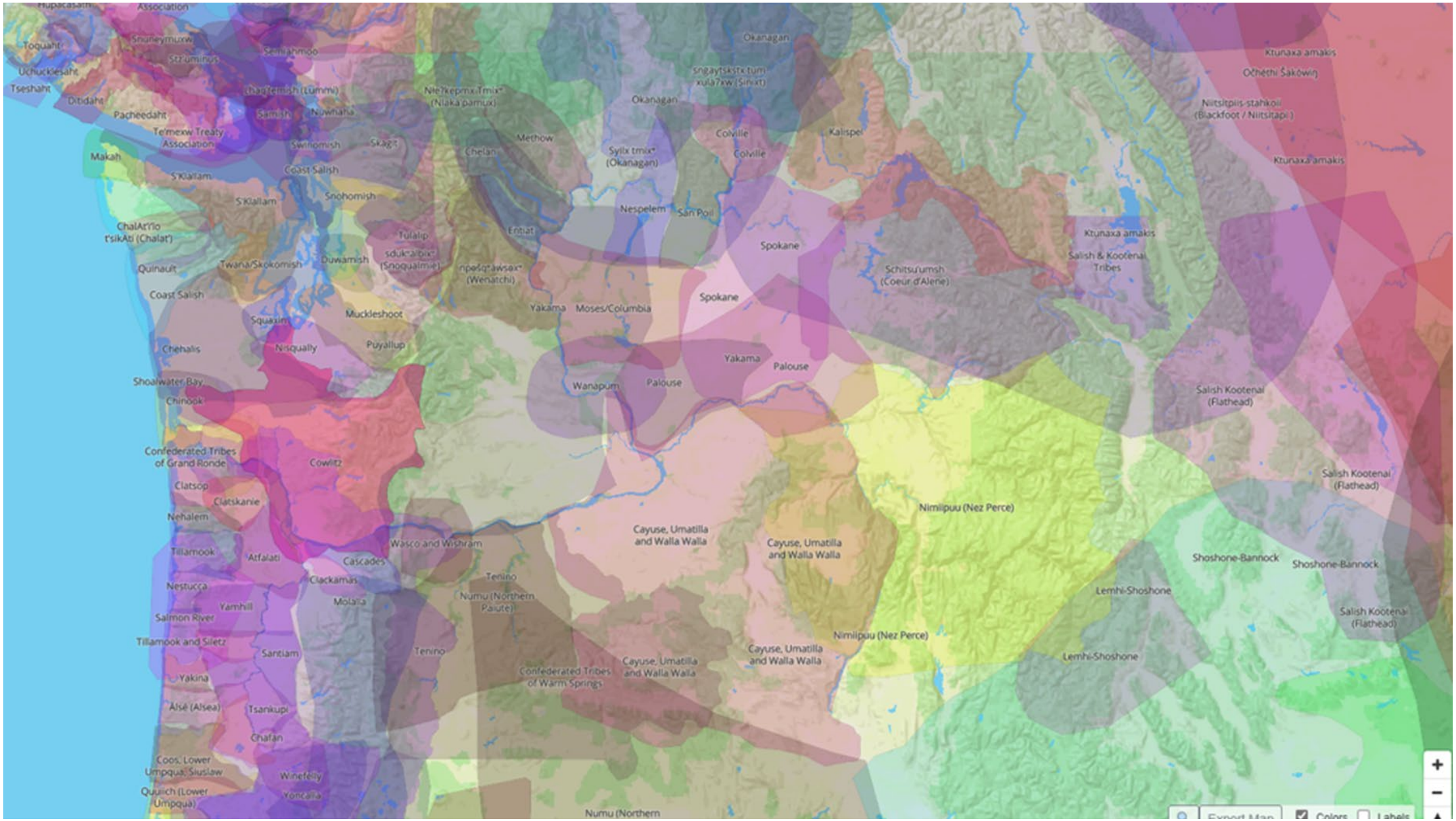
Northwest Colorectal Cancer Task Force Meeting

October 7, 2025

Agenda

- Welcome & Introductions
- Survivor Story
- Presentations:
  - Rural Community Outreach Guidebook overview
  - Cologuard Plus Update
  - Family History & Genetic Screening
- Wrap up

Land Acknowledgement



Welcome & Introduction

Please introduce yourself by typing in the chat your

Name, Organization and Title

Save the Dates!

- **2026 Northwest CRC Task Force Meetings**
  - February 17th, 2026 (Tuesday) 9:00 am- 11:00 am
  - May 19th, 2026 (Tuesday) 9:00 am- 11:00 am
  - October 13th, 2026 (Tuesday) 9:00 am- 11:00 am

All meetings will be virtual on Zoom

Cancer Action Plan of Washington 2025 Fall Gathering

Cancer Action Plan of Washington

Statewide Coalition

- Date: **October 30, 2025**
- Time**: 9:30 am – 3:00 pm**
- Registration Link:
- Hybrid- Multiple in-person locations + virtual
- In- person locations:
- Cancer Action Plan of WA Website

- Contact: **info@canceractionplanofwashington.com**

Shannon's Story

Stage 4 Rectal Cancer at 24

- 2 years
- 15 Doctors & Surgeons
- 2 Cancer Institutes
- 5 surgeries
- 3 IR drains
- 3.5 organs removed
- 2 colostomies

Symptoms

- Abdominal pain
- Blood in stool
- Constipation
- Bloating
- Unexplained weight loss
- Fatigue
- Loss of appetite


Western Washington University
Bellingham, Washington
WESTERN
WESTERN


CONTACT
PRECAUTIONS
STOP
STOP
Purell


SHANNON
MY FIRST DAY OF
CHEMOTHERAPY
TODAY IS
10/6/23
MY TEACHER IS
DR. PAULSON
I AM
WHEN I GROW UP


SHANNON
MY FIRST DAY OF
CHEMOTHERAPY
TODAY IS
10/6/23
MY TEACHER IS
DR. PAULSON
I AM
24
YEARS OLD
I WANT TO BE
CANCER FREE!
WHEN I GROW UP
Fight
Shannon


InfuSystem
SAFE. SMART. TRUSTED.
P-100FF


reminder...
Affirmation


SHANNON
MY LAST DAY OF
CHEMOTHERAPY
TODAY IS
1/12/24
MY TEACHER IS
DR.PAULSON
I AM
25
YEARS OLD
I WANT TO BE
CANCER
FREE!
WHEN I GROW UP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Snarky Cancery
CANCER


THE HOPE BELL
SHANNON
MY LAST DAY OF
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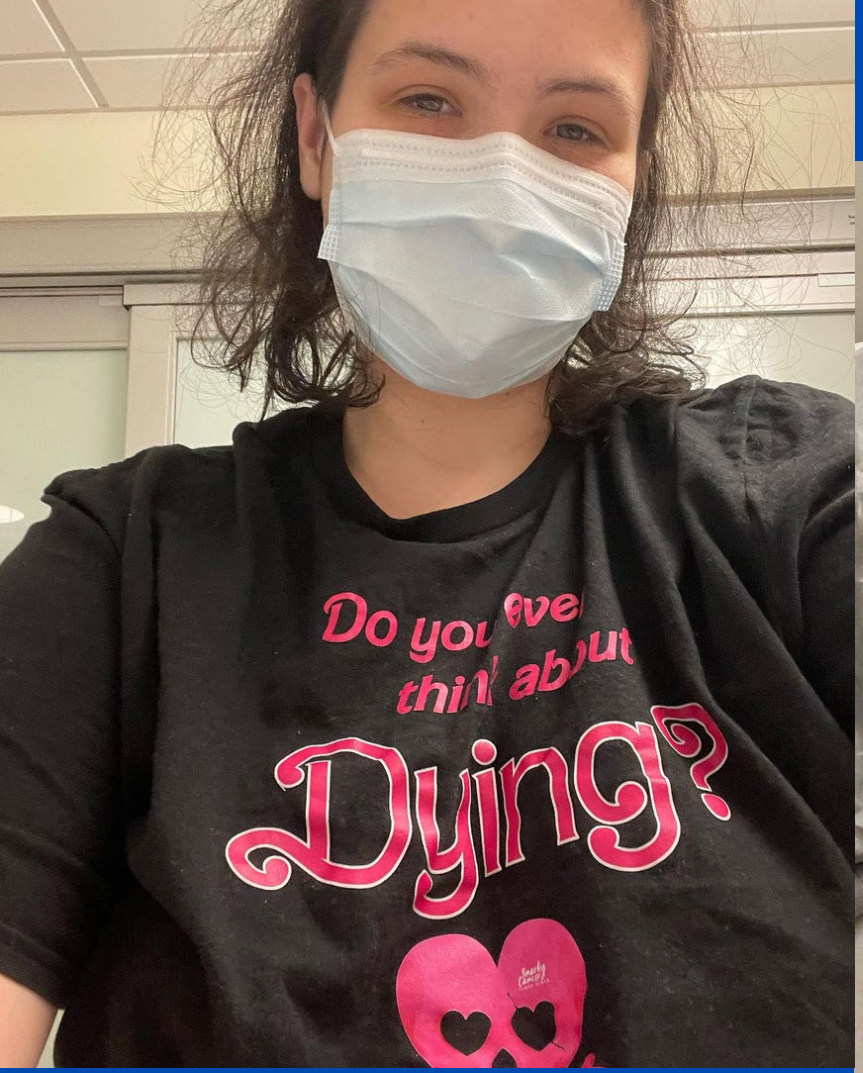

Dying?


SWEDISH CANCER INSTITUTE
21632
MEDICAL ONCOLOGY
21632
All DONE!
Rectal Cancer warrior
Shannon


#WalkLoud
DONATE
Thank You for Donating!
Love Your Buns


Curling up by the fire
this morning with a good
'ol bottle of contrast 🥰
Swedish Edmonds Hospital


I'm an ally
survivor
Not all cancer is pink

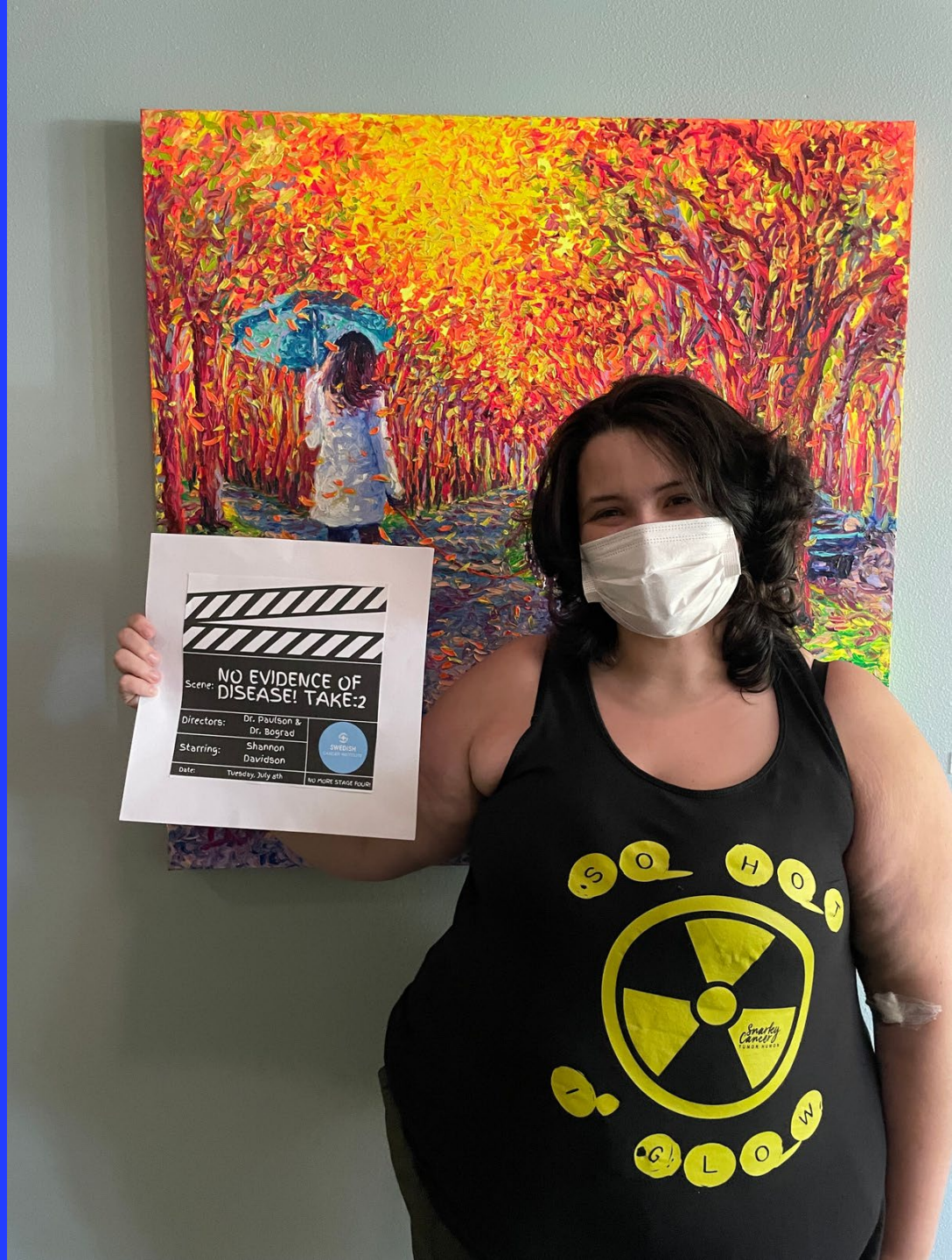

#StrikeOutCRC
EVENT STAFF
walk to END COLON CANCER
colorectal cancer alliance


SURVIVOR
#WalkToEndCC
Barbie
Butt
Battalion


SWEDISH CANCER INSTITUTE


BEYOND THIS POINT
Swedish Radiosurgery Center
CyberKnife
First Hill


Scene: NO EVIDENCE OF DISEASE! TAKE:2
Directors: Dr. Paulson & Dr. Bograd
Starring: Shannon Davidson
Date: Tuesday, July 8th
SWEDISH CANCER INSTITUTE
NO MORE STAGE FOUR!
SOHO
Smarty Cancer
TUMOR HUMOR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SOHO
GLOW
Smarty Cancer
TUMOR HUMOR


ELEPHANTS AND TEA
MY IDENTITY AFTER CANCER
SCAN TO READ


GET SCREENED
colorectal cancer alliance
ccalliance.org
#StrikeOutCRC


SURVIVOR
Barbie
#WalkBoucl
Butt
Battalion

Increasing Colorectal Cancer Screening Rates in Rural Communities

Introduction to the Recent ACS NCCRT Guidebook

Emily Bell, MPH
Director, ACS NCCRT

Disclosures

I do not have any disclosures to make.

About ACS NCCRT

ACS NCCRT Snapshot

History: Established by the ACS, in partnership with the CDC, in 1997, to serve as an umbrella organization to engage all types of stakeholders who are committed to save more lives from CRC

Mission: Reduce incidence of and mortality from CRC

Membership: Collaborative partnership of 230+ member organizations, including nationally known experts, thought leaders, and decision makers

Operations: Work is coordinated by the ACS NCCRT Team, and is conducted year-round by our members with guidance and support from our volunteer leaders

Convening: Each year the **ACS NCCRT Annual Meeting** addresses important topics and sets the agenda for the following year

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

About the Guidebook

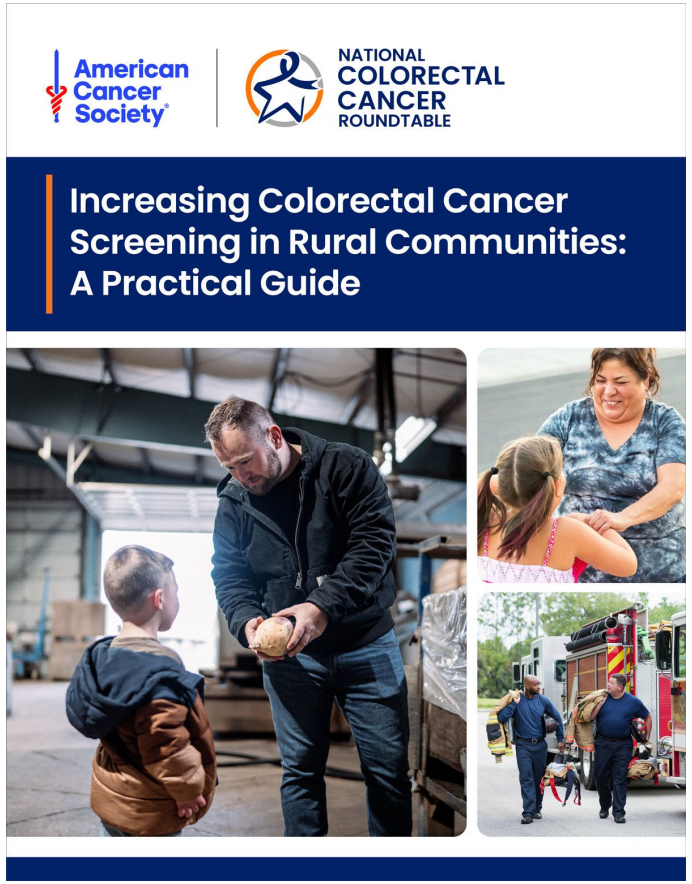
Introduction to the Guide

About this Guide

- **Background:** People living in rural communities face higher CRC incidence and mortality rates, increased prevalence of risk factors associated with CRC, and unique barriers to CRC screening when compared to non-rural residents.
- **Objective:** To address this need, the ACS NCCRT sought to develop a guide to support key community partners in understanding and overcoming the unique challenges and common barriers to CRC screening faced in rural communities.

How to Use the Guide

- **Audience:** Targeted at health systems—inclusive of community health centers, primary care practices, and hospitals—as well as community-based organizations.
- **Format:** Designed to give you easy and direct access to the materials most relevant to your needs and specific challenges.



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Acknowledgments

Rural Communities Advisory Committee:

- Cara Brown, MSN, MBA, RN, Bristol Bay Area Health Corporation
- Susan Eason, MA, WV University Cancer Institute
- LaToya Brave Heart, MPH, formerly with the Great Plains Tribal Leaders Health Board
- Tracie Lewis, MS, CRC Prevention Network, University of SC
- Nikki Medalen, MS, RN, CPHQ, Quality Health Associations of North Dakota
- Michael Newcomer, MD, Western NC CRC Screening Initiative
- Amanda Petrik, PhD, Kaiser Permanente Center for Health Research
- Tamara Robinson, NE Cancer Coalition
- Elsa Staples, MPH, CO Cancer Screening Program

Our case study interviewees:

- Marlena Strandir, DO, BBAHC
- Cara Brown, MSN, MBA, RN, BBAHC
- Kari Novak, LPN, Unity Medical Center
- Kristen Pastorek, RN, Unity Medical Center
- Jayden Miracle, BS, HCA, MS HAS, Melissa Memorial
- Mary Kay Knode, Melissa Memorial
- Jeanna Szablicki, PharmD, Mariposa CHC
- Patty Molina, MPH, Mariposa CHC
- Tracie Lewis, MS, CCPN

Our contractor, One Health Insights

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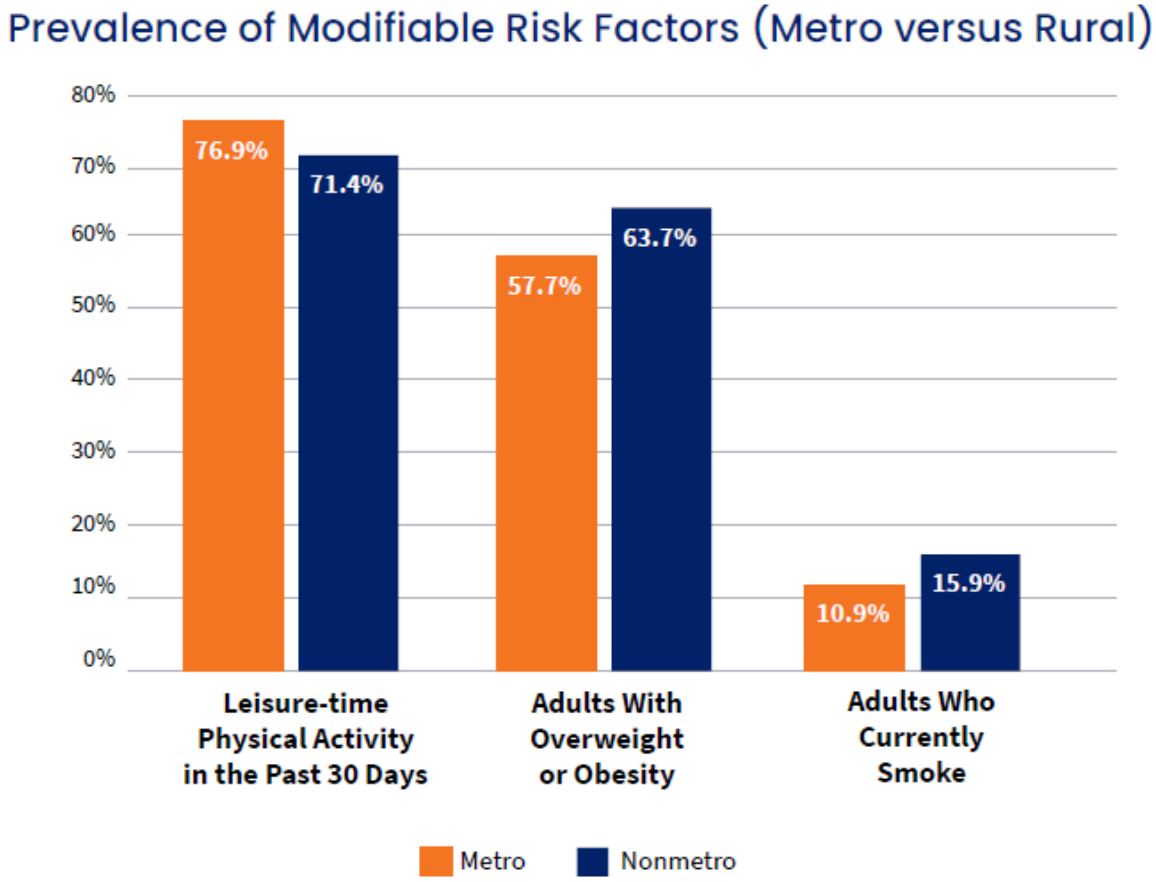
Colorectal Cancer & Rurality

The Impact of Rurality on CRC

CRC rates are higher in rural areas.

- The prevalence of **high-risk health behaviors**. Is higher among people living in rural areas.
- CRC incidence rates are **16% higher** in rural areas compared to metropolitan areas.
- **2 in 3** people in rural areas will be diagnosed at a late stage.
- Though age-adjusted mortality rates have decreased dramatically since 1970, the **decrease in mortality rates is larger in metro areas compared to rural areas**.



The Impact of Rurality on CRC

People living in rural areas may not have equal access to the benefits of CRC screening.

- Limited availability of physicians and cancer care specialists
- Lack of insurance or underinsurance
- Transportation barriers, including longer distances to travel to reach screening facilities
- Low health literacy and limited knowledge, attitudes, and beliefs about CRC and screening recommendations
- Social stigma associated with cancer and screening procedures
- Concerns about privacy in small or close-knit communities

CRC screening rates are lower in rural counties.

- CRC screening rates are lower in rural counties (64.7%) compared to metro counties (66.6%)

66%

of Primary Care Health Professional Shortage Areas are in rural counties.[11]

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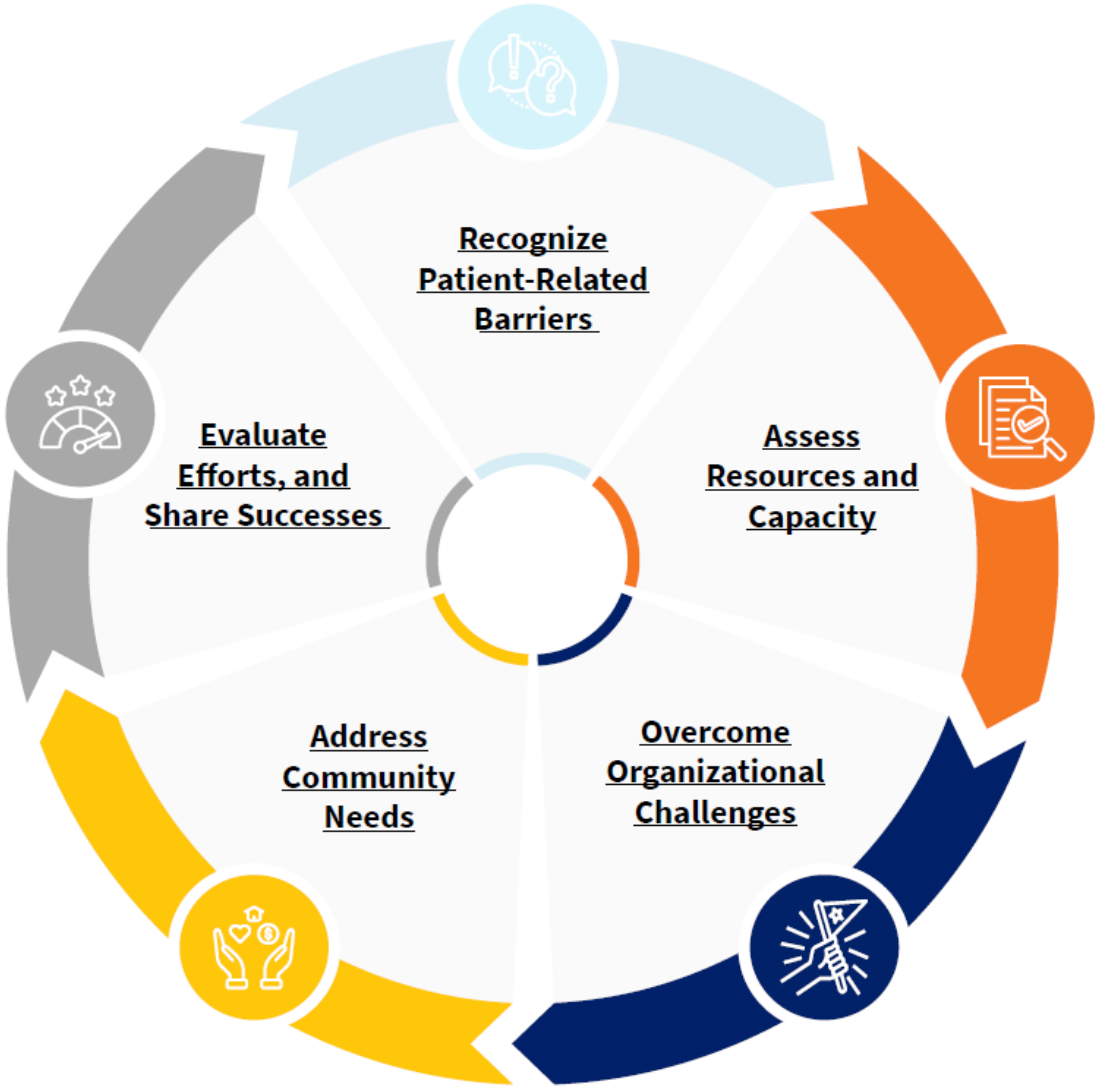
Five Recommended Actions to Improve CRC Screening Rates in Rural Communities

Five Recommended Actions



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Evidence-Based Interventions & Promising Strategies

Evidence-Based Interventions

The Community Preventive Services Taskforce (CPSTF) recommended interventions for increasing CRC screening:

- Interventions Engaging Community Health Workers (CHWs)
- Multicomponent Interventions
- Patient Navigation Services
- Client Reminders
- One-on-One Education
- Reducing Structural Barriers
- Small Media
- Provider Assessment and Feedback
- Provider Reminder and Recall Systems

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Promising Strategies

1 **Optimizing EHR data**
Increasing capacity or improving the use of electronic health records and other clinic data to track screening rates

2 **Tailoring Communication**
Tailoring communication tools to be more relevant or accessible to rural patients

3 **Primary Care Clinician Colonoscopists**
Training primary care clinicians to perform colonoscopies

4 **Working with Innovative Partners**
Forming innovative partnerships to meet people where they are in the community (e.g., pharmacies, food banks) and expand services offered

5 **Using Data to Tailor Interventions**
Using data (clinic or local level) to understand the patient population and tailor interventions appropriately

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Spotlight: Primary Care Clinicians Performing Colonoscopy

Spotlight: Primary Care Clinicians Performing Colonoscopy

- Highlighted strategy for two case study sites
- The case for colonoscopy in primary care:
  - Data shows primary care clinicians provide high-quality colonoscopies.
  - Potential to address numerous barriers for patients in rural areas:
    - Reducing the distance required to travel for screening
    - Lowering patient out-of-pocket costs
    - Patients may feel more comfortable receiving screening from their regular, trusted physician
    - Potential improved continuity of care
- The Guide includes guidance on how to implement in your clinic

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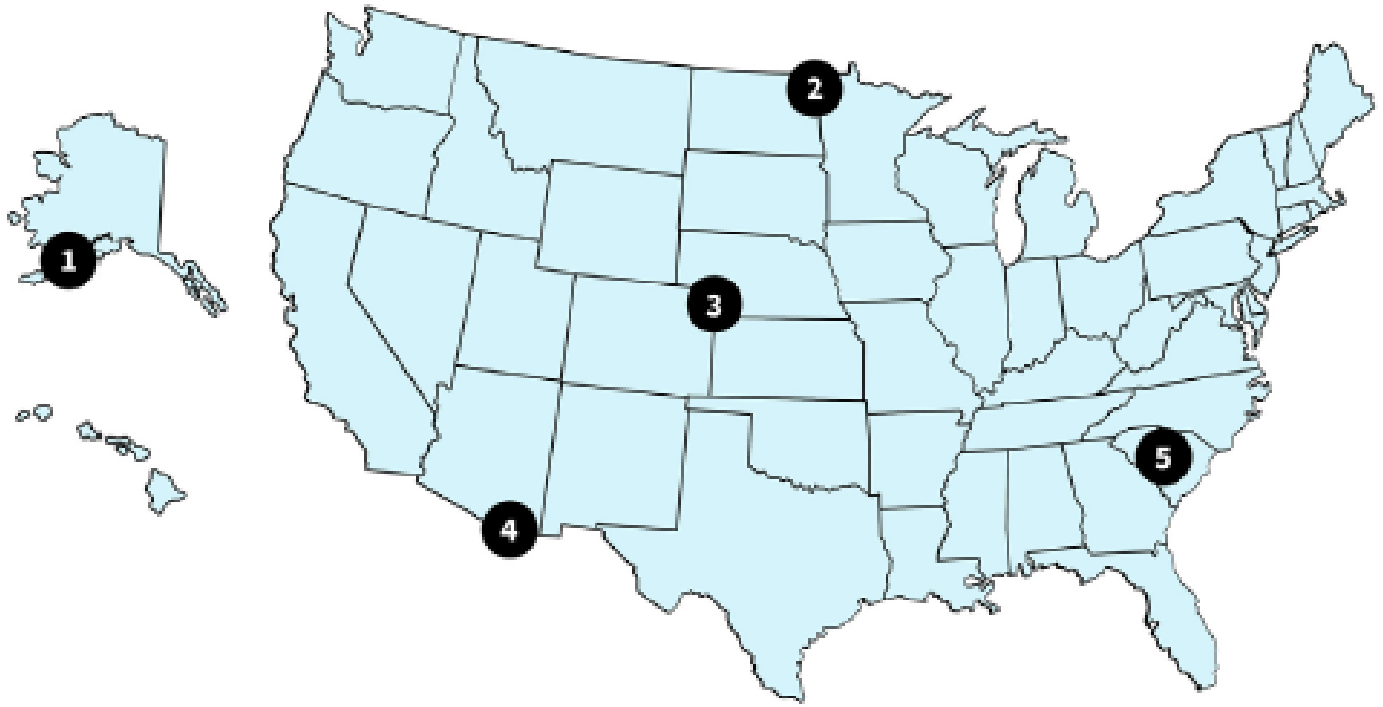
Case Studies

Case Studies: 5 Exemplary Practice Sites

- **Type:** FQHC (2), health system, critical access hospital, non-profit
- **Setting:** rural (3), remote, rural/urban



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Organization	Location	Urban/Rural Classification	Type	Strategies Highlighted
Bristol Bay Area Health Corporation	Dillingham, Alaska	Remote	FQHC	• Client reminders • Patient navigation • Optimizing EHR data • Tailoring communications • Primary care clinician colonoscopists
Unity Medical Center	Grafton, North Dakota	Rural	Health System	• Client reminders • Provider assessment and feedback • Optimizing EHR data • Using data to tailor interventions • Primary care clinician colonoscopists
Melissa Memorial Hospital	Holyoke, Colorado	Rural	Critical Access Hospital	• Patient navigation • Transportation support • Optimizing EHR data • Tailoring communications
Mariposa Community Health Center	Nogales, Arizona	Rural	FQHC	• Client reminders • Engaging CHWs • Transportation support • Tailoring communications • Working with innovative part
Colorectal Cancer Prevention Network at the University of South Carolina	Columbia, South Carolina	Rural and Urban	Nonprofit	• Patient navigation • Transportation support • Tailoring communications • Working with innovative partners

Community Preventive Services Task Force-recommended strategies

Promising Strategies

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Case Study Spotlight: Mariposa Community Health Center

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Q&A

Learn More & Get Engaged!

- Follow us on social media
  - linkedin.com/company/nccrt/
  - @NCCRTnews (X)
- Sign up for our newsletter
- Register for upcoming events
- Apply for ACS NCCRT membership
- Visit: nccrt.org/get-involved

Questions? Contact nccrt@cancer.org

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Thank You!

Emily.Bell@cancer.org

nccrt.org @NCCRTnews #NCCRT2025

Presentation

Family history of CRC and Genetic screening, Resources

Exact Science on Cologuard Plus

Speaker: Nini Shridhar and Madilyn Head, WA DOH

Organization: Washington Department of Health

FAMILY HEALTH HISTORY, SCREENING FOR INHERITED CANCER SYNDROMES, AND STRENGTHENING GENETIC RISK ASSESSMENT IN PRIMARY CARE

Washington State Department of HEALTH

October 7th, 2025

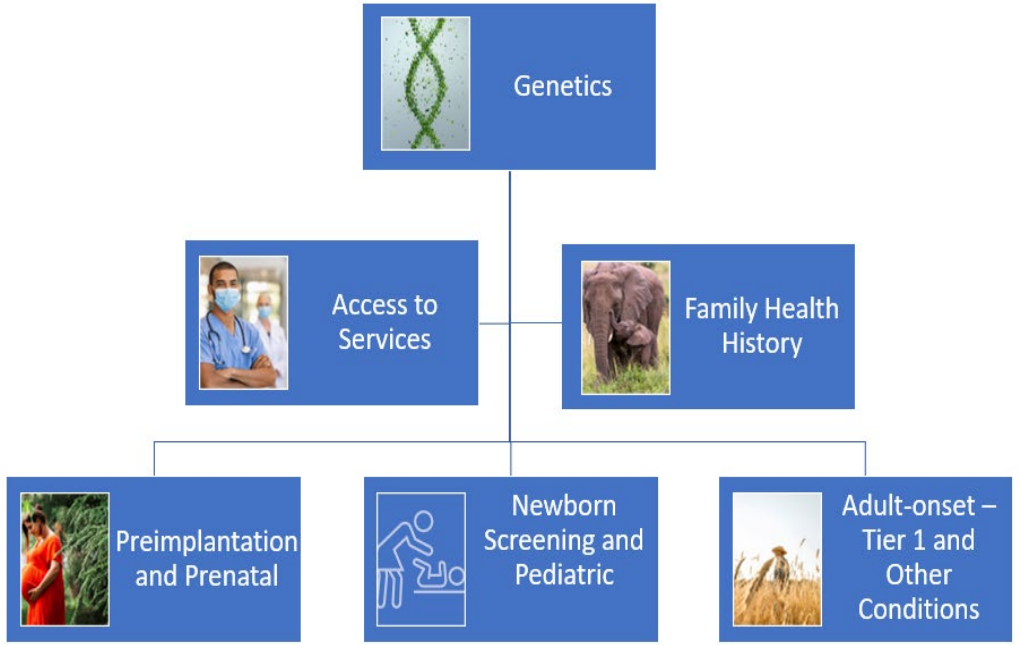
Nini Shridhar & Mady Head
Genetics Program

Genetics Program at the WA DOH

- Works to improve the health of those with or at risk for genetic or congenital conditions

Strategic Plan

- Goal 1: Promote early identification of individuals with or at risk for genetic conditions
- Goal 2: Enhance the healthcare delivery system to serve people with or at risk for genetic conditions
- Goal 3: Connect people with the health resources they need



Family Health History and Genetics

Family Health History is a **PROXY** for genetic conditions thar run in families

Why is Family Health History Important?

- It can help you understand and manage your risk for conditions passed down in your family
- It can help guide preventive care and healthcare for you and your family

Family Health History Resources

Family Health History Flyer, DOH 141-197

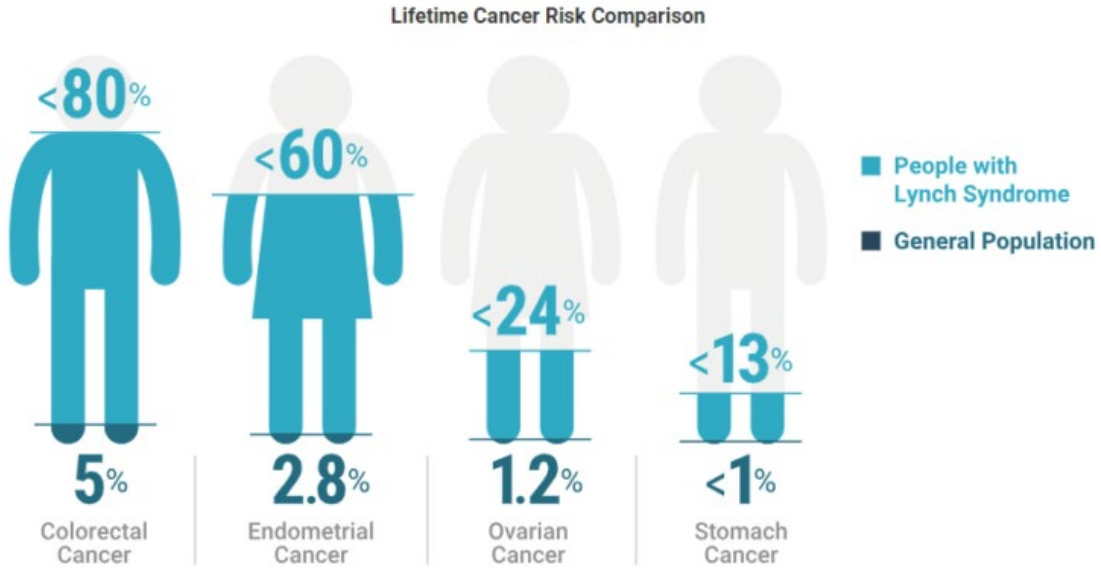
Family Health History | Washington State Department of Health

Cancer Family History Questionnaire

Implementing Family Health History Guidelines in Practice Using Electronic Health Records, DOH 141-197

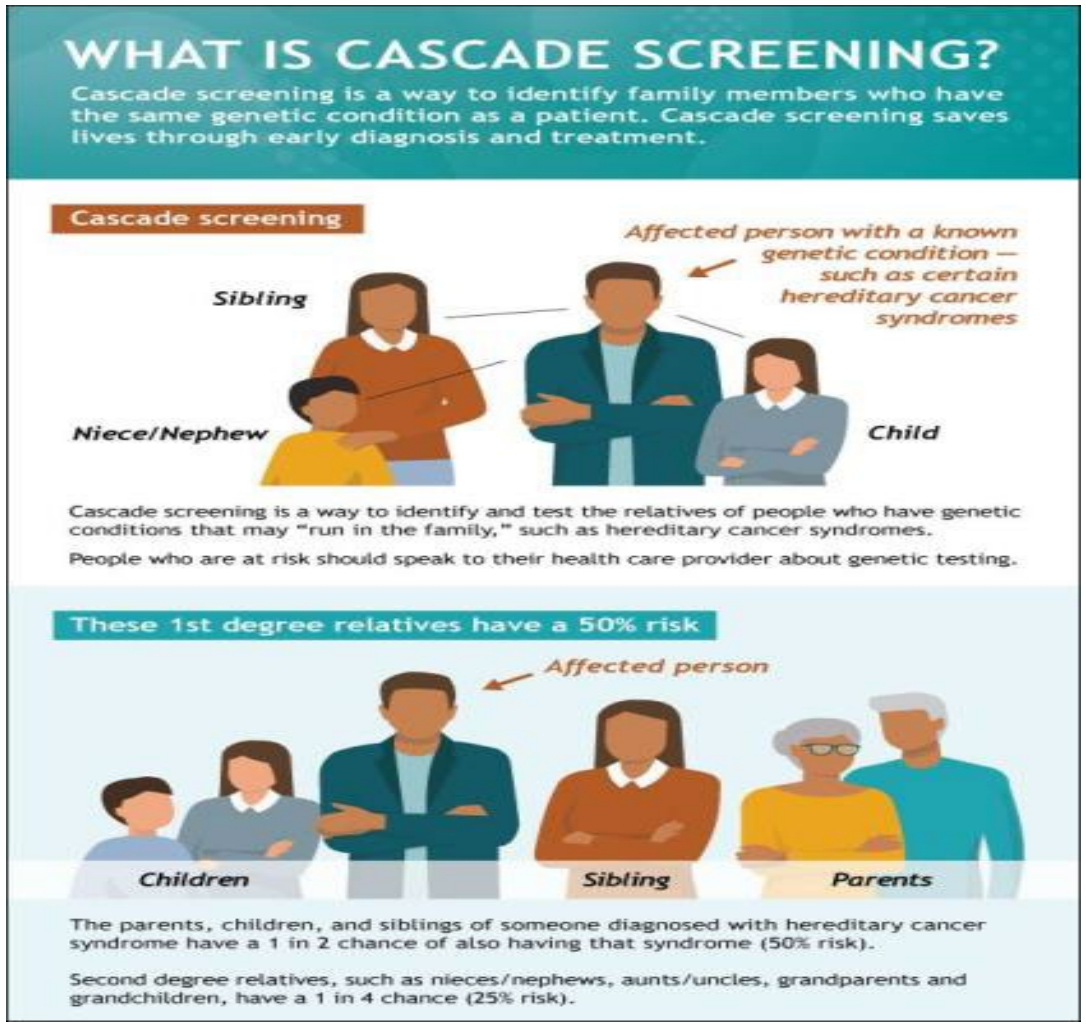
Inherited Cancer Syndromes and Colorectal Cancer (CRC)

Lynch syndrome (an inherited cancer syndrome) increases risk for several cancers, including CRC



- Affects 1:279 people
- Estimated affected in WA ~28,000
- Most of the affected are undiagnosed
- Up to 5% of all CRC diagnosis
- Up to 80% lifetime risk (baseline risk 5%)
- Autosomal dominant- 50% risk of inheriting
- Changes (mutations) in one of 5 mismatch repair genes
- Germline genetic testing and preventive care is important
- Helps identify other family members at increased risk through a screening process called Cascade Screening

Cascade Screening to Identify Inherited Genetic Risk



Lynch Syndrome Implementation Workflow

1. Risk assessment of patients using personal health history and family health history (in primary care and secondary care settings)
2. Early identification of patients at increased risk for Lynch Syndrome (through personal and family health history)
3. Refer patient to Genetic Services for diagnostic testing to assess risk
4. Preventive care and other healthcare services enabled for patient to minimize cancer risk
5. Additional family members who have inherited the same condition (risk) identified through Cascade Screening and preventive care enabled for those family members

Implementation Concerns

- Provider knowledge of genomics and genetic conditions
- Provider experience with incorporating genomics in clinical practice
- Provider comfort in ordering and interpreting genetic tests
- Which provider is responsible for documenting family health history in patient files - primary care or the secondary care?

5 Free CME Modules Created by the Genetics Program and hosted by Washington Medical Commission

Webinar Library | Washington Medical Commission

Module 1 - Assessing Risk for Hereditary Cancer - Importance of Family History
Module 2 - Cancer Genetic Counseling: Guidance for You and Your Patients
Module 3 - Genetic Testing Outcomes & The Importance of Cascade Screening
Module 4 - Updates in Cancer Genetics - Personalized Treatment and What You Need to Know from Oncology
Module 5 - Laboratory Methods & Variant Classifications in Cancer Genetic Testing

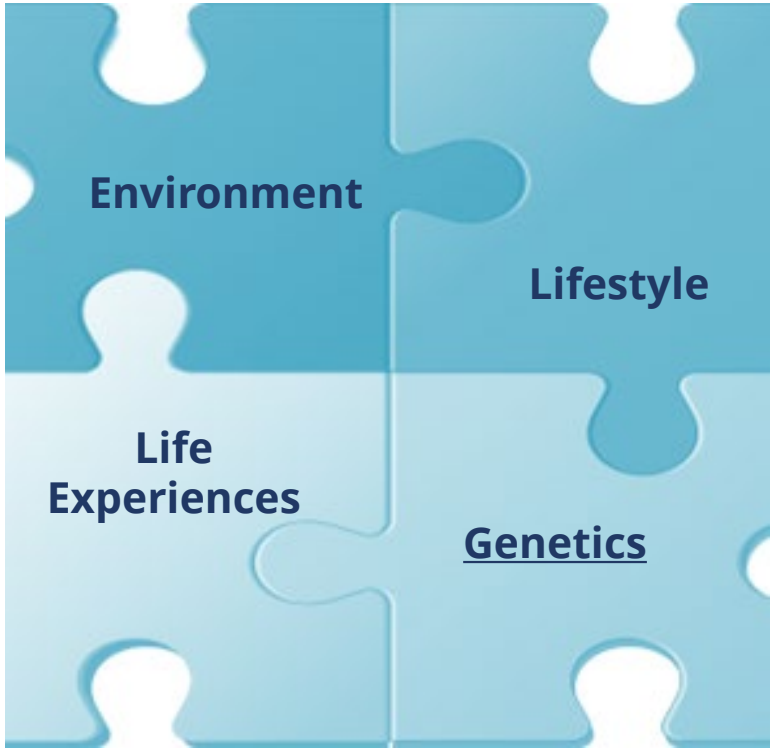
WA DOH Community Health Worker Training Program Health Module on Family History and Cancer Screening

Community Health Worker Training Program | Washington State Department of Health

Primary Care Focus

Primary Care Systems are the First Touchpoint in our medical system

- Increased access to genetic services
- Early genetic risk identification
  - Preventive care
  - Risk-reducing strategies
  - Personalized care



Primary Care Focus

Primary Care Systems are the First Touchpoint in our medical system

- Increased access to genetic services
- Early genetic risk identification
  - Preventive care
  - Risk-reducing strategies
  - Personalized care

Primary Care Systems face many challenges in implementing genetics in practice

- Extreme time constraints
- Limited genetic knowledge or training
- Inadequate/No genetic referral networks

Primary Care Resources

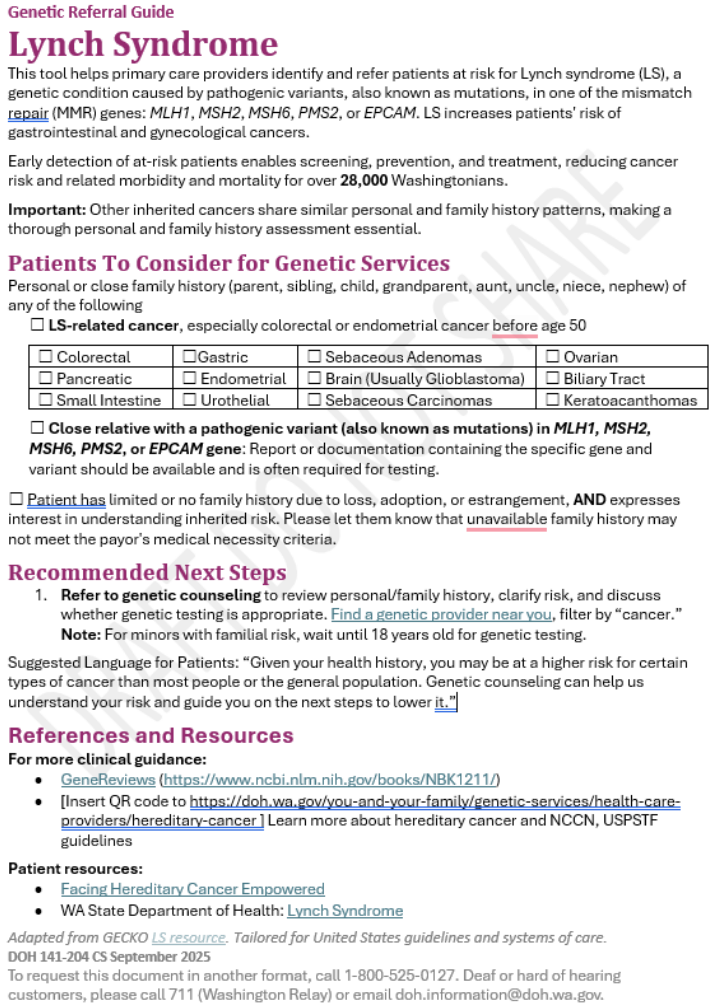
Genetic Referral Guides

- Hereditary Breast and Ovarian Cancer
- Lynch Syndrome
- Familial hypercholesterolemia
- Hypertrophic Cardiomyopathy
- Hereditary Hemochromatosis
- Neurodevelopmental Disorders (NDD)
- *MTHFR*

Lynch Syndrome Genetic Referral Guide Walk-through

DRAFT

- ✓ Single-page (except for NDD and *MTHFR* due to topic complexity)
- ✓ Plain language
  - **Reduce cognitive load**
  - **Allow workflow flexibility**
    - Primary care clinical teams
    - MDs/DO/NP/PA/RN
    - Medical assistants
    - Referral coordinators
    - Public health teams who work alongside or within clinics



Genetic Referral Guide

Lynch Syndrome

This tool helps primary care providers identify and refer patients at risk for Lynch syndrome (LS), a genetic condition caused by pathogenic variants, also known as mutations, in one of the mismatch repair (MMR) genes: *MLH1*, *MSH2*, *MSH6*, *PMS2*, or *EPCAM*. LS increases patients' risk of gastrointestinal and gynecological cancers.

Early detection of at-risk patients enables screening, prevention, and treatment, reducing cancer risk and related morbidity and mortality for over **28,000** Washingtonians.

Important: Other inherited cancers share similar personal and family history patterns, making a thorough personal and family history assessment essential.

Patients To Consider for Genetic Services

Personal or close family history (parent, sibling, child, grandparent, aunt, uncle, niece, nephew) of any of the following

☐ **LS-related cancer**, especially colorectal or endometrial cancer before age 50

☐ Colorectal	☐Gastric	☐ Sebaceous Adenomas	☐ Ovarian
☐ Pancreatic	☐ Endometrial	☐ Brain (Usually Glioblastoma)	☐ Biliary Tract
☐ Small Intestine	☐ Urothelial	☐ Sebaceous Carcinomas	☐ Keratoacanthomas

☐ **Close relative with a pathogenic variant (also known as mutations) in *MLH1, MSH2, MSH6, PMS2*, or *EPCAM* gene**: Report or documentation containing the specific gene and variant should be available and is often required for testing.

☐ Patient has limited or no family history due to loss, adoption, or estrangement, **AND** expresses interest in understanding inherited risk. Please let them know that unavailable family history may not meet the payor's medical necessity criteria.

Recommended Next Steps

1. **Refer to genetic counseling** to review personal/family history, clarify risk, and discuss whether genetic testing is appropriate. Find a genetic provider near you, filter by "cancer." **Note:** For minors with familial risk, wait until 18 years old for genetic testing.

Suggested Language for Patients: "Given your health history, you may be at a higher risk for certain types of cancer than most people or the general population. Genetic counseling can help us understand your risk and guide you on the next steps to lower it."

References and Resources

For more clinical guidance:

- GeneReviews (https://www.ncbi.nlm.nih.gov/books/NBK1211/)
- [Insert QR code to https://doh.wa.gov/you-and-your-family/genetic-services/health-care-providers/hereditary-cancer] Learn more about hereditary cancer and NCCN, USPSTF guidelines

Patient resources:

- Facing Hereditary Cancer Empowered
- WA State Department of Health: Lynch Syndrome

Adapted from GECKO LS resource. Tailored for United States guidelines and systems of care.

DOH 141-204 CS September 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Lynch Syndrome Genetic Referral Guide Walk-through

Genetic Referral Guide

Lynch Syndrome

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Important: Other inherited cancers share similar personal and family history patterns, making a thorough personal and family history assessment essential.

- ✓ Outlines purpose
- ✓ Local impact
- ✓ Emphasize broader landscape

Every 279 patients have LS!

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Suggested Language for Patients: "Given your health history, you may be at a higher risk for certain types of cancer than most people or the general population. Genetic counseling can help us understand your risk and guide you on the next steps to lower it."

- ✓ Emphasizes **what to do** instead of everything to know about these conditions
- ✓ Can be used without extensive training

Lynch Syndrome Genetic Referral Guide Walk-through

References and Resources

For more clinical guidance:

- GeneReviews (https://www.ncbi.nlm.nih.gov/books/NBK1211/)
- [Insert QR code to https://doh.wa.gov/you-and-your-family/genetic-services/health-care-providers/hereditary-cancer] Learn more about hereditary cancer and NCCN, USPSTF guidelines

✓ Trusted clinical resources

Patient resources:

- Facing Hereditary Cancer Empowered
- WA State Department of Health: Lynch Syndrome

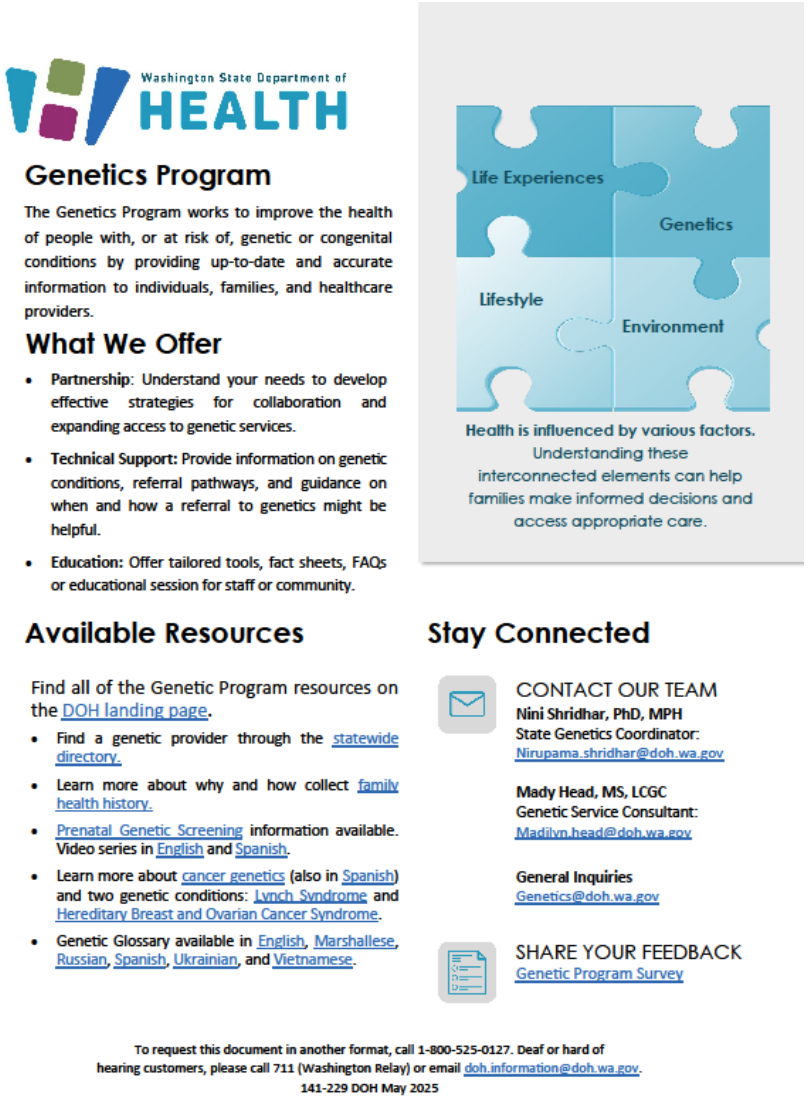
✓ Trusted patient resource

Adapted from GECKO LS resource. Tailored for United States guidelines and systems of care.

DOH 141-204 CS September 2025

What's Next

- Finalize Drafts (Plain Language and Graphic Design)
  - Always open to feedback!
- Disseminate resources to partners
  - Interested in pilot sites
- Support YOUR workflow



Washington State Department of HEALTH

Genetics Program

The Genetics Program works to improve the health of people with, or at risk of, genetic or congenital conditions by providing up-to-date and accurate information to individuals, families, and healthcare providers.

What We Offer

- **Partnership**: Understand your needs to develop effective strategies for collaboration and expanding access to genetic services.
- **Technical Support:** Provide information on genetic conditions, referral pathways, and guidance on when and how a referral to genetics might be helpful.
- **Education:** Offer tailored tools, fact sheets, FAQs or educational session for staff or community.

Health is influenced by various factors. Understanding these interconnected elements can help families make informed decisions and access appropriate care.

Available Resources

Find all of the Genetic Program resources on the DOH landing page.

- Find a genetic provider through the statewide directory.
- Learn more about why and how collect family health history.
- Prenatal Genetic Screening information available. Video series in English and Spanish.
- Learn more about cancer genetics (also in Spanish) and two genetic conditions: Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome.
- Genetic Glossary available in English, Marshallese, Russian, Spanish, Ukrainian, and Vietnamese.

Stay Connected

CONTACT OUR TEAM

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SHARE YOUR FEEDBACK
Genetic Program Survey

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.
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Cancer Genetics Resources

Landing pages

- Lynch Syndrome | Washington State Department of Health
- Genetic Services | Washington State Department of Health
- Cascade Screening | Washington State Department of Health
- Hereditary Cancer | Washington State Department of Health (Provider Page)
- Family Health History | Washington State Department of Health
- Rare Diseases | Washington State Department of Health
- Genetic Conditions | Washington State Department of Health
- Genetic Clinic Locations | Washington State Department of Health

Training and Videos

- Cancer Genetics 5-part CME | Washington Medical Commission
- Community Health Worker Training Program Cancer Genomics Module | Washington State Department of Health
- WA DOH Genetics and Cancer Video

Thank you for your time today!

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Check out our Genetic Program landing page:
https://doh.wa.gov/you-and-your-family/genetic-services

Sign up for the genetic program newsletter by emailing:
genetics@doh.wa.gov

@WADeptHealth

Questions?

Do you have any Upcoming CRC Events that you would like to share with the Task Force Members?

Feel free to type it in the chat or
Unmute and Speak up

Stay Connected:

Northwest CRC Task Force Website & ACS Teams Channel

Task Force Website:

- Northwest Colorectal Cancer Task Force | Healthier Washington Collaboration Portal

ACS Teams Channel

- Contact Char Raunio at Char.Raunio@cancer.org

Save the Dates!

- **2026 Northwest CRC Task Force Meetings**
  - February 17th , 2026 (Tuesday) 9:00 am- 11:00 am
  - May 19th , 2026 (Tuesday) 9:00 am- 11:00 am
  - October 13th , 2026 (Tuesday) 9:00 am- 11:00 am

All meetings will be virtual on Zoom

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Thank you