

20 Fred Hutch/UW Medicine
Population Health Colorectal
Cancer Screening Program
24 Annual Report



Fred Hutch/UW Medicine Population Health Colorectal Cancer Screening Program

Colorectal cancer is a leading cause of cancer death in the US, with persistent racial, ethnic and sociodemographic disparities in colorectal cancer screening rates and survival.

Mission

Eradicate colorectal cancer by improving screening completion for all patients and evaluate interventions to increase participation equitably for all individuals.

Program Components



**Quality
Improvement**



**Research to
Increase Access**



**Community Awareness
and Education**



**Health Care
Policy**

From the Director



Rachel Issaka, MD, MAS
Director

The **Fred Hutch/UW Medicine Population Health Colorectal Cancer (CRC) Screening Program** thrived in 2024!

With the addition of Adewunmi Nuga, MD, PhD, our team bolstered initiatives to empower patients to complete CRC screening and receive related care.

We are committed to enhancing access to CRC screening, particularly for those in medically underserved communities.

Mailed fecal immunochemical test (FIT) kit outreach is a crucial component of our strategy. Overall, **35% of 15,000** patients who received a FIT kit completed CRC screening, on par or exceeding similar programs nationally. And for the second year in a row, commercially insured UW Medical Center patients had the highest CRC screening rates in Washington state.

This year, we made significant strides toward achieving health equity in our community. By translating program materials into two additional languages — Amharic and Tigrinya — we have ensured that vital health information is now accessible to previously underserved populations. We are also proud to report that the program covered the costs of screening for uninsured and underinsured individuals.

Looking ahead, we are eager to extend our impact by partnering with more health care organizations across Washington state.

This report reflects the contributions of many individuals including members of our community. We are grateful for their support. My hope is that this information supports ongoing efforts to improve CRC outcomes and inspires new avenues towards achieving health equity for individuals across our institutions, community and state.

A handwritten signature in black ink that reads "Rachel Issaka". The signature is fluid and cursive, with a horizontal line underneath the name.

Rachel Issaka, MD, MAS

Program Director, Fred Hutch/UW Medicine Population Health
Colorectal Cancer Screening Program

Kathryn Surace-Smith Endowed Chair in Health Equity Research, Fred Hutch

The Team

Our team is committed to eradicating disparities in CRC and improving outcomes.



Rachel Issaka, MD, MAS
Program Director



Nkem Akinsoto, MSc
Assistant Director



Ari Bell-Brown, MPH
Collaborative Science
Manager



Victoria Fang, MD
Medical Director



Amanda Kimura, MPH
Program Manager



Adewunmi Nuga, MD, PhD
Physician Lead for Equity,
Diversity, and Inclusion



Amy Peck, RHIT
Patient Navigator



Kaitlin Todd, MS
Statistical Research
Associate



Jerry Wood, CHES
Patient Navigator

“I am deeply committed to improving health equity, and this work is a meaningful collaboration with like-minded people to achieve a singular goal: eliminate disparities in colon cancer mortality!”

– Dr. Adewunmi Nuga

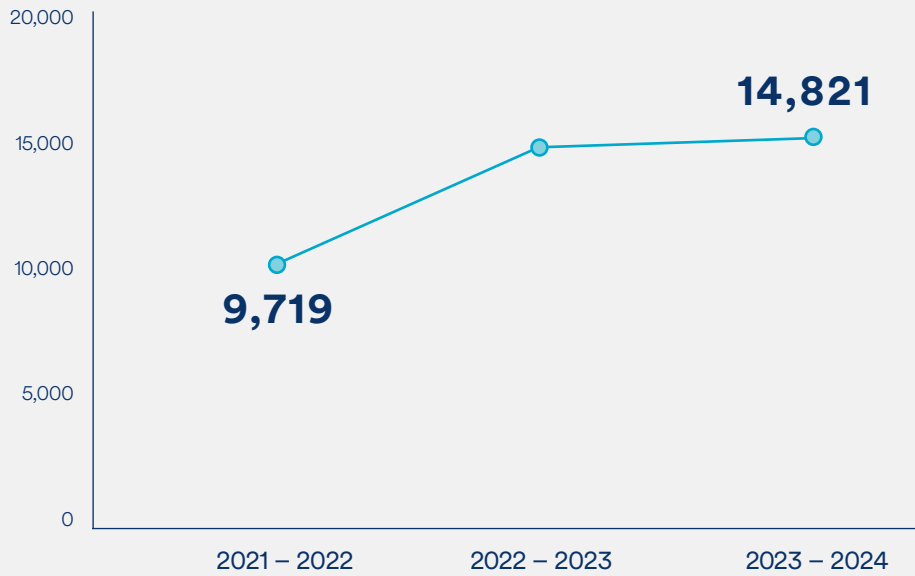


Quality Improvement

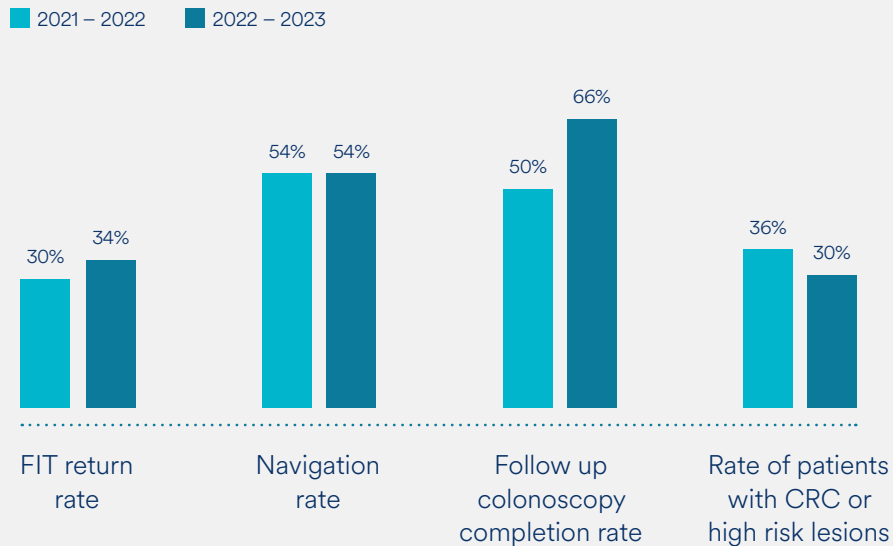
Mailed FIT Outreach

By increasing awareness and accessibility, our mailed FIT outreach improves CRC screening and follow-up colonoscopy completion.

Outreach in Action: Connecting with Patients Year after Year



Tracking Progress: Yearly Mailed FIT Outcomes



How it works:



Patients receive mailed outreach



Patients complete screening



Patient navigators assist patients with abnormal results to schedule colonoscopy



Patient with abnormal results complete colonoscopy

你好

ሰላም

مرحبًا

Xin chào

Hello

Hola

សួស្តី

привет

ሀሎ

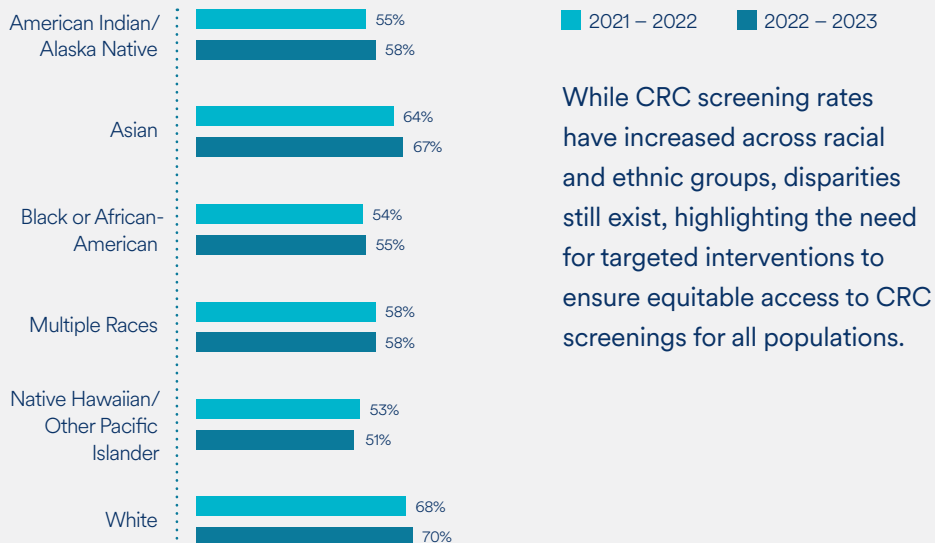
Hello

Centering Health Equity

UW Medicine CRC Screening Rates by Patient's Primary Language



UW Medicine CRC Screening Rates by Patient's Race





Community Awareness and Education

Working in Communities

We are proud to partner with local community organizations to spread awareness about CRC prevention, screening, and early detection.

In March 2024, the program hosted its annual CRC community awareness event in partnership with **National Coalition of 100 Black Women** and the **First African Methodist Episcopal Church**. The event was featured in the **Seattle Times** and **Converge Media**.

“

We wanted to be here to alert the Black community about their risk of colorectal cancer, to let them know that this can be reduced with screenings and, importantly, for Black people to begin conversations with their families so that they understand their family risk.”

— Dr. Rachel Issaka

Community Events

Minority Health Awareness Month
Health & Wellness Festival

Urban League of Metropolitan Seattle
Hope, Healing and Well Being Fair



Dr. Issaka with CRC survivors



CRC educational materials



Tour of CECE the inflatable colon

Top: Dr. Rachel Issaka speaks with an attendee at the CRC Community Awareness Event at First African Methodist Episcopal Church in Seattle, Washington

Photos by Connor O'Shaughnessy



Research

Targeting Barriers to Follow-up Colonoscopy

Can a Video Intervention Decrease Fear of Colonoscopy?



Failure to receive a timely follow-up colonoscopy after an abnormal FIT result is associated with higher CRC mortality. In 2024, Dr. Issaka tested the

impact of an educational video addressing the fear of colonoscopy. Results suggest the video improved participants' CRC knowledge and decreased fear. Dr. Issaka plans to integrate a similar video into a multilevel intervention.

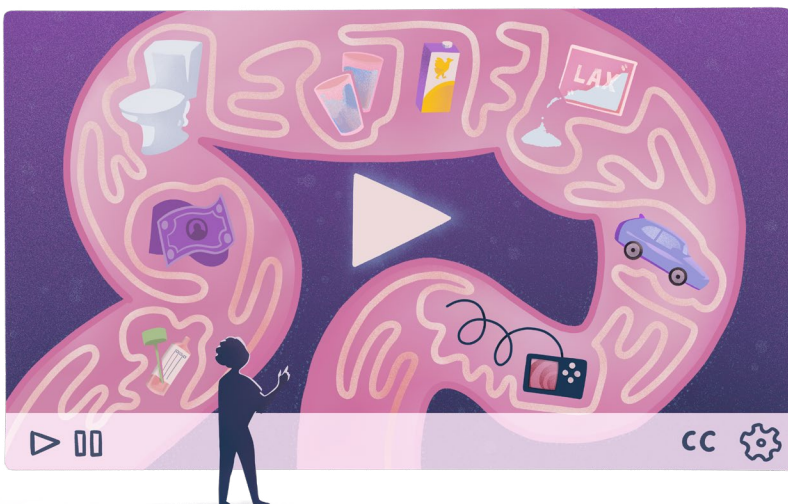
Removing Barriers: Rideshare Transportation for Colonoscopy Patients



Access to transportation is a frequently cited barrier to colonoscopy completion. Dr. Issaka leads a study offering rideshare, arranged by the clinic, to patients with transportation

barriers to care. Over 200 patients have used the rideshare service and all have made it to their destination safely.

The rideshare program is now offered at Harborview Medical Center (a safety-net hospital) and the University of Washington - Montlake.



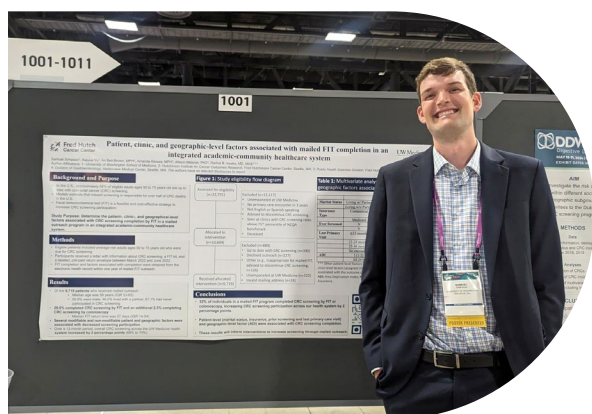
Top: Dr. Rachel Issaka and actress Julie during a scene in the educational video intervention. Video still courtesy of Solid Line Media. Illustration (left) by Stephanie Liszewski.

Developing the Next Generation of Leaders in CRC Research

Exploring Barriers to Screening in a Mailed FIT Outreach Program

Former medical student and current Internal Medicine Resident **Dr. Samuel Simpson** conducted a retrospective cohort study to understand factors associated with completing CRC screening in the mailed FIT outreach program.

Patients with Medicaid insurance, living without a partner, living in disadvantaged neighborhoods and whose last primary care visit was more than 12 months prior were identified as less likely to return FIT kits compared with their counterparts.



Samuel Simpson

Dr. Simpson's research was published in *Clinical and Translational Gastroenterology* and was awarded Poster of Distinction – reserved for the top 10% of abstracts selected for poster presentation - at Digestive Diseases Week 2024.

Overcoming Challenges to Post-Cancer Colonoscopy Care

Only half of individuals diagnosed with CRC will complete their recommended

...recommended improvements such as automated patient reminders and increased use of navigators.

colonoscopy 1-year after treatment. Hematology-Oncology Fellow **Dr. Natasha Kwendakwema** conducted a qualitative study to learn about clinician perceptions of the unique barriers and facilitators to CRC surveillance. Clinicians highlighted system-level factors and recommended

improvements such as automated patient reminders and increased use of navigators.

Dr. Kwendakwema presented her findings at Digestive Diseases Week 2024, and her research was published in *Cancer Medicine*.



Natasha Kwendakwema



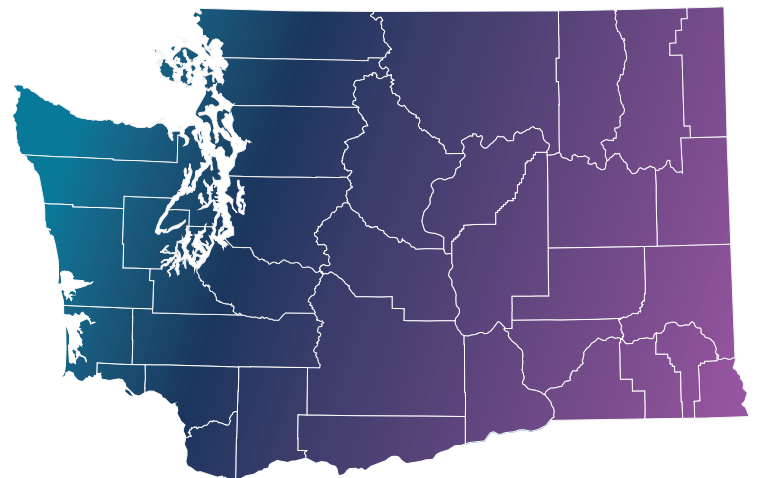
Looking Forward

Achieving Programmatic Excellence

We are committed to achieving greater success in the coming year by increasing CRC screening rates among groups with historically lower participation. Our goal is to improve CRC screenings by at least 5% among Black, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander patients and patients aged 45 to 49.

In support of this effort, we are introducing new initiatives focused on improving provider-patient communication, incorporating cultural norms into our outreach materials and addressing barriers to screening within Native Hawaiian/Other Pacific Islander and Somali-speaking communities.

Top: Fred Hutch/UW Medicine Population Health CRC Screening Program team from left to right: Amy Peck, Kaitlin Todd, Ari Bell-Brown, Amanda Kimura, Rachel Issaka, Nkem Akinsoto, Victoria Fang, Adewunmi Nuga, Jerry Wood.
Photo by Robert Hood.



Broadening Our Horizons: Expanding Partnerships Across Washington State

In the coming year, we will begin an effort to expand the CRC Screening Program beyond the University of Washington, with the long-term goal of offering the program throughout Washington state. This work will involve building partnerships with community organizations and community health centers to assess how the CRC screening program may be adapted to serve their specific populations.

Recognition and Publications

Recognition



Washington Health Alliance Report

The Washington Health Alliance publishes an annual report on the quality of health care in Washington state. For the second consecutive year, UW Medical Center remains the top site for CRC screening among commercially insured individuals.

Clinical Measure	State Average	HEDIS Ranking	National 90th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	69%	<25 th	80%	Kittitas Valley Healthcare Women's Health	94%
Colon Cancer Screening	62%	25 th – 50 th	73%	University of Washington Medical Center - Digestive Disease Center	86%
Cervical Cancer Screening	61%	<25 th	81%	Spokane OB/GYN	97%
Chlamydia Screening	36%	<25 th	62%	Kaiser Permanente - Burien Medical Center	52%
Diabetic Eye Exam	49%	25 th – 50 th	64%	The Vancouver Clinic - Gateway Salmon Creek	97%
Avoiding imaging for Acute LBP	81%	75 th – 90 th	83%	Kaiser Permanente - Northshore Medical Center	93%

Select Publications

■ **Issaka RB, Bell-Brown A, Jewell T, Jackson SL, Weiner BJ.** Interventions to Increase Follow-Up of Abnormal Stool-Based Colorectal Cancer Screening Tests in Safety Net Settings: A Systematic Review. *Clin Gastroenterol Hepatol.* 2024 Oct;22(10):1967-1974.e3. doi: 10.1016/j.cgh.2024.07.001. PMID: 39322372.

■ **Simpson S, Yu K, Bell-Brown A, Kimura A, Meisner A, Issaka RB.** Factors Associated With Mailed Fecal Immunochemical Test Completion in an Integrated Academic-Community Healthcare System. *Clin Transl Gastroenterol.* 2024 Oct 1;15(10):e1. doi: 10.14309/ctg.0000000000000757. PMID: 39132880; PMCID: PMC11500779.

■ **Ness RM, Llor X, Abbass MA, Bishu S, Chen CT, Cooper G, Early DS, Friedman M, Fudman D, Giardiello FM, Glaser K, Gurudu S, Hall M, Huang LC, Issaka R, Katona B, Kidambi T, Lazenby AJ, Maratt J, Markowitz AJ, Marsano J, May FP, Mayer RJ, Olortegui K, Patel S, Peter S, Porter LD, Shafi M, Stanich PP, Terdiman J, Vu P, Weiss JM, Wood E, Cassara CJ, Sambandam V.** NCCN Guidelines® Insights: Colorectal Cancer Screening, Version 1.2024. *J Natl Compr Canc Netw.* 2024 Sep;22(7):438-446. doi: 10.6004/jnccn.2024.0047. PMID: 39236750.

■ **Chung DC, Gray DM 2nd, Singh H, Issaka RB, Raymond VM, Eagle C, Hu S, Chudova DI, Talasz A,**

Greenson JK, Sinicrope FA, Gupta S, Grady WM. A Cell-free DNA Blood-Based Test for Colorectal Cancer Screening. *N Engl J Med.* 2024 Mar 14;390(11):973-983. doi: 10.1056/NEJMoa2304714. PMID: 38477985.

■ **Kwendakwema CN, Hopkins T, Bell-Brown A, Simianu VV, Shankaran V, Issaka RB.** Clinician perceptions on barriers and facilitators to 1-year surveillance colonoscopy completion in survivors of colorectal cancer. *Cancer Med.* 2024 Sep;13(18):e70244. doi: 10.1002/cam4.70244. PMID: 39315598; PMCID: PMC11420656.

■ **Kimura A, Bell-Brown A, Akinsoto N, Wood J, Peck A, Fang V, Issaka RB.**

Implementing an Organized Colorectal Cancer Screening Program: Lessons Learned From an Academic-Community Practice. *AJPM Focus.* 2024 Jan 7;3(2):100188. doi: 10.1016/j.focus.2024.100188. PMID: 38357554; PMCID: PMC10864856.

■ **Issaka RB, Bell-Brown A, Hopkins T, Chew LD, Strate LL, Weiner BJ;** Endoscopy Rideshare Working Group. Health System-Provided Rideshare Is Safe and Addresses Barriers to Colonoscopy Completion. *Clin Gastroenterol Hepatol.* 2024 May;22(5):1130-1132.e1. doi: 10.1016/j.cgh.2023.09.030. Epub 2023 Oct 6. PMID: 37806371; PMCID: PMC10997736.

Partners and Supporters

The CRC Screening Program is proud to work with numerous organizations that support us in achieving our mission.



Office of Community Outreach & Engagement



Fred Hutch/UW Medicine Population Health Colorectal Cancer Screening Program

For more information, scan the QR code
or visit FredHutch.org/PreventCRC

206.667.3250 | crcscreening@fredhutch.org