What is the Center for Disease Control and Prevention’s Colorectal Cancer Screening Demonstration Program?

No federally-funded national program to screen the U.S. population for colorectal cancer currently exists. As of 2005, 50% of the U.S. population had been screened for colorectal cancer as recommended, and most colorectal cancer screening is currently opportunistic, with limited screening occurring in self-contained screening programs across the country. Before considering a larger national effort, the Centers for Disease Control and Prevention (CDC) decided to establish a three-year colorectal cancer screening demonstration (pilot) program, to explore the feasibility of establishing a colorectal cancer screening program for the underserved U.S. population, and to learn which settings and program models may be most viable and cost-effective in reaching this population.

CDC convened two stakeholder meetings in 2004 to consider possible program designs, identify eligibility criteria for program applicants and clients receiving services, and determine which services would be reimbursed in the program. Meeting attendees included health scientists, economists, epidemiologists, and program and communications experts from CDC, as well as health scientists from other federal health agencies; representatives from domestic and international screening programs; and clinical experts. Building from the outcome of these meetings, the following decisions were made regarding the design of the demonstration program:

- Applicants for the program could come from any non-profit medical entity that offered services to low-income persons underinsured for colorectal cancer screening.
- Applicants would not be restricted to current National Breast and Cervical Cancer Early Detection Program (NBCCEDP)-funded sites.
- Applicants must show a relationship with the CDC-funded Comprehensive Cancer Control program in their state.
- In light of the current menu of four screening tests recommended by the U.S. Preventive Services Task Force (USPSTF), with no one “best” test recommended, applicants could choose which CRC screening test(s) to offer as long as
  a) the selected test(s) is recommended by USPSTF guidelines and
  b) the applicant had measured the capacity to offer the selected test(s).
- Screening tests would be reimbursed at the Medicare rate.
- The focus of the programs would be on average-risk persons aged 50 years or older; younger persons would be eligible if they are at increased risk.
- Patients with CRC symptoms or certain high-risk conditions would not receive services within the program.
- Applicants must identify sources to cover treatment services in the event that cancers are detected in the program.
- Priority would be given to programs ready to begin screening within six months.

A Request for Application was published in the Federal Register in May 2005. Cooperative agreement awards between CDC and five programs were made for August 2005 through August 2008. CDC awarded a total of $2.1 million for year one activities and $2.6 million for year two activities to the following programs:
• Maryland Department of Health and Mental Hygiene
  (Program director Diane Dwyer MD, ddwyer@dhmh.state.md.us)
    — City-based: Baltimore
    — Screening using colonoscopy
    — Remainder of state offers screening using non-federal funds

• Missouri Department of Health and Senior Services, “Missouri Screen for Life Program”
  (Program director Bruce Jenkins, Bruce.Jenkins@dhss.mo.gov)
    — City-based: St Louis
    — Guaiac-based fecal occult blood testing (FOBT) screening for average-risk and colonoscopy screening for increased risk persons; colonoscopy to follow positive FOBTs
    — Focus on African American population

• Nebraska Department of Health and Human Services
  (Program director Melissa Leypoldt RN, melissa.leypoldt@hhss.ne.gov)
    — Statewide program using an NBCCEDP framework
    — Guaiac-based FOBT screening for average-risk and colonoscopy screening for increased risk persons; colonoscopy to follow positive FOBTs

• Stony Brook University Medical Center/SUNY, NY
  (Program director Dorothy Lane MD, dlane@notes.cc.sunysb.edu)
    — County-based: Suffolk County
    — Primary screening with colonoscopy
    — Remainder of state offers screening using non-federal funds

• Public Health - Seattle and King County, Seattle, WA
  (Program director Ellen Phillips-Angeles MS, Ellen.phillips-angeles@metrokc.gov)
    — County-based: King, Clallam, and Jefferson Counties using an NBCCEDP framework
    — Guaiac-based FOBT screening for average-risk and colonoscopy screening for increased risk persons; colonoscopy to follow positive FOBTs
    — Focus on American Indian, Alaska Native, and African American populations

**Colorectal Cancer Screening Demonstration Program Evaluation**

An in-depth evaluation of the CRCSDP is being conducted which will provide critical information to guide possible next steps. The evaluation is being implemented through three methods (a comparative case study, client-level screening and diagnostic data, and a cost study) and has three purposes (understanding program implementation, measuring program outcomes, and assessing program costs). Evaluation data from the start-up period, including cost data, will be available in early 2007. The first set of clinical outcomes data will be available in spring 2007.

**Provision of Quality Service Delivery**

Providing high-quality clinical services is of critical importance in this demonstration program. CDC is working with the CRCSDP sites to maintain high-quality service delivery.

**Public Education and Outreach**

CDC has supported a multimedia public education and outreach campaign, *Screen for Life: National Colorectal Cancer Action Campaign* (SFL) since 1999, which is used by 50 states, 2 tribal organizations and the District of Columbia. The SFL team has tailored campaign materials for the CRCSDP demo sites and created a CRCSPD logo for use by CDC and the program sites.

1National Health Interview Survey, 2005.