



California Colorectal Cancer Coalition (C4)

"Our mission is to save lives and reduce suffering from colorectal cancer in all Californians."



Welcome

THE ALL MEMBER MEETING

NEW DEVELOPMENTS AND
BEST PRACTICE IN
COLORECTAL CANCER
SCREENING

November 14, 2009



Californians are dying unnecessarily from CRC

- Only 50% of Californians are being screened for CRC
- Increasing our screening rates by 10% can prevent 8,000 Californians from dying from CRC.
- Today's course is designed to aid you in helping your patient select the CRC screening test that is best for them



This morning will help you

- Understand the burden of death and suffering caused by colorectal cancer
- Understand how the disease affects individuals based on race, gender, and socioeconomic status
- Understand colorectal cancer screening strategies and the advantages and disadvantages of each
- Learn how to implement a colorectal cancer screening program in your office

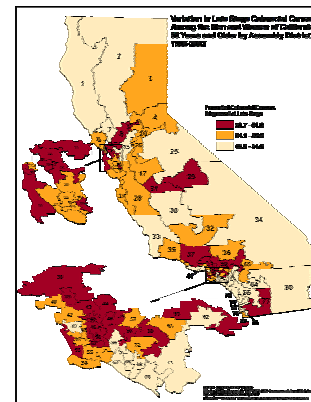


How is San Diego County Doing

- Our screening rates are uneven
- The uninsured and underinsured have the lowest screening rates
- Our East County has the lowest screening rate



Late Stage Diagnosis of Colorectal Cancer by Assembly District





Collaborative Program to Screen the Under and Uninsured

- Community Clinics
- San Diego Medical Society Foundation's Project Access
- Kaiser Permanente Super Saturday Colonoscopy Days
- Donated Hemocult SENSEA fecal screening tests by Beckman Coulter



Program Components

- Community clinic patient who is unable to pay for a FOBT.
- Test is provided free of charge
- Positive test are evaluated to see if the positive test results in a change in insurance status
- Under and uninsured patients are referred to Project Access San Diego for a free colonoscopy



PROGRAM COMPONENTS

- County resident. Immigration status is not a factor but must have a home.
- Patients with a medical home and primary care provider in the community clinics are referred to Project Access San Diego
- Working individuals with no health insurance and earning below 250% of the federal poverty level (\$25,530 single: \$51,810 family of 4)
- Positive FOBT are scheduled for a colonoscopy without charge



Project Access San Diego's Role

- Select patients and confirm eligibility
- Use Project Access Case Managers to be certain patients are compliant and keep appointments and do requested tests
- Provide physician with medical records for review prior to the pre-procedure visit for screening and selection
- Coordinates communication between the community clinic physician and the volunteer physician



Super Saturday 2009

Colonoscopies

April 25 August 22
December 5



Colonoscopy Findings

- 22 patients 16 women 6 men Average age 57.9
- 1 ADENOCARCINOMA grade II/III: 4.5% yield
- 4 non cancer advanced neoplasia 18.2% yield
- 5 total advanced neoplasia 22.7% yield
- Expected advanced neoplasia yield in screening population 5.6% to 5.9% yield



Colonoscopy Referral Indications

- Removal of a polyp greater than 5 mm found on Flexible Sigmoidoscopy
- Evaluation of **unexplained** iron deficiency anemia
- Evaluation of positive FOBT test
- Evaluation of rectal bleeding in patient over 50 years old
- Screening of a patient over age 40 with a first degree relative mother, father, brother or sister who developed CRC under age 55 with the colorectal cancer pathology report required
- Not indicated for chronic abdominal pain or chronic constipation



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- [Greif - Epidemiology of Colorectal Cancer.ppt](#)