National Colorectal Cancer Roundtable

Richard C. Wender, MD
Chief Cancer Control Officer
American Cancer Society
About the National Colorectal Cancer Roundtable

• Established in 1997.
  • ACS and Centers for Disease Control and Prevention
• National coalition of:
  • Federal agencies
  • State health departments
  • Advocacy organizations
  • Professional societies
  • Cancer centers
  • Academic institutions
  • Health plans
  • Private industry
Mission

• Dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S., through coordinated leadership, strategic planning, and advocacy.

• The ultimate goal of the NCCRT is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate.
Membership

• 100+ member organizations
• Share information, identify needs and opportunities, and address gaps in research, programs, activities, and services relating to colorectal cancer.
• Led by a Steering Committee
• 7 task groups:
  o Community health centers
  o Family history and early onset
  o Professional education
  o Quality assurance
  o Evaluation and measurement
  o Policy action
  o Public awareness and social media
The 80% by 2018 campaign has been one of most effective screening campaigns in history and is having a transformative effect on the colorectal cancer burden in the United States.
It was included in the Cancer Moonshot, dominates discussion at the bi-annual US Centers for Disease Control and Prevention cancer prevention and early detection conference, and has won awards from multiple organizations.
Organizations Have Taken the Pledge

1,700+ and counting!
Pledges in all 50 states, Washington, D.C., Guam, and Puerto Rico ...
And in all sectors!
Organizations at 80%

<table>
<thead>
<tr>
<th>Count</th>
<th>Category</th>
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<tbody>
<tr>
<td>47</td>
<td>Medicare plans</td>
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<tr>
<td>29</td>
<td>Community health centers</td>
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<td>27</td>
<td>Medical practices and health systems</td>
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<td>10</td>
<td>Commercial health plans</td>
</tr>
<tr>
<td>226</td>
<td>Individual clinics</td>
</tr>
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339+
Colorectal Cancer Screening Rate

ALL FQHCs-UDS

This is an additional 223,000 patients screened in the last year alone ...
Colorectal Cancer Screening Rate

ALL FQHCs-UDS

... and an additional 467,500 patients screened in the last two years!
NHIS Data

After plateauing for several years, screening increased from 59% to 63% from 2013 to 2015.
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, BRFSS

- 2012: 65.2%
- 2014: 66.2%
- 2016: 67.3%
Amazing Screening Rates Among 65+

61.8%  50 to 64 (2016)

78.4%  65 to 75 (2016)
NCCRT and 80% by 2018 were honored by the American College of Gastroenterology with the 2017 SCOPY Spirit of Collaboration Award.
Key Components of the 80% by 2018 Strategic Plan
Strategic Plan

1. Multiple partners from both within and outside the health care sector.
2. Working state by state.
3. Harnessing the passion of survivors.
4. Focus on implementation of evidence-based interventions.
5. Careful use of measurement to track progress.
6. Research-based communication strategies to multiple segments of our population.
7. Converting a campaign into a national movement.
NCCRT Resources Available to Partners

- www.nccrt.org
- NCCRT offers downloadable resources to support a wide range of efforts
- Searchable based on setting, target audience, intervention
80% by 2018
Hospitals
working together to save lives

80% by 2018
Primary Care Physicians
working together to save lives

80% by 2018
Communities
working together to save lives

80% by 2018
Insurers
working together to save lives

Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined. One in every 20 Americans will develop colorectal cancer in their lifetime. If colorectal cancer is detected and treated early, 90% of patients will survive at least 5 years. Colorectal cancer is the only major cancer type for which a periodic screening test is available. Colorectal cancer is not preventable. Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined. One in every 20 Americans will develop colorectal cancer in their lifetime. If colorectal cancer is detected and treated early, 90% of patients will survive at least 5 years. Colorectal cancer is the only major cancer type for which a periodic screening test is available. Colorectal cancer is not preventable.

The American Cancer Society recommends that all average-risk adults begin colorectal cancer screening at age 45. Screening tests can detect colorectal cancer early, when it is most treatable. There are many different colorectal cancer screening tests available. The American Cancer Society recommends screening tests that are easy to use, reliable, and accessible for most people. Screening tests include stool blood tests, flexible sigmoidoscopy, double-contrast barium enema, and colonoscopy. Screening tests can detect colorectal cancer early, when it is most treatable. There are many different colorectal cancer screening tests available. The American Cancer Society recommends screening tests that are easy to use, reliable, and accessible for most people. Screening tests include stool blood tests, flexible sigmoidoscopy, double-contrast barium enema, and colonoscopy.

Reducing the risk of colorectal cancer is not possible through prevention. Therefore, we must rely on early detection and treatment to reduce the incidence and mortality of colorectal cancer. Screening tests can detect colorectal cancer early, when it is most treatable. The American Cancer Society recommends screening tests that are easy to use, reliable, and accessible for most people. Screening tests include stool blood tests, flexible sigmoidoscopy, double-contrast barium enema, and colonoscopy.

Reduce health care costs through prevention. Help save lives.
Tools for Providers
Tools for Health Plans
NCCRT Member Engagement in the 80% Campaign
The work is happening
one **state** at a time …
... one **coalition** at a time ...
... one hospital at a time ...
... one **health center** at a time ...
… and one patient at a time.
Our work will not end in 2018. We must continue to learn, act urgently, and relentlessly pursue increased screening rates …
... to save the lives we can and should be saving.
National Navigation Roundtable

Richard C. Wender, MD
Chief Cancer Control Officer
American Cancer Society
Everyone Needs a Navigator
Milestones in Patient Navigation

- 1971: National Cancer Act signed
- 1989: Report to the Nation on Cancer and the Poor
- 1990: First Patient Navigation Program launched by Dr. Harold Freeman
- 1994: Native American Cancer Research Corp (NACR) Native Sisters Program and Training
- 1994: Patient Navigator Outreach and Chronic Disease Prevention Act (HR 1812)
- 2005: Patient Navigation Research Program
- 2007: C-Change defines Patient Navigation
- 2008: American Cancer Society launches Patient Navigator Program
- 2009: Academy of Oncology Nurse & Patient Navigators (AONN) formed
- 2009: Harold P. Freeman Patient Navigation Institute launches
- 2009: NCI Community Cancer Centers Program established and includes patient navigation
Launch of the National Navigation Roundtable

Center for Medicare and Medicaid Innovation’s (CMMI) Oncology Care Model begins and includes patient navigation requirement.

2010
ONS, AOSW, NASW Joint Position on the Role of Oncology Nursing and Oncology Social Work in Patient Navigation

2012
Commission on Cancer releases Patient Navigation Process Accreditation Standard 3.1

2013
ONS releases Oncology Nurse Navigator Core Competencies

2016
AONN launches Oncology Nurse Navigator (ONN-CG) and Oncology Patient Navigator (OPN-CG) Certification Exams

2017
AONN releases 35 evidence based navigation metrics
Mission

A collaboration of organizations and individuals dedicated to achieving health equity and access to quality care across the cancer continuum through effective patient navigation.
Vision

- The NNRT aims to advance navigation efforts that (or in an effort to) eliminate barriers to quality cancer care, reduce disparities in health outcomes, and foster ongoing health equity.
- The NNRT will focus on navigation through the cancer lens and across the cancer continuum, on three tasks:
  - Establishing an evidence based/outcome driven patient navigation model
  - Ensuring that there is an activated trained workforce-to-implement model
  - Establishing policies to support paying for implementation of the model
Task Groups

- Evidence-based Promising Practices
- Policy
- Training and Certification
Task Group: Evidence-Based Promising Practices

• Why focus on the evidence?
  o More evidence is needed to establish that patient navigation improves outcomes and quality of cancer care delivery
  o Changes in payment models
  o The need for standardized metrics and measurement strategies to demonstrate impact and ROI
Task Group: Evidence-Based Promising Practices

• Initiatives of the Task Group include:
  o Identification of navigation metrics across the cancer continuum to demonstrate ROI
  o Conduct a national survey of health systems to understand the barriers to collecting and implementing navigation metrics
  o Develop a system for a best practice repository
Task Group: Policy

• Why are we addressing policy?
  o Navigation services can help patients across the cancer continuum in accessing the care that they need
  o Standards of navigation vary in the field
  o Little consensus on the role and scope of practice, limiting our ability to position navigation as a reimbursable service
Task Group: Policy

• Initiatives of the Task Group:
  o Create an issue brief on patient navigation payment models
  o Create a white paper synthesizing key insights from the issue brief with the quality metrics and competencies defined by other Roundtable Task Groups
  o Create a toolkit to guide organizations and payers in developing sustainable patient navigation programs
  o Partner with the National Cancer Policy Forum to develop the business case for navigation

• Action item accomplished by the Policy Task Group:
  o Submission in response to CMMI’s Innovation Center request for information
Task Group: Training and Certification

• Why are we addressing training and certification?
  o The field has continued to grow
  o Training curricula varies widely, with limited standards
  o The need for navigation competency and training standards
Task Group: Training and Certification

• Initiatives of the Task Group include:
  o Identification of standardized navigator competencies and metrics for identified competencies
  o Develop a strategy for the utilization of high quality training programs for navigation, i.e. “Seal of Approval” program
Activities in 2018

• Task Groups will continue the work initiated at the November 2017 meeting and meet on a monthly basis
• Creation and launch of the NNRT website
• Begin bi-monthly communications to roundtable members
• Steering Committee spring retreat
• Annual Meeting on November 29
Everyone Needs a Navigator
Marcie Fisher-Borne, PhD, MPH, MSW
Director of HPV Vaccination
American Cancer Society
National HPV Vaccination Roundtable.

Funding for the HPV Roundtable was made possible (in part) by the Centers for Disease Control and Prevention Cooperative Agreement grant number NH23IP922551-01, CFDA # 93.733. The content does not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Bringing together cancer prevention & immunization organizations to an extent never done before
HPV Roundtable Approach

- **Convene** stakeholder organizations
- **Increase exchange** of information
- **Catalyze** efforts
Convene

National meetings
Task groups
Webinars
Convene
Six Task Groups

- Best Practices
- Communications Committee
- Empowering Parents & Allies
- Integrated Delivery Systems
- Provider Training
- State Coalitions & Roundtables
Convene

Best and Promising Practices Meeting, Atlanta, 2016: Priority Research Gaps

Social Media
- Use social media to increase vaccine confidence #1
- Address rumors in social media #4
- Address parent concerns #8

Provider
- Get providers to attend in-clinic QI efforts #2
- Intervene with entire medical team #6
- Increase vaccination at acute visits #10

Health System
- Best practices for health insurers #3
- Impact of connecting IIS/EHR #5
- Effective changes in large health systems #11
- Impact of quality standards #12

Increase information exchange

- 215 free HPV vaccination resources
  hpvroundtable.org/resource-library

- 25,000+ unique page views in 7 months
Increase information exchange

Social media
- Singular positive voice for the benefits of HPV vaccination as cancer prevention
- **Twitter**
  ~1,100 followers
  Sustained growth
  1.1 million potential impressions

- **Facebook**
  HPV Cancer Free Family
  Strong community of HPV cancer survivors
Catalyze efforts

Videos
- Survivors
- Oropharyngeal cancer
- HPV vax champion yoga
>300 new collaborations formed from connections made through the Roundtable
Catalyze efforts

Action Guides
- Clinicians
- Large health systems

>2,400 unique views in 5 months
Catalyze efforts

Campaigns
 We’re In
 Power to Prevent HPV Cancer

Power to Prevent HPV Cancer

You Have the Power to Prevent Six Cancers

The power to prevent HPV cancer is in your hands!

Be a Part of the HPV Super Six Hero Team!
The “HPV Super Six” are a team of superheroes with the power to prevent HPV cancers! Each superhero represents a clinical audience and is powered by a clinical action guide. Each action guide was carefully developed and rigorously reviewed by experts in each target profession and includes specific tools to help HPV Super Six heroes activate their special power to prevent HPV cancers.

Powerful Heroes Need Powerful Tools
We know how hard it can be for heroes to keep up with and compile the latest research and evidence-base for increasing HPV vaccinations on top of all their other responsibilities. That is why the National HPV Vaccination Roundtable created these easy to use clinical action guides. Each guide has been
Catalyze efforts

Power to Prevent HPV Cancers

July 8-August 28, 2018
Week 1  Be Part of the Super 6! Launch Week
Week 2  Nurses & Medical Assistant
Week 3  Physicians, Pas, NPs
Week 4  Office Staff
Week 5  Small Practices
Week 6  Dental Health Care Providers
Week 7  NIAM: Preteen Vaccine Week
Week 8  Keep the Power All Year Long

Campaign webpage ~3,100 views

Action guides downloads
- RN,MA – 188
- MDs, PAs, NPs – 135
- Dental – 120

6,000 emails sent
30-40% opened
20% is industry benchmark
Eliminate HPV Cancer

HPV experts from around the world believe there is a clear path forward to eliminating cancers caused by HPV.

NCI-Designated Cancer Centers HPV Joint Statement

ACS Elimination Statement on HPV Cancers

IPVS HPV Elimination Statement

UN Joint Global Programme on Cervical Cancer Prevention and Control

ACS Elimination Statement on HPV Cancers

The American Cancer Society affirms our commitment to work towards a reduction in the global burden of HPV disease, and where certain conditions are met, the elimination of cervical cancer through HPV vaccination and screening. To this end, the ACS has launched Mission: HPV Cancer Free, the goal of which is to increase HPV vaccination rates for pre-teens and boys to 80% by 2026, 20 years after approval of the first vaccine. We believe that through this sustained organizational commitment and strategic investment, the American Cancer Society can help save untold lives and create an HPV cancer-free world.

The Case for Elimination

Human papillomavirus (HPV) infection is a known causal agent of six different types of cancers. Each year in the United States, 31,500 people are diagnosed with a cancer that was caused by HPV and hundreds of thousands of women are diagnosed and treated for advanced cervical cancers costing billions of health care dollars. Virtually all cases of cervical cancer and most pre-cancers are caused by HPV infection.

The HPV vaccine prevents infection with nine HPV types, including high-risk types that cause about 90% of HPV cancers. The HPV vaccine is so effective at preventing infection when administered before exposure that the Advisory Committee on Immunization Practices reduced the recommended number of doses for the vaccine to two.
Advancing Cancer Control through Long-Term Multi-Organizational Collaborations

Chair: Robert A. Smith, PhD

The National Colorectal Cancer Roundtable - Richard Wender, MD

The National Navigation Roundtable - Richard Wender, MD

The National HPV Vaccination Roundtable - Marcie Fisher-Borne, PhD

The National Lung Cancer Roundtable - Robert A. Smith, PhD

1 American Cancer Society, Atlanta, GA, United States

Disclosure of interest: None declared
Roundtables are an Established Platform for Fighting Cancer

• **What is a Roundtable?** A national coalition of public, private, and voluntary organizations and invited individuals dedicated to solving a cancer control challenge through coordinated leadership, strategic planning, research, and advocacy.

• **The ACS supports 6 national roundtables:** colorectal cancer, lung cancer, HPV vaccination, tobacco treatment, survivorship, and navigation.

• **Purpose:** To promote cancer control goals through coordination, collaboration, and activation of member organizations. Also, to solve problems that no single organization believes is their problem to solve.

• **Goal:** In a country without an organized system of health care, *Faster progress towards clinical and public health goals.*
How do Roundtables Operate?

**Very Important!**
- They have full-time staff
- A budget for work & meetings

**What a Roundtable *Won’t* Do**
- Duplicate member organization roles
- Compete with member organizations
- Take on positions or projects that are in conflict with member organizations

**What a Roundtable *Will* Do**
- Serve as a forum
- Challenge the membership to be participatory, and to regard the NLCRT as a “go to” organization
- Identify unmet needs (GAPS)
- Stimulate collaborations to address those needs
- Support Task Groups made up of experts to carry out key initiatives
- Convene expert workshops

Very Important!
- They have full-time staff
- A budget for work & meetings
National Lung Cancer Roundtable

Robert A. Smith, PhD
Vice-President, Cancer Screening
Director, Center for Quality Cancer Screening & Research
American Cancer Society
There were 20% fewer lung cancer deaths in the LDCT arm compared with the CXR arm.

There were 6.7% fewer deaths from all causes in the LDCT arm compared with the CXR arm.
Lung Cancer Screening is a Cascade of Events

- A target population
- Referring MD’s
  - (information & referral)
- The Screening Test
  - High quality image
  - High quality interpretation
  - High quality evaluation of positive results
  - Management of patients in surveillance
- For patients with lung cancer-guideline adherent diagnosis and treatment

Smoking Cessation for Current Smokers
The National Lung Cancer Roundtable (NLCRT)

**Mission**
To create lung cancer survivors

**Vision**
To lower the impact of lung cancer through prevention, early detection, and optimal therapy

**Values**
Patient-centered, evidence-based, inclusive, diverse, proactive, visionary
The NLCRT Has A Formal Structure of Governance

The **Steering Committee** provides leadership and vision to help advance the mission, and guide strategic planning and implementation of projects.

Work is conducted throughout the year through various **Task Groups** and **Special Topic Meetings**

An **Annual Meeting** affords members an opportunity to network, addresses important topics, and sets the following year’s agenda
Work is Conducted Through the Efforts of 10 Task Groups

<table>
<thead>
<tr>
<th>Task Group</th>
<th>Year</th>
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<tbody>
<tr>
<td>Provider Engagement and Outreach</td>
<td>2017</td>
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<tr>
<td>Tobacco Treatment in the Context of Screening</td>
<td>2017</td>
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<tr>
<td>Lung Cancer Screening Implementation Strategies</td>
<td>2017</td>
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<td>Shared Decision-Making</td>
<td>2017</td>
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<tr>
<td>Triage for Appropriate Treatment</td>
<td>2017</td>
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<tr>
<td>Policy Action</td>
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<td>Advanced Imaging</td>
<td>2018</td>
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<tr>
<td>Lung Cancer in Women</td>
<td>2018</td>
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<tr>
<td>Survivorship, Stigma, and Nihilism</td>
<td>2018</td>
</tr>
<tr>
<td>State-Based Initiatives</td>
<td>2018</td>
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</tbody>
</table>
Members Are Invited to Attend the Annual Meeting

A Breath of Hope Lung Foundation
Academy of Oncology Nurse and Patient Navigators
American Academy of Family Physicians
American Association of Nurse Practitioners
American Cancer Society
American Cancer Society Cancer Action Network
American College of Chest Physicians (CHEST)
American College of Radiology
American Indian Cancer Foundation
American Lung Association
American Medical Women’s Association
American Society of Preventive Oncology
American Thoracic Society
Association for the Treatment of Tobacco Use and Dependence
Association of Community Cancer Centers
AstraZeneca
Bonnie J. Addario Lung Cancer Foundation
Bristol Myers Squibb Foundation
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Chris Draft Family Foundation
Dana-Farber Cancer Institute
International Association for the Study of Lung Cancer
Genentech
Georgia Lung Cancer Roundtable
Humana
Kentucky LEADS Collaborative
Lung Cancer Alliance
Lung Cancer Research Foundation
LUNGevity
Medical Imaging & Technology Alliance
National Alliance for Hispanic Health
National Cancer Institute
National Comprehensive Cancer Network
North American Quitline Consortium
Patient Advocate Foundation
Prevent Cancer Foundation
Society for Behavioral Medicine
Society for Research on Nicotine and Tobacco
Society of General Internal Medicine
Society of Thoracic Radiology
Society of Thoracic Surgeons
Veterans Health Administration

December 10-11, 2018
Crystal City, Virginia
Anticipating 180 attendees
Adapting NCCRT Resources and Publications to Lung Cancer
Just Launched: [www.NLCRT.org](http://www.NLCRT.org) with an interactive lung cancer Atlas