



# Northwest Colorectal Cancer Task Force

February 27<sup>th</sup>, 2024



# Agenda

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- Introductions & Icebreaker
- Sharing updates and Events
- Presentation and Q& A – Kaitlin Sylvester –National CRC Roundtable
- Local Data Highlight
- Presentation and Q& A – Anita Isler, Colon Stars
- CRC Communication Campaign
- Wrap up & Next Steps

# Introduction & Icebreaker

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- In the chat, please put your :
  - Name, Organization & Role
- You have to sing karaoke, what song do you pick?

# Announcements

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- **Northwest CRC Task Force**
- 2024 Meeting Dates
  - June 4<sup>th</sup>, 2024 (Tuesday) 9:00am- 11:00am
  - October 1<sup>st</sup>, 2024 (Tuesday) 9:00am- 11:00am

## Sharing Updates and Events

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- Do you have any updates or upcoming events to share with the Task Force?

# Updated Mission Statement

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*“Our mission is to reduce the burden of colorectal cancer and related health inequities in the Northwest region by improving cancer screening rates and outcomes. We strive to reduce the burden of colorectal cancer in the state through collaborative efforts and fostering partnerships with diverse populations and organizations working across cancer care continuum to:*

- *Increase prevention efforts*
- *Promote screening*
- *Improve access to care*
- *Bolster survivorship support*
- *Spread awareness.”*

# Presentation

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## **National CRC Data Overview**

Speakers: Kaitlin Sylvester

Strategic Director – National CRC Roundtable

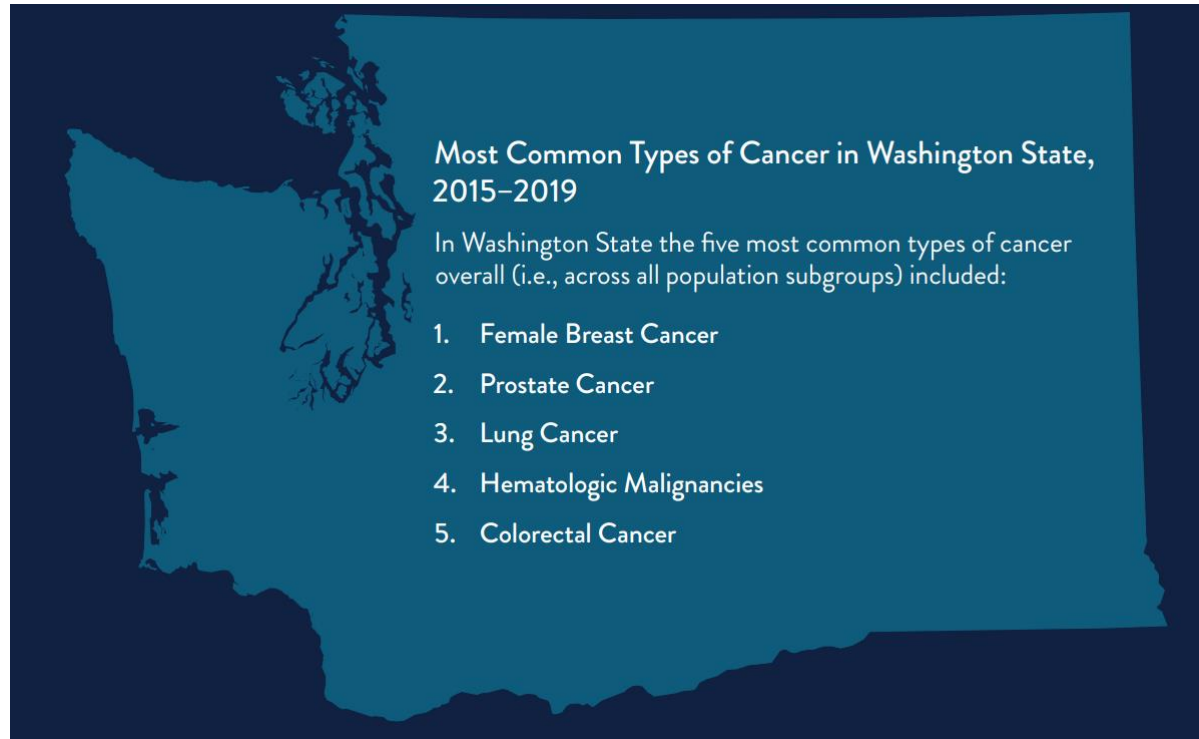
# Snap Shot

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## **Local WA and OR Data Highlight**



# Colorectal in Top 5



## Oregon

Age-Adjusted Incidence Rates by Cancer Site, All Stages (2016-2020)	Oregon Rate	USA Rate
All Cancer Sites	419.2	442.3
Bladder	19.8	18.9
Brain & ONS	6.5	6.4
Breast (Female)	128.8	127.0
Breast (in situ) (Female)	24.4	28.7
Cervix (Female)	6.6	7.5
Childhood (Ages <15, All Sites)	17.2	17.0
Childhood (Ages <20, All Sites)	18.9	18.8
Colon & Rectum 	32.8	36.5
Esophagus	4.8	4.5
Kidney & Renal Pelvis	15.6	17.2
Leukemia	13.2	13.9
Liver & Bile Duct	9.1	8.6

# Cancer Burden in WA and OR

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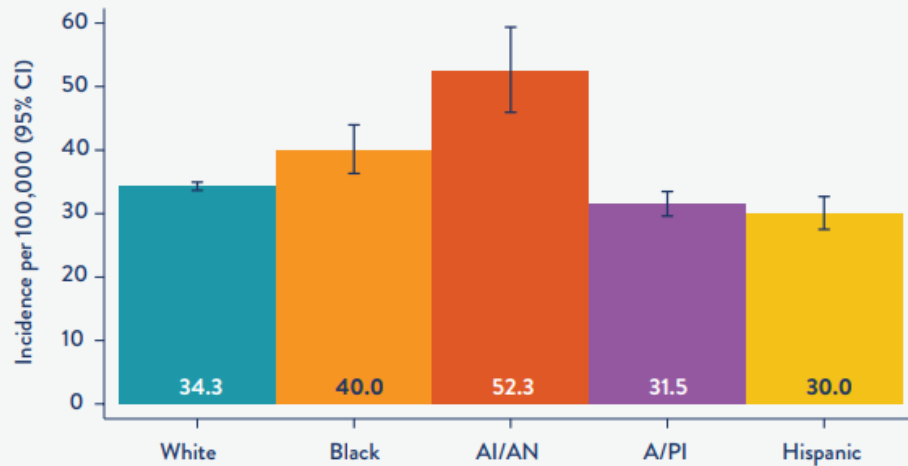
- Washington (WSCR 2016-2020 combined data)
  - Incidence: 34.4 per 100,000
  - Mortality: 12 per 100,000
- Oregon (OR Health Authority 2021 Data)
  - Incidence: 29 per 100,000
  - Mortality: 13 per 100,000

# CRC Burden in WA and OR by Race/Ethnicity

## Washington

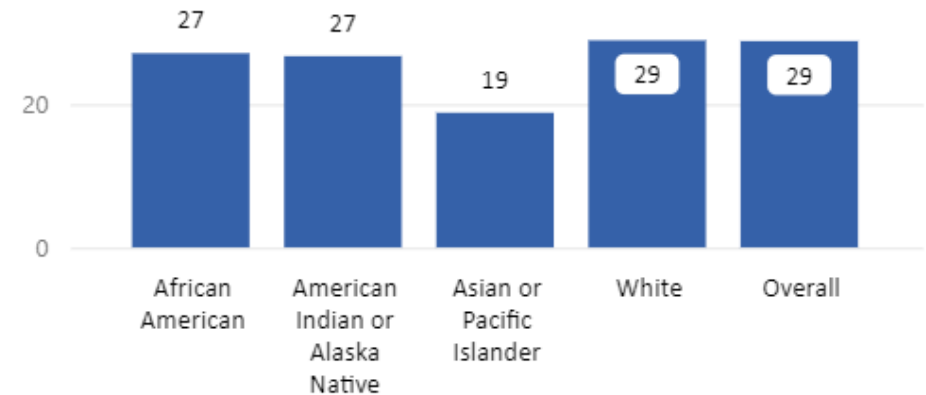
## Oregon

**Figure 22** Colorectal Cancer Incidence Rates by Race and Ethnicity, Washington State, 2015-2019



Source: NPCR/SEER Mortality, 2015-2019  
Age-standardized to US Population, 2000

**Rates of colon and rectum cancer incidence per 100,000 population by race, Oregon 2020**



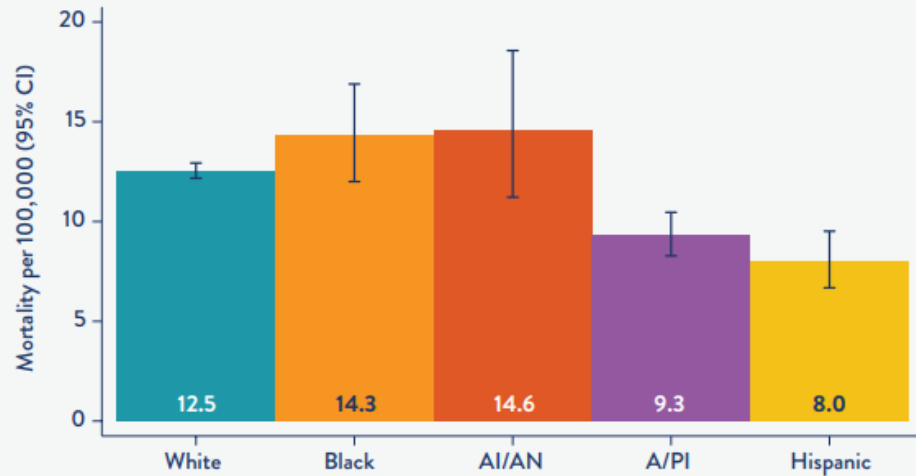
# CRC Burden in WA and OR by Race/Ethnicity

## Washington

## Oregon

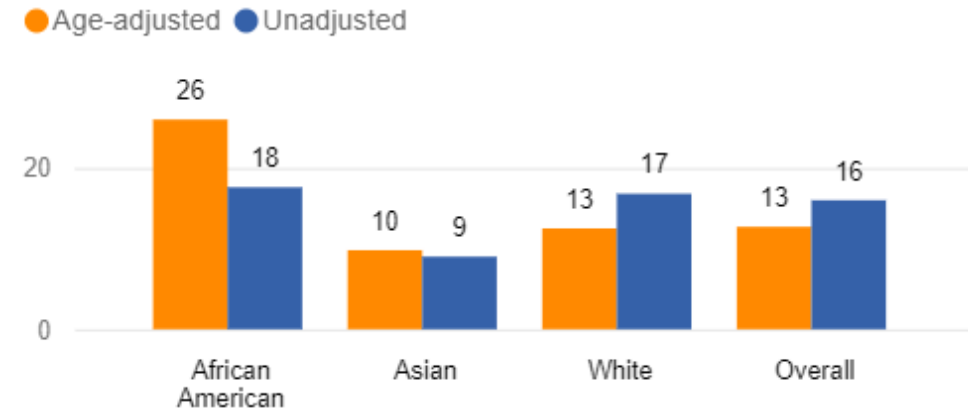
Figure 23

Colorectal Cancer Mortality Rates by Race and Ethnicity, Washington State, 2015-2019



Source: SEER Mortality, 2015-2019  
Age-standardized to US Population, 2000

Rates of colon and rectum cancer deaths per 100,000 population by race, Oregon 2021



# Screening Rates in WA and OR

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- Washington (WA Dept. of Health BRFSS 2020)
  - 73.5%
- Oregon (OR Health Authority BRFSS 2014-2017)
  - 68.7%

# CRC Screening Rates in WA and OR

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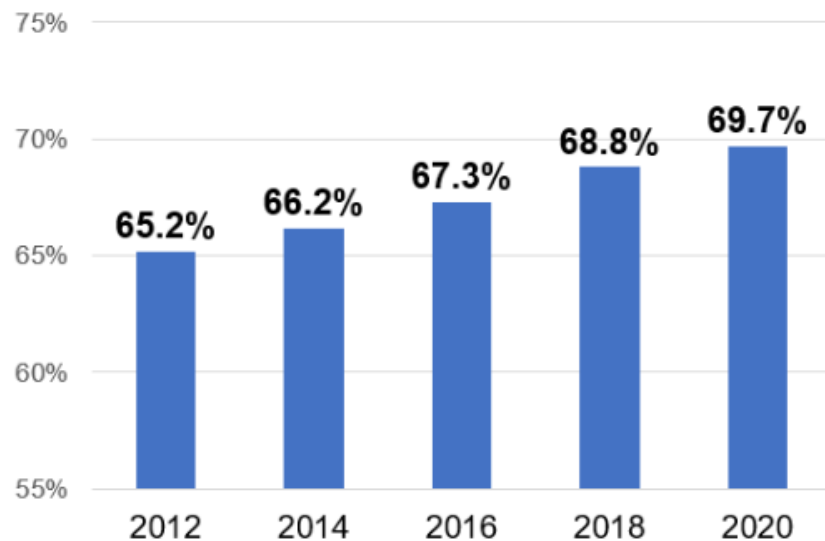
- Washington (American Cancer Society)
  - 63%
- Oregon (American Cancer Society)
  - 64%

# Colorectal Cancer Screening Rates

We're tracking all major measures to assess our progress in reaching the goal of 80% of adults ages 50 or older screened for colorectal cancer. There are strengths and limitations of each.

## NATIONAL SCREENING RATE – BRFSS

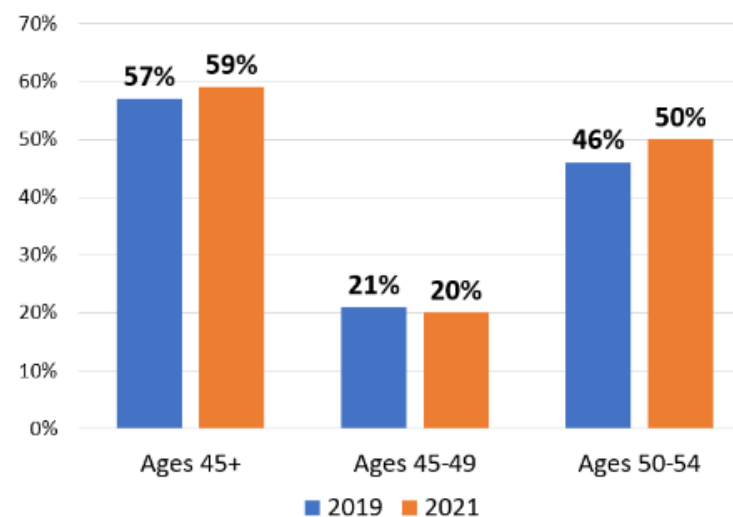
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Behavioral Risk Factor Surveillance System<sup>4</sup>



The increase in the screening rate between 2012 and 2018 represents an additional 9.3 million adults screened for colorectal cancer.<sup>4</sup>

## NATIONAL SCREENING RATE – NHIS

CRC Screening Among Adults Aged 45+ Years, US, 2019-21, National Health Interview Survey<sup>5</sup>



The prevalence of up-to-date screening with any recommended test among individuals aged 45 years and older increased from 57% in 2019 to 59% in 2021. Screening prevalence remains lower in younger screening-eligible age groups, especially among ages 45-49.

# CRC Data

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- American Cancer Society Facts and Figures 2023-2025
  - [Colorectal Cancer Facts & Figures 2023](#)
- Washington Cancer Data
  - [fortress.wa.gov/doh/wscr/Query.mvc/Query](https://fortress.wa.gov/doh/wscr/Query.mvc/Query)
- Oregon Cancer Data
  - [Oregon Health Authority : Cancer Data : Chronic Disease Data : State of Oregon](#)





**BREAK**

# Presentation

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## **Young Adult CRC**

Speaker: Anita Isler

Founder and Program Director – Colon Stars



**Anita Mitchell Isler**  
Founder and Program Director  
Stage IV CRC survivor 2005  
[Anita@colonstars.org](mailto:Anita@colonstars.org)



# Who We Are

- Washington Colon Cancer Stars
- A Washington State 501c3
- Founded in 2008 as an offshoot of the Colorectal Cancer Task Force
- All-volunteer team focused on CRC education, awareness and on-time screening, along with support for newly diagnosed CRC patients

# What We Do



Patient navigation and support



Community and national partnerships



Education and Awareness of CRC and the importance of on-time screening

# Patient Navigation and Support

- Peer-to-Peer support groups
- Patient navigation
- Connecting patients with survivor support
- Provide resource awareness - locally and nationally
- Accompaniment and support at patient appointments (on request)





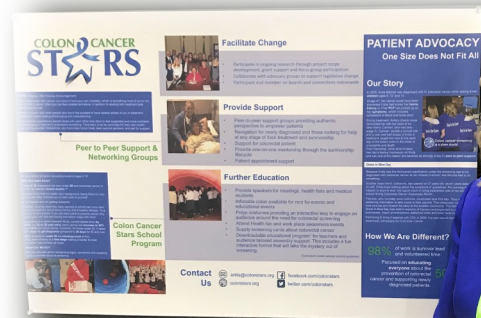
# Community Partnerships

- Health Fairs
- CRC Walks and Awareness Events
- Lunch & Learns
- Focus groups in support of research
- NW Colorectal Cancer Task Force
- Alliance for Reducing Cancer (ARC) Northwest





# National Involvement





# Education & Awareness

- School Education Programs
- Health Fairs
- March – CRC Awareness month
- Dress in Blue
- Public Media Events
- (TV, radio, podcasts)
- Speaker panels
- Inflatable Colon display and Polyp costume
- State and national proclamations







## Support Legislation Changes

- House Bill 1626 to add more coverage for CRC screening tests under medical assistance programs
- House Bill 1337 to mandate insurance coverage for CRC screening.
- Supported lowering screening age to 45



COLON CANCER  
STARS

[www.colonstars.org](http://www.colonstars.org)

# Presentation

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## **CRC Communication Campaign 2024**

Facilitator: Katie Treend

WA DOH

# NW CRC Communication Campaign

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- Communication Campaign
  - Weekly Blasts
- Podcasts
- Radio Spots
- Future Work:
  - Ongoing advertising
  - Free Clinics

# Weekly Blasts

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- Wednesdays of March starting tomorrow 2/28
  - Week 1: What is CRC?
  - Week 2: All about Screening
  - Week 3: Destigmatizing CRC, Rise in Young Adult CRC, and Genetic Testing
  - Week 4: Cultural and Linguistic Appropriate Outreach
  - Week 5: Prevention Strategies

# Ways to Send

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- Encourage everyone to send through their own channels
  - Email Lists
  - Newsletters
- Send on Wednesdays or create your own timeline

# Examples of Content

MARCH 2024

## COLORECTAL CANCER AWARENESS MONTH

Weekly Topic Briefer

### WHAT IS CRC?

- The colon is the large intestine
- The rectum connects the colon to the anus and holds waste until it is eliminated from the body
- Cancer that begins in the colon or rectum is called Colorectal Cancer (CRC)
- CRC usually begins as a small growth or polyp in the lining of the colon or rectum
- Overtime these polyps can develop into cancer
- Many people with polyps or CRC do NOT experience any symptoms



### ANYONE CAN GET IT

1. Men = 41.5 per 100,000
2. Women = 31.2 per 100,000
3. Compared to Whites (35.7 per 100,000), we see a higher number of cases among:
4. Alaska Natives (88.5 per 100,000)
5. American Indians (46.0 per 100,000)
6. Black/African Americans (41.7 per 100,000)

### Facts and Figures

- CRC is the 2nd leading cause of cancer death in the US in both men and women combined
- Besides skin cancer, CRC is the third most diagnosed cancer in both men and women.
- Approximately 153,000 people are diagnosed with CRC in the US annually.
- About 52,500 die annually from CRC in the US.



# Examples of Content

## THE NUMBER ONE SYMPTOM IS NO SYMPTOMS

But those who do experience symptoms may have:

1. Stomach pain, aches, or cramps that do not go away
2. Blood in the stool
3. A feeling that your bowel does not empty all the way
4. Changes in bowel habits or stool shape
5. Diarrhea or constipation
6. Stools that are narrower than usual
7. Feelings of being very tired or weak
8. Unexplained weight loss

However, any of these symptoms can be caused by other problems as well. If you have any signs and symptoms of CRC that don't go away or get worse, you should see a doctor to find out what's causing them.



## COMMON RISK FACTORS

- Risk of CRC increases with age
- CRC is most common among adults aged 50 and older and those with a personal or family history of CRC or polyps
- History of inflammatory bowel disease (such as Crohn's or ulcerative colitis) increases your risk
- Several lifestyle factors increase risk:
  - Lack of regular physical activity
  - Diet low in fruits and vegetables
  - Low-fiber & high-fat diet
  - Being overweight or obese
  - Alcohol consumption
  - Tobacco use / cigarette smoking

**Click on the Links Below to Learn More**

1. [American Cancer Society](#)
2. [American College of Gastroenterology](#)
3. [Centers for Disease Control and Prevention](#)
4. [Colon Cancer Coalition](#)

# Examples of Content

## Stool-based tests



### About stool-based tests

- Can be done at home
- Low cost
- No bowel prep or sedation
- Need to be done more often than visual tests
- Will need a colonoscopy if test is abnormal
- Can miss many polyps and some cancers

### Stool-based test options

- Guaiac-based fecal occult blood test (gFOBT) **every year** or
- Fecal immunochemical Test (FIT) **every year** or
- Multi-targeted stool DNA test (MT-sDNA) **every 3 years**

\*If you're at high risk of colorectal cancer based on family history or other factors, you may need to start screening before age 45, be screened more often, or get specific tests.

There are some differences between these tests to consider, but **the most important thing is to get screened, no matter which test you choose.**

## Visual-exam tests



### About visual-exam tests

- Done in doctor's office or health facility
- Bowel prep needed
- Only a colonoscopy can remove and test polyps
- Any test other than a colonoscopy will require a colonoscopy if the test is abnormal.

### Visual exam test options

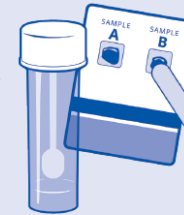
- Colonoscopy **every 10 years** or
- CT colonography (virtual colonoscopy) **every 5 years** or
- Flexible sigmoidoscopy **every 5 years**

### STOOL TESTS

#### Fecal Immunochemical Test (FIT)

HOW OFTEN: **Once a year**

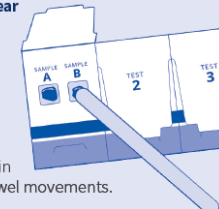
- » You take a stool sample at home using a kit your provider gives you.
- » It checks for blood in samples from 1 bowel movement.
- » You mail your sample to a lab.



#### High-sensitivity Guaiac-based Fecal Occult Blood Test (HSgFOBT)

HOW OFTEN: **Once a year**

- » You take stool samples at home using a kit your provider gives you.
- » You mail your samples to a lab.
- » It checks for blood in samples from 3 bowel movements.



#### Multi-target Stool DNA (MT-sDNA)

HOW OFTEN: **Every 3 years**

- » You collect a bowel movement and stool sample at home using a kit your provider has shipped to you.
- » It checks stool for blood and abnormal DNA from polyps or cancer.
- » You mail a whole bowel movement and stool sample to a lab.

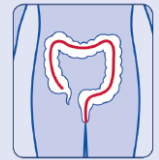


### VISUAL TESTS

#### Colonoscopy

HOW OFTEN: **Every 10 years**

- » Your provider uses a tube with a tiny camera to look for and remove polyps and cancer in your colon and rectum.
- » You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).
- » You will be sedated and need a day off work. You will need someone to drive you.



#### CT Colonography(CTC)

HOW OFTEN: **Every 5 years**

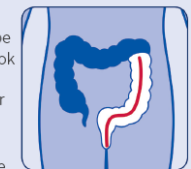
- » The test is also called virtual colonoscopy.
- » Your provider uses an x-ray machine to look for polyps and cancer in your colon and rectum.
- » You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).



#### Flexible Sigmoidoscopy (FS)

HOW OFTEN: **Every 5 years**

- » Your provider uses a tube with a tiny camera to look for polyps and cancer in the lower part of your colon and rectum.
- » You give yourself 1 or 2 pre-filled enemas before the test to empty and clean the colon.
- » This test is not available in most places.



\*Not all tests may be available. Talk with your health care provider about which tests are available to you.

# Examples of Content

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## **a. Addressing Fear and/or Embarrassment**

- i. Embarrassment of Screening
- ii. Fear exam may be painful or prep may be overwhelming
- iii. Medial mistrust
- iv. Unwillingness to talk about poop/making it a joke
- v. Cost

## **b. Overcoming**

- i. Know your family history and talk to your relatives about polyps
- ii. At home tests can be done privately without having to discuss procedures with family or needing a ride to a colonoscopy
- iii. Screening does not equal a cancer diagnosis
- iv. CRC when identified at an earlier state is easier to treat and has lower mortality rate.
- v. Don't dismiss symptoms
- vi. Increase awareness of how to prevent and when to screen
- vii. Importance of taking charge of your own health in order to show up for yourself and/or your community/family.

# Cancer Pathways Podcast

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Cancer Pathways' *Encompassing Cancer* podcast is hosting a 4-part series for Colorectal Cancer Awareness month. Tune in every Monday throughout March to hear from survivors, doctors, advocates, and community members sharing their powerful stories and expertise. Topics that will be covered include:

- What is CRC Month
- Survivorship and self-care
- Navigating colon cancer while parenting
- Destigmatizing colorectal cancer
- Best practices for support
- Health disparities and access to care
- Types of screenings
- Cultural and linguistically appropriate screening
- Rise in young adults
- Genetic risks

The *Encompassing Cancer* CRC mini-series is in partnership with Colon Cancer Stars.

# Link to Podcast

Available wherever you listen to our podcasts!

Link: [open.spotify.com](https://open.spotify.com)



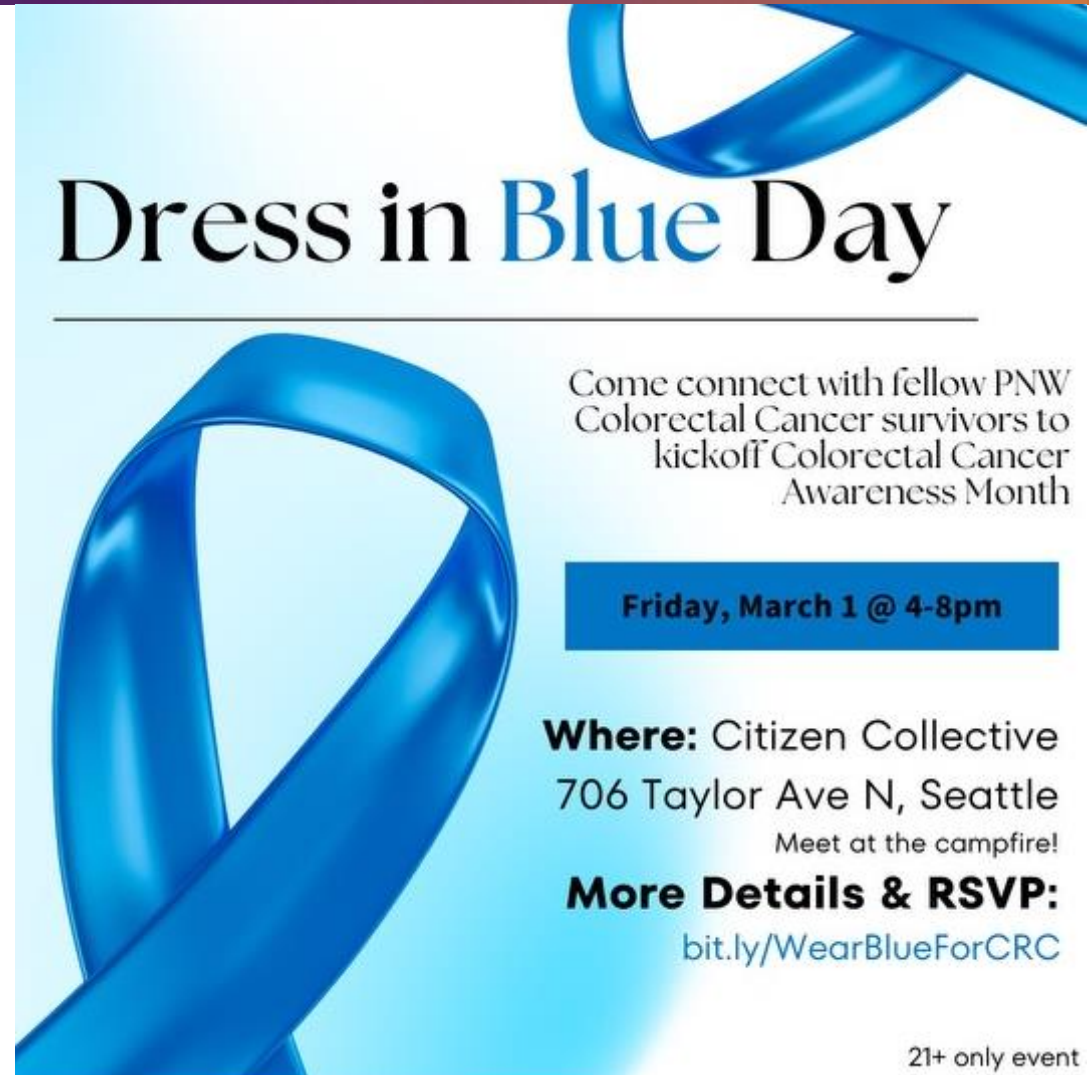
# In-Person Event

Dress in Blue Day

Friday March 1<sup>st</sup> @ 4-8pm

Citizen Collective 706 Taylor Ave N. Seattle

RVSP Here: [Evite: Dress in Blue Day](#)



**Dress in Blue Day**

Come connect with fellow PNW Colorectal Cancer survivors to kickoff Colorectal Cancer Awareness Month

**Friday, March 1 @ 4-8pm**

**Where:** Citizen Collective  
706 Taylor Ave N, Seattle  
Meet at the campfire!

**More Details & RSVP:**  
[bit.ly/WearBlueForCRC](https://bit.ly/WearBlueForCRC)

21+ only event



CANCER PATHWAYS INVITES YOU TO  
A SPECIAL COLORECTAL CANCER AWARENESS MONTH EVENT:

# FROM DIAGNOSIS TO SURVIVORSHIP

**MARCH 21, 2024 6:00 - 7:30 PM | 1400 Broadway Seattle, WA 98122**

The educational evening will bring together patients, medical providers, caregivers, and community members. Learn about strategies for prioritizing self-care from diagnosis to survivorship, advances in treatment and screening, and hear from Dr. Shankaran about her research in the health equity space.

#### **SPEAKERS:**

**Dr. Veena Shankaran, MD MS**  
Co-Director, Hutchinson Institute for Cancer  
Outcomes Research (HICOR), Fred Hutch

**Alysson Probst**  
Stage IV Colon Cancer Survivor, diagnosed age 44

**Anita Isler**  
Founder, Colon Cancer Stars  
Stage IV Colon Cancer Survivor, diagnosed age 41



**FREE IN-PERSON EVENT!**

*Networking will begin at 6:00 PM and the formal program will start at 6:30 PM.*

**This event is open to all! Registration required.**

**RSVP using the QR Code, or visit:**

[bit.ly/CPcolon](https://bit.ly/CPcolon)



Questions? Email Cancer Pathways' Program Director, Amy Wooten: [amy@cancerpathways.org](mailto:amy@cancerpathways.org)

This event is being hosted by Cancer Pathways in partnership with Colon Cancer Stars.



# In-Person Event

From Diagnosis to Survivorship

Thursday March 21<sup>st</sup> @ 6:00pm-7:30pm  
1400 Broadway Seattle, WA 98122

RVSP Here: [Colorectal Cancer Month Event](#)  
[Registration: From Diagnosis to Survivorship](#)

# What Can You Do?

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- To Receive the Communication Toolkit:
  - List Email In Chat
- Share the Podcast
- Share Social Media or other Communication Materials
  - [Colorectal Cancer Awareness Month Campaign | School of Medicine and Health Sciences \(gwu.edu\)](#)
- Join our Campaign Committee
  - Email Katie Treend - [Katie.Treend@doh.wa.gov](mailto:Katie.Treend@doh.wa.gov)



# Next Steps

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- Next meeting
  - June 4<sup>th</sup>, 2024 (Tuesday) 9:00am- 11:00am

# Contacts



Sahla Suman, DOH

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Sahla.Suman@doh.wa.gov

360-742-1467



Kayla Kenyon, OCOE

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kkenyon@fredhutch.org