

### **The Burden of Colorectal Cancer**

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## **Presentation outline**

Making the case for colorectal cancer screening

What is a FIT and how to talk to patients about completing testing

Why colonoscopy is still important

Summary and wrap-up



## Topic 1

### Background on colorectal cancer

- The colon and rectum are parts of the large intestine; the colon eliminates wastes in the body.
- Colon cancer occurs when cells in the colon become abnormal and grow very fast
- Colon cancer can be prevented and treated



## Where is your colon?



## How does colon cancer begin?



Most colorectal cancers begin as a **POLYP**, a small growth of tissue that starts in the lining and grows into the center of the colon or rectum. Doctors can remove polyps during the colonoscopy procedure.





## Colon cancer can be prevented

Colon cancer starts with a polyp. About 6% of polyps can become cancerous. Polyps are removed during a colonoscopy.





## Colon cancer can be found early



## Chances of survival

#### **STAGE I**

The cancer is in the inner layers of the colon, surrounded by normal tissue

### **STAGE II**

The cancer has spread through the muscle wall of the colon, but has not yet breached it

### **STAGE III**

The cancer has spread to nearby lymph nodes

### **STAGE IV**

The cancer has spread to other areas in the body



Source: http://visual.ly/colorectal-cancer-what-you-need-know

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### Finding colon cancer early is important



More than

 $9_{\text{of}}10$ 

individuals diagnosed with early stage colorectal cancer that has not spread beyond the colon or rectum **survive 5 years** (and many live much longer) Approximately

**1** of **10** 

individuals with advanced stage colorectal cancer that has spread to other organs such as the lungs or the liver **survives 5 years** 

Data Source: American Cancer Society. Colorectal Cancer Facts & Figures 2012.

## Most early cancers will have no noticeable symptoms. Screening is needed *before* symptoms occur.



## How many people get colon cancer?

## More than **140,000** people in the U.S. are diagnosed each year



Data Source: American Cancer Society. Colorectal Cancer Detailed Guide. http://www.cancer.org/acs/groups/cid/documents/webcontent/003096.pdf.



# **50,000** people in the US will die from colorectal cancer this year

Data Source: American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019

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## The Stages of Cancer

Stage	Description	What does it mean?
Stage 0	In-Situ	Abnormal cells are present, but there has been no spread and it is confined to a single site
Stage I, II, III	Localized	Limited to a certain part of the body, or the organ where abnormal cells began
	Regional	Spread to nearby lymph nodes, tissues or organs
Stage IV	Distant	Spread to distant parts of the body
	Unstaged	Not enough information to determine stage



### The incidence of CRC, total population (Oregon 2011-2015, all genders)



Rates are per 100,000 and age-adjusted to the 2000 US Std Population (single ages to 84 - Census P25-1130) standard

## Overall Oregon CRC Incidence Rates (2011-2015)



Rates are per 100,000 and age-adjusted to the 2000 US Std Population (single ages to 84 - Census P25-1130)

## **Risk Factors**

- Changeable:
  - Being overweight or obese
  - Being physically inactive
  - A diet high in red meats and cooking them at high temperatures
  - Smoking
  - Heavy alcohol use
    - More than 2/day for men
    - More than 1/day for women



- NOT Changeable:
  - Personal history of polyps
  - Personal history of inflammatory bowel disease (IBD)
  - Family history of colorectal cancer
  - Genetics (Lynch Syndrome)
  - Type 2 Diabetes

# **50,000** people in the US will die from colorectal cancer this year

Data Source: American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019

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# Recommended screening could prevent at least

# 60% of these deaths

Data Source: Centers for Disease Control

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# Distribution of screening services in unequal, by health system / payer

- Colon cancer is a leading cause of cancer death;
- Nearly 1/3 of age-eligible adults in the US are not up-to-date, many are in community clinics;
- Colon cancer can be prevented; survival is
  - 93% for Stage 1
  - 8% for Stage IV;

\* Colorectal Cancer Facts and Figures 2017-2019.



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### CRC screening rates \*

## Medicaid expansion led to more enrollees eligible for CRC screening

Washington increase 625, 847 (21% adults)

Oregon increase 429, 651 (29% adults)

	Before Medicaid Expansion Dec 2013	After Medicaid Expansion June 2014	% change
	Ν	Ν	%
All ages	659,114	971,095	47.3%
< 19	372,639	426,130	14.4%
19 – 21	20,996	41,625	98.3%
22 – 35	90,356	193,078	113.7%
36 – 50	70,203	147,184	109.7%
51 - 64	57,295	124,418	117.2%
65 +	47,625	38,660	-18.8%

Oregon Health Authority 2014

## Fecal testing – every year

 Finds hidden blood in the stool produced by polyps – if found, you must go onto colonoscopy



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## Colonoscopy – every 10 years if normal

• Finds polyps and adenomas in the colon







## Topic 2

### **5** reasons to offer fecal immunochemical testing (FIT)

Reason 1	Reason 2	Reasons 3	Reason 4	Reason 5
<ul> <li>FIT saves lives</li> <li>FIT and colonoscopy save comparable number of lives</li> </ul>	<ul> <li>Patients prefer FIT over colonoscopy</li> </ul>	<ul> <li>FIT leads to fewer colonoscopies</li> <li>May be useful where capacity is limited</li> </ul>	<ul> <li>FIT saves more lives, when \$\$ are limited</li> </ul>	<ul> <li>FIT can more effectively address disparities</li> </ul>



## CRC screening saves lives

Screening test	Mortality reduction*
Colonoscopy every 10 years	65%
FIT every year	64%
Flex sigmoidoscopy every 5 years	59%
Flex sigmoidoscopy every 5 years plus FIT every 3 years	66%

\*Microsimulation Screening Analysis; Ann Intern Med 2008;149:659-669



## Free FIT vs. Free colonoscopy program

- Study included uninsured patients aged 54-64 at the John Peter Smith Health Network, a safety net health system.
- Randomized patients into 3 groups:
  - Free FIT (n = 1593)
  - Free colonoscopy (n = 479)
  - Usual care (n = 3898)



Source: Gupta et al.

### FIT can identify high-risk patients

Screening colonoscopy (refer 1,000 patients)

FIT testing (2,000 patients)



## Fecal testing leads to fewer colonoscopies\*



Colonoscopy has risks. Risk of serious complications is 5/1000\*\* \*Zauber et al. 2009; prepared for the US Preventive Services Task Force \*\*TR Levin 2006; retrospective cohort study conducted at KP Northern California KAISER F RMANENTE® **Racial/ethnic subgroups more likely to be screened by FIT** 

STOP CRC baseline data (n = 31,306)





### CRC screening rates are highest if patients offered fecal testing or choice



Inadomi et al. 2012 KAISER F RMANENTE®

## Spanish-speakers have higher return of directmailed FITs

FIT return rates among patients who prefer Spanish vs. English



Source: Sea Mar Community Health Center

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## Topic 3

Why colonoscopy is still important

- Colonoscopy can find and remove polyps / advanced adenomas can prevent cancer
- Patients who undergo colonoscopy may be covered for up to 10 years
- Colonoscopy is critical for high-risk patients and as a second step for those who screen FIT+



## Coordinate Colonoscopy Follow-Up After an Abnormal FIT Test



## Colonoscopy is critical



## Conclusion

The case for CRC screeni	ing	
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- CRC screening saves lives
- Screening can prevent CRC
- Screening can find CRC early

### The case for FIT

- Equal mortality reduction
- Patients prefer it
- Reduces colonoscopy need; overcomes limited GI capacity
- Saves more lives, when resources are limited
- Reduces disparities

#### **Colonoscopy is still important**

- Can remove polyps
- Critical for high-risk individuals (family history),
- Critical as follow-up to positive FIT

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