

POSITION STATEMENT:

Retain Support for the National Colorectal Cancer Roundtable's Call to Action to Reach 80% Colorectal Cancer Screening (2019 Update)

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RECOMMENDATIONS

- Encourage the United States Preventative Services Task Force (USPSTF) to reevaluate the evidence and age recommendation for initiating CRC screening given data suggesting that CRC is developing at an increasing rate among younger adults. USPSTF recommendations inform Medicaid coverage for preventative services and testing.
- Encourage Medicaid outreach activities around CRC screening in all 50 states.
- Boost and direct research funding to develop, test, and disseminate innovative approaches to CRC screening including non-invasive testing, blood-based biomarkers, community health workers, direct patient communication, shared decision making and health systems level improvements that utilize the electronic health record and patient navigation to improve uptake.



Colorectal cancer remains the third most commonly diagnosed cancer and third leading cause of cancer-related death in both men and women in the U.S. There are an estimated 97,220 new colon cancer cases, 43,030 new rectal cancer cases and 50,630 CRC deaths projected for 2018.² There are behavioral factors that can reduce risk of CRC including consuming a healthy diet, regular physical activity, and abstinence from tobacco and alcohol.³ However, CRC can be prevented through regular screening and removal of precancerous polyps.⁴ With regular screening, 60% of CRC cases could be prevented,⁴ and nearly 90% of early stage colorectal cancers could be cured.⁵

NCCRT 80% BY 2018 INITIATIVE

To increase timely CRC screening uptake, the in 2014 NCCRT launched 80% by 2018. This was an ambitious effort involving more than 1,500 pledged organizations targeting patients, providers, healthcare systems and policymakers to increase U.S. CRC screening rates to 80% by 2018.⁶ In 2015, SBM endorsed this initiative.⁷ We now provide an update on this initiative.

In 2015, the Society of Behavioral Medicine (SBM) published a health policy brief to support the National Colorectal Cancer Roundtable's (NCCRT) 80% Pledge initiative to achieve 80% of United States (U.S.) adults 50 years and older screening regularly for colorectal cancer (CRC). Although current (2018) CRC screening rates are not available, data suggest that from 2014 to 2016, an estimated 67% of U.S. adults ages 50 -75 were up to date with CRC screening.¹ SBM continues to support the NCCRT's efforts to increase rates of CRC screening, and provides recommendations for policymakers.

UPDATES ON 80% BY 2018 INITIATIVE

Between 2014 and 2016, CRC screening rates increased nationwide by 1.8% from 66.2% to 67.3%, meaning that 5 million more U.S. adults are being screened.¹ CRC screening utilization increased 9% for Medicare PPO patients (between 2012 and 2015),⁸ 5% for Medicare HMO patients (between 2012 and 2015),⁸ and 10% for patients seeking care at Federally Qualified Health Centers (between 2012 and 2016).⁹ The NCCRT attributes these successes to widespread implementation of center and system-wide evidence-based interventions to increase screening uptake including direct patient communication, provider reminders via electronic health records, and patient navigation, among others. Unexpectedly, between 2012 and 2015, screening utilization remained relatively flat among 50-64 year olds who were commercially insured.⁸ The NCCRT premises this may be due in part to an influx of newly insured individuals entering the marketplace resulting from the Affordable Care Act and hesitation of some of these individuals to engage in screening due to high out of pocket costs (i.e., co-pay, minimum annual deductible) for some commercial insurance plans.¹⁰

BARRIERS TO SCREENING AND EMERGING POLICY CONSIDERATIONS

In 2018, the American Cancer Society (ACS) revised its age recommendation for initiating CRC screening from 50 to 45 for people with average risk (Figure 1) based on recent studies showing that the disease was developing at an increasing rate among younger adults.^{5,6} ACS recommends regular and timely screening with a sensitive stool-based kit or through visual tests like a colonoscopy. However, at this time, Medicaid, Medicare and private health insurance companies are not required to cover CRC screening for adults younger than 50 years of age.⁶

FIGURE 1. AMERICAN CANCER SOCIETY DEFINITION OF INDIVIDUALS AT AVERAGE RISK OF CRC

- No personal history of colorectal cancer or certain types of precancerous polyps.
- No family history of CRC.
- No personal history of inflammatory bowel disease (Ulcerative colitis or Crohn's).
- A confirmed or suspected hereditary colorectal cancer syndrome (Lynch syndrome).
- A person history of getting radiation to the abdomen or pelvic area to treat a prior cancer.

Moving beyond 2018, NCCRT has rebranded the initiative as the 80% Pledge. In pursuit of this goal, NCCRT identified several targeted campaigns including:

- Outreach to Hispanics, Latinos and Asians, whose CRC screening uptake remains less than 50%.
- Encouragement of Medicaid outreach activities around CRC screening in all 50 states.
- Advocacy for screening right at 50 years, while propositioning public health leaders and policymakers to expand insurance reimbursement for screening to 45-49 year olds given the recent uptick in CRC mortality in 20-54 year olds.⁵

SUMMARY

CRC remains a significant public health challenge. Although it appears the NCCRT will not meet the 80% by 2018 goal, the impact of this initiative on CRC screening uptake in the U.S. is evident. If 80% of average risk adults engaged in timely screening over the next decade, hundreds of thousands of CRC cases and deaths could be avoided.⁴ Decreasing the recommended CRC screening age to 45 addresses the increasing incidence of CRC among adults under 50 and aligns with some existing recommendations to screen historically underserved populations such as African Americans.¹¹ SBM continues to support the NCCRT 80% Pledge initiative. SBM encourages policymakers and healthcare providers to commit to improving U.S. screening rates for CRC.

REFERENCES

1. Joseph DA, King JB, Richards TB, Thomas CC, Richardson LC. Use of Colorectal Cancer Screening Tests by State. Preventing chronic disease. Jun 14 2018;15:E80.
2. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2018. CA: a cancer journal for clinicians. Jan 2018;68(1):7-30.
3. Wiseman M. Food, Nutrition, Physical Activity, and Cancer Prevention - World Cancer Research Fund (WCRF). Eur J Cancer. Jul 2012;48:S14-S14.
4. Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. Cancer. Jul 1 2015;121(13):2281-2285.
5. Siegel RL, Fedewa SA, Anderson WF, et al. Colorectal Cancer Incidence Patterns in the United States, 1974-2013. Journal of the National Cancer Institute. Aug 1 2017;109(8).
6. Wolf AMD, Fontham ETH, Church TR, et al. Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update From the American Cancer Society. Ca-Cancer J Clin. Jul-Aug 2018;68(4):250-281.
7. Becker EA, Buscemi J, Fitzgibbon ML, et al. Society of Behavioral Medicine (SBM) position statement: SBM supports the National Colorectal Cancer Roundtable's (NCCRT) call to action to reach 80 % colorectal cancer screening rates by 2018. Transl Behav Med. Jun 2016;6(2):306-308.
8. Colorectal Cancer Screening (COL). National Committee for Quality Assurance, Healthcare Effectiveness Data Information Set (HEDIS) <https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/>. Accessed September 10, 2018.
9. Health Resources and Services Administration, Health Center Program, 2017 National Report. Table 6B Quality of Care Measures. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=t6b&year=2017&state=>. Accessed October 1, 2018.
10. 80% by 2018 Progress. National Colorectal Cancer Roundtable. October 3, 2017. <http://nccrt.org/resource/80-2018-progress-october-3-2017/>. Accessed September 9, 2018.
11. American Cancer Society. Colorectal Cancer Screening Guideline Issue Brief. Atlanta: American Cancer Society. 2018. Accessed October 2, 2018. http://nccrt.org/wp-content/uploads/CRC-Issue-Brief_FINAL.NCCRT5_30.18.pdf

ENDORSEMENTS:

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