

California Colorectal Cancer Coalition

Fact Sheet

The California Colorectal Cancer Coalition (C4) is a non-profit organization founded to save lives and reduce suffering from colorectal cancer – a disease that is preventable, treatable and curable, but only with proper screening.

According to the Institute of Medicine, access to appropriate use of cancer screening tests could reduce death rates from colon cancer up to 80 percent¹.

Currently only about 40 percent² of the eligible population gets screened, yet colorectal cancer screening is the most cost-effective cancer screening program – more cost-effective than breast or prostate cancer screening.

Mission

C4's mission is to increase colorectal cancer screening rates by:

- Implementing strategies to reduce disparities in colorectal cancer screening, diagnosis and treatment among underserved populations in California.
- Increasing capacity for colorectal cancer screening.
- Advocating for colorectal cancer screening programs to serve uninsured and underinsured populations.

Increasing screening rates just 10 percent in California would prevent approximately 8,000 deaths of our friends, family, neighbors and loved ones.

Founded in January 2007, C4 developed as a natural outgrowth of the 2006 California Dialogue on Cancer's summit conference—the *Dialogue for Action*—an assembly of healthcare providers, policy makers, insurers, researchers, advocates and survivors, which recommended the formation of the group.

¹ Institute of Medicine. Curry S., Byers T. and Hewitt M., eds. 2003. *Fulfilling the Potential of Cancer Prevention and Early Detection*. Washington, DC: National Academy Press, p. 403.

² American Cancer Society Facts & Figures 2008

Members

The C4 board is made up of clinicians, colorectal cancer survivors and advocates from throughout California.

Executive Team:

- President – Daniel “Stony” Anderson, M.D., gastroenterologist
Kaiser Permanente Medical Center
- Vice President – Jon M. Greif, D.O., F.A.C.S.
Bay Area Breast Surgeons Inc.
- Secretary and Treasurer – Sandra Robinson, M.B.A.
Director of Mission Delivery, American Cancer Society

The Problem – Access to Screening and Treatment

The underserved, uninsured and underinsured are least likely to get proper screening and treatment for colorectal cancer. This means they are more likely to be diagnosed at a late stage, when chances of survival drop to just 9 percent. Screening rates for minorities and those with lower incomes are lower than the general population.

In California, more than 20 percent of the population – 6.6 million people – are uninsured.³

Screening is Highly Cost-Effective

Colorectal cancer screening is one of the most cost-effective prevention measures in healthcare, according to the *Journal of Preventive Medicine*. It is also the most cost-effective cancer screening program – more cost-effective than breast or prostate cancer screening.

Deaths

Deaths from colorectal cancer are completely unnecessary. With proper screening, the disease can be prevented or, if found early, treated and cured. Yet more than 5,000 Californians will die of colorectal cancer every year.

Early and regular screening is the key to survival, and should begin at age 50 for people with no family history of the disease. Unfortunately, not all Californians are aware of this, and many more simply do not have access to screening because they are underserved, uninsured or underinsured.

³ Source: California Healthcare Foundation’s report *Snapshot: California’s Uninsured 2007* November 2007.

Screening Methods

Early and regular screening is the key to survival, and should begin at age 50, for people with no family history of the disease.

The best test is the one you can get done. Some of the screening tests available include the following:

- High-sensitivity Fecal Occult Blood Testing (FOBT) yearly
- High-sensitivity Fecal Immunochemical Test (FIT) yearly
- Flexible Sigmoidoscopy (FS) every 5 years
- Fecal Occult Blood Testing (FOBT) yearly+ Flexible Sigmoidoscopy (FS) every 5 years
- Colonoscopy every 10 years
- Double Contrast Barium Enema (DCBE) every 5 years
- CT colonography (CTC) every 5 years

C4 encourages individuals to discuss the screening test that is best for them with their doctor.

C4 Activities

Colorectal Cancer Community Forum – Fostering Advocacy

September 2008

Community health advocates, health care providers, clinicians, survivors and others concerned about colorectal cancer gathered at UC Davis to learn more about the disease and explore ways to advocate for better screening and treatment.

CRC Screening – The Long and Short of It

October 2007

A Continuing Medical Education (CME) forum for healthcare providers and clinicians to learn how they can ensure proper screening for their patients.

Upcoming – Lobby Day

March 18, 2008 in Sacramento, Calif.

Californians who have been impacted by colorectal cancer will receive training and materials through C4, then meet with their legislators to educate and advocate for increased screening.

Demonstration Projects

C4 is also seeking funding for demonstration projects such as the following:

Lay Health Workers and Colorectal Cancer Screening Among Chinese Americans

Colorectal cancer screening rates remain low among Chinese Americans, the most populous Asian American group. Little is known about how to conduct effective and culturally appropriate community-based health promotion in this ethnic group.

This project will develop and implement a group, randomized, controlled trial to evaluate the effectiveness of lay health workers in promoting screening among Chinese Americans age 50 and older. A pilot component will be to evaluate the role of traditional Chinese medicine healers as health educators.

Colorectal Cancer Screening for Vulnerable Populations

The goal of this program is to increase access and adherence to colorectal cancer screening and improve outcomes in a vulnerable population based on racial/ethnic or socioeconomic factors.

This multifaceted program will incorporate fecal immunochemical testing (FIT) in a comprehensive cancer screening program, with lay health workers and patient navigators providing education and support to individuals receiving the test to encourage compliance.

This project will also increase capacity of colonoscopy for screening and surveillance in the public health sector through the use of highly trained nurse endoscopists.