

Kentucky Colon Cancer Screening & Prevention Program



Kentucky Public Health
Prevent. Promote. Protect.



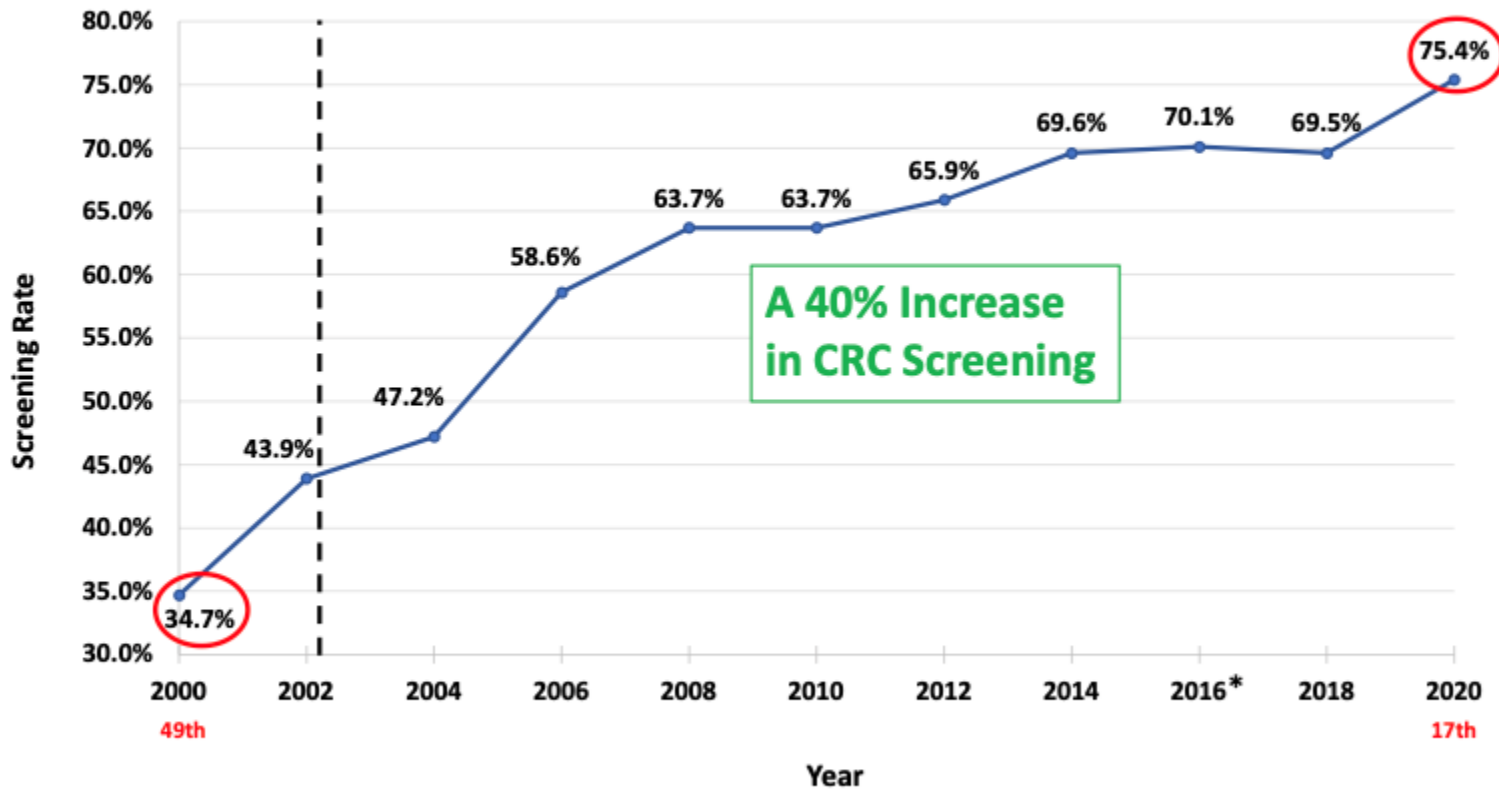
TEAM 
KENTUCKY[®]
CABINET FOR HEALTH
AND FAMILY SERVICES

KY Colon Cancer Screening and Prevention Program (KCCSPP)

Charges

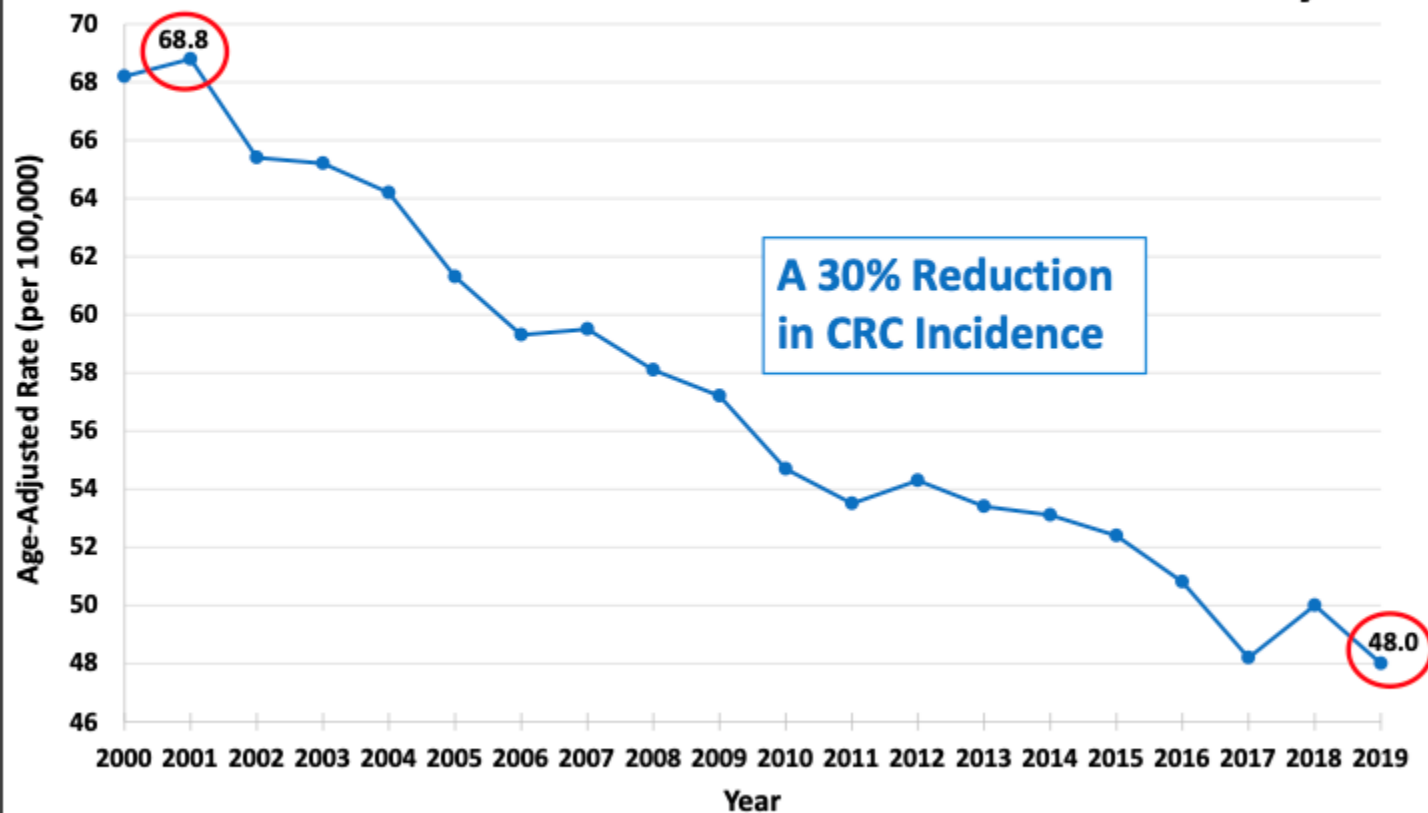
1. Increase screening rates for colon cancer
2. Decrease colon cancer incidence and mortality rates
3. Reduce the cost of colon cancer treatment
4. Provide colon cancer screening for the the un- and underinsured

Colorectal Cancer Screening in Kentucky



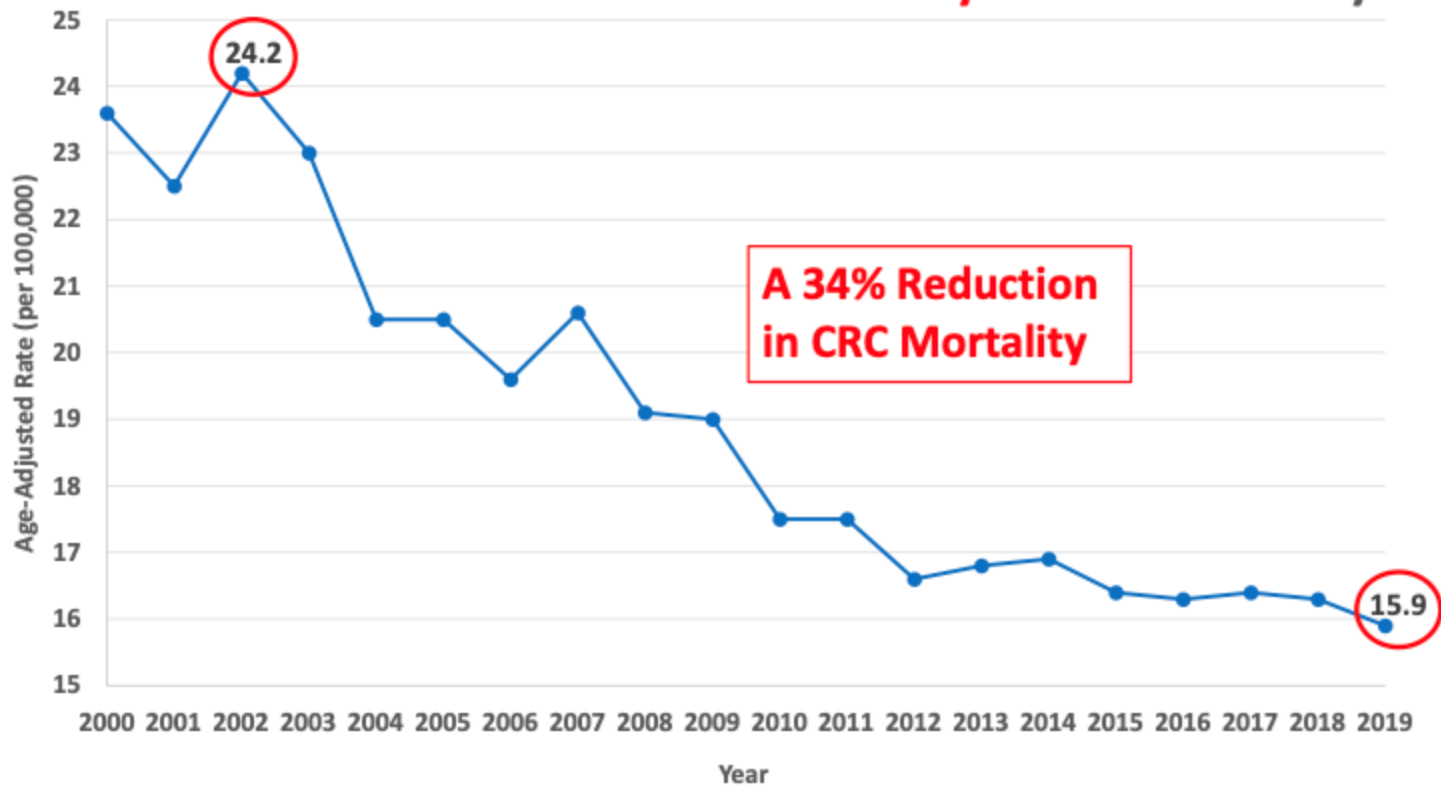
Note: The BRFSS questions regarding colorectal cancer (CRC) screening changed in 2016. From 2016 forward we are using the percent of the population age 50 to 75 who fully met the USPSTF guidelines for CRC screening. Although not exactly the same, we will need to use this measure to continue to evaluate the impact of our efforts to increase CRC screening over time.

Colorectal Cancer Incidence Rates In Kentucky



Source: KCR website, invasive and in situ CRC incidence rates, accessed 2023

Colon and Rectum Cancer **Mortality** Rates in Kentucky



Source: KCR website, CRC mortality rates, accessed 2023

Estimating Model for Treatment Costs Saved as a Result of Decreasing the Colorectal Cancer Incidence Rate

Phase of CRC Treatment	Females	Males				
Initial Phase of Care	\$51,327	\$51,812				
Continuing Care	\$3,159	\$4,595				
Death from CRC	\$84,519	\$85,671				
Death from Other Causes	\$14,641	\$15,068	Average \$	# Patients	% Patients	
Total CRC Deaths	\$139,005	\$142,078	\$140,542	323	50.42%	Yearly Savings
Total Death for other causes	\$69,127	\$71,475	\$70,301	317	49.58%	\$67,680,483



patient = Patients who no longer develop CRC each year because of the reduced CRC incidence in Kentucky.

% Patients = Patients who died from CRC or died from some other cause. These data were derived from the KCR.

The cost data are from the National Cancer Institute, Cancer Prevalence and Cost of Care Projections which are based on a study that estimates and projects the national cost of cancer care through the year 2020 separately for multiple cancer sites using the most recent available U.S. population projections, cancer incidence, survival, and cost of care data. More information about the methods, data sources and assumptions can be found in: Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the Cost of Cancer Care in the U.S.: 2010-2020. J Natl Cancer Inst. 2011 Jan.

Kentucky Colon Cancer Screening and Prevention Program Advisory Committee Members 2024



Statutory Authority

Members

Organization

KRS 214.544(1)(a)-(k)

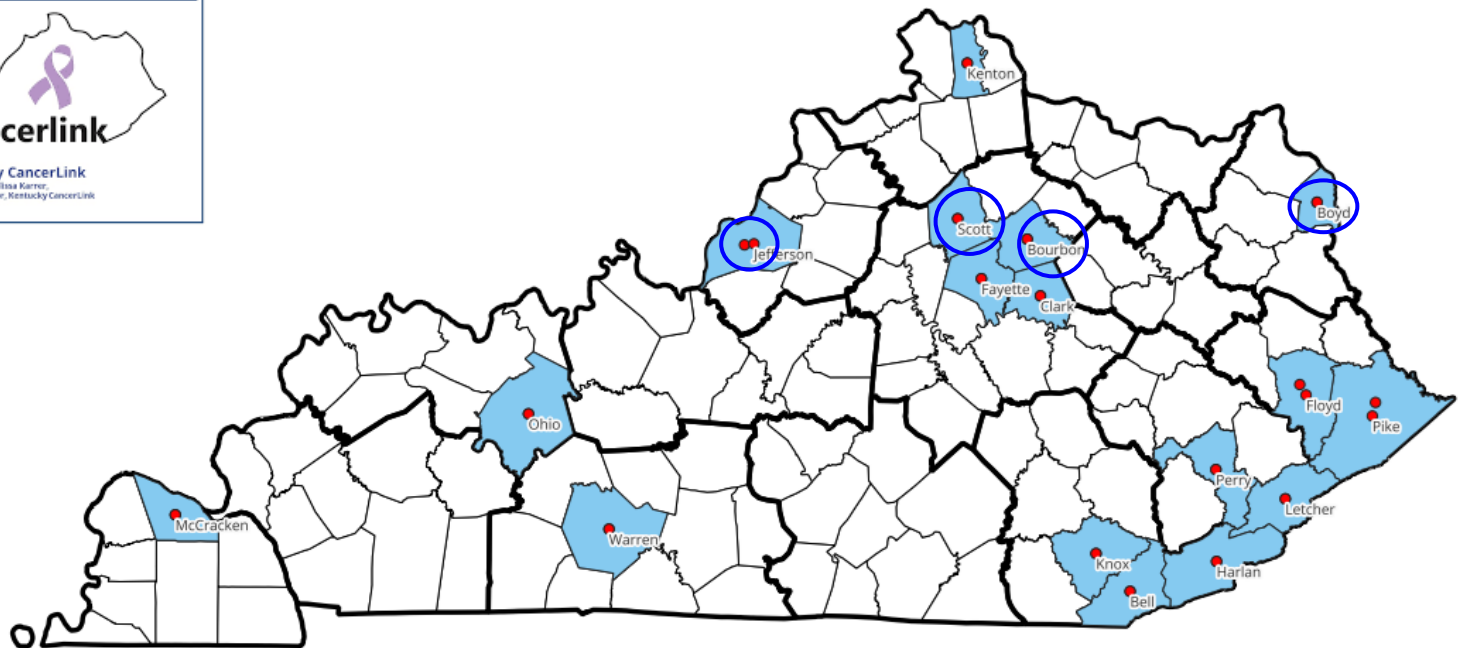
Appointee - Speaker of the House	Amy Neighbors	Kentucky House of Representatives
Appointee - Senate President	Stephen Meredith	Kentucky Senate
Deputy Commissioner - KDPH	Connie Gayle White, MD	Kentucky Department for Public Health
Commissioner of KY Dept. of Insurance	Sharon Clark	Kentucky Department of Insurance
Commissioner of Dept. of Medicaid Services	Lisa Lee	Kentucky Department of Medicaid Services
At-Large appointed by Governor	Vacant	Gastroenterologist
At-Large appointed by Governor	Darrell Griffith	University of Louisville
American Cancer Society appointed by Governor	Racheal King	American Cancer Society



Director - KY Cancer Program - UK	Mindy Rogers	Kentucky Cancer Program East
Director - KY Cancer Program - UofL	Connie Sorrel	Kentucky Cancer Program West
Director - KY Cancer Registry	Thomas Tucker, PhD	Kentucky Cancer Registry/Co-Chair
Director - Colon Cancer Prevention Project	Amanda Smart	Colon Cancer Prevention Project
Chair-Kentucky African Americans Against Cancer	Virginia Bradford	KY African Americans Against Cancer
Director - KY Cancer Consortium	Elaine Russell	Kentucky Cancer Consortium
Other per 215.544(4)	Mary Barron	Kentucky Primary Care Association
Other per 215.544(4)	Deborah Campbell	Kentucky Hospital Association
Other per 215.544(4)	Debbie Miller	Lawrence County Health Department
Other per 215.544(4)	Kelly Dunn	Surgery on Sunday
Other per 215.544(4)	Jack Hillard	Kentucky Cancer Foundation
Other per 215.544(4)	Whitney Jones, MD	Upstream Health Strategies/ Chair
Other per 215.544(4)	Tyler Ellis, MD, PhD	UL Brown Cancer Center
Other per 215.544(4)	Benjamin Rogers, MD	Kentucky Society of Gastrointestinal Endoscopy

KCCSP Partner Sites by County and Area Development District, Fiscal Year 2024

Source: KCCSP Internal Data



Screening Sites by County:

Bell: Middlesboro ARH

Bourbon: Bourbon Community Hospital

Boyd: UK King's Daughters Medical Center

Clark: Clark Regional Medical Center

Fayette: Colorectal Surgical Gastroenterology

Floyd: Our Lady of the Way ARH; Highlands ARH

Regional Medical Center

Harlan: Harlan ARH

Jefferson: Mary & Elizabeth Hospital; Louisville
Endoscopy Clinic

Kenton: St. Elizabeth Hospital

Knox: Barbourville ARH

Letcher: Whitesburg ARH

McCracken: Mercy Health Lourdes Hospital

Ohio: Ohio County Hospital

Perry: Hazard ARH Regional Medical Center

Pike: Pikeville Medical Center; Tug Valley ARH Regional
Medical Center

Scott: Georgetown Community Hospital

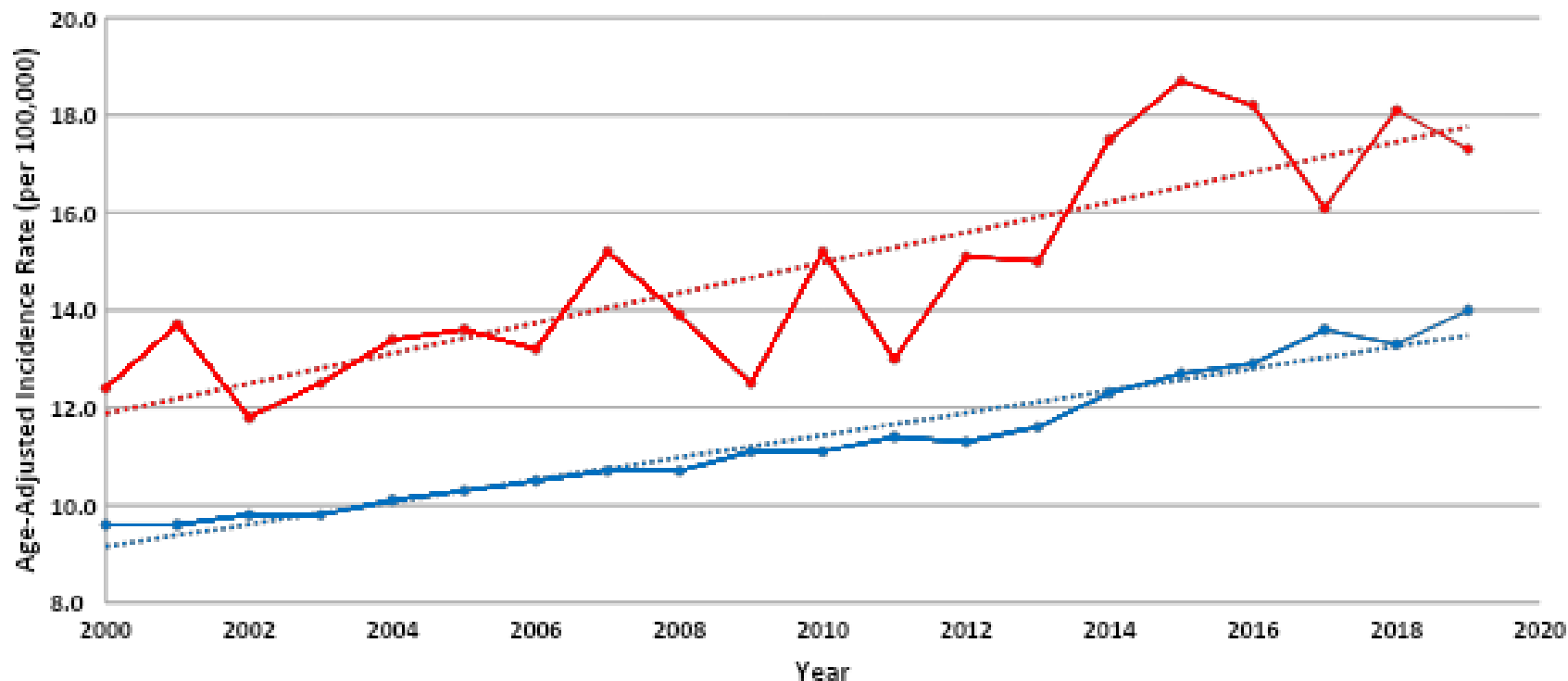
Warren: Graves Gilbert Gastroenterology

KCCSP Program Services Report 7/1/22-7/31/23

- Bi-Monthly Meetings and Reporting
- Virtual Format
- Partners: 13 Sites, 5 in Appalachia
- 2024 projects
 - messaging in Appalachia
 - FAMILY HX (CRC, Polyps) + SPORADIC CRC messaging development and delivery

Preliminary Data for Internal Use Only Kentucky Colon Cancer Screening Program Brief Program Services Report July 1, 2022- June 30, 2023					
Demographics					
Gender	Female	173	Age Range	<30	16
	Male	116		30-44	33
Race	White	252		45 - 49	54
	Black	23		50-64	147
	Asian	13		65-75	34
	Other	1		76+	5
Ethnicity	Hispanic	23	Insurance Status	Uninsured	177
	Non-Hispanic	266		Under-Insured	112
Reasons For Scope			Final Diagnosis		
Positive FIT	7	3%	Normal/Negative	123	55%
Positive Stool DNA	20	9%	Hyperplastic Polyp	24	11%
Previous Diagnosis of CRC	5	2%	Adenoma-Not High Grade	66	29%
Previous Adenoma	62	28%	Adenomatous Polyp with High Grade Dysplasia/in situ Carcinoma	7	3%
Family History <age 60	50	22%	Rectal Cancer	2	1%
Fam History of FAP	3	1%	Colon Cancer	2	1%
Fam History of Lynch	4	2%	Other cancer	0	0%
Ulcerative Colitis	11	5%	Incomplete Procedure or Pending	1	0%
Crohn's Disease	8	4%	Total	225	100%
Unexplained 10% weight loss	16	7%			
Blood in stool	60	27%	Cecum Status		
Recent change in bowel habits	79	35%	Cecum not Reached	3	1%
Average Risk	55	24%	Cecum Reached	221	98%
Total Cases	225		Not Reported	1	0%
			Total	225	100%
Reported Prep Quality			Type of Screening Service		
Poor	5	2%	Colonoscopy	225	78%
Fair	10	4%	Stool DNA	75	25%
Good	68	30%	Total	300	100%
Excellent	141	63%			
Not Reported	1	0%	Stool DNA results		
Total	225	100%	Positive	12	16%
			Negative	63	84%
			Total	75	100%
Follow-up Colonoscopy Status					
Complete	11	92%			
Pending	1	8%			
Total	12	100%			

Age-Adjusted Incidence Rate of Colorectal Cancer in Persons Ages 20-49 Kentucky vs. SEER 17 Registries*, 2000-2019



● Kentucky ● SEER 17 Registries ··· Linear(Kentucky) ··· Linear(SEER 17 Registries) *

*Excluding Kentucky

Understanding Factors Associated with Kentucky Early-Age Onset (EAO) Colorectal Cancer (CRC) by Race, Gender, and Place (2000-2019)

Background and Significance: Over the last two decades, screening rates for colorectal cancer (CRC) in Kentucky have increased dramatically. Along with this dramatic increase in CRC screening has been a 30% reduction in CRC incidence and a 33% decrease in CRC mortality. Yet, Kentucky still has among the highest CRC incidence and mortality rates compared to other states. 1 Clearly other factors are contributing to these excessively high colon cancer incidence and mortality rates. One of the factors contributing to the high colorectal cancer incidence and mortality rates in Kentucky is the high rate of CRC among early-age onset (EAO) patients. The incidence of EAO CRC is increasing throughout the U.S. 2 However, the rates of EAO CRC are both higher and increasing more rapidly in Kentucky compared to other states. (See Figure 1).

2025-2030

Services fund solvent through Q1 2026

EAO CRC education for adults through 2030

Colon Cancer Prevention Project
KickingButt.org

PREVENT COLON CANCER THROUGHOUT YOUR LIFE

For local info:

START

WE ALL HAVE A COLON! FOLLOW THIS PATH TO PREVENT COLON CANCER!

GET MOVING!
REGULAR EXERCISE **REDUCES** YOUR RISK!

MAINTAIN A HEALTHY WEIGHT.
OBESITY INCREASES YOUR RISK.

REMEMBER: It's great to start early, but it's never too late to make healthy changes!

KNOW YOUR FAMILY HISTORY
A family history of colon cancer or polyps increases your risk and means **earlier screening is needed.**

LIMIT RED AND PROCESSED MEATS AND

EAT PLENTY OF FRUITS AND VEGETABLES

DON'T USE ANY TOBACCO PRODUCTS!

KNOW THE SYMPTOMS

Based on your family history, you might be a good candidate for genetic testing. Talk to your doctor.

- Bloody stools
- Abdominal pain
- Unexplained weight loss
- Fatigue
- Constipation/diarrhea

STOP

HAVING SYMPTOMS? SEE YOUR DOCTOR IMMEDIATELY!

Inflammatory Bowel Disease like **Crohn's** or **Colitis** increase your risk. **You will need earlier screening!**

35 BY 35, ASK YOUR DOCTOR WHAT AGE YOU NEED SCREENING AND DISCUSS OPTIONS.

If you have a family history, you should be screened **by 40** or **10 years** before your family member's diagnosis.

45

BY THE END OF YOUR 45TH YEAR, YOU SHOULD HAVE BEEN SCREENED.

SCREENED

REMEMBER

Whether your doctor finds polyps or not, **follow through with your surveillance and screening schedule!**

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Thank you

Whitney Jones, MD
wfjonesmd@yahoo.com

Colon Cancer Prevention Project, Founder

**U of L School of Public Health and Informatics,
Adjunct Professor**

Current Co-Chair, KCCSPP Advisory Committee

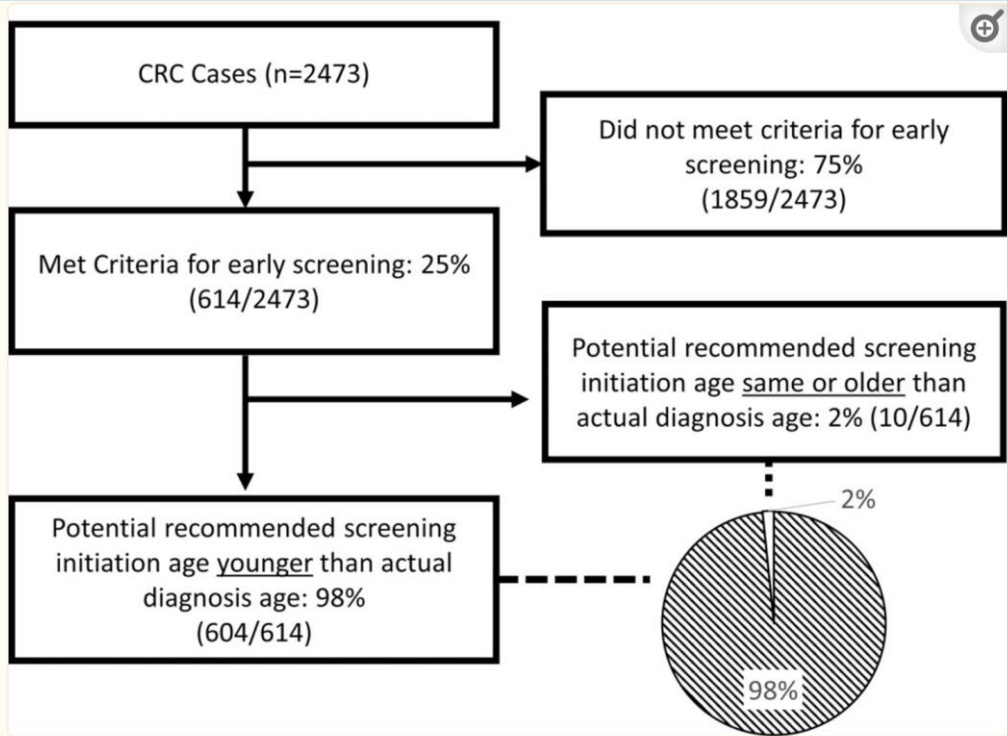


Figure 1:

Potential impact of family history-based guidelines on time of CRC diagnosis

Legend: Of 2,473 CRC cases, 25% met criteria for early screening. Among 614 CRC cases meeting criteria for early screening, 98% could have been recommended screening initiation younger than actual age of CRC diagnosis.

- 1 in 4 with colon cancer qualified for early screening due to family history

- If screened on time, 98% screening would occur BEFORE diagnosis

-Risk-based on-time screening prevents CRC and CRC deaths, especially in the high risk