



The State of Colorectal Cancer in Minnesota

MDH: Cancer Screening Quality Improvement Team

- Michelle Brasure; Cancer Screening Quality Improvement Director
- Marie Tran; Cancer Screening Quality Improvement Coordinator
- Brianna Longeway; Cancer Screening Quality Improvement Clinical Systems Specialist
- Chris Campbell; Cancer Screening Quality Improvement Evaluator

Neighborhood Healthsource:

- Alondra Manzanarez De La Rosa; Community Health Educator

Lake Superior Community Health Center:

- Peyton Leikvoll; Population Health Coordinator

Learning objectives:

1. Participants will be able to describe the populations more heavily burdened by colorectal cancer in Minnesota.
2. Participants will be able to clearly outline to their patients the current screening guidelines and options for colorectal screening.
3. Participants will be able to come up with 1-2 ways that they will enhance or implement changes in their clinic to improve colorectal cancer screening rates.

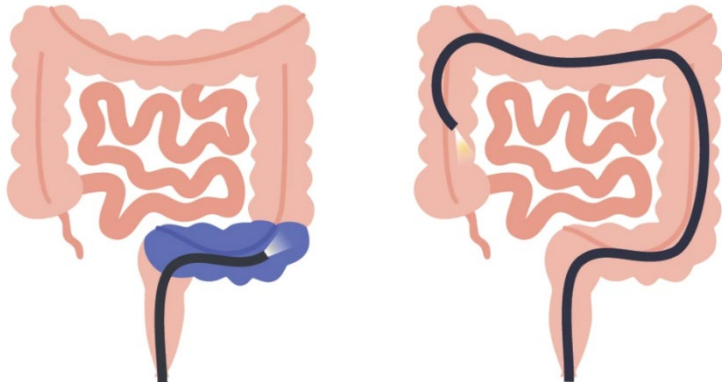
March is National Colorectal Cancer Awareness Month

COLON CANCER
IS THE **SECOND**
DEADLIEST
CANCER.



COLON CANCER
COALITION
Get Educated. Get Screened.

Screening for Colorectal Cancer:
Flexible Sigmoidoscopy
vs. **Colonoscopy**



SIGMOIDOSCOPY

COLONOSCOPY

**GO BLUE FOR
COLORECTAL
CANCER**



Minnesota Cancer Alliance on Facebook & **mncanceralliance** on Instagram

Report on National Colorectal Cancer Rates

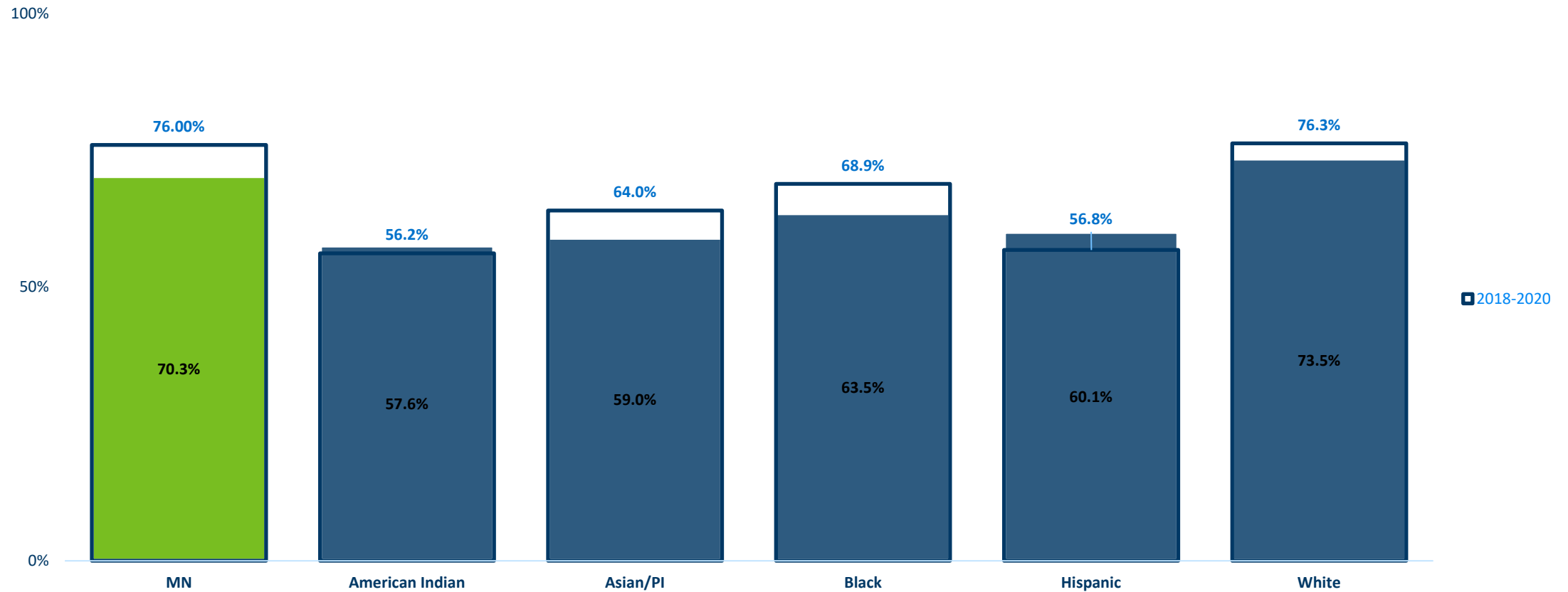
The 2024 [American Cancer Society](#) (ACS) annual report shows colorectal cancer is **now the leading cause of cancer death in men and the second in women under 50 years old.**

- 2024 estimates
 - 106,590 new cases of colon cancer
 - 54,210 in men and 52,380 in women.
 - 46,220 new cases of rectal cancer
 - 27,330 in men and 18,890 in women.



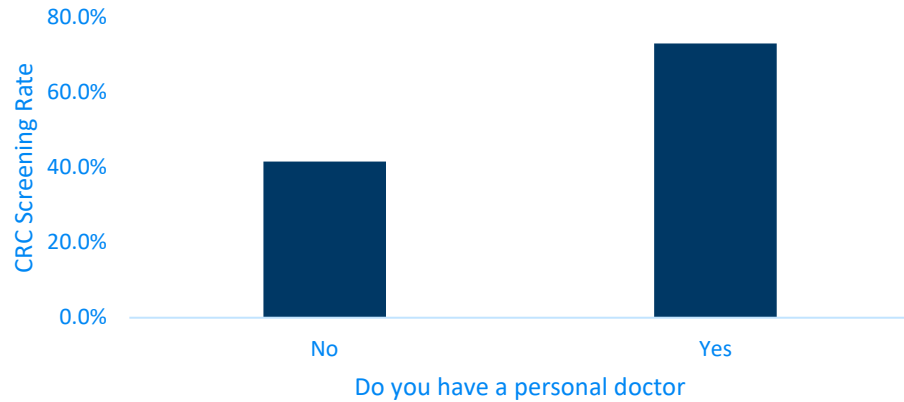
Racial Disparities in Screening

Decrease in CRC Screening Ages 50-75 in 2022

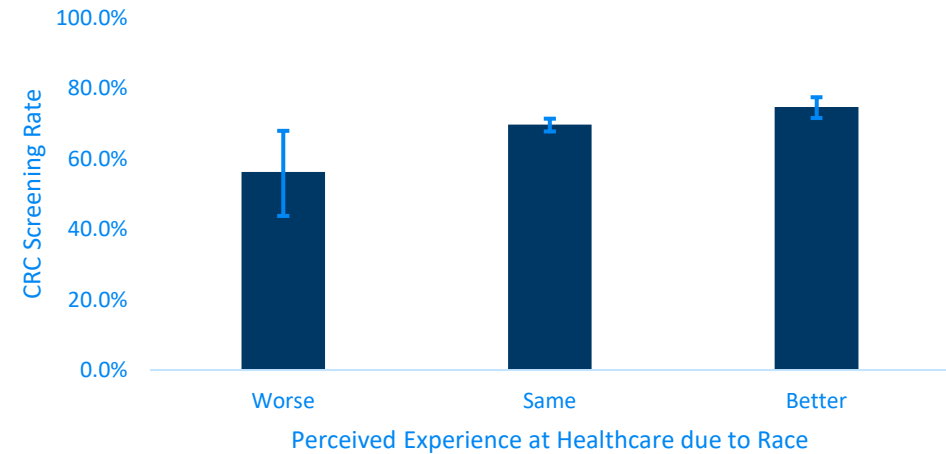


Determinants of CRC Screening

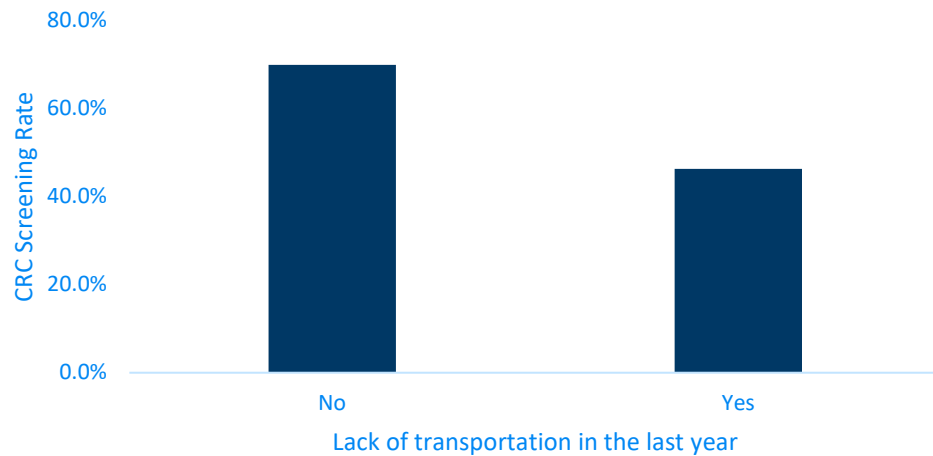
Personal Doctors and CRC Screening



Perceived Racism and CRC Screening



Transportation and CRC Screening



Financial Stress and CRC Screening



Colorectal Cancer Incidence Trend

Rates over time

The rates of new cancers and the number of people dying from colorectal cancer has been decreasing.

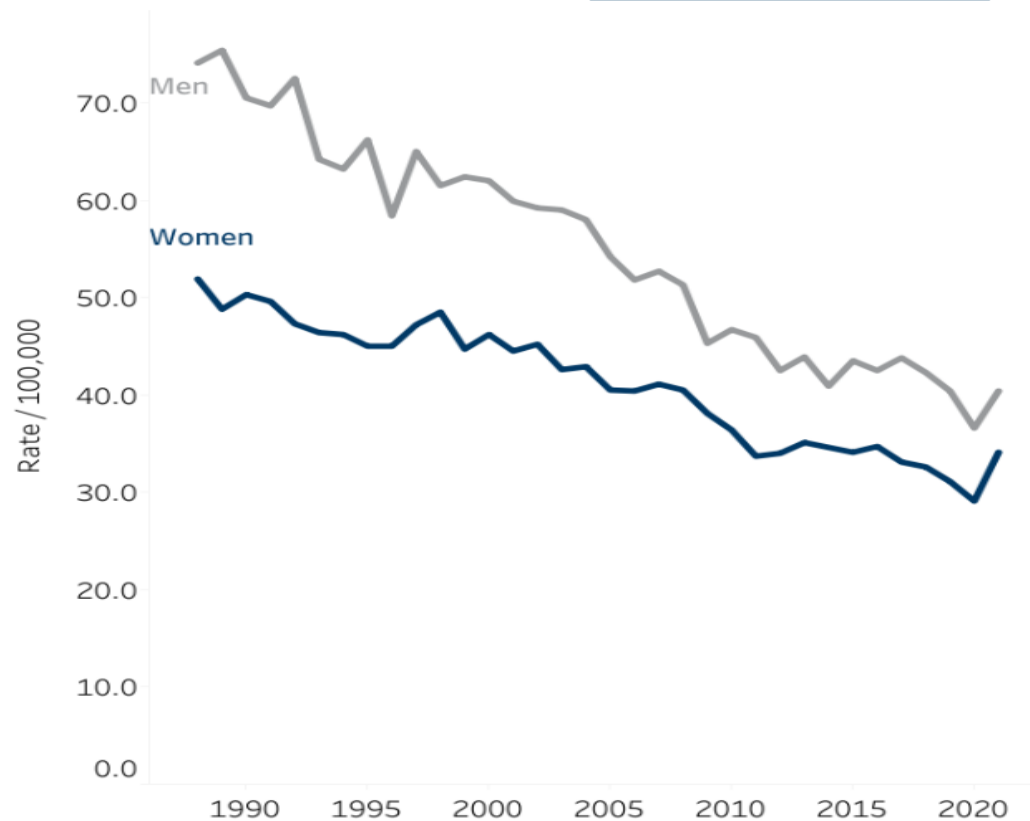
Men have higher rates than women.

Select incidence or mortality to view trends

Incidence (New cancers)

Mortality (Death)

[Download data](#)



Racial Disparities in Incidence & Mortality Exist

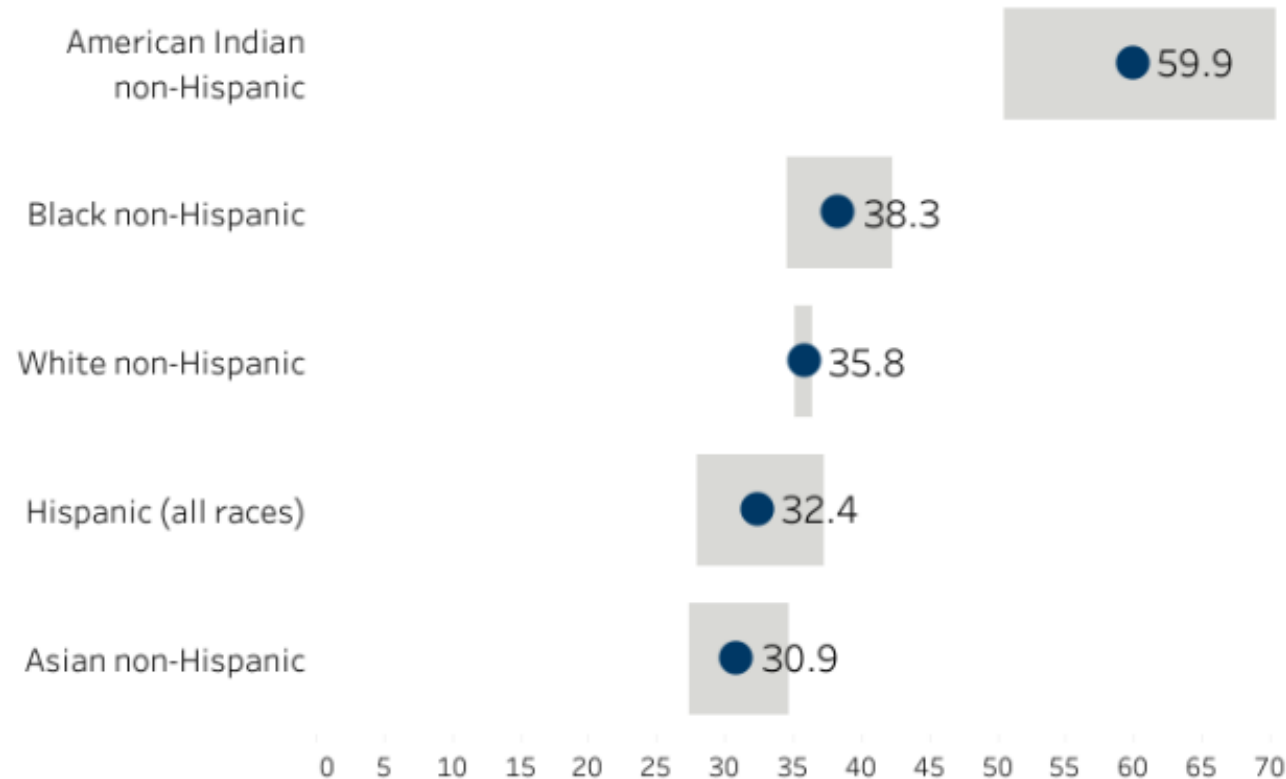
American Indians have the highest rates of CRC in Minnesota.

Click Incidence or Mortality to view charts

Incidence

Gray bars are 95% confidence intervals

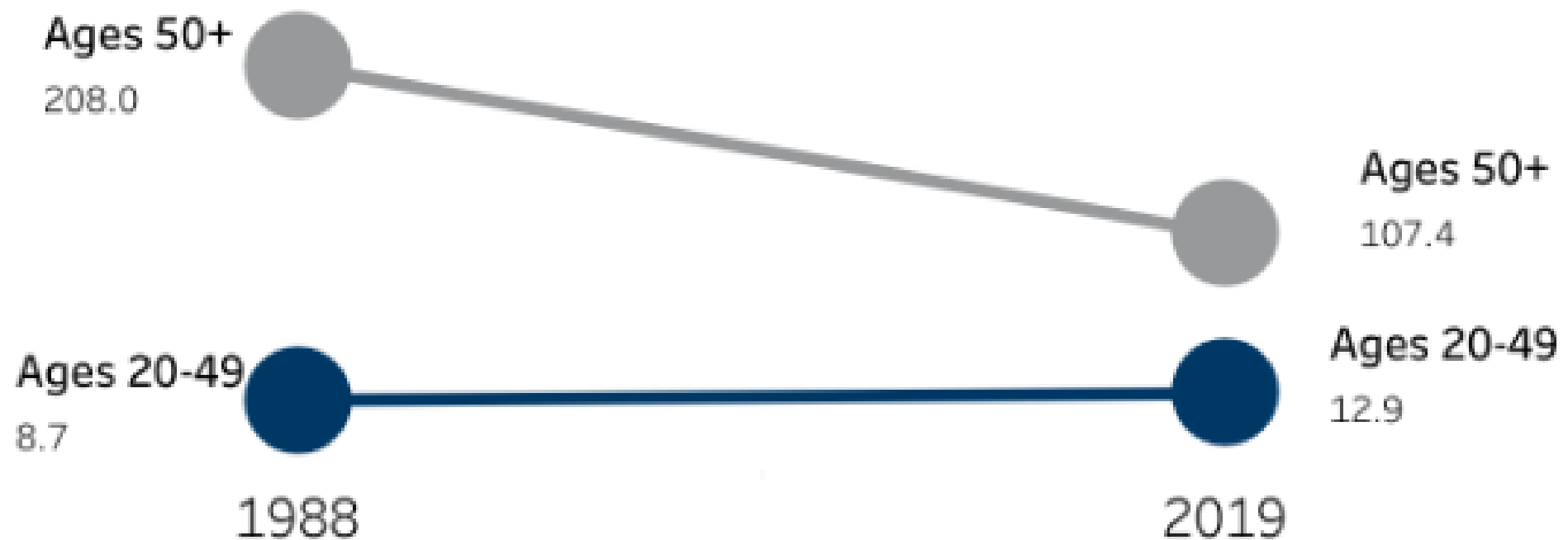
Mortality



Rates/100,000 are adjusted to the 2000 census.

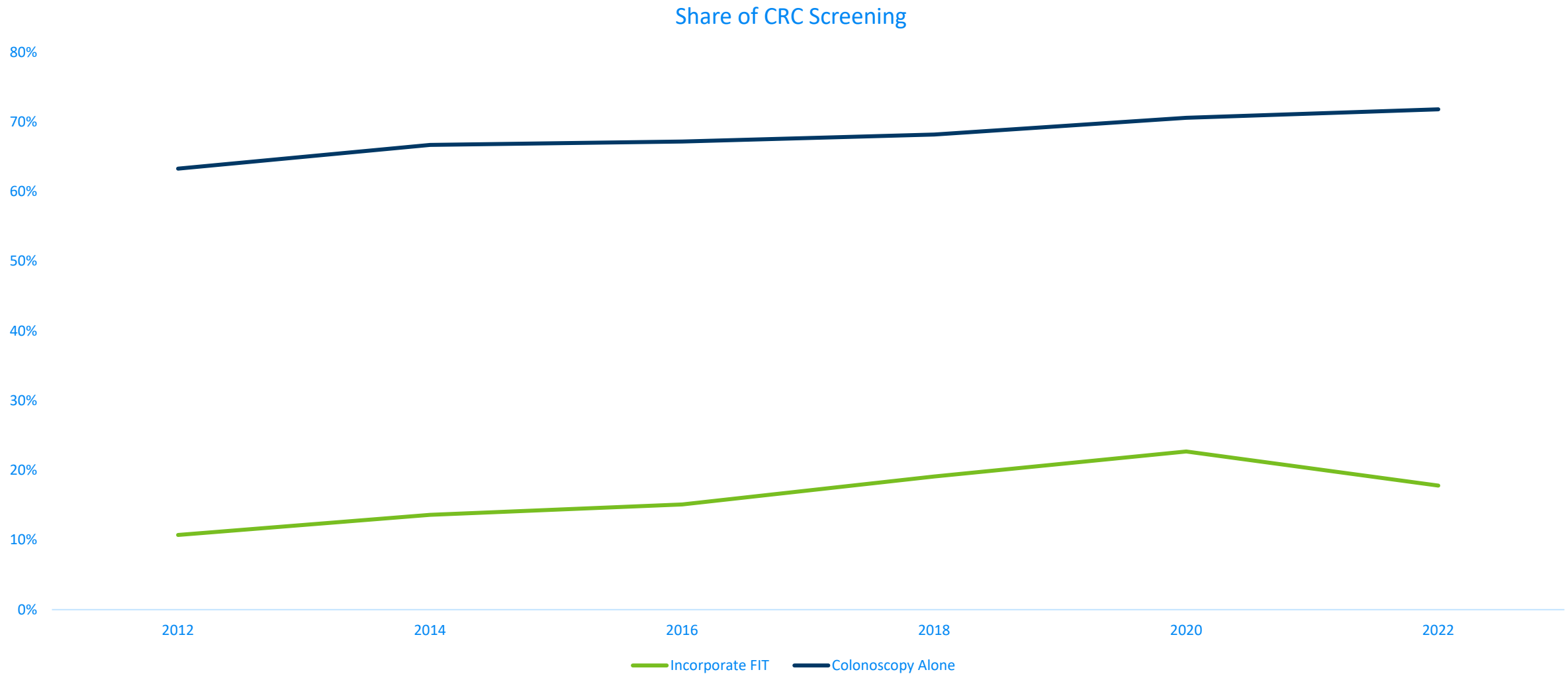
Rates of CRC in young people is increasing

Rates have **increased 50%** for colorectal cancers in ages **20-49**. For ages **50 and over**, the rate has **decreased 47%**.



Rates/100,000 are adjusted to the 2000 census.

How are people getting their CRC Screening



Colorectal Cancer Data Dashboard

- [Colorectal Cancer in Minnesota - MN Dept. of Health \(state.mn.us\)](https://state.mn.us)
 - Minnesota Cancer Reporting System (MCRS)
 - This interactive dashboard has data and messaging for colorectal cancer in Minnesota.
 - There is information about colorectal cancer (CRC) risk factors and screening guidelines, prevalence, and survival.

Colorectal Cancer Screening Recommendations

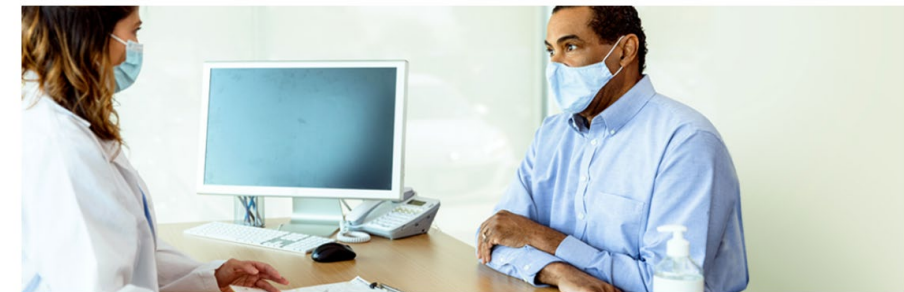
- [United States Preventive Services Task Force Recommendation Statement](#)
- [American Cancer Society Colorectal Cancer Screening for average-risk adults](#)
 - Average-risk adults 45 to 75 years should be screened for Colorectal Cancer

The screenshot shows the American Cancer Society website. The main heading is "CA: A Cancer Journal for Clinicians". Below it, the article title is "Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society". The authors listed are Andrew M.D. Wolf MD, Elizabeth T.H. Fontham MPH, DrPH, Timothy R. Church PhD, Christopher R. Flowers MD, MS, Carmen E. Guerra MD, Samuel J. LaMonte MD, Matthew T. McKinnis MD, Kevin C. Oeffinger, MD (Chair), Ya-Chen Tina Shih, PhD, Louise C. Walter, MD, and Andrew M. D. Wolf, MD (Chair of the Committee Subgroup for CRC Guideline Update). The article is dated 30 May 2018 and has a DOI of 10.3322/caac.21457. A "Recommended" section lists several related articles, including "Guidelines for Colonoscopy Surveillance after Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer and the American Cancer Society".

Final Recommendation Statement Colorectal Cancer: Screening

May 18, 2021

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.



[Read the Full Recommendation Statement](#)

[Download \(PDF\)](#)

Colorectal Cancer Screening Tests

Test	Description	Frequency
Stool Tests <ul style="list-style-type: none"> • Guaiac-based fecal occult blood test (gFOBT) • Fecal immunochemical test (FIT) • FIT-DNA 	Use chemicals (gFOBT) or antibodies (FIT) to detect blood in stool. FIT-DNA also looks for altered DNA.	gFOBT – annually FIT – annually FIT-DNA – once every 3 years
Colonoscopy	Provider inserts long, thin, flexible lighted tube to check for polyps in rectum and entire colon.	10 years if no increased risk of cancer
Flexible Sigmoidoscopy	Provider inserts long, thin, flexible lighted tube to check for polyps in rectum and lower third of colon.	5 years
CT Colonography (virtual colonoscopy)	Uses X-rays and computers to produce images of entire colon.	5 years
Source: Centers for Disease Control and Prevention. 2023. Colorectal Cancers Screening Tests.		
Accessed 3/4/2024.		

Colorectal Cancer Screening Tests

- Which test is best?
 - Individual preferences
 - Family history/genetic syndromes
 - Resources available for testing and follow-up
 - Likelihood the test will get done!
- [Clinician's Reference STOOL-BASED TESTS FOR COLORECTAL CANCER SCREENING](#)

What can Health Care Homes do?

- Centers for Disease Control and Prevention Colorectal Cancer Screening Change Package
 - Capacity Building for Providers and Staff
 - Screening Policies, Procedures, and Practices
 - Follow-up and Referral

The screenshot shows the CDC website interface for the Colorectal Cancer Screening Change Package. The page title is "Colorectal Cancer Screening Change Package" and it includes a "Print" link. The main content area is titled "Select a Focus Area" and contains six interactive tiles:

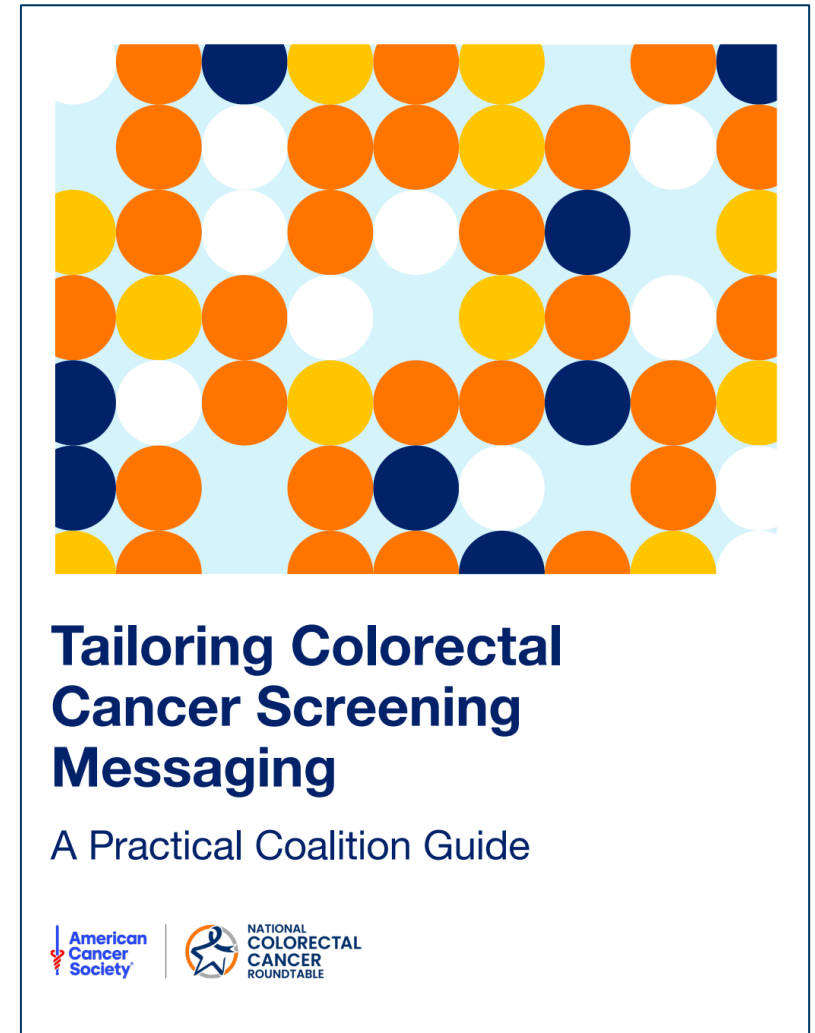
- Social Determinants of Health** (Yellow tile)
- Individual and Community Awareness** (Light yellow tile)
- Community-Clinical Linkages** (Orange tile)
- Capacity Building for Providers and Staff** (Light blue tile)
- Screening Policies, Procedures, and Practices** (Light blue tile)
- Follow-up and Referral** (Teal tile)

Below the tiles, there is a note: "To help you make your selection, read the descriptions below or view the organize framework in the *Cancer Screening*".

Messages that work for screening

- Tailored messaging that resonates with the target audience
- Address specific barriers to screening
- Share personal stories from patients, caregivers, and survivors
- Uses data that is relevant to the target audience
- Uses a mixed media approach

nccrt.org/resource/tailoring-colorectal-cancer-screening-messaging



Key Resources

- [American Cancer Society. Colorectal Cancer](#)
- [American Cancer Society | National Colorectal Cancer Roundtable Resource Center](#)
- [Centers for Disease Control and Prevention. Colorectal \(Colon\) Cancer](#)
- [The Community Guide](#)
- [Cancer Change Packets](#)

Colorectal Cancer Community

- Cancer Screening Quality Improvement – [CSQI](#)
- Ways to get involved
 - Minnesota Cancer Alliance (MCA) [Colon Cancer Network](#)
- National Colorectal Cancer Roundtable [nccrt.org](#)
- [Cancer Plan](#) – 2025
 - Prevention, Detection, Treatment, Survivorship, & Health Equity
 - Planning for **Cancer Plan – 2030!**





Four clinics in North & Northeast Minneapolis and Coon Rapids.

Population:

25% uninsured

~44% Latinx

33% African American

26% White

Project Aim: Increase our colorectal cancer screening rate by 5% organization wide.

Activities

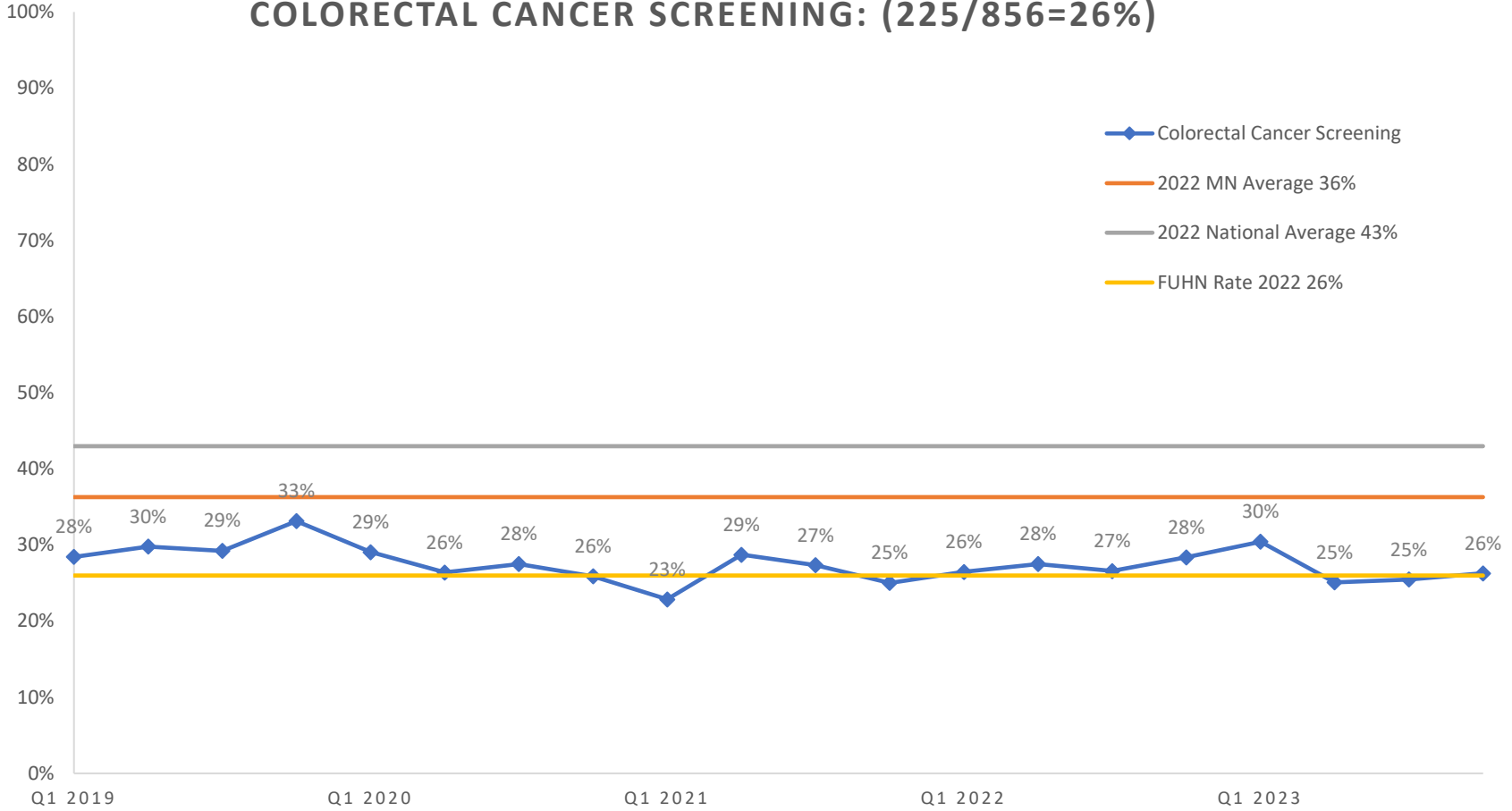
Current or Complete

- Embedding workflow for needed, uninsured colonoscopies
- Offering \$10 incentives for returning Kit
- Increased written and electronic communication
- In clinic Community Health Worker 1:1 reminder
- Outreach and education at community festivals, events
- E.H.R. Updates

Upcoming

- Increased written and electronic reminders
- Passing out “hats” and encouraging returns
- Incentivizing/increasing demand for adult physicals

COLORECTAL CANCER SCREENING: (225/856=26%)



Successes:

- Identifying subsets most in need
- Setting up workflows to alert patients, identifying communication opportunities

Challenges:

- Connecting nonpatients to care/follow up
- Using insurance incentives very complicated
- Implementing workflows across clinics

Contacts:

Tessa Wetjen

twetjen@neighborhoodhealthsource.org

Patrick Johnson

pjohnson@neighborhoodhealthsource.org

Alondra Manzanarez De La Rosa

Adelarosa@neighborhoodhealthsource.org



LAKE SUPERIOR
COMMUNITY HEALTH CENTER

improving access to quality health care for all

Colorectal Cancer Screening Improvement

Current Initiatives

- Go Blue Day
- Semi-annual data deep dive
- Patient reminders
- Referral Follow-up
- Workflow adjustment for winter

Upcoming Initiatives

- Offering Cologuard
 - Uninsured
 - Insured Patients
- Continued patient reminders
- Continued quality improvement with providers

Thank You!

MDH:

Brianna Longeway

Brianna.Longeway@state.mn.us

Neighborhood Healthsource:

Alondra Manzanarez De La Rosa
*adelarosa@neighborhoodhealth
source.org*

Lake Superior Community

Health Center:

Peyton Leikvoll

pleikvoll@lschc.org