



Northwest Colorectal Cancer Task Force Meeting

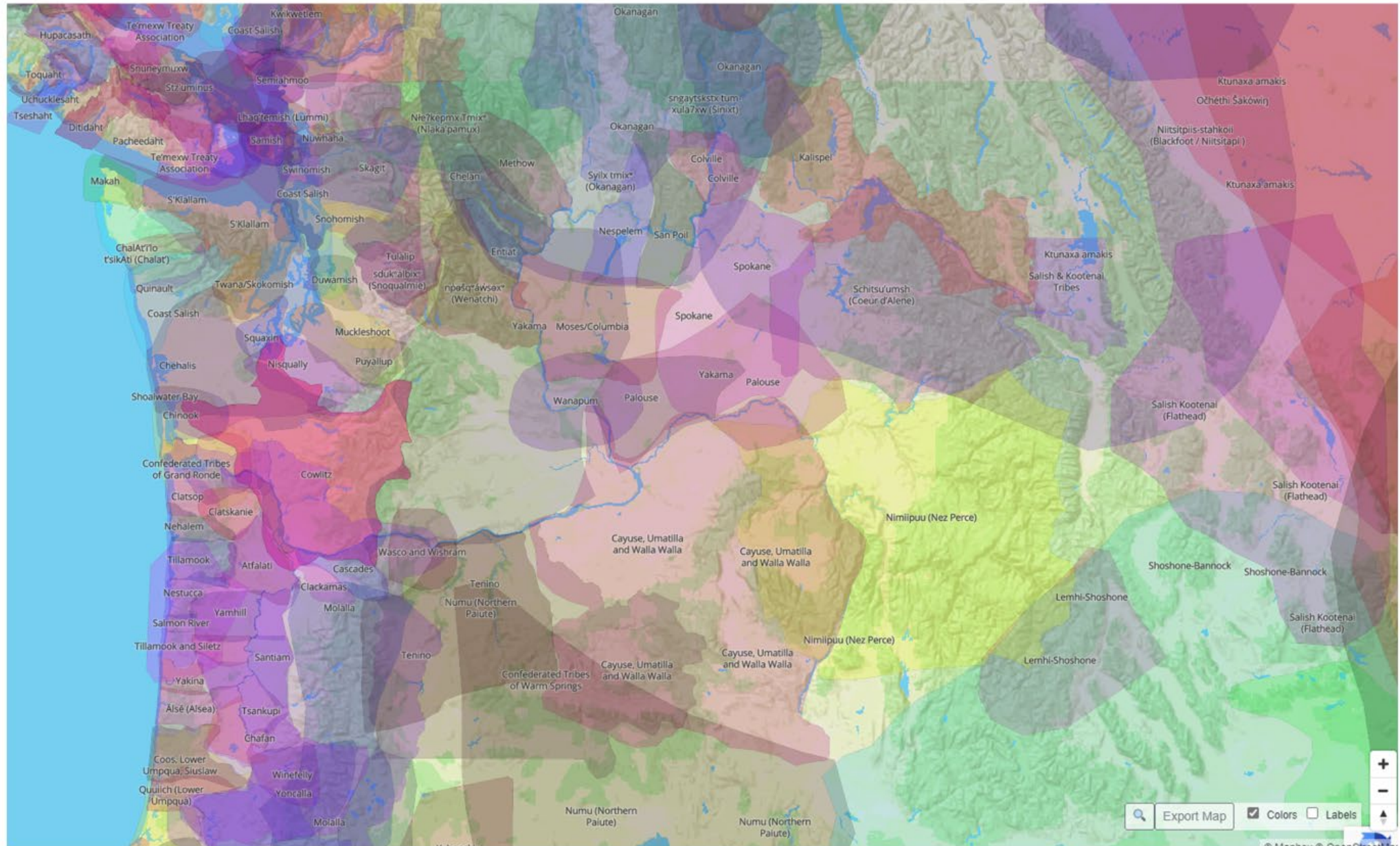
18th February 2025



Agenda

- Land Acknowledgement
- Welcome & Introductions
- Preview: 2025 CRC Awareness Month Campaign Materials
- Presentation 1: Colorectal Cancer Screening
- Presentation 2: Fred Hutch Nurse Navigation Program
- Break
- Presentation 3: Lynch Syndrome & Screening for Genetic Risks
- CRC Awareness Month Campaign Plans
- Sharing updates and Events
- Wrap up & Next Steps

Land Acknowledgement



Welcome & Introduction

- In the chat, please type in your :
 - Name, Organization & Role

Presentation

Preview: 2025 CRC Communication Campaign

Facilitator: Sahla Suman TE

WA State Dept. of Health

2025 NW CRC Communication Campaign

Who Gets Colorectal Cancer?

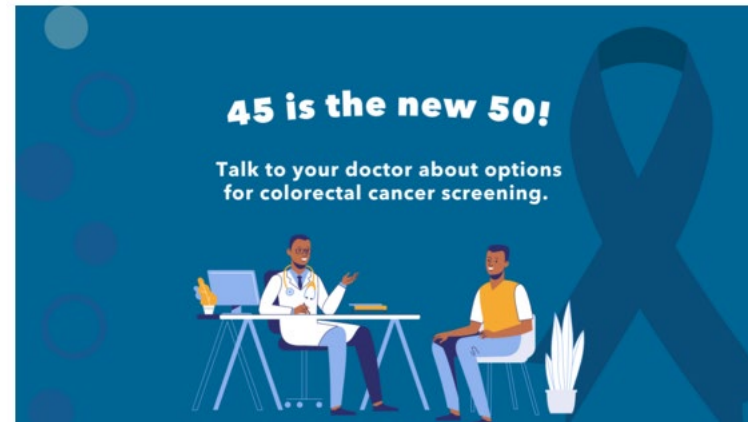
Anyone can get it!

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

Data provided by [American Cancer Society CRC Facts and Figures](#).



Screening Reminders



Cultural and Linguistically Diverse Materials

LA EDAD NO ES UN FACTOR.

Antes del año 2030 se proyecta que cáncer de colon será la **CAUSA #1 DE MUERTES POR CÁNCER** para adultos menores de 50.

COLON CANCER COALITION

Marvin Arrivillaga
Diagnosticada a los 36
Falleció a los 39

CRC Podcast Series



Want to hear directly from experts and survivors on all things CRC? Then check out this 4-part Podcast Series done by Cancer Pathways for Colorectal Cancer Awareness Month on their podcast channel [Encompassing Cancer](#).

You can tune in wherever they listen to podcasts, including Spotify and Apple Podcasts.

Link to the episode on Spotify:

<https://open.spotify.com/episode/7oUirK0ZTnQXZ76OqRKXKU?si=ed1ffff3e1cc43d0>.

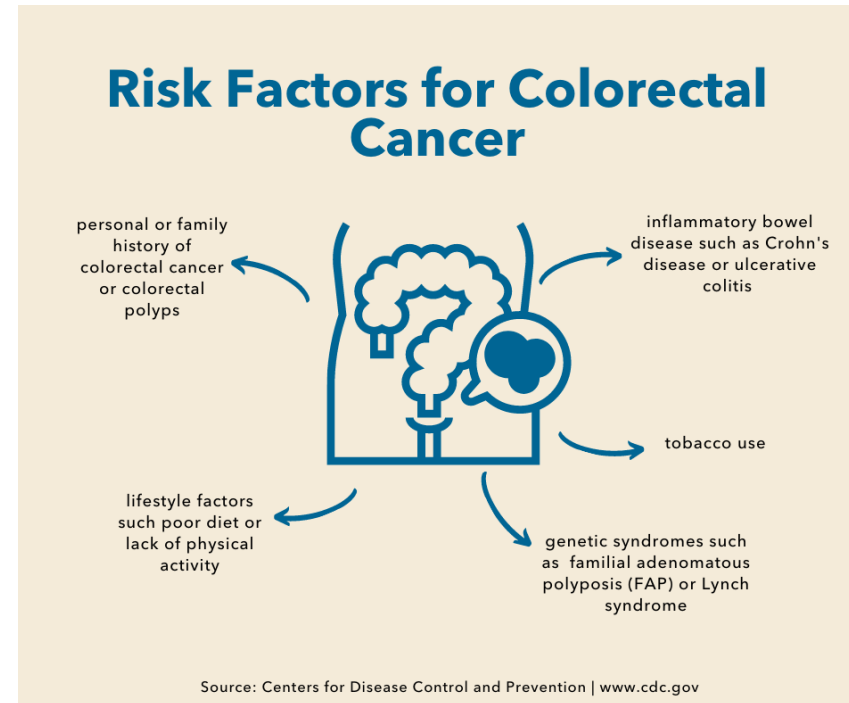
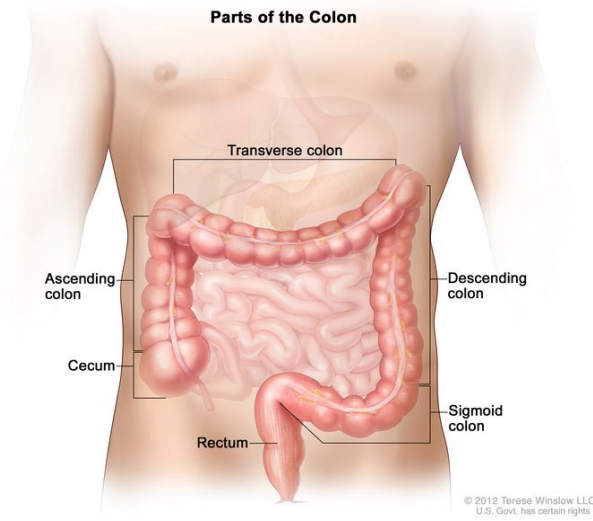
2025 CRC Awareness Month Weekly Newsletters

Topics Covered

- Week 1: What is CRC? Risk Factors, Facts and Figures
- Week 2: All about CRC Screening
- Week 3: Early onset of CRC, Lynch Syndrome & Genetic Risk Factors
- Week 4: Stigma, Fear and Embarrassment about CRC Screening, Culturally and Linguistically Appropriate Resources
- Week 5: Summary and Prevention Strategies

Content Highlights: Week 1

- What is CRC?
- Symptoms and Risk Factors
- Facts and Figures
- Resources

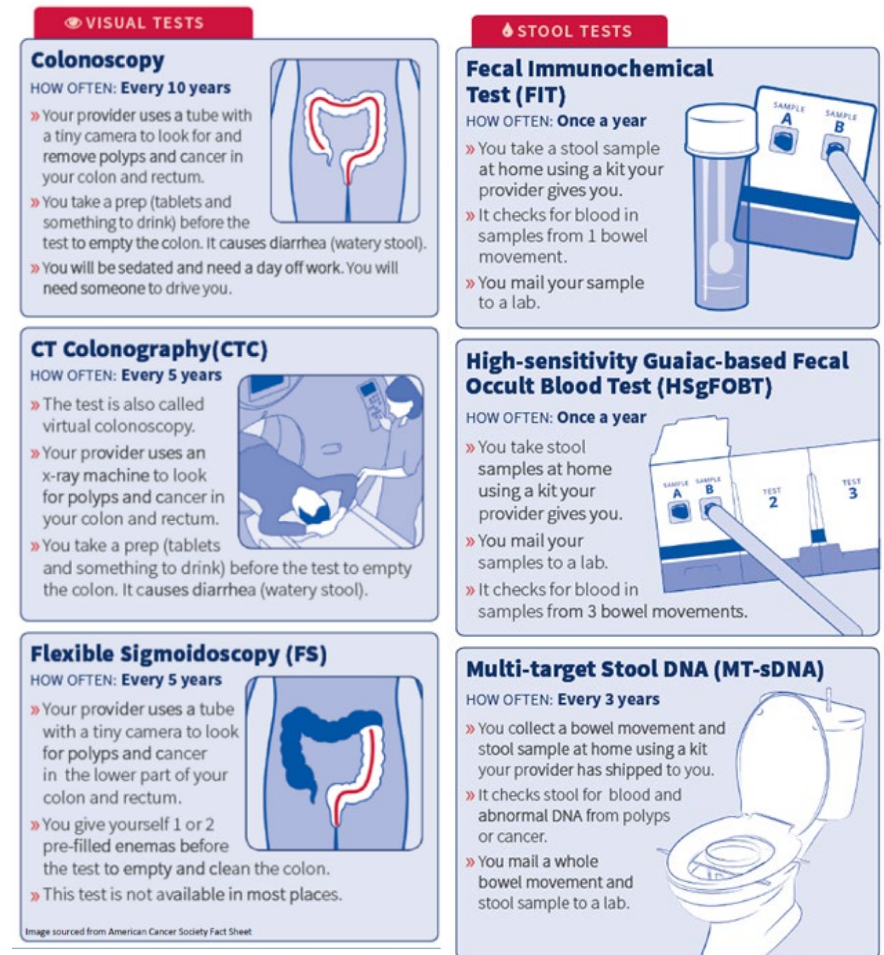


Content Highlights: Week 2

- Types of CRC screening Test
- Screening Guidelines
- About Prep
- Myths & Facts about CRC screening

5. Myths about CRC Screening

- **MYTH:** Screening is too expensive.
FACT: Most screening tests are covered by insurance, including Medicare. There are also low-cost screening options.
- **MYTH:** Nobody in my family has a history of colorectal cancer, so I am not at risk.
FACT: Most colorectal cancers are found in people without a family history of colorectal cancer. Those with family history are at higher risk.
- **MYTH:** If my stool looks normal, I should be fine.
FACT: You can have colorectal cancer or polyps even if your stool looks normal.
- **MYTH:** Colorectal cancer is not that common.
FACT: Colorectal cancer is the second-leading cause of cancer related deaths in the U.S. Screening is the best way to prevent death from colorectal cancer.
- **MYTH:** Having a colonoscopy is the only way to get screened.
FACT: There are several different screening tests available. Some are simple and can be done at home.



The infographic is a grid of six cards, each describing a different CRC screening test. Each card has a title, frequency, and a list of key points. The cards are: 1. Visual Tests: Colonoscopy (Every 10 years). 2. Stool Tests: Fecal Immunochemical Test (FIT) (Once a year). 3. CT Colonography (CTC) (Every 5 years). 4. High-sensitivity Guaiac-based Fecal Occult Blood Test (HSgFOBT) (Once a year). 5. Flexible Sigmoidoscopy (FS) (Every 5 years). 6. Multi-target Stool DNA (MT-sDNA) (Every 3 years). Each card includes an illustration related to the test.

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.

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.

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).

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.

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.

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.

Image sourced from American Cancer Society Fact Sheet

Content Highlights: Week 3

- Early onset of CRC
- Lynch Syndrome & Screening for Genetic Risk Factors
- Survivor Story
- Resources

Lynch Syndrome - Facts and Figures

- It is estimated that there are over 27,000 undiagnosed individuals in Washington State with Lynch Syndrome.
- It is estimated that 1 in 279 individuals has Lynch syndrome but over 98% are undiagnosed.
- The lifetime risk for colorectal cancer for individuals with Lynch syndrome is 10-80%.
- By contrast, the lifetime risk for an individual without Lynch syndrome is 5.5%.
- The risk for a second primary colorectal cancer is 15%-20% at 10 years.
- Females with Lynch Syndrome also have a 28%- 60% lifetime risk for endometrial cancer.
- Identifying these undiagnosed individuals has the potential to reduce rates of morbidity and mortality from colorectal cancer.

SIGNS OF CANCER SYNDROMES

- Multiple family members with the same type of cancer
- Stories about cancer running in the family
- Family members developed cancer at a young age
- Family members with more than one type of cancer

WHAT IF I HAVE A CANCER SYNDROME?

- You may not have signs or symptoms, but you are at higher risk of developing certain types of cancer
- However, not everyone who inherits a cancer syndrome will develop cancer

UNDERSTAND & REDUCE YOUR RISK

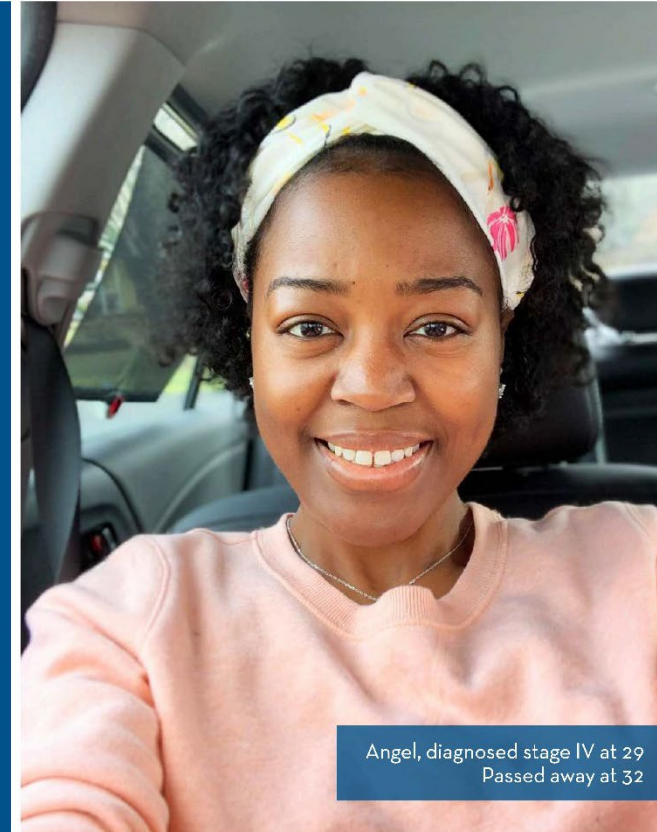
If cancer runs in your family:

- Collect your family history of cancer
- Talk to your doctor about it
- Encourage family members to talk to their doctors
- Talk to a genetic counselor about if genetic testing may be right for you
- Reduce your risk by getting screened for cancer

AGE IS NOT A FACTOR.

By 2030, colon cancer is projected to be the **#1 CAUSE OF CANCER DEATH** for adults under 50.

COLON CANCER COALITION



Content Highlights: Week 4

Destigmatizing CRC

While it is important for everyone of appropriate age to get screened for CRC it is also important to remember that not everyone is comfortable with talking about Colorectal Cancer and getting its related screenings. Social, cultural, religious, and other norms can sometimes make it difficult to talk about cancer or even follow through with recommended cancer screenings. Several common feelings related to CRC can include:

- Embarrassment of screening
- Fear exam may be painful or prep may be overwhelming
- Fear of a potential cancer diagnosis
- Medial mistrust
- Unwillingness to talk about poop
- Making it a joke and unable to take it seriously
- Shame related to personal nature of screening

Destigmatizing CRC and conversations surrounding screening is critical in helping people understand the importance of regular and timely CRC screening.

Overcoming Fear and Embarrassment about CRC and Screening

When Health is Interconnected with Family, Community, and Culture:

- Take charge of your own health in order to best show up for yourself, your community, and your family.
- Keeping up with cancer screenings can help you live a long healthy life with your family in order to pass on culture and values to next generation.
- Being active in taking care of your health helps “show” and not just “tell” how to empower future generations to take care of their own health.
- Know your family history and talk to your relatives about polyps.
 - Sharing information about your family’s risk of cancer can be difficult. Practice having this discussion using CDC’s virtual human simulation to learn how to talk about cancer risk that may run in your family.
 - [Cancer Simulations | CDC](#)

Important Things to Remember:

- Not everyone can talk to their families. In these situations, it is important to find a trusted confidant, friend, therapist, or religious leader to share your fears and anxieties.
- At home tests can be done privately without having to discuss procedures with family or needing a ride to a colonoscopy.
- Screening does not equal a cancer diagnosis.
- CRC when identified at an earlier state is easier to treat and has lower mortality rate.
- The test is trusted and safe and there are options for less invasive testing.

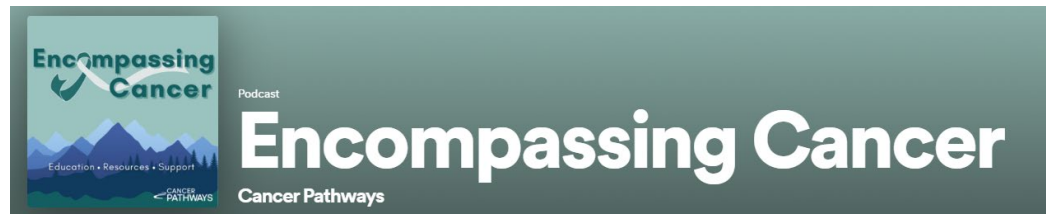
Content Highlights- Week 4 (Cont.)

- Library of Educational Materials in many languages including Spanish, French, Arabic, Korean, Somali, Vietnamese and more. Including Brochures, Information Cards/Graphics, and Flyers.
 - [Informational Materials – Colon Cancer Coalition](#)
- CRC Awareness Materials for LGBT+ Communities.
 - [Colorectal Cancer Awareness Month Graphics - National LGBT Cancer Network \(cancer-network.org\)](#)
- Cancer Information in many languages including Spanish, French, Chinese, Arabic, Russian, Korean, and more.
 - [Cancer Information in Other Languages | American Cancer Society](#)
- Colorectal Cancer Print Materials in Spanish.
 - [Colorectal Cancer Print Materials | CDC](#)
- End Colon Cancer in Indian Country.
 - [Colon Cancer Screening at American Indian Cancer Foundation](#)
- Colorectal Cancer Screening in American Indian and Alaska Native Communities.
 - [Colorectal Cancer Screening In American Indian & Alaska Native Communities - November 28, 2017 - American Cancer Society National Colorectal Cancer Roundtable \(nccrt.org\)](#)
- Diverse messaging (in English), graphics, social media posts, and communication plans for diverse audiences.
 - [Colorectal Cancer Awareness Month Campaign | School of Medicine and Health Sciences \(awu.edu\)](#)



Content Highlights : Week 5

- Screening Reminder
- Prevention strategies
- Summary of resources
 - Cancer Pathways Podcast
 - Still available to access:
 - [Encompassing Cancer | Podcast on Spotify](#)



NW CRC Communication Campaign Timeline

- Communication Campaign
 - Will be sent out between February 28th, 2025 - March 28th, 2025
 - Via:
 - DOH Comp Cancer Newsletter
 - NW CRC Task Force Mailing List
 - DOH Comp Cancer Newsletter
 - ACS
 - Fred Hutch OCOE
 - Foundation of Healthy Generations
 - Colorectal Cancer Alliance
 - Colon Cancer Stars
 - Would you like to receive and share the Communications Campaign Materials?

Presentation 1

Colorectal Cancer Screening

Speaker: Ari Bell-Brown

Collaborative Science Manager

Fred Hutch/ UW Medicine Population Health CRC Screening Program



Colorectal Cancer Screening

Ari Bell-Brown, MPH

Collaborative Science Manager

Hutchinson Institute for Cancer Outcomes Research

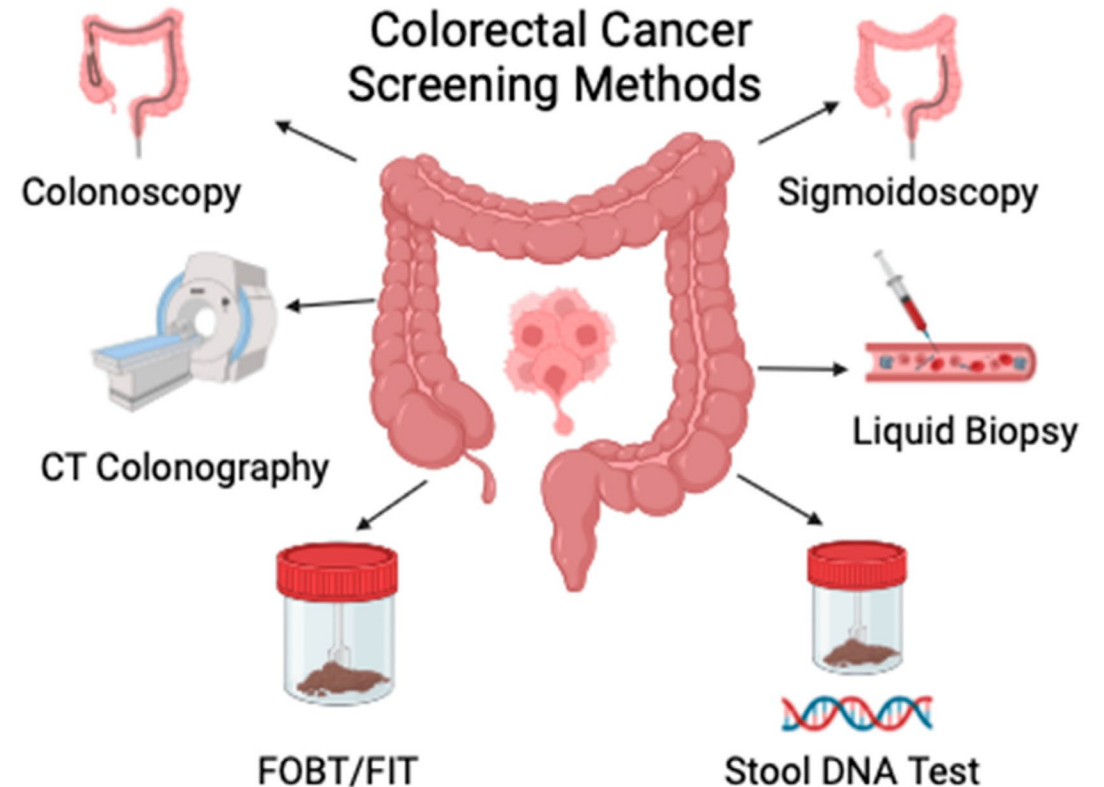
Fred Hutch/UW Medicine Population Health CRC Screening Program

February 18, 2025

UW Medicine

Colorectal Cancer Screening Modalities

- Routine CRC screening currently recommended for average-risk adults ages 45-75
- There are **three** main types of colorectal cancer screening tests:
 - **Visual (structural) tests:** Physically examine the colon and rectum for abnormalities
 - **Stool-based tests:** Detect small (microscopic) amounts of blood in the stool
 - **Blood-based tests:** Detect DNA changes that could indicate cancer in a blood sample
- Each test has advantages and disadvantages that should be discussed with an individual's healthcare provider to make an informed decision



Colorectal Cancer Screening Modalities – Visual Exams

Test	About	Frequency of Completion	Pros	Cons
Colonoscopy	<ul style="list-style-type: none"> Examines the colon and rectum with a colonoscope (a flexible tube with a light and small camera at the end) “Gold standard” for screening 	Every 10 years depending on risk and prior findings	<ul style="list-style-type: none"> Can examine the entire colon Can biopsy and remove polyps Less frequent than other tests Can help find other diseases 	<ul style="list-style-type: none"> Full bowel prep needed Sedation needed May need to take time off work Small risk of bleeding, bowel tears, or infection

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CT colonography	<ul style="list-style-type: none"> CT scan of the colon and rectum that can show abnormal areas 	Every 5 years	<ul style="list-style-type: none"> Less invasive No sedation required 	<ul style="list-style-type: none"> Can miss small polyps (<6mm) Full bowel prep needed Exposure to some radiation Can't remove polyps Colonoscopy needed if results are abnormal

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Sigmoidoscopy	<ul style="list-style-type: none"> Looks at lower third of the large bowel (the entire rectum and less than half of the colon) 	Every 5 years	<ul style="list-style-type: none"> Fairly quick Sedation not usually required 	<ul style="list-style-type: none"> Not widely used as screening test Bowel prep may still be needed Only looks at ~1/3rd of colon Can miss small polyps and/or CRC Can't remove all polyps Small risk of bleeding, infection or bowel tear Colonoscopy needed if results are abnormal

Colorectal Cancer Screening Modalities – Stool based

Test	About	Frequency of Completion	Pros	Cons
Fecal immunochemical test (FIT)	<ul style="list-style-type: none"> Checks for small (microscopic) amounts of blood in the stool from the lower intestines Recommended for average risk adults 	Annually	<ul style="list-style-type: none"> Non-invasive No prep required No diet or medication changes Sampling done at home Inexpensive Higher sensitivity/specificity than FOBT 	<ul style="list-style-type: none"> Can miss many polyps and some cancers Frequency Colonoscopy needed if results are abnormal

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Guaiac-based fecal occult blood test (gFOBT)	<ul style="list-style-type: none"> Detects microscopic blood in the stool through a chemical reaction Recommended for average risk adults 	Annually	<ul style="list-style-type: none"> Non-invasive No prep required Sampling done at home Inexpensive 	<ul style="list-style-type: none"> Can miss many polyps and some cancers Requires dietary and medication changes Frequency Colonoscopy needed if results abnormal

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Stool DNA test	<ul style="list-style-type: none"> Looks for microscopic blood as well as abnormal sections of DNA Recommended for average risk adults 	Every 3 years	<ul style="list-style-type: none"> Non-invasive No prep No diet or medication changes Sampling done at home 	<ul style="list-style-type: none"> Can miss many polyps and some cancers Higher sensitivity for CRC than FIT Higher costs than FIT/FOBT Colonoscopy needed if results are abnormal

Colorectal Cancer Screening Modalities – Blood based

Test	About	Frequency of Completion	Pros	Cons
Epi proColon 2.0	<ul style="list-style-type: none"> Looks for a molecular biomarker shed by CRC cells into the bloodstream. Approved for adults 50+ years at average risk for CRC who have not completed screening historically 	Every 3 years	<ul style="list-style-type: none"> Non-invasive No prep No diet or medication changes 	<ul style="list-style-type: none"> Not yet incorporated into CRC screening guidelines Can miss many polyps and some cancers Will need blood draw in clinic Insurance coverage varies-expensive Colonoscopy needed if results abnormal

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Shield	<ul style="list-style-type: none"> Analyzes plasma DNA for changes that could indicate CRC Approved for 45+ at average risk for CRC 	Every 3 years	<ul style="list-style-type: none"> Non-invasive No prep No diet or medication changes 	<ul style="list-style-type: none"> Not yet incorporated into clinical guidelines for CRC screening Can miss many polyps and some cancers Will need blood draw in clinic Insurance coverage varies-expensive Colonoscopy needed if results abnormal

CRC Screening Ordering and Coverage

- In general, most CRC screening procedures require a physician referral while most stool-based tests require either a physician order (if done through the health system) or for a patient to pay out of pocket (if purchased directly from a company (e.g., Labcorp)).
- The Affordable Care Act (ACA) requires both private insurers and Medicare to cover the costs of colorectal cancer screening tests recommended by USPSTF and the subsequent follow-up of abnormal results. However, patients should always check first with their insurance provider to make sure their test is covered.
- Medicaid coverage of CRC screening can vary by state
 - WA state Medicaid **does** cover CRC screening

Population Health CRC Screening Program

Population Health Colorectal Cancer (CRC) Screening Program

Joint program established in September 2021 by UW Medicine & Fred Hutchinson Cancer Center

Mission: Eradicate colorectal cancer by improving screening completion for all patients and evaluate interventions to increase participation equitably for all individuals

Strategies for Engagement

Reach folks within our health system not up-to-date with screening (mailed FIT)



Reach community members outside of our health system not up-to-date with screening (community education events)



CRC Community Awareness Event

Annual event (started in 2022) to educate community members about CRC and the importance of prevention and screening

Partners include:

- OCOE (CECE/Educational materials)
- Urban League of Metropolitan Seattle (health insurance navigation, ORCA card assistance, voter registration)
- Primary Care – UW and community health center (primary care scheduling)
- King County Public Health (resources for access)
- Survivors and patient advocate organizations
- Health care providers
- Nutritionists, nurse navigators
- UW Medicine students (other health resources such as blood pressure screening)

Colorectal Cancer Community Awareness Event

A free event featuring advice from health care experts, survivors, community resources, interactive exhibits, food and more

Saturday, March 8, 2025 | 11 a.m. PT
Matt Griffin YMCA
3595 S. 188th St, SeaTac, WA 98188



Why are Community Events Important?

- Community events provide an opportunity to educate people who may not touch the health system on the importance of CRC screening
- There is evidence that community events improve knowledge and intention to complete screening – particularly when they involve the inflatable colon!
 - A pre- and post- survey at our community event showed an approximately **50%** increase in the knowledge of age to begin screening



Community Event/Education to Screening

Education is great but **how do we bridge the gap between outreach/education and screening completion?**

Our program uses two approaches:

1. Provide resources for primary care (preferred)

- Have navigators or schedulers who can link community members to a primary care provider

2. Provide take-home kits **ONLY** when wrap around services can be provided

- If providing a FIT or other take home kit at a community event, ensure it is through an organization that can assist with follow-up colonoscopy if there is an abnormal result
- We would not recommend providing take home tests if this wrap-around service is not available



Program Expansion

- We are excited to expand the CRC screening program throughout Washington State
- If you are a clinic or community health center in Washington State interested in learning more about our program and partnering to improve CRC screening rates, please reach out to us at

crcscreening@fredhutch.org

ACHIEVING SUCCESS TOGETHER

Partnering with the Population Health Colorectal Cancer Screening Program



About Us

We are a dynamic program focused on eradicating colorectal cancer (CRC) by improving screening completion and evaluating interventions to increase equitable participation. We achieve this through research, quality improvement, community engagement, and influencing health policy locally and nationally.

Why Partner with Us

We believe that collaboration drives greater success. Together, we can reduce CRC disparities by combining resources, expertise, and passion.

Our partnership aims to achieve:

- Improved CRC screening rates at your clinics
- Increased colonoscopy completion after abnormal fecal immunochemical tests (FIT)
- Sustainable processes for CRC screening

Scan the QR code for more information



How We Can Work Together



Mailed FIT Outreach

Implementing a centralized mailed FIT program for eligible patients



Patient Navigation

Identifying barriers to screening, connecting patients to resources



Operational Efficiency

Streamlining processes and improving operational effectiveness

Our Track Record

9% Increase in CRC screening rate at UW Medicine

20% Increase in follow-up colonoscopy completion among mailed FIT participants



Thank You



Pop Health CRC
Program

Contact Us!
crcscreening@fredhutch.org

UW Medicine

Presentation 2

Nurse Navigation

Speaker: Janelle Wagner, RN, OCN

Senior Director, Nurse Navigation


Fred Hutch Cancer Center



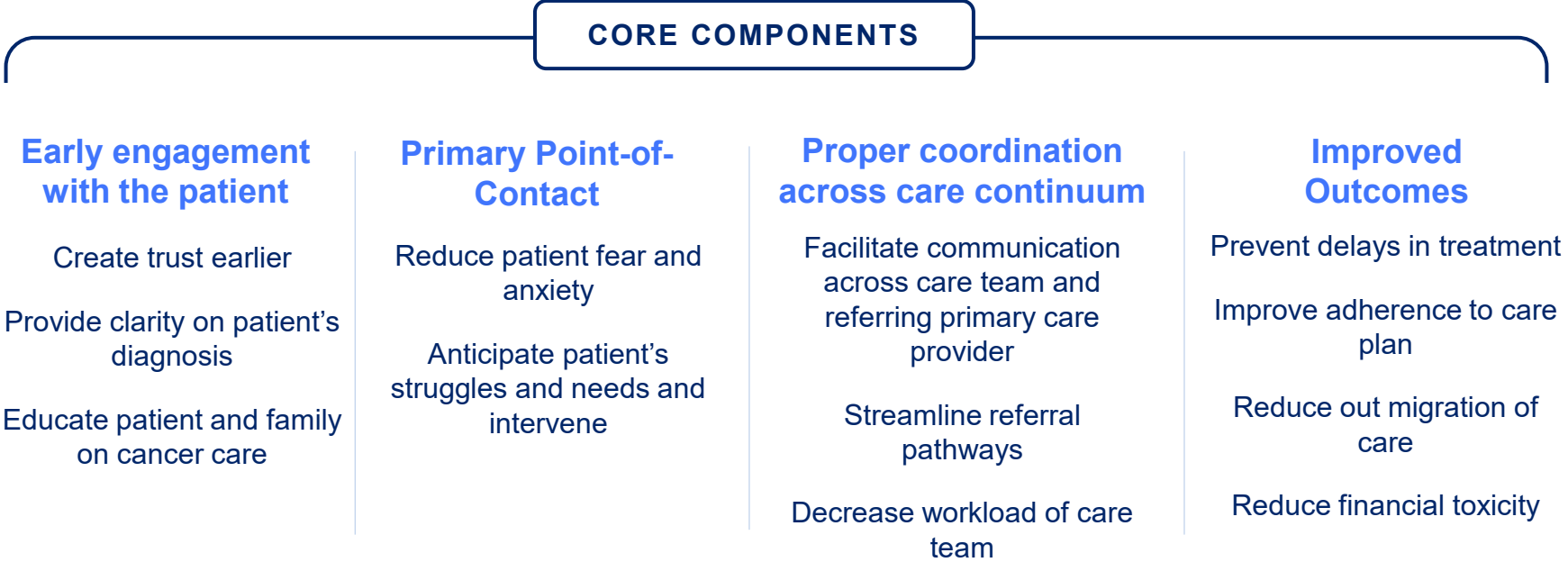
Nurse Navigation

NW CRC Task Force

Janelle Wagner, RN, OCN
Senior Director, Nurse Navigation
February 18th, 2025

- 
- 1** Core Competencies
 - 2** What is Nurse Navigation
 - 3** Patient Experience
 - 4** Where Does Nurse Navigation Exist?
 - 5** Open Discussion and Questions

Core Components of Nurse Navigation



What is Nurse Navigation?

What is a nurse navigator?

A registered nurse, with WA State MSL

BLS certified

OCN/Advanced nursing degree
(recommended)

Services offered?

Phone call/education to all newly referred/inquiring patients

Medical review/triage to support in accurate care coordination

Clinical triage to order/request diagnostics

Pre-screening for clinical trials

Referrals to supportive care services

Resource to external providers

Goals of Nurse Navigation?

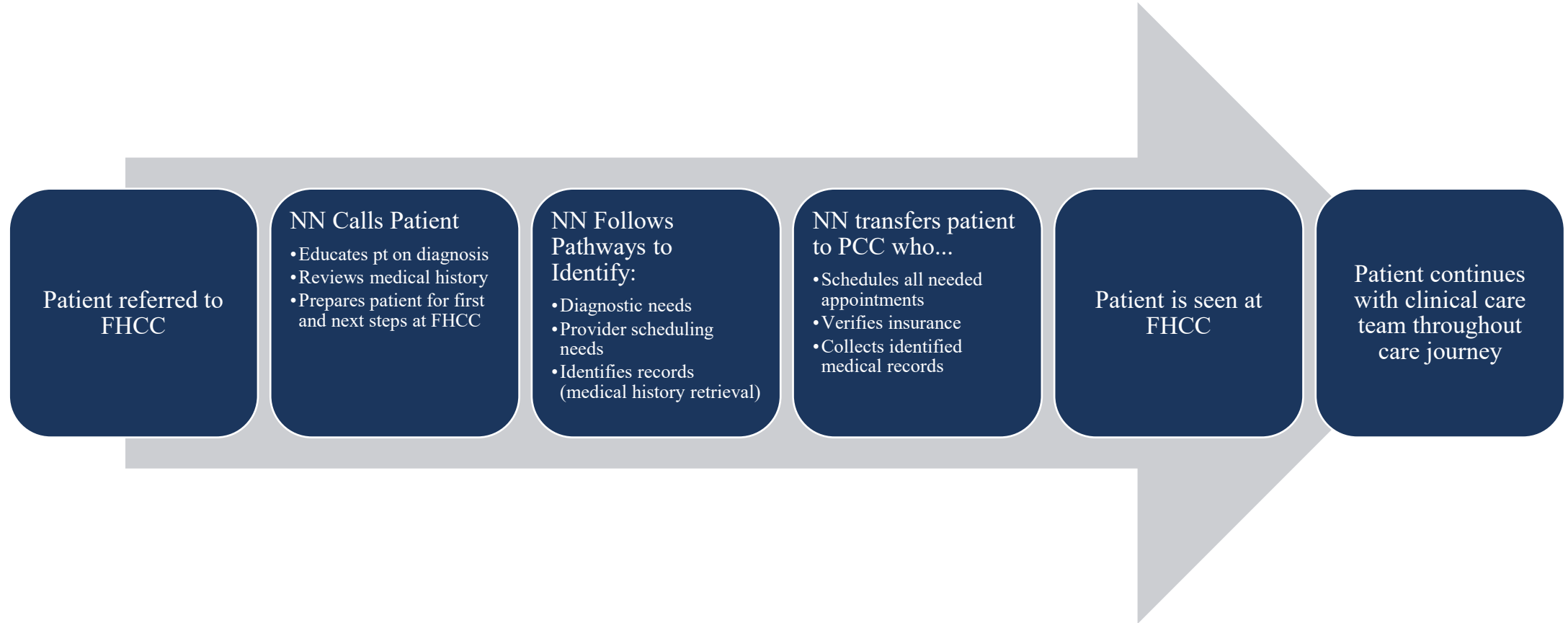
Decrease patient anxiety

Decrease time to care/referral turnaround time

Identify and connect patients with supportive care services

Increase ability to receive care plan at first consult visit

Patient Experience



Where is Nurse Navigation?

Current and future groups supported by Nurse Navigation

2017

- NW (Breast)

2020

- Overlake FHCC (GI, H&N, Neuro)
- OMC (GYN, Breast, GU, Lung)

2021

- Peninsula (Breast)

2023

- FHCC GI
- FHCC MM
- UWMC Neuro
- FHCC GU
- FHCC Sarcoma

2024

- FHCC RMS
- NW Access (general oncology)
- FHCC Breast
- FHCC THN
- Peninsula Access
- UWMC/FHCC GYN ONC
- FHCC Lymphoma (3/3/25)
- FHCC Acute Leukemia/ Myeloid (planned)
- FHCC Neuro joined with UWMC (planned)



Open Discussion and Questions

Patient Resources

- Nurse Navigation [Website](#)
 - Recent [Article](#) Describing Navigation
- [Request an Appointment](#)



Thank you

—
BREAK

Return at 9:55 am

Presentation 3

Public Health Prevention Potential & Early Identification of Genetic Risk in Colorectal Cancer

Speaker: Nini Shridhar

State Genetics Coordinator, Genetics Program

Screening and Genetics Section

Washington State Department of Health

Public Health Prevention Potential and Early Identification of Genetic Risk in Colorectal Cancer



Photo Credit: Stephanie Schrieber, DOH

Nini Shridhar, State Genetics Coordinator
Genetics Program
Screening and Genetics Section
Washington State Department of Health (WA DOH)

February 18th, 2025

Outline

DOH Genetics

- Brief overview of the Genetics program at the Washington State Department of Health

Screening

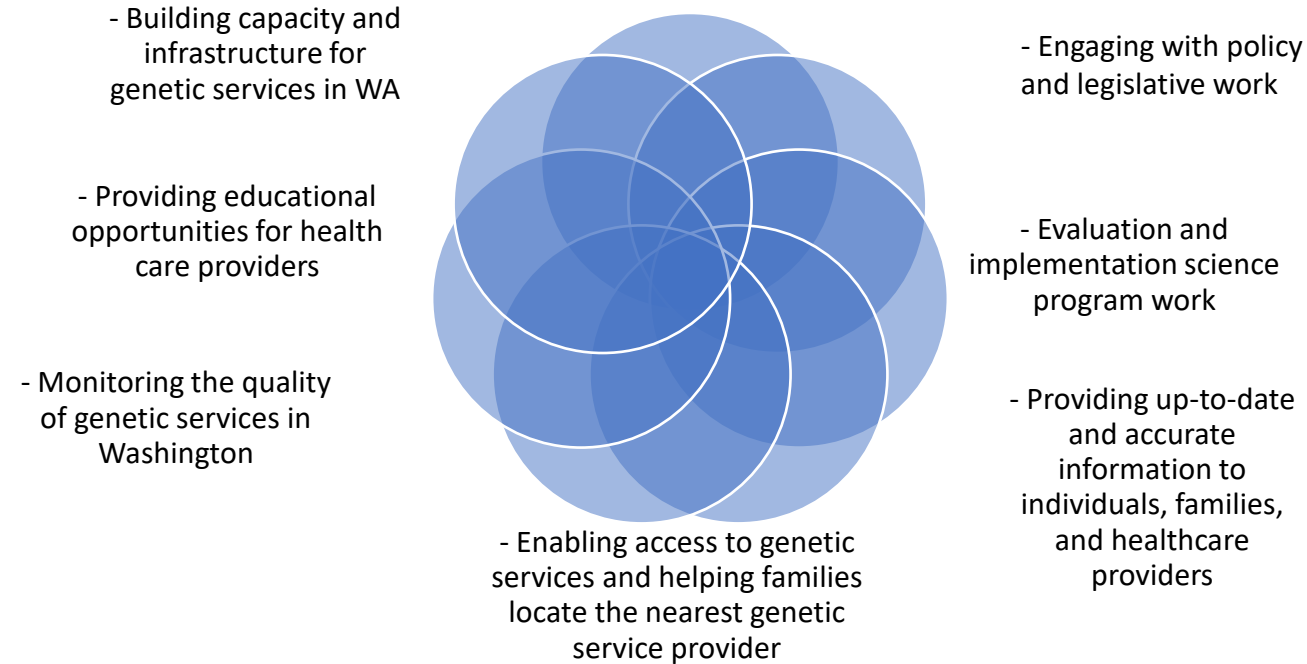
- Genetic screening for risk identification
- Why is this important in colorectal cancer?

Ask

- How can we help?
- What are your (facility's) needs in this space?

Genetics Program at the DOH

The Genetics Program works to improve the health of those with, or at risk of, genetic and congenital conditions by:



What is an Inherited Cancer Syndrome?

- Risk for cancer can be inherited
- 10% of all cancers caused by inherited cancer risk
- Passed down from parent to child
- Caused by gene mutations on specific genes
- Genetics and Cancer

<https://youtu.be/kRnORB0WRe4>

SIGNS OF CANCER SYNDROMES

- Multiple family members with the same type of cancer
- Stories about cancer running in the family
- Family members developed cancer at a young age
- Family members with more than one type of cancer

WHAT IF I HAVE A CANCER SYNDROME?

- You may not have signs or symptoms, but you are at higher risk of developing certain types of cancer
- However, not everyone who inherits a cancer syndrome will develop cancer



Inherited Cancer Syndromes and Risk for Colorectal Cancer (CRC)

Lynch syndrome is an inherited cancer syndrome

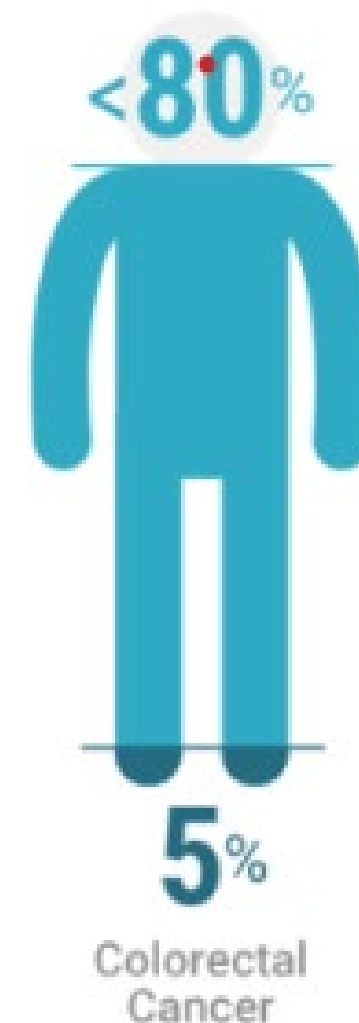
Caused by mutations on mismatch repair genes (*MLH1, MSH2, MSH6, EPCAM, PMS2, and others*)

3% -5% of all colorectal cancers caused by Lynch syndrome

Incidence of Lynch syndrome 1:279

Estimates of Lynch syndrome in WA ~28,000

~ 98% don't know about their inherited genetic risk



Comparing lifetime risk of colorectal cancer With and without Lynch syndrome

Understanding and Reducing Genetic Risk

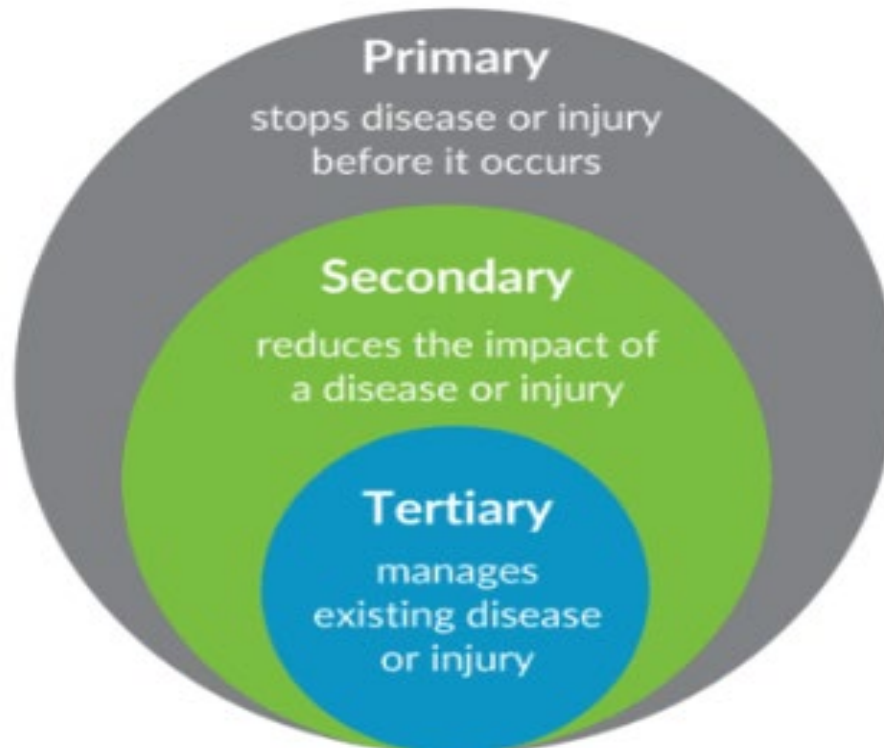
- Why is Family Health History Important?
- Cascade Screening
<https://youtu.be/jOnyy-fBE40>



Why is this Important?

- Public health and primary care settings

Enhance cancer prevention potential through early identification of risk



Genetics Program Partner Outreach

Expanding access to genetic services and resources through meaningful collaborations with our internal and external partner

- Special focus on primary care practices

Outreach structure

- Overview of the genetic program and services we can provide
- Needs assessment and strategizing
 - Exploring the need for added genetic resources and support
 - Identifying practical solutions
- Plan for ongoing follow-up

How Genetics Program Can Support Your Work

Partnerships	Technical Support	Educational Resources
<ul style="list-style-type: none">■ Work with your facility to better understand your needs around genetics■ Connect your program with local or state genetic providers■ Assist with additional outreach to other programs or partners as needed	<ul style="list-style-type: none">■ Guidance on the genetics of a particular condition or genetic referral workflows and clinical risk assessment (e.g., FHH)	<ul style="list-style-type: none">■ Genetic “Red Flag” Checklists■ Point of Care tools■ Fact Sheets■ FAQ development■ Community/Program-specific Education

Northwest Colorectal Cancer Task Force

Increase Prevention & Promote Screening: Identify high-risk individuals (Lynch Syndrome, FAP) before CRC develops

- Provider/CHW education: CME, Genetics module, FHH
- Outreach to other task forces/partners?

Improve Access to Care

- Imbed Genetic program resources: Find a Genetic Provider, “Red Flags”, and Family Health History resources in NW CRC webpage/content

Spread Awareness: Expand understanding of Hereditary CRC and early detection strategies

- Community education on hereditary CRC
- Provider/CHW education: CME, Genetics module,

Next Steps

Immediate Next Steps

- Provide tailored resources
- Schedule a follow-up meeting

Ongoing Support

- Attend task force meetings to offer cancer genetic updates, resources, education, and support

**If you have any questions, feel free to reach out to
Nini Shridhar or Mady Head**

madilyn.head@doh.wa.gov

nirupama.shridhar@doh.wa.gov



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Share Updates and Upcoming Events

- Please type in the chat or unmute to speak
 - Do you have any events or updates you would like to share with the Task Force?
 - What are your organization's plan for CRC Awareness Month?

Wrap up - What's Next?

- Communications should continue year-round
 - Share the campaign materials
 - 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 Sahla Suman- Sahla.Suman@doh.wa.gov

NW CRC Communication Campaign Timeline & Dissemination Plan

- Communication Campaign Newsletters
 - Will be sent out between February 28th, 2025 - March 28th, 2025
 - Via:
 - NW CRC Task Force Mailing List
 - DOH Comp Cancer Newsletter
 - ACS
 - Fred Hutch OCOE
 - Foundation of Healthy Generations
- Would you like to receive and share the Communications Campaign Materials?
 - Please contact: Sahla.suman@doh.wa.gov

Northwest CRC Task Force Website & ACS Teams Channel

- [Northwest Colorectal Cancer Task Force | Healthier Washington Collaboration Portal](#)
- ACS Teams Channel
 - Contact Char Raunio at Char.Raunio@cancer.org

Upcoming Events

- To post any events on the NW CRC Task Force website, contact Sahla.suman@doh.wa.gov

In- Person Event Resources

- Polyp Costume:
 - Anita Isler: anita@colonstars.org
- Inflatable Colons:
 - Multnomah County (Oregon) Health Department:
 - Carol O'Neill-Shaw - carol.a.oneill@multco.us
 - Office: 503-988-2484; Mobile: 503-307-9171.
 - OHSU/Knight Institute (Oregon):
 - Derrik Zebroski - zebroski@ohsu.edu
 - Fred Hutch (Washington):
 - Western Washington:
 - enddisparities@fredhutch.org
 - Central Washington:
 - Nora Gonzalez - ngonzale@fredhutch.org
 - Margie Olivera - molivera@fredhutch.org
 - Eastern Washington:
 - Daniel Padron - dpadron@fredhutch.org
 - Jessica Lopez Ramirez - jlopezra@fredhutch.org

Next Meeting

- **Northwest CRC Task Force - Next Meetings**
 - June 3rd, 2025 (Tuesday) 9:00 am- 11:00 am
 - October 7th, 2025 (Tuesday) 9:00 am- 11:00 am

All meetings will be virtual

Contacts



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503-260-9050

Thank you

