The CDC Colorectal Cancer Control Program: Experience and Lessons Learned

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Colorectal Cancer in the U.S.

- Of cancers that affect both men and women:
  - 3rd most common cancer
  - 2nd 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

Year of Diagnosis

Rate / 100,000

Male

Female

Male and Female Combined

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

- All Races
- Whites
- Blacks
Colorectal Cancer Screening, Adults aged 50-75 years

Behavioral Risk Factor Surveillance System (BRFSS), 2012 and 2014

2012
- Up-to-date with CRC screening: 65.2%
- Screened, but not up-to-date: 7.3%
- Never Screened: 27.5%

2014
- Up-to-date with CRC screening: 65.7%
- Screened, but not up-to-date: 7.0%
- Never Screened: 27.3%
Factors Associated with CRC Screening

- Race/ethnicity
- Health insurance status
- Annual household income
- Education
- Regular health care provider
- Age
Insurance Status and CRC Screening

Testing status of adults aged 50–75 years:
- Up-to-date CRC testing: 65%
- Tested but not up-to-date: 28%
- Never tested: 7%

Insurance status of never tested adults aged 50–75 years:
- Insured: 76%
- Uninsured: 24%
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.
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

- 59,734 people
- 67,005 primary tests
- 70,537 total tests
- 56,446* (85.6%) negative/Hyperplastic
- 9,351 (14.2%) adenomas
- 179 (0.3%) cancers

*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.

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

Source: September 2015 Colorectal Cancer Clinical Data Elements (CCDEs) for CRCCP screening tests through June 2015.

October 27, 2015
<table>
<thead>
<tr>
<th>Indicator Type</th>
<th>Program Performance Indicator</th>
<th>CDC Standard</th>
<th>Percentage (Grantee Range**)</th>
<th>Standard Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening priority population</td>
<td>New clients: Percentage at average risk for CRC</td>
<td>≥75%</td>
<td>89.8% (57.5–100%)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>New clients at average risk for CRC: Percentage aged 50 years and over</td>
<td>≥95%</td>
<td>99.1% (92.5–100%)</td>
<td>Yes</td>
</tr>
<tr>
<td>Timely and complete diagnostic follow-up</td>
<td>Screenings with abnormal results: Percentage with complete follow-up</td>
<td>≥90%</td>
<td>95.3% (71.9–100%)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Abnormal screening tests followed by diagnostic colonoscopy: Percentage followed by diagnostic colonoscopy within 90 days</td>
<td>≥80%</td>
<td>78.7% (6.7–96.4%)</td>
<td>No</td>
</tr>
<tr>
<td>Timely and complete treatment initiation</td>
<td>Cancers diagnosed: Percentage with treatment started</td>
<td>≥90%</td>
<td>92.1%</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cancers diagnosed: Percentage starting treatment within 90 days</td>
<td>≥80%</td>
<td>82.9%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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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