The 2020 Colorectal Cancer
LEGISLATIVE REPORT

Completed in accordance with the 2014 House Concurrent Resolution NO. 67

January 1, 2020

Dear Louisiana Legislators,

In 2014, the Louisiana Colorectal Cancer Roundtable (LCCRT) joined thousands across the nation in taking the 80% by 2018 pledge. This campaign, spearheaded by the National Colorectal Cancer Roundtable (NCCRT), was designed to increase awareness and screening rates of colorectal cancer (CRC) among 50 to 75 year-olds. Through the use of evidence-based practices and crosscutting strategies, our state is closer than ever to meeting this goal.

Since the beginning, the LCCRT has addressed colorectal cancer from multiple angles. Through the fostering of meaningful partnerships and use of evidence-based strategies and interventions, the coalition continues to engage payers, gather data and increase access to these life-saving tests. **According to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) report, our state has successfully screened 69.3% of the eligible patient population, up from 66.4% in 2014.**

In March of 2019, the NCCRT launched its new campaign: 80% in Every Community. As Louisiana inches closer to its goal, we must continue to build upon new and existing partnerships, adopt innovative strategies, collect quality data and rally support from our communities and legislators.

With this in mind, we ask that you take a moment to review the enclosed legislative report, and consider funding the LCCRT to make CRC prevention a priority in Louisiana.

Sincerely,

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Executive Summary

The theme of this year's report is partnership. It is through collective efforts that the Louisiana Colorectal Roundtable (LCCRT) and our members have contributed to an increase in the Louisiana's colorectal cancer screening rate from 64.2% in 2014, the year of our founding, to 69.3% in 2018 (BRFSS). While we did not meet the National Colorectal Cancer Roundtable's ambitious goal of 80% by 2018, we have recommitted ourselves to their revised goal of 80% in Every Community. Every increase in the screening rate translates into better quality of life and health outcomes for the residents of Louisiana: more colorectal cancers prevented, less severe illness and treatment, and improved survival rates.

LCCRT's members work towards common goals, and achieve more together than they could working on their own. Since its establishment via Louisiana House Concurrent Resolution No. 67 (2014), we have created and used strategies and tools to increase colorectal cancer screening rates, which results in fewer Louisianans getting sick and dying from colorectal cancer. This synergy has contributed to moving the needle for our state.

This report reviews the work LCCRT: the successes and challenges of LCCRT and associated internal and external partnerships, as well as screening rates, death rates, and new case rates. Important report findings include:

- An increase in self-reported colorectal screening rates; Louisiana's rate is now close to the US average;
- The disparities in self-ported screening rates between low and high income Louisianan's is large and increasing;
- Louisiana's death rates from colorectal cancer continues to be one of the worst in the nation; and
- The majority of the 64 parishes are diagnosing 50-75% of colorectal cancer cases at later stages, when they require more treatment and are more likely to result in death.

To date, LCCRT has received no state funding for coordination, or implementing initiatives. As we enter our sixth year, the Roundtable is evaluating where we have been and where we need to go, including how to build on current relationships, successes, and how to sustain our service to the state.

GLOSSARY OF ABBREVIATIONS AND DEFINITIONS

ACS	American Cancer Society
ACS CAN	American Cancer Society Cancer Action Network
BCBSLA	Blue Cross Blue Shield of Louisiana
CRC	Colorectal Cancer
EBI	Evidence-Based Intervention
FIT	Fecal Immunochemical Test (annual stool-based screening test)
FQHC	Federally Qualitied Health Center
GI	Gastrointestinal
LCCRT	Louisiana Colorectal Cancer Roundtable
LCHP	Louisiana Colorectal Health Project
LCP	Louisiana Cancer Prevention & Control Programs (LSUHealth New Orleans)
LDH	Louisiana Department of Health
LDI	Louisiana Department of Insurance
LPCA	Louisiana Primary Care Association
LPHI	Louisiana Public Health Institute
NCCRT	National Colorectal Cancer Roundtable
NOELA	New Orleans East Community Health Center
QI	Quality Improvement
TACL	Taking Aim at Cancer in Louisiana

1. INTRODUCTION

This is the fifth report represented to the Louisiana Legislature by the Louisiana Colorectal Cancer Roundtable (LCCRT) since it was established by House Concurrent Resolution No. 67 in 2014, and it will not review information presented in previous reports, such as the basics of colorectal cancer, recommended screening options, why colorectal cancer screening is important, and the cost-effectiveness of screening.[1] Instead, it will describe the work LCCRT members have accomplished together for this state this past year, the strides we made in increasing screening rates, and our vision going forward. Moving the screening rate needle is slow, and the work has not been easy. LCRRT members have done their best to work synergistically to do what they can without state support. Future efforts will depend on our ability to continue the Roundtable, and leverage additional resources for our state.

2. PARTNERSHIPS: MEMBER HIGHLIGHTS

2.1 Advocacy: LCCRT & the American Cancer Society Cancer Action Network

LCCRT works closely with the American Cancer Society Cancer Action Network (ACS CAN) and the Louisiana Cancer and Control Programs (LCP)'s policy coordinator to draft policy and coordinate advocacy. ACS CAN is capable of lobbying due to its 501c4 status. Since 2016, LCCRT's policy task group has been a direct link to Louisiana's legislature. The charge of the group is to educate state leaders on colorectal cancer prevention, screening, treatment, and survivorship, including providing detailed and practical policy goals.

While LCCRT has found success working with LA Medicaid to include standard of care genetic testing for determining treatment and genetic risk for colorectal cancer patients, and to consider tracking the colorectal cancer screening rates for their managed care plans (MCOs), we have not yet seen colorectal cancer-related policy passed by the legislature. Louisiana could benefit from additional efforts on the state level, through:

1. Matching reimbursement rates for procedures under Louisiana Medicaid to that of Medicare rates;
2. Providing low or no-cost screenings starting at age 45 for the highest risk groups; and
3. Dedicating funding to support LCCRT.

Throughout the state, people without insurance or on Medicaid still have difficulty getting colonoscopies for screening or for follow up for abnormal stool test screenings, because there are often few gastroenterology specialists (GIs) practicing in their area willing to accept the Medicaid rate.

LCCRT's preliminary strategies around healthcare coverage focused on working directly with payers, primarily Blue Cross Blue Shield of Louisiana (BCBSLA) and the Medicaid MCOs, to make colorectal cancer screening a quality measure for their value-based products. Going forward, LCCRT seeks to engage the Louisiana Department of Insurance in efforts to adjust state coverage laws to support screening starting the age of 45 instead of 50, a recommendation supported by the American Cancer Society (ACS), the American College of Gastroenterology and other professional organizations. LCCRT has already has engaged with

[1] See Appendices A & B, and previous reports available at https://louisianacancer.org/helpful-information/lcp-materials/.

insurance companies through the Payer's Council, a joint effort of Taking Aim at Cancer in Louisiana (TACL) and LCP.

An important step would be to provide low or no-cost screenings starting at 45 for the highest risk groups, African-Americans, who are more likely than other ethnicities to be diagnosed at younger ages, and people of Cajun ancestry, who may have a genetic predisposition to colorectal cancer.

However, the most crucial parts of this request will be funding and support from our state legislature to support the continued functioning of LCCRT, and the launch of statewide initiatives. The LCCRT and ACS CAN will be working diligently with leaders in our statehouse to help secure the resources required to bring these policy changes to fruition.

2.2 Excellence: LCCRT & New Orleans East Louisiana Community Health Center

When the 80% by 2018 campaign launched in 2014, LCCRT was in its infancy: gathering members, creating bylaws and aligning its priorities with the National Colorectal Cancer Roundtable (NCCRT). Now as a mature organization, we have witnessed great success in our state with rising screening rates and improved patient outcomes. Within this landscape, one federally qualified health center (FQHC)'s success is particularly stellar--**New Orleans East Community Health Center (NOELA) has met the 80% goal in one of the most diverse and populated areas in the state.**

By utilizing the medical home model and proven, evidence-based interventions, NOELA saw screening rates rise from 3% in 2014 to 80%. In order to address lack of access to colonoscopy for NOELA's patients without insurance or with Medicaid, Dr. Winfrey and his team worked with LCCRT member organizations to identify providers who could perform colonoscopies for patients who are due or overdue for screening.

The National Colorectal Roundtable (NCCRT) recognized Dr. Winfrey as the Grand Prize Recipient of the 2019 80% By 2018 National Achievement Award. He continues his commitment to colorectal cancer prevention through sustained partnerships with the Louisiana Cancer Prevention and Control Programs (LCP)'s Louisiana Colorectal Health Project (LCHP), American Cancer Society (ACS), Taking Aim at Cancer in Louisiana (TACL), and the NCCRT National Advisory board. Dr. Winfrey has also guest lectured about his clinic's success in a variety of settings around the country, including as part of LCP's statewide quality improvement webinar series.

2.3 Education: LCCRT & LCP's Louisiana Colorectal Health Project

Louisiana Cancer Prevention (LCP) at LSU Health New Orleans' School of Public Health provides in-kind coordination to LCCRT through its Comprehensive Cancer Control Planning Program, and is the home of the Louisiana Colorectal Health Project (LCHP). LCHP is a statewide program funded by the Centers for Disease Control and Prevention (CDC), that works closely with ACS and the Louisiana Primary Care Association to help Federally Qualified Health Centers (FQHCs) implement systematic, evidence-based approaches to increase their CRC screening rates.

In the 2018-2019 fiscal year, LCHP hosted a webinar-based professional development series called Quality Improvement (QI) 101. **This series taught health professionals about the tools and techniques needed to transform their practices with a specific focus on improving colorectal cancer screening rates.** It was open

to LCHP clinic partners, as well as others in the state who would benefit. LCCRT, ACS, and HealthTeamWorks of Denver also were integral to the success of the series. Participants received continuing education credit units: CMEs (Continuing Medical Education) and CNEs (Continuing Nursing Education).

Topics included QI as a process/system, QI improvement tools (process mapping, root-cause analysis and plan-see-do-act cycles (PDSA cycles), and patient-oriented interventions. Case studies by guest speakers from various FQHCs from around the state and nation complemented each webinar. During each session, attendees were able to ask questions and engage in discussions about their own challenges and successes. The series of nine webinars attracted over 300 attendees from a variety of sectors, including FQHCs, hospitals, and public and private payers/insurers. The series was well received:

> "The webinar provided me with a clear understanding of how quality improvement actually works."
>
> "I really enjoyed hearing the firsthand experiences of a clinic that has been undergoing QI work – helps me greatly to visualize how conceptual QI ideas can translate into reality."

LCHP will be conducting a follow-up series in 2020.

2.4 Outreach: LCCRT & the Louisiana Public Health Institute

In an effort to increase CRC screening awareness, the LCCRT members attended a Louisiana Public Health Institute (LPHI) sponsored event called *Iberia In The Know* in New Iberia on April 13, 2019. **The New Iberia area has the highest colorectal cancer rates of any region in the state.** Over 500 residents and public and private organizations participated.

The Louisiana Colorectal Cancer Roundtable members provided educational materials, visual aids, and its popular giant inflatable colon. Attendees were able to walk through the colon to see firsthand what untreated polyps looked like at the different stages of colorectal cancer, and understand how removing polyps can prevent cancer. While health fairs are not associated with increases in screening, this one was a great opportunity for LCCRT members to make connections in this area of the state, and raise the profile of our work.

Every day encounters such as these are significant in spreading general knowledge to the public and connecting them to new resources. By continuing our work with partners such as LPHI, we plan to maximize our efforts and increase statewide CRC screening rates.

2.5 Wellness: LCCRT and Blue Cross and Blue Shield of Louisiana

BlueCrossBlueShield of Louisiana (BCBSLA)'s collaboration with LCCRT has been kicked up a notch. LCCRT began collaborating with BCBSLA in 2016 by creating a friendly competition for providers to reach an 80% screening rate as an adjunct to existing QI incentive program, Quality Blue. LCCRT provides technical assistance and resources to BCBSLA, and recognizes clinicians who reach their goals at BCBSLA's annual Quality Blue awards luncheon. Each year, the number of BCBSLA clinicians receiving recognition for increasing their colorectal cancer screening rates has grown: 13 in 2017, 22 in 2018, and 25 in 2019. **Recently, BCBSLA decided to add colorectal screening as formal part of Quality Blue, which means that clinicians will now have a financial incentive to improve their rates.**

In 2019, LCCRT and BCBSLA moved their collaboration beyond the clinic waiting room into the workplace. On February 20, LCCRT and ACS attended the BCBSLA Employee Wellness Day held at its Baton Rouge

headquarters. BCBSLA's quality assurance, marketing and communications teams, LCCRT and ACS educated staffers about the importance of CRC screening. Participants were given educational materials and the six-foot colon wall stood on display to show how unchecked polyps can lead to CRC. Partnerships such as these help define and mobilize community members to take charge of their health. As the champions of colorectal health, LCCRT and BCBSLA found this event both innovative and impactful.

2.6 Strategy: 2019 LCCRT Summit and the Southeastern Colorectal Cancer Consortium

LCCRT Summit

LCCRT members convene annually to develop strategies that will help increase the number of individuals being screened, and reduce the overall health burden on the state. **According to the most recent CDC data, Louisiana's rates continue to be among the worst in the US: fourth for new colorectal cancer cases each year, and fourth in CRC-related deaths.**[2] In addition, Louisiana has higher than average concentrations of potentially hereditary colorectal cancer. According to research conducted by the Roundtable's Gastroenterology Chair, Dr. Jordan Karlitz, the Acadiana region has a high rate of colorectal cancers, which may be related to inherited Lynch Syndrome. While the proportion of cancer patients having Lynch Syndrome is relatively small—approximately 3-5%—those who have the trait are more than 80% likely to develop breast, cervical, or colorectal cancers. Lynch Syndrome is more common in the French speaking population of Canada from which the Cajuns of Acadiana descend. Dr. Karlitz is conducting follow up research to see if indeed this is the case in Louisiana.

Since genetic testing is now available through most commercial insurers and Louisiana Medicaid, LCCRT explored genetics and colorectal cancer at the annual summit, held in March 2019 in Baton Rouge. Dr. Jordan Karlitz, Associate Clinical Professor and Director of GI Hereditary Cancer and Genetics Program at Tulane, and Christina Dennis, with Myriad Genetics, presented the most recent findings around genetics and CRC. Also discussed were best practices to increase awareness and utilization of genetic testing.

Southeastern Colorectal Cancer Consortium

LCCRT members traveled to Little Rock, Arkansas, to participate in the Fourth Annual Southeastern Colorectal Cancer Consortium in June. This annual meeting provides CRC champions with an opportunity to share research, outcomes, ideas, and best practices with one another while developing and refining their own strategic plans.

The southeast region as a whole has some of the lowest CRC screening rates for both the insured and the uninsured in the nation. Many of the presentations centered on how to engage and promote CRC screenings specifically for groups of patients with similar characteristics. This year's conference put extra emphasis on patient navigation, employee wellness, and reaching minority groups. Attendees were given information on how to boost screening rates among women, African-American, Hispanic, and LGBTQ populations.

[2] Incidence and Death Rate Reports (2012-2016), State Cancer Profiles, National Cancer Institute and CDC. https://statecancerprofiles.cancer.gov/index.html

2.6 National: LCCRT at the National Colorectal Cancer Roundtable Annual Meeting

In November 2019, the National Colorectal Cancer Roundtable (NCCRT) convened for its annual meeting. This event featured presentations by nationally known experts, and decision makers on colorectal cancer screening policy and delivery. **LCCRT members were strongly represented at the meeting.** These members contributed to the following panels and presentations:

- Communities of Success: Profiles of Success from Three 2019 80% in Every Community National Achievement Award Honorees
  NOELA Community Health Center Keith Winfrey, MD, MPH, Internist and Chief Medical Officer
- State and Regional Colorectal Cancer Roundtable Information Exchange
  Jordan J. Karlitz, MD, Tulane
  Keith Winfrey, MD, MPH, NOELA
- Analyzing Cancer Registry Data to Identify Parishes with Disproportionate Late-Stage Disease in Louisiana
  Lauren S. Maniscalco, MPH, Liaison, Louisiana Tumor Registry
- How to Identify Patients with Hereditary Colorectal Cancer: Panel Genetic Testing and Tumor Testing Genetic Counseling Plays an Important Role in Providing clinicians and Patients with a Comprehensive Cancer Risk Assessment
  Jordan J. Karlitz, MD, Tulane

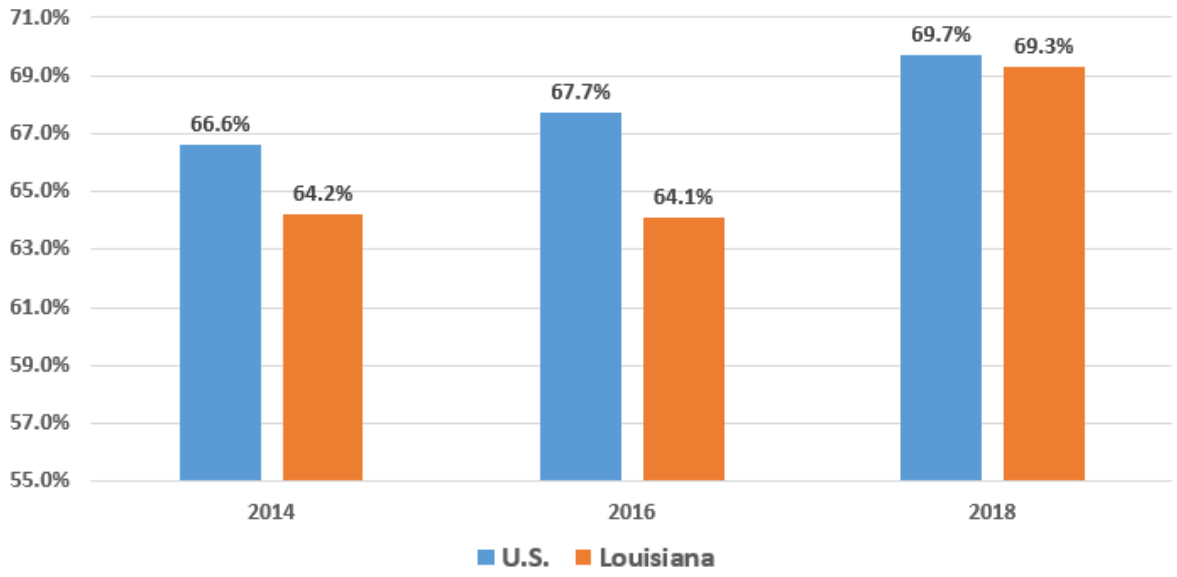
LCCRT looks forward to a continued presence at the NCCRT Annual Meeting in 2020, working together with colleagues from across the nation on shared goals to increase colorectal cancer screening awareness and utilization.

3. TRACKING LOUISANA'S PROGRESS

3.1 Louisiana's Self-Reported Colorectal Cancer Screening Rate Increased

In 2019, the CDC released self-reported colorectal cancer screening rates from the 2018 Behavioral Risk Factor Surveillance System (BRFSS's) survey.[3] Even though BRFSS uses self-reported rates, which are often higher than rates calculated from medical records, results for Louisiana were encouraging because they increased. According to BRFSS, Louisiana's screening rate was 69.3% in 2018, up five percentage points from the 2016 rate of 64.1%. **Our state's screening rate has increased since the last two administrations of the BRFSS cancer questions, and is now very close to being the same as the US average (Figure 1).**

Figure 1. BRFSS Respondents Aged 50-70 Meeting USPSTF Recommendations for CRC Screening (U.S. vs. Louisiana).



Other notable findings in the 2018 BRFSS results on CRC screening rates in Louisiana include:

- The CRC screening rate for the youngest age (50-59) has increased to 59.3%, but still lags behind older age cohorts at 74.1% for ages 60-69, and 83.2% for ages 70-75.
- The screening rate for men, 67.1%, has almost caught up to the screening rate for women, 71.2%.
- The screening rate is similar for all race/ethnicities.
- **Income-related disparities in screening rates are increasing. The screening rate for Louisianan's who earn less $15,000/year was 30% lower than the screening rate for Louisianan's who earn $50,000 or more. This disparity has increased since 2016.**

For a more detailed report on 2018 BRFSS results, see Appendix C.

[3] BRFSS Prevalence and Trends Data, Behavioral Risk Factor Surveillance System, US Centers for Disease Control and Prevention. https://tinyurl.com/spy8jl8

3.2 Federally Qualified Health Centers Increase Screening Rates

Louisiana's Federally Qualified Health Centers (FQHCs), which serve large numbers of Louisianans who are under or uninsured or covered by Medicaid, increased their combined screening rate from 35.9% in 2017 to 40.8% in 2018, an improvement of almost 5 percentage points.[4] In contrast to BRFSS screening rates, which are self-reported, the Uniform Data System (UDS) rates are accurate medical records. **Louisiana now trails the national average (44.1%)[5] for FQHCs by only 3.3 percentage points.** Several of Louisiana's health centers have worked diligently to beat both state and national averages for FQHCs in colorectal cancer screening and deserve recognition:

Table 1. Top 10 CRC Screening Rates in Louisiana's FQHCs.

MQVN Community Development (NOELA)*	80.0%
Teche Action Board, Inc.*	72.7%
Rapides Primary Health Care Center, Inc.	71.4%
EXELth, Inc.	67.1%
Marillac Community Health Centers (formerly Daughters of Charity, now DePaul)*	64.9%
Hospital Service District No. 1-A of the Parish of Richland	58.5%
Innis Community Health Center	54.3%
Outpatient Medical Center*	52.8%
Morehouse Community Medical Centers, Inc.	46.9%
Access Health Louisiana*	46.8*

Select FQHC's noted above (*) participated in Louisiana Colorectal Health Program (LCHP)'s CDC-funded statewide program to increase colorectal cancer screening rates. Additional UDS data is available in Appendix D.

3.3 Louisiana Tumor Registry: Latest Data and Online Data Visualization

New Case and Death Rates

Our state ranks fourth in the nation for both CRC incidence (new cases) and CRC mortality (deaths).[6] **The following tables display the most recent statewide incidence and mortality rates, which are falling, but remain well above the national average – a clear sign of lingering health disparities.**

[4] Louisiana Data (2018), Health Center Program, US Human Resource Services Administration. https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=LA#glist
[5] National Data (2018), Health Center Program, US Human Resource Services Administration. https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=LA#glist
[6] U.S. Cancer Statistics (2016), Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html

Table 2. CRC Incidence Rates in Louisiana and the U.S. by Race, 2012-2016.

	White			Black		
	All	Male	Female	All	Male	Female
Louisiana	42.8↑	50.7↑	36.4↑	55.0↑	65.4↑	47.6↑
U.S. (SEER)*	38.3	43.6	33.7	46.4	54	41

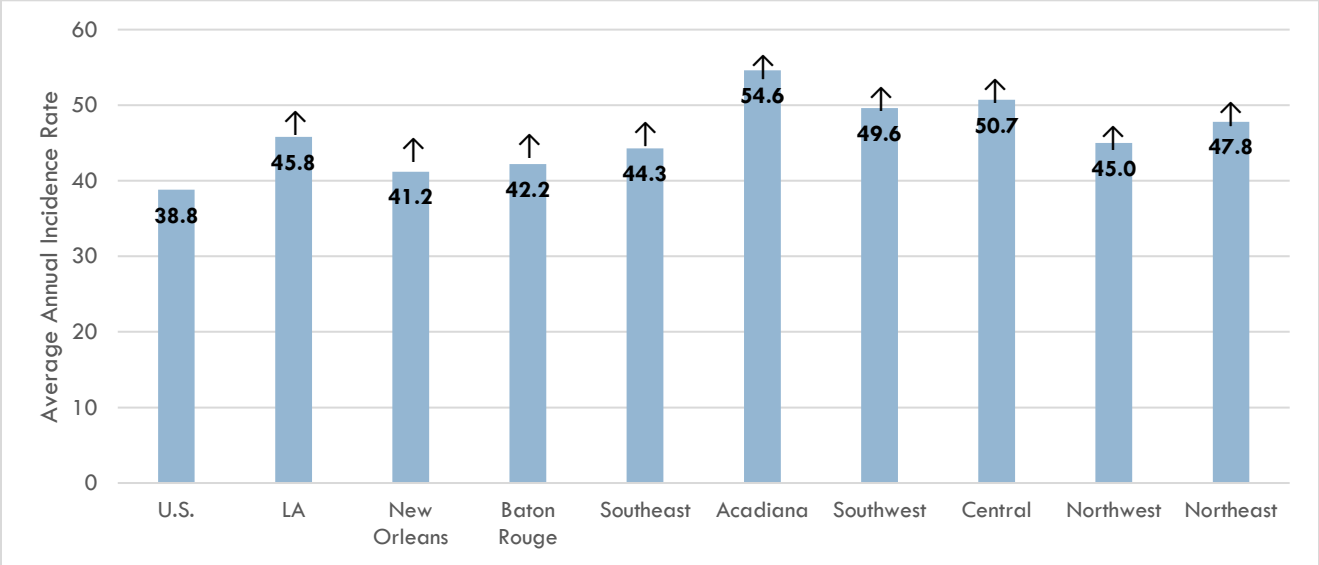
Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.
↑ or ↓ The Louisiana rate is significantly higher or lower (P<0.05) than the U.S. rate.
*U.S. incidence rate estimates are from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, 18 regions.

Table 3. CRC Mortality Rates in Louisiana and the U.S. by Race, 2012-2016.

	White			Black		
	All	Male	Female	All	Male	Female
Louisiana	42.8↑	50.7↑	36.4↑	55.0↑	65.4↑	47.6↑
U.S. (SEER)*	38.3	43.6	33.7	46.4	54	41

Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.
↑ or ↓ The Louisiana rate is significantly higher or lower (P<0.05) than the U.S. rate.

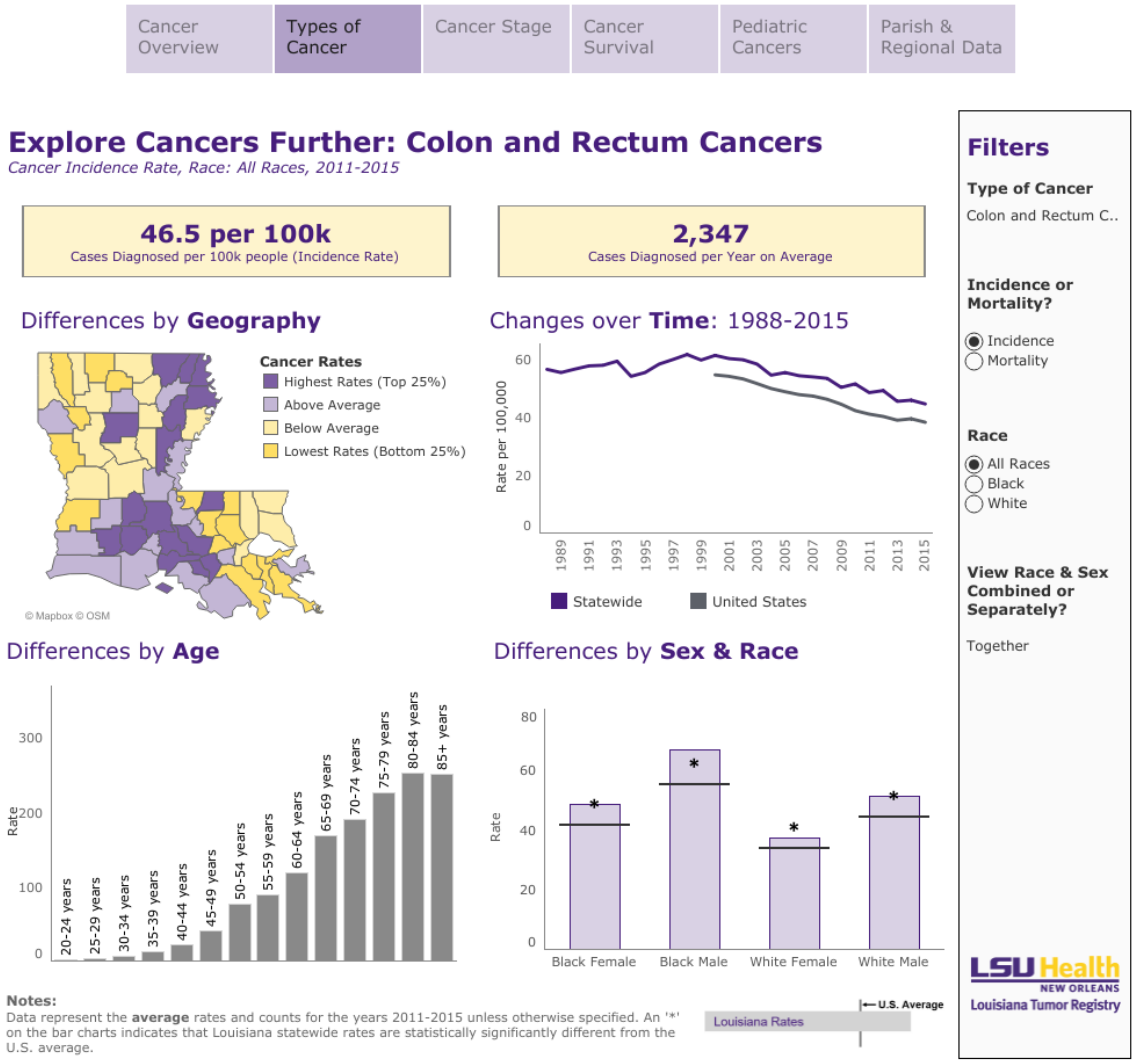
Figure 2. Colorectal Cancer Incidence Rates in Louisiana by Region, 2012-2016.



New Louisiana Cancer Data and Visualization Tool

The Louisiana Cancer Data Visualization is a user-friendly, interactive resource for cancer data in Louisiana.[7] The visualization is very comprehensive and includes statistics on cancer incidence, mortality, stage at diagnosis, survival, and pediatric cancers. The following are just two examples of the type of data that can be viewed through the new tool.

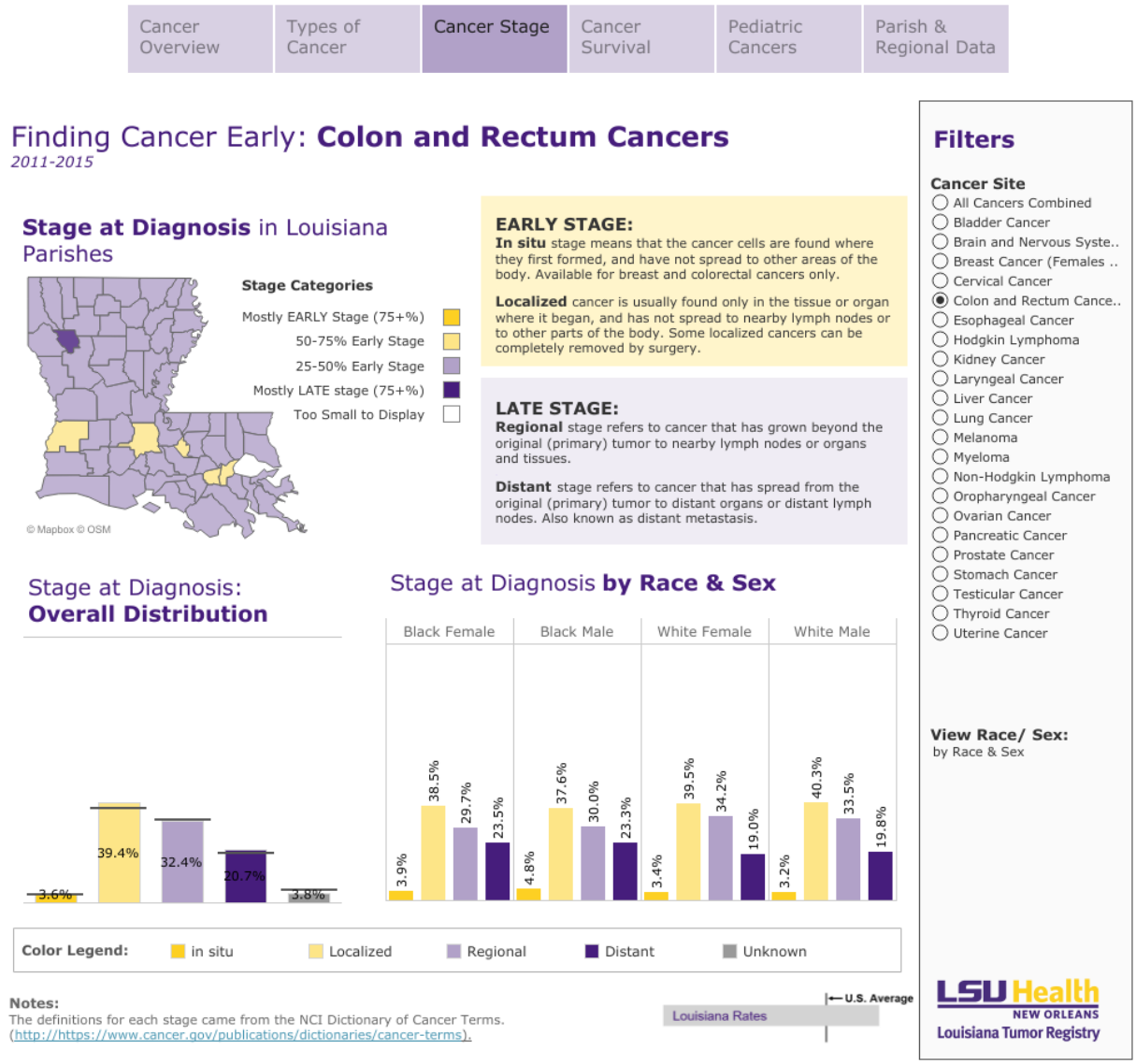
Figure 3. Colon and Rectum Cancer Incidence Rate in Louisiana. All Races 2012-2015.



As illustrated, colorectal cancer incidence in the U.S. and Louisiana is decreasing, but there is still room for improvement. The main race-sex groups in Louisiana have higher incidence rates than their national counterparts.

[7] Access the new interactive visualization tool at https://sph.lsuhsc.edu/louisiana-tumor-registry/data-usestatistics/louisiana-cancer-data-visualization-dashboard/.

Figure 4. Stage of CRC Diagnosis in Louisiana Parishes, 2011-2015.



In terms of stage at diagnosis, the majority of the 64 parishes are diagnosing only 25-50% of colorectal cancer cases at an early stage. [8] **With increased screening rates, the percentage of cases diagnosed at an earlier stage could increase dramatically.**

[8] For a list of mortality rates by parish, see Appendix E.

CONCLUSION

Colorectal cancer is a serious, but preventable disease for millions of people. With incidence, mortality, and late-stage diagnosis rates far above the national average, Louisiana must take action now to avoid further unnecessary lives lost. With champions in every corner of our state at the forefronts of medicine, research, advocacy, and engagement, LCCRT finds itself in a prime position to help improve screening rates and lower the incidence and mortality rates for colorectal cancer. However, even as the Roundtable continues to produce victories, its full potential cannot be realized without the support of the Louisiana Legislature. Thank you for your time and consideration.

APPENDICES

APPENDIX A: What is Colorectal Cancer? A Closer Look

Colorectal cancer is a term used for cancer that starts in the colon or the rectum. These cancers can also be referred to separately as colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer have many features in common.

The Normal Digestive System

The colon and rectum are parts of the digestive system, which is also called the gastrointestinal (GI) system. The first part of the digestive system (the stomach and small intestine) processes food for energy while the last part (the colon and rectum) absorbs fluid to form solid waste (fecal matter or stool) that then passes from the body.

Abnormal Growths

Most colorectal cancers develop slowly over several years. Before a cancer develops, a growth of tissue or tumor usually begins as a non-cancerous polyp on the inner lining of the colon or rectum. A tumor is abnormal tissue and can be benign (not cancer) or malignant (cancer). A polyp a benign, non-cancerous tumor. Some polyps can change into cancer but not all do. The chance of changing into a cancer depends on the kind of polyp. The two main types of polyps are:

1) Adenomatous polyps (adenomas) are polyps that can change into cancer. Because of this, adenomas are called a precancerous condition.

2) Hyperplastic polyps and inflammatory polyps, in general, are not pre-cancerous. But some doctors think that some hyperplastic polyps can become pre-cancerous or might be sign of a greater risk of developing adenomas and cancer, particularly when these polyps grow in the ascending colon.

Start and Spread of Colorectal Cancer

If cancer forms in a polyp, it can eventually begin to grow into the wall of the colon or rectum. When cancer cells are in the wall, they can then grow into blood vessels or lymph vessels. Lymph vessels are thin, tiny channels that carry away waste and fluid. They first drain into nearby lymph nodes, which are bean-shaped structures containing immune cells that help fight against infections. Once cancer cells spread into blood or lymph vessels, they can travel to nearby lymph nodes or to distant parts of the body, such as the liver. When cancer spreads to distant parts of the body itis called metastasis.

Types of Cancer in the Colon and Rectum

Several types of cancer can start in the colon or rectum. Adenocarcinomas account for more than 95% of colorectal cancers. Less common types of cancer in the colon and rectum are carcinoid tumors, gastrointestinal stromal tumors (GISTs), lymphomas, and sarcomas.

APPENDIX B: Recommended Colorectal Cancer Screening Options

Table A1. Most common options when considering with your doctor which test is right for you.

	Benefits	Performance & Complexity*	Limitations	Test Time Interval
Visual Examinations				
Colonoscopy	• Examines entire colon • Can biopsy and remove polyps • Can diagnose other diseases • Required for abnormal results from all other tests	**Performance:** Highest **Complexity:** Highest	• Full bowel cleansing (prep) required • Can be expensive • Sedation usually needed, necessitating a chaperone to return home • Patient may miss a day of work • Highest risk of bowel tears or infections compared with other tests (risk is still small)	10 Years
Stool Tests				
Fecal immuno-chemical test (FIT)	• No bowel cleansing or sedation needed • Performed at home • Low cost • Noninvasive (no risk)	**Performance:** Intermediate for cancer **Complexity:** Low	• Will miss most polyps • Colonoscopy necessary if positive	Annual
FIT-DNA test (Cologuard ®)	• No bowel cleansing • Can be performed at home • Noninvasive (no risk)	**Performance:** Intermediate for cancer **Complexity:** Low	• Will miss most polyps • Colonoscopy necessary if positive • Higher cost than FIT test	3 years

*Complexity involves patient preparation, inconvenience, facilities and equipment needed, and patient discomfort.

APPENDIX C: 2018 Behavioral Risk Factor Surveillance System (BRFSS) Results

Figure A1. BRFSS respondents in Louisiana aged 50-75 who have fully met USPSTF Recommendations for CRC Screening – by age group.

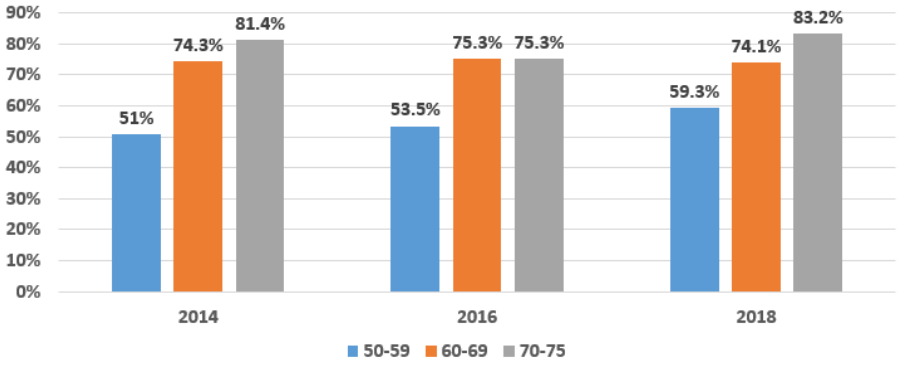


Figure A2. BRFSS respondents in Louisiana aged 50-75 who have fully met USPSTF Recommendations for CRC Screening – by Gender.

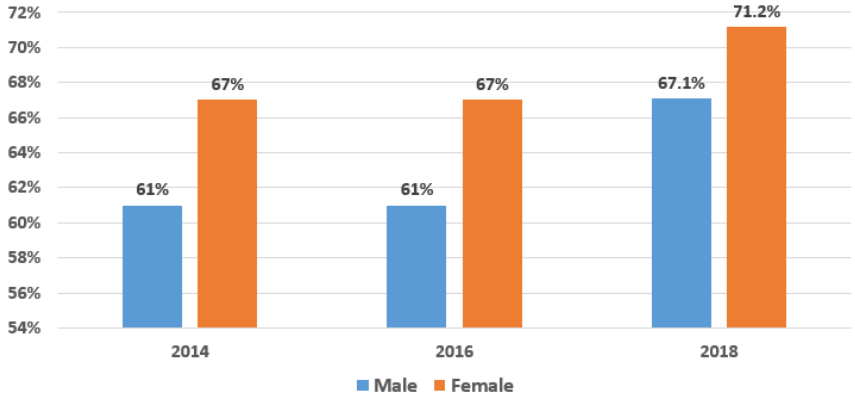


Figure A3. BRFSS respondents in Louisiana aged 50-75 who have fully met USPSTF Recommendations for CRC Screening – by income.

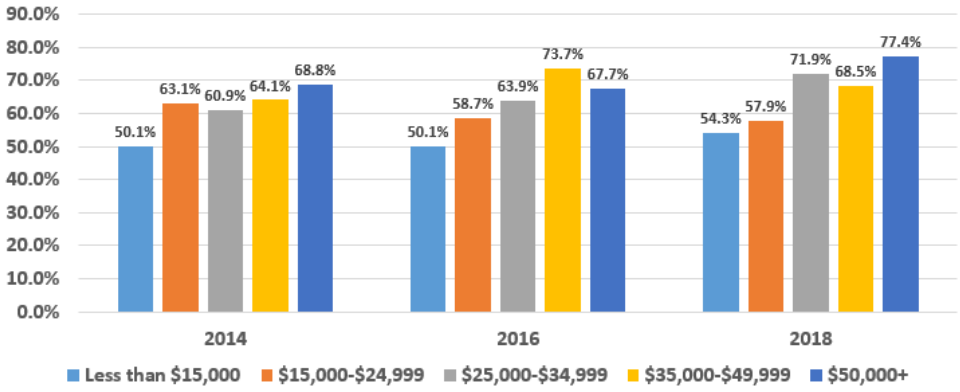


Table A2. Percent up to date with CRC screening among Louisiana adults ages 50-75 years, by selected characteristics, 2018 BRFSS.*

	Up-to-date with screening*		Colonoscopy in past 10 years		FOBT/FIT in past year	
	%[a]	95% CI[a]	%[a]	95% CI[a]	%[a]	95% CI[a]
Total Sample [N=2251]	69.3	66.7-71.9	64.3	61.6-67.0	10.0	8.3-11.6
Sex						
Male	68.1	63.1-71.1	62.5	58.4-66.6	9.5	7.0-11.9
Female	71.3	67.9-74.6	65.9	62.4-69.4	10.5	8.3-12.7
Age (years)						
50-64	64.7	61.3-68.0	60.2	56.8-63.7	8.6	6.7-10.6
65-75	78.2	74.4-82.0	72.2	68.1-76.3	12.6	9.9-15.4
Race/Ethnicity						
White, non-Hispanic	69.8	66.8-72.9	65.1	61.9-68.2	9.0	7.3-10.7
Black, non-Hispanic	69.4	64.2-74.7	63.6	58.0-69.2	13.0	9.0-16.7
Hispanic	s	s	s	s	s	s
Other, non-Hispanic	70.0	56.7-83.2	69.3	56.0-82.60	6.1	0.4-11.8
Ann. Household Income						
Less than $15,000	54.3	46.5-62.5	48.2	40.1-56.3	13.8	8.7-18.9
$15,000-<$25,000	57.9	50.4-65.4	49.4	41.7-57.1	15.5	9.8-21.2
$25,000-<$35,000	71.9	63.0-80.7	67.3	57.8-76.7	8.7	4.0-13.5
$35,000-<$50,000	68.5	60.2-76.8	65.2	56.8-73.6	8.1	4.2-12.0
$50,000 or greater	77.4	74.1-80.7	73.9	70.4-77.3	7.4	5.4-9.3
Missing[b]	70.8	63.7-78.0	65.3	58.0-72.6	9.9	5.6-14.2
Federal Poverty Level[c]						
Less than 138%	55.0	48.3-61.8	47.6	40.9-54.4	13.7	9.6-17.7
138%-<200%	66.8	60.2-73.4	59.0	52.6-67.3	12.5	7.0-18.0
Greater than 200%	75.3	72.1-78.4	72.0	68.7-75.3	7.7	6.0-9.5
Missing[b]	70.8	63.7-78.0	65.3	58.0-72.6	9.9	5.6-14.2
Educational Attainment						
Less than high school	56.5	47.5-65.6	51.1	42.0-60.2	10.9	5.6-16.1
High school	64.5	60.3-68.6	60.1	56.9-64.4	8.8	6.4-11.2
Some college	75.8	71.6-80.3	69.8	65.0-74.5	11.3	8.1-14.5
College graduate	77.6	73.8-81.4	73.8	69.8-77.7	9.3	7.0-11.6
Health Care Coverage						
Private insurance	72.6	68.9-76.3	69.7	65.9-73.4	6.1	4.2-8.0
Medicare	76.7	73.1-80.3	70.0	66.0-74.0	13.7	10.7-16.6
Medicaid	49.5	38.9-60.1	46.0	35.5-56.5	7.7	3.9-11.4
Other insurance	73.0	59.1-87.0	68.7	54.4-83.0	15.5	4.4-26.4
No insurance	33.7	22.7-43.86	24.7	14.6-33.7	11.0	3.3-18.5
Reg. Doctor/Provider						
Yes	72.5	69.8-75.2	67.2	64.4-70.1	10.5	8.8-12.3
No	44.2	35.7-52.8	41.3	32.7-50.0	5.0	2.0-8.0
Metropolitan Status[d]						
Metropolitan area	70.6	67.8-73.4	65.4	62.5-68.4	10.2	8.3-12.0
Nonmetropolitan Area	63.2	56.8-69.6	59.0	52.6-65.5	9.2	6.0-12.4

* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.
[a] %=Percentage; 95% CI=95% confidence interval. Percentages are weighted to population characteristics.
[b] "Missing" category included because more than 10% of the simple did not report income data.
[c] Calculated variable for *'Simplified' Federal Poverty Level*: https://www.cdc.gov/brfss/data_documentation/pdf/2013-2014_hcs.pdf
[d] 2013 NCHS Urban-Rural Classification Scheme for Counties: https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf
s Suppressed: unstable estimate; numerator less than 10 or denominator less than 50.

Background: The Behavioral Risk Factor Surveillance System (BRFSS) is an annual, ongoing national study administered by the Centers for Disease Control and Prevention and the public health departments that oversee telephone surveys in each state. The purpose of each statewide telephone survey of residents aged 18 and older is to gather information regarding personal health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among adults. The contents of this report are solely the responsibility of the authors and do not represent analysis conducted by Louisiana BRFSS or the CDC.
Survey Limitations: The BRFSS relies on self-reported data. This type of survey has certain limitations: many times, respondents have the tendency to underreport some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use); conversely, respondents may over report behaviors that are desirable (e.g., physical activity, nutrition). Cross-sectional design makes causal conclusions impossible. In addition, the sample sizes used to calculate the estimates in this report vary as respondents who indicated, "don't know," "not sure," or "refused" were excluded from most of the calculation of prevalence estimates.

APPENDIX D: Federally Qualified Health Centers - 2018 Uniform Data System Report

Figure A4. Louisiana's Federally Qualified Health Centers: 2014-2018 CRC Screening Rates (UDS).

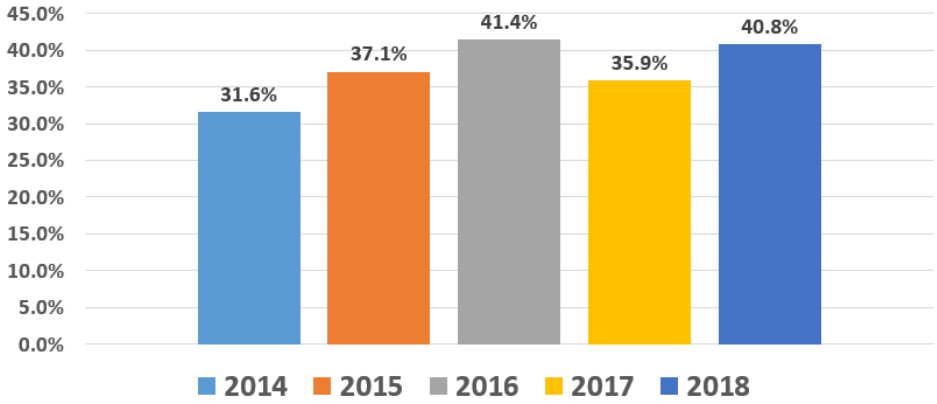
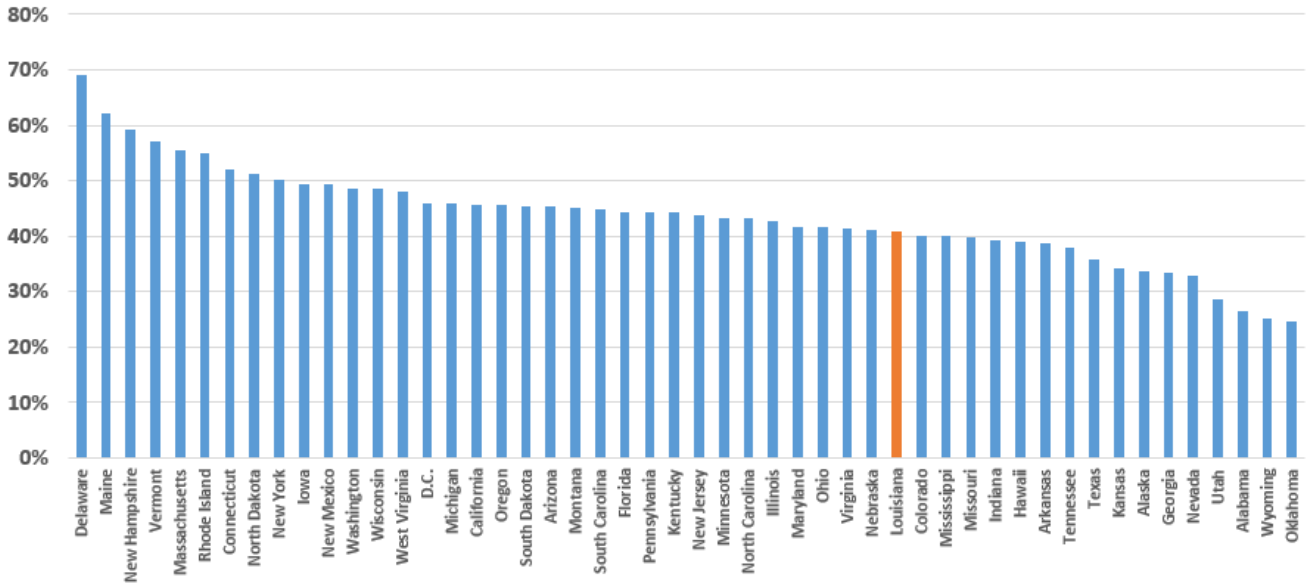


Figure A5. Louisiana's Federally Qualified Health Centers: States ranked by 2018 UDS CRC Screening Rate.



APPENDIX E. Colorectal Cancer Mortality Data by Parish, 2012-2016

Table A3. Annual mortality rates and counts by parish in Louisiana, 2011-2015, per 100,000 people. (Source: NCHS).

Key:

^Statistic not displayed due to fewer than 16 cases.

*Count not displayed due to fewer than 10 cases in the 5-year period.

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age

Mortality from CRC, 2012-2016	Mortality Rate	Average Annual Death Count
Louisiana Registry	17.1	874
LA: Acadia Parish (22001)	23	16
LA: Allen Parish (22003)	23.4	7
LA: Ascension Parish (22005)	13.6	14
LA: Assumption Parish (22007)	17.1	5
LA: Avoyelles Parish (22009)	24.2	12
LA: Beauregard Parish (22011)	15.7	7
LA: Bienville Parish (22013)	17.9	3
LA: Bossier Parish (22015)	15	19
LA: Caddo Parish (22017)	17	50
LA: Calcasieu Parish (22019)	17.5	39
LA: Caldwell Parish (22021)	^	*
LA: Cameron Parish (22023)	^	*
LA: Catahoula Parish (22025)	^	3
LA: Claiborne Parish (22027)	16.1	3
LA: Concordia Parish (22029)	25	6
LA: De Soto Parish (22031)	14.3	5
LA: East Baton Rouge Parish (22033)	16	71
LA: East Carroll Parish (22035)	^	2
LA: East Feliciana Parish (22037)	21	5
LA: Evangeline Parish (22039)	24.4	9
LA: Franklin Parish (22041)	15.6	4
LA: Grant Parish (22043)	26.4	6
LA: Iberia Parish (22045)	20.7	16
LA: Iberville Parish (22047)	21.5	9
LA: Jackson Parish (22049)	19.6	4
LA: Jefferson Parish (22051)	14.9	80
LA: Jefferson Davis Parish (22053)	22.8	9
LA: Lafayette Parish (22055)	16.2	37
LA: Lafourche Parish (22057)	17.5	19
LA: La Salle Parish (22059)	^	2
LA: Lincoln Parish (22061)	16.3	7
LA: Livingston Parish (22063)	15.4	20
LA: Madison Parish (22065)	^	2
LA: Morehouse Parish (22067)	15.7	6
LA: Natchitoches Parish (22069)	21.5	9
LA: Orleans Parish (22071)	15.1	60
LA: Ouachita Parish (22073)	17.8	30
LA: Plaquemines Parish (22075)	16.4	4
LA: Pointe Coupee Parish (22077)	19.4	6
LA: Rapides Parish (22079)	15.9	24
LA: Red River Parish (22081)	^	2
LA: Richland Parish (22083)	14.6	3
LA: Sabine Parish (22085)	20.8	7
LA: St. Bernard Parish (22087)	14.1	5
LA: St. Charles Parish (22089)	16.9	9
LA: St. Helena Parish (22091)	^	3
LA: St. James Parish (22093)	21.4	6
LA: St. John the Baptist Parish (22095	15	8
LA: St. Landry Parish (22097)	22.2	21
LA: St. Martin Parish (22099)	22	13
LA: St. Mary Parish (22101)	20.1	13
LA: St. Tammany Parish (22103)	14.1	39
LA: Tangipahoa Parish (22105)	18	24
LA: Tensas Parish (22107)	^	*
LA: Terrebonne Parish (22109)	22.9	27
LA: Union Parish (22111)	21.4	7
LA: Vermilion Parish (22113)	16.5	11
LA: Vernon Parish (22115)	20	9
LA: Washington Parish (22117)	19	11
LA: Webster Parish (22119)	15.7	9
LA: West Baton Rouge Parish (22121)	14.4	4
LA: West Carroll Parish (22123)	28.7	4
LA: West Feliciana Parish (22125)	^	3
LA: Winn Parish (22127)	23.1	4