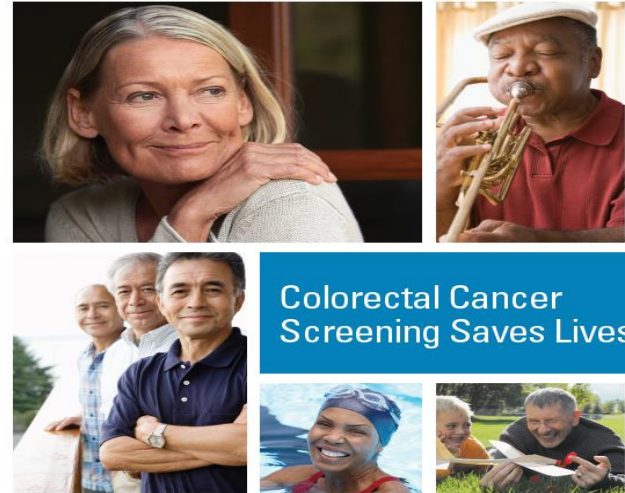
## Colorectal Cancer Control Program

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*Funded by the Centers for Disease Control and Prevention*

# Goals

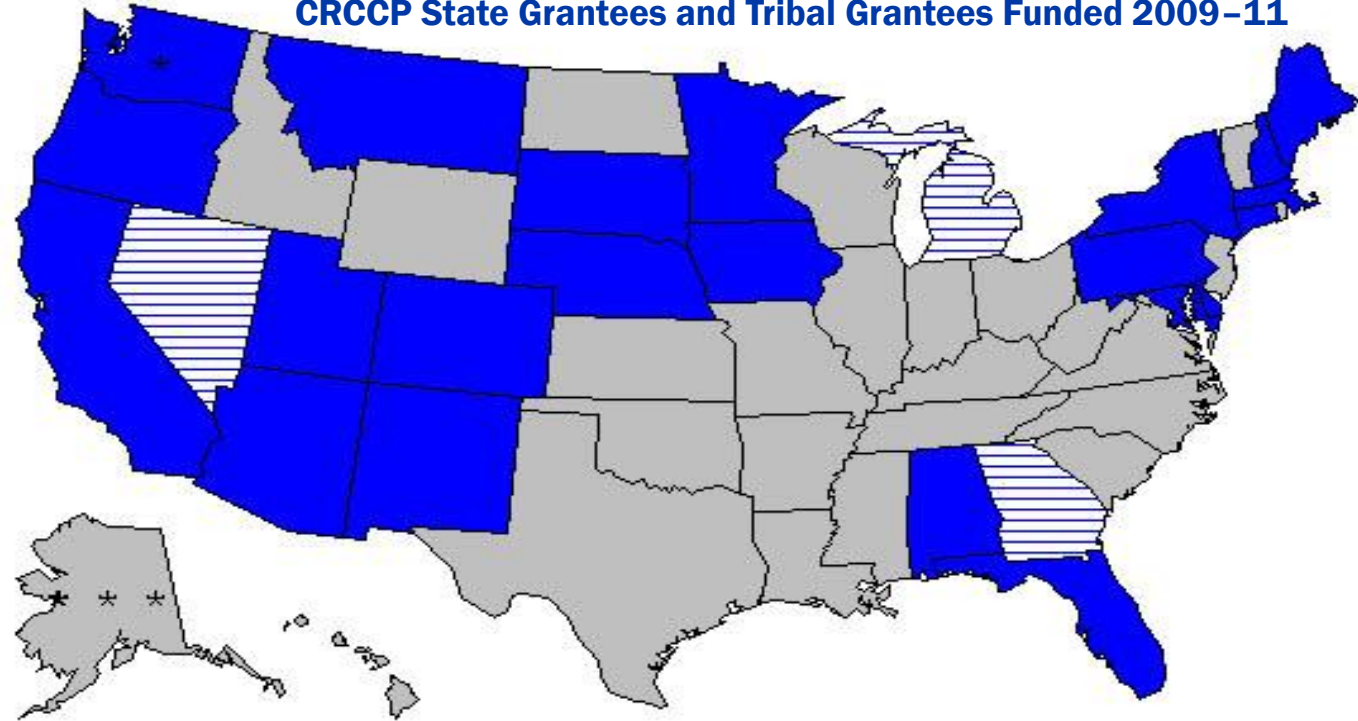
- Increase high-quality CRC screening among persons 50 years and older to 80% by 2014.
- Reduce disparities in CRC burden, screening and access to care.



Colorectal cancer is the second leading cancer killer—  
but it doesn't have to be.



## CRCCP State Grantees and Tribal Grantees Funded 2009-11



States ■ Grantees 2009  Non Grantees  New Grantees 2010

\* - 1 Tribal Grantee in Washington State, \* \* \* - 3 Tribal Grantees in Alaska

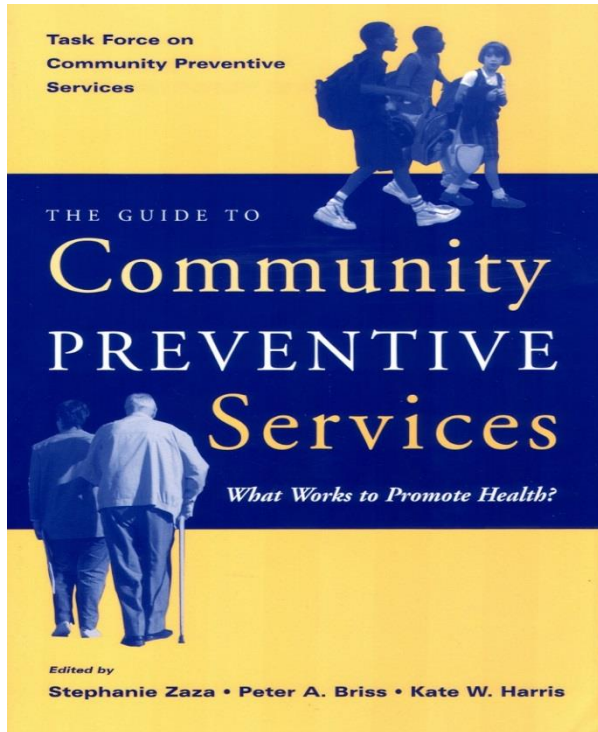


## Colorectal Cancer Control Program

*Funded by the Centers for Disease Control and Prevention*

- Two Components
  - Provision of direct CRC screening services
  - Promotion of CRC screening

# Promoting CRC Screening



- Implementation of activities aimed to increase population-level screening rates:
  - Policy
  - Health Systems
  - Health Care Providers
  - Public Awareness and Education
  - Strategic Partnerships
  - Communities

## Providing CRC Screening

- Direct service delivery of CRC screening and diagnostic services to target population:
  - Men and women aged 50 – 64 years
  - Underinsured or uninsured for screening services
  - Low income (up to 250% Federal Poverty Level)
  - Average risk (75%)
  - Up to 1/3 of total funds

# CRCCP Policies

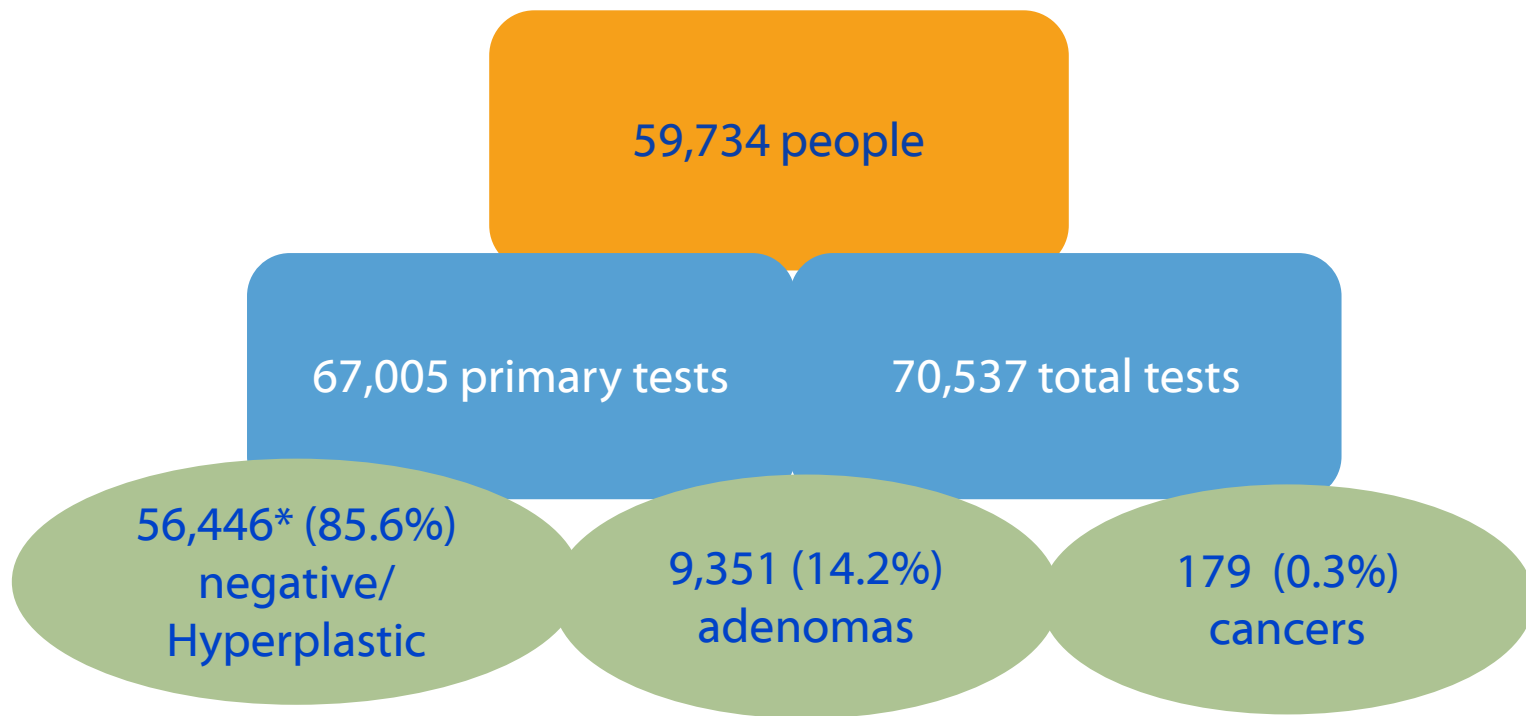
- USPSTF (U.S. Preventive Services Task Force) recommendations
  - gFOBT or FIT annually
  - Flexible sigmoidoscopy every 5 years with gFOBT or FIT every 3 years
  - Colonoscopy every 10 years
- Surveillance colonoscopy
  - U.S. Multi-Society Task Force on Colorectal Cancer
  - Physician discretion
- Increased risk
- Must have source for primary care

# Complications and Treatment

- Not covered by program
- Grantees required to secure resources prior to applying for program funds

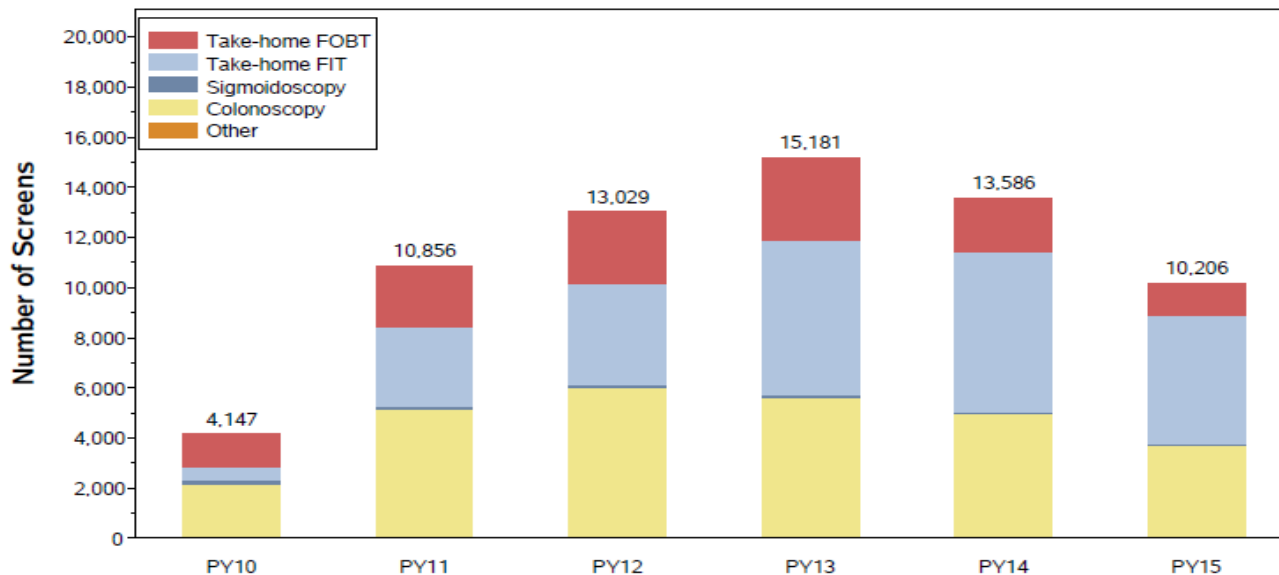


## CRCCP Direct Screening Data: 2009-2015



\*Of screens with a complete final diagnosis (65,976)

**CRCCP - All Grantees Combined  
Screens Performed by Primary Test Type  
July 1, 2009 to June 30, 2015**



Number of primary tests = 67,005.

	PY10	PY11	PY12	PY13	PY14	PY15	TOTAL
Take-home FOBT	1,316	2,447	2,896	3,310	2,223	1,367	13,559
Take-home FIT	532	3,202	4,061	6,182	6,362	5,101	25,440
Sigmoidoscopy	150	121	112	111	41	7	542
Colonoscopy	2,149	5,086	5,960	5,578	4,960	3,730	27,463
Other	0	0	0	0	0	1	1

## CRCCP Service Quality Indicators, Year 4

Core Program Performance Indicators			Results From All Grantees Combined*	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage (Grantee Range**)	Standard Met?
Screening priority population	New clients: Percentage at average risk for CRC	≥75%	89.8% (57.5–100%)	Yes
	New clients at average risk for CRC: Percentage aged 50 years and over	≥95%	99.1% (92.5–100%)	Yes
Timely and complete diagnostic follow-up	Screenings with abnormal results: Percentage with complete follow-up	≥90%	95.3% (71.9–100%)	Yes
	Abnormal screening tests followed by diagnostic colonoscopy: Percentage followed by diagnostic colonoscopy within 90 days	≥80%	78.7% (6.7–96.4%)	No
Timely and complete treatment initiation	Cancers diagnosed: Percentage with treatment started	≥90%	92.1%	Yes
	Cancers diagnosed: Percentage starting treatment within 90 days	≥80%	82.9%	Yes

Source: March 2014 Colorectal Clinical Data Elements submission.

Notes: Includes 28 grantees reporting screening services in Year 4.

\* All grantees combined include aggregate results of year 4 screening.

\*\* Grantee range excludes grantees with fewer than 10 cases in the denominator.

# Lessons Learned

- FIT/gFOBt vs. colonoscopy
  - Cost
  - Program complexity
  - People served
- Data
  - Cost
- Quality
  - Variation

# Moving Forward: CRCCP 2015-2020

- 30 grantees
  - State health departments, tribal organizations, universities
  - All required to partner with health systems to implement evidence-based interventions
  - 6 funded to provide direct screening services
- Clinic level data
  - Data at level of intervention to assess impact

**Thank You**

Questions?

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