



Colorectal cancer screening: Battling the No. 2 cause of cancer deaths

The problem: Colorectal cancer is the second-leading cause of cancer deaths in the United States. According to the CDC, about 90% of new cases occur in people age 50 or older; yet, fewer than half of adults aged 50-54 are up to date with colorectal cancer screenings.

The American Cancer Society estimates 106,180 new cases of colon cancer and 44,850 new cases of rectal cancer in 2022. Colorectal cancer is expected to cause about 52,580 deaths in 2022.¹



WellMed's goal is to change the face of health care delivery for the nation by providing quality, proactive patient care with a focus on prevention. Screening for colorectal cancer is a priority for WellMed. Yet, thousands of WellMed patients are not current on a colon cancer screening.

Patients who see their provider at least annually, and fall within evidence-based guidelines for a screening, will receive a recommendation for a colonoscopy, sigmoidoscopy, or will receive an at-home colon cancer screening test kit to mail in.

The likelihood of patients completing the screening is worse for those who don't regularly see their provider, who don't have a PCP assigned to them, and/or who are unreachable by phone.

The need: One of the keys to reducing cancer deaths is early detection. According to the CDC, when colon cancer is treated before it spreads, the five-year relative survival rate is 87.8% - nearly 9 in 10 patients survive.

When the cancer progresses and spreads outside the colon or rectum, survival rates are as low as 15.7% - about 6 out of 7 patients die.²

Early detection and treatment reduces colorectal cancer mortality with the identification and removal of polyps that have the potential to become cancerous. Regular screening starting at age 45 is the key to preventing colorectal cancer.



**The bottom line:
WellMed aims to
detect and treat
cancer in all our
patients by completing
recommended
screenings.**

What is colorectal cancer?

Colorectal cancer (CRC) is a cancer that develops in the colon or rectum. The colon is a part of the large intestine or large bowel, and the rectum is the passageway that connects the colon to the anus.

CRC usually begins as a noncancerous growth called a polyp that develops on the inner lining of the colon or rectum and usually grows slowly over a period of 10 to 20 years.

Who is at risk?

- On average, the lifetime risk of developing colon cancer is about one in 23 for men and one in 25 for women, but this risk varies widely according to

individual risk factors.³

- Colon cancer and rectal cancer incidence and mortality rates are highest in Black people.
- A recent study of average-risk adults concluded that although rates of colorectal cancer screening have increased overall since 2008, they have increased disproportionately in each racial and ethnic group, and disparities in screening uptake persist.⁴
- The risk of colorectal cancer is greater in those who are overweight and physically inactive, consume large amounts of alcohol, red meat and processed meat.
- People with a first-degree relative (parent, sibling or children) who have colorectal cancer have between two and three times the risk of developing the cancer than those without a family.
- When it comes to your colon health, age plays an important factor. According to the National Cancer Institute, the risk of colorectal cancer increases after the age of 50, and most cases are diagnosed after age 50.⁵

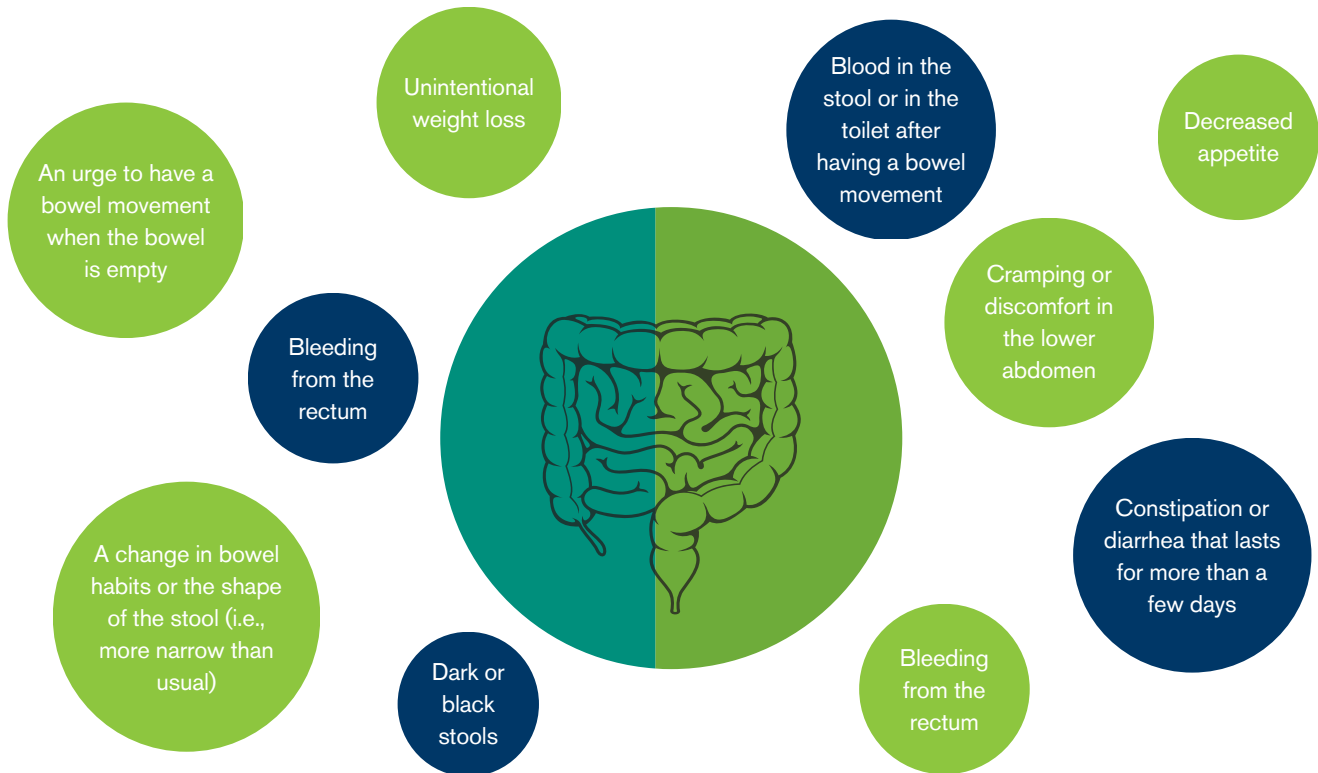
[2] USCS Data Visualizations - CDC

[3] Colorectal Cancer Statistics | How Common Is Colorectal Cancer?

[4] Disparities in Colorectal Cancer Screening in the United States Before and After Implementation of the Affordable Care Act - PubMed (nih.gov)

[5] Colorectal Cancer Prevention (PDQ®)—Patient Version - National Cancer Institute

What are the symptoms or warning signs?



Patients who develop early CRC often don't have any symptoms, which is why screening is so important. As a tumor grows, it may bleed and/or obstruct the intestine. This can result in a change in bowel habits and abdominal pain. In some cases, blood loss from the cancer leads to anemia (low number of red blood cells), causing symptoms such as weakness, excessive fatigue and shortness of breath.

How treatable is colorectal cancer?

Colorectal cancer, when discovered early, is highly treatable. Even if it spreads to the nearby lymph nodes, surgical treatment, followed by chemotherapy can be highly effective.

In the most difficult cases – when cancer has spread to the liver, lungs or other sites – treatment can be effective in controlling the disease for a time, and may even cure some.

The solution: colorectal cancer screening

Colorectal cancer screening is the single most important thing a person can do to find polyps, as they have the potential to turn cancerous.

The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer in adults ages 45 to 75. USPSTF recommends clinicians selectively offer screening for colorectal cancer in adults ages 76 to 85 years. Evidence indicates the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health and prior screening history.⁶



NOTE: This recommendation may differ from other health source recommendations, such as the American Cancer Society (ACS), on the topic.

Colorectal cancer screening tests recommended by the U.S. Preventive Services Task Force are:⁷

- Fecal immunochemical testing (FIT) kits - an in-home colon cancer screening test to detect blood in the stool by measuring antibodies.
- FIT-DNA - combines FIT with a test that detects altered DNA in the stool.
- High-sensitivity guaiac fecal occult blood tests (gFOBT) – a test that uses a chemical substance called guaiac to detect blood in the stool.
- Flexible sigmoidoscopy - detects polyps or cancer inside the rectum and lower third of the colon.
- Colonoscopy - a tiny camera on a flexible tube transmits images and allows your doctor to see the inside of the rectum and entire colon to discover any growths or abnormalities such as polyps and cancers.
- Virtual colonoscopy - uses a computed tomography (CT) scanner to produce images of the entire colon.

WellMed follows recommendations by the American Cancer Society: For all patients ages 45-75*, testing should proceed as follows.⁸ This preventive screening meets the HEDIS/Stars requirements for the colorectal cancer measure.

Screening test	Frequency
Fecal immunochemical testing (FIT) kits	Annual
High-sensitivity guaiac fecal occult blood tests (gFOBT)	Annual
FIT-DNA	3 years
Virtual colonoscopy	5 years
Flexible sigmoidoscopy	5 years
Colonoscopy	10 years

*Exclusions:

- Patients receiving hospice or palliative care any time during 2022.
- Patients who had colorectal cancer or total colectomy at any time through Dec. 31, 2022, documented in patient's medical history.
- Patients 66 years of age and older as of Dec. 31, 2022, who enrolled in an institutional SNP (I-SNP) in 2022.
- Patients living long term in an institution, or are frail with advanced illness.

[7] Screening Tests to Detect Colorectal Cancer and Polyps - NCI

[8] A Colorectal Cancer Guideline | How Often to Have Screening Tests



Colorectal cancer survival rates

Since the mid-1980s, the colorectal cancer survival rate has been increasing, due in part to increased awareness and screening as well as better treatment. By finding polyps and cancer in its early stages, the cure rate increases significantly.⁹

- The five-year relative survival rate for colon cancer found at the local stage is 91%.
- The five-year relative survival rate for colon cancer found at the regional stage is 72%. Regional stage cancer means the cancer has spread to nearby lymph nodes, tissues or organs.
- The five-year relative survival rate for colon cancer found at the distant stage is 14%. Distant cancer means the cancer has spread to distant parts of the body.

Overall, the death rate from colorectal cancer decreased around 2% each year from 2015 to 2019. However, deaths in adults under age 55 rose 1% per year from 2008 to 2017. Currently, there are more than 1.5 million colorectal cancer survivors in the United States.¹⁰

The WellMed screening program

At WellMed, screening for colorectal cancer begins with a patient's PCP or an advanced practice clinician. The provider checks the patient's chart to ensure they are up to date on preventive screenings such as for breast cancer, hemoglobin A1c for diabetes and colorectal cancer. If the patient has not completed a colorectal cancer screening, the provider will order the appropriate screening after a discussion with the patient.

Patients who do not see their provider and meet certain criteria for needing the screening are flagged for follow-up. The criteria is based on Centers for Medicare & Medicaid Services (CMS) guidelines and Healthcare Effectiveness Data and Information Set (HEDIS) requirements.

WellMed attempts to provide these patients with an at-home collection kit. WellMed launches programs throughout the year to help catch colorectal cancer in the early stages so patients can live longer and maintain healthier lives. Generally, the campaign launches in the spring and is complete by early fall. Some markets may choose to participate in a second campaign, which kicks off in fall.

Patients receive instructions on how to complete the collection and return the specimen to the lab. After the tests are processed, LabCorp sends the results to the patient and the PCP. A positive screening will require a follow up with the PCP for further discussion and treatment planning.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance. HEDIS measures relate to many significant public health issues, such as cancer, heart disease, smoking, asthma, and diabetes.

[9] Colorectal Cancer Facts & Figures 2020-2022

[10] Colorectal Cancer: Statistics | Cancer.Net

Results

National data

According to the Centers for Disease Control, National Center for Health Statistics, the percentage of adults aged 50-75, sorted by ethnic group, who had a home fecal occult blood test or a fecal immunochemical test within the past year by race/ethnicity, places the Hispanic population with the highest results.

Race	Percent of Adults
All races	3.3
Non-Hispanic White	3.1
Non-Hispanic Black	2.5
Hispanic	5.1

https://progressreport.cancer.gov/detection/colorectal_cancer#field_most_recent_estimates

WellMed results

iFOBT screening results for 2021

2021 BioIQ iFOBT	Kits Sent	Kits Returned	% Returned	Positive Results
iFOBT Campaign New patients and patients who did not return a kit the previous year	64,757	9,226	14%	683
iFOBT Redeploy Campaign Patients who returned a kit the previous year	7,599	3,821	50%	209
Overall	72,356	13,047	18%	892



WellMed results

iFOBT screening results for 2021

2022 BioIQ iFOBT	Kits Sent	Kits Returned	% Returned	Positive Results
iFOBT Campaign New patients and patients who did not return a kit the previous year	89,413	12,187	14%	839
iFOBT Redeploy Campaign Patients who returned a kit the previous year	3,814	1,709	45%	162
Overall	93,227	13,896	15%	1,001