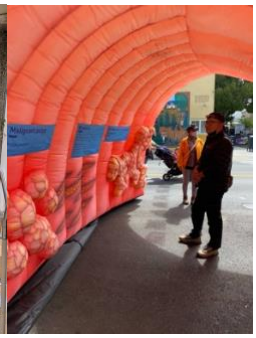
SF CAN San Francisco Cancer Initiative

A community partnership to fight cancer.

Colorectal Cancer

Increase colorectal cancer screening and follow-up in San Francisco by supporting community health centers with evidence-based screening interventions, community outreach, and improved referral pathways.



Who we are:

Task Force Leads:

Michael Potter, MD – Department of Family and Community Medicine, UCSF

Ma Somsouk, MD, MAS – Department of Medicine, UCSF

Program Staff:

Kara Lugtu, MPH, CPH – SF CAN Colorectal & Breast Cancer Project Manager

Partners:

- American Cancer Society
- Colon Cancer Coalition
- Colorectal Cancer Alliance
- Fight CRC
- Operation Access
- San Francisco Bay Collaborative Research Network
- San Francisco Community Clinic Consortium
- San Francisco Community Clinic Consortium partner clinics
    - HealthRIGHT 360
    - Mission Neighborhood Health Center
    - South of Market Health Center
    - St. Anthony Medical Clinic
- San Francisco Health Network
- San Francisco Health Plan
- UCSF Health
- Zuckerberg San Francisco General Hospital

Success 1: Improving colorectal cancer screening rates through community health center collaboration and community outreach.

Our approach:

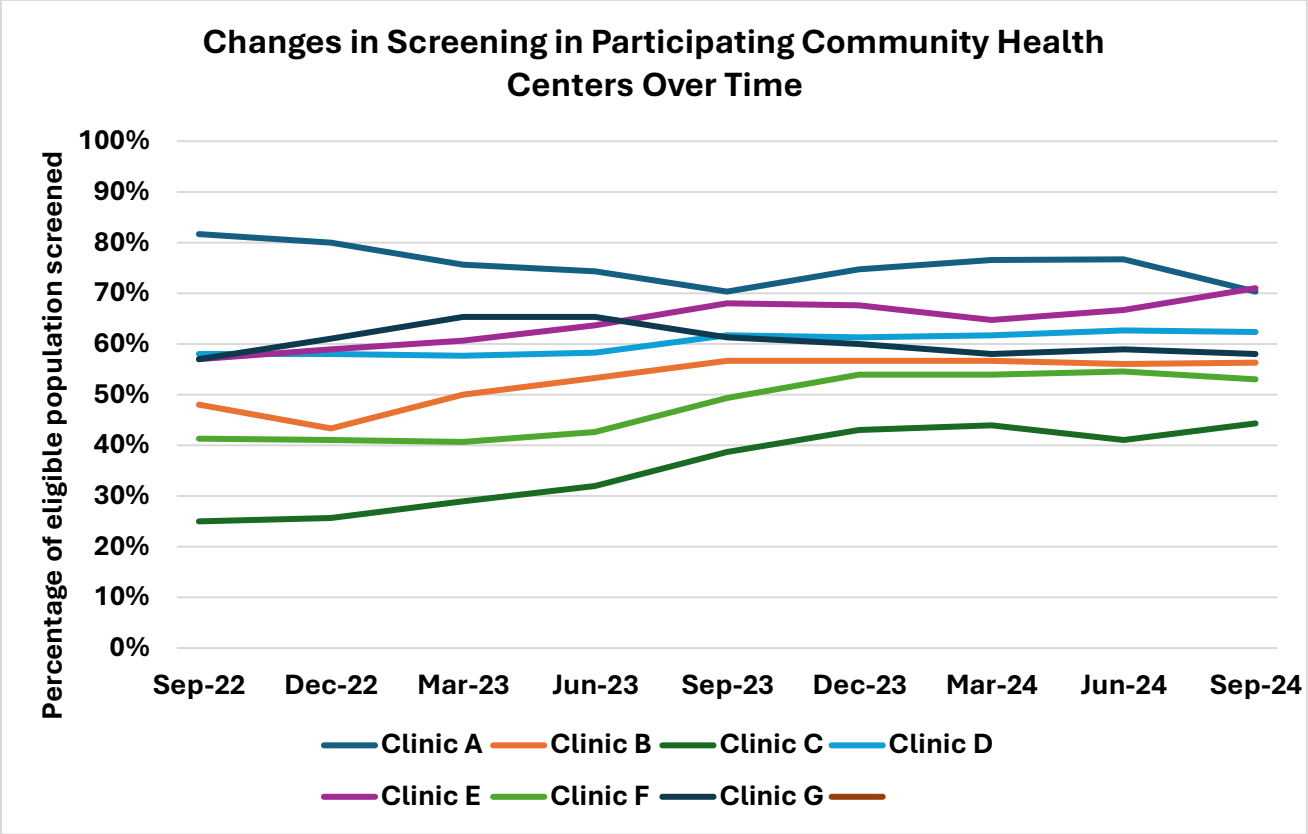
The SF CAN Colorectal Cancer Task Force invites member clinics of the San Francisco Health Network and the San Francisco Community Clinic Consortium to apply for the Quality Improvement Stipend Program. This program aims to raise Colorectal screening rates across the clinics.

Clinics are invited to apply, proposing evidence-based colorectal cancer screening interventions, choosing from a checklist of options from the US Guide to Community Preventive Services. Feedback on proposals is provided by the Colorectal Cancer Task Force leadership team before stipends are awarded.

Awardees receive:

- Stipend for proposed activities
- Staff trainings
- Patient education materials
- Monthly technical assistance meetings
- Sharing best practices with local awardees.
- Subsidies to attend local and regional conferences.

We have been tracking screening rates at the clinics that are participating. The following graph shows an increase in the percentage of patients up to date with colorectal cancer screening, while working with the Colorectal Cancer Task Force. For example, Clinic C had a 1.76-fold increase from September 2022 to September 2024.



In safety net settings where resources are limited, most average risk patients choose to do FIT. However, if the FIT result is abnormal, or if patients have symptoms or other risk factors for colorectal cancer, then colonoscopy is necessary.

A focus of the Colorectal Cancer Task Force is to help facilitate the referral process for patients in community health centers who need a colonoscopy at Zuckerberg San Francisco General Hospital. The team works closely with Operation Access, an organization that provides outpatient surgical procedures and diagnostic services free of charge, including colonoscopies. The Colorectal Cancer Task Force also refers patients to the Medical Respite & Sobering Center, an organization who provides patients an overnight stay so they can prepare for their colonoscopy.

Research prompting this approach:

Early detection through screening is the most effective way to prevent colorectal cancer and reduce mortality. Screening tests like FIT can detect blood in the stool, but a colonoscopy is important as it allows the doctor to remove polyps, which significantly reduces the risk of colorectal cancer.

Future Goals:

The Colorectal Cancer Task Force will continue providing stipends and technical assistance to San Francisco clinics to further increase colorectal cancer screening rates and ensure timely diagnostic follow-up for patients with abnormal results.

Success 2. Raising awareness of colorectal cancer screening through community tabling and outreach

Our approach:

The Colorectal Cancer Task Force participates in community health fairs, clinic events, and public outreach activities across San Francisco to raise awareness about colorectal cancer and the importance of early detection.

Through tabling events, the Task Force shares culturally appropriate educational materials, answers questions about screening options such as FIT and colonoscopy, and encourages community members to speak with their primary care providers about getting screened.

Research prompting this approach:

Community-based education and outreach help increase screening uptake by improving knowledge, reducing fear and stigma, and connecting individuals to trusted screening resources.

Future Goals:

The Colorectal Cancer Task Force continues to attend events in San Francisco, in partnership with other community organizations. The Colorectal Cancer Task Force plans to create additional educational materials to share with community members.

Publications:

1. Somsouk M, Rachocki C, Mannalithara A, Garcia D, Laleau V, Grimes B, Issaka RB, Chen E, Vittinghoff E, Shapiro JA, Ladabaum U. Effectiveness and cost of organized outreach for colorectal cancer screening: A randomized controlled trial**.** *J Natl Cancer Inst.* 2019.
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3. Wang A, Rachocki C, Shapiro JA, Issaka RB, Somsouk M. Low literacy level instructions and reminder calls improve patient handling of fecal immunochemical test samples**.** *Clin Gastroenterol Hepatol.* 2019;17(9):1822-1828.
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5. Lee B, Keyes E, Rachocki C, Grimes B, Chen E, Vittinghoff E, Ladabaum U, Somsouk M. Increased colorectal cancer screening sustained with mailed fecal immunochemical test outreach**.** *Clin Gastroenterol Hepatol.* 2021. doi:10.1016/j.cgh.2021.07.022.
6. Wang A, Lee B, Patel S, Whitaker E, Issaka RB, Somsouk M. Selection of patients for large mailed fecal immunochemical test colorectal cancer screening outreach programs: A systematic review**.** *J Med Screen.* 2021.
7. Walsh WJ, Potter MB, Ozer OE, Gildengorin GG, Dass DN, Green LG. Evaluating the sustainability of a cancer screening intervention through a PRISM: The PreView experience**.** *Prev Med Rep.* 2021;23:101443. doi:10.1016/j.pmedr.2021.101443.
8. Burns S, Griffith M, Patel S, Sarkar U, Somsouk M. Electronic coding for abnormal fecal immunochemical test is associated with increased colonoscopy completion**.** *Am J Gastroenterol.* 2022;117:1-3. doi:10.1007/s10620-022-07755-7.
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10. Burns S, Wang J, Somsouk M. Effect of mailed fecal immunochemical test outreach for patients newly eligible for colorectal cancer screening**.** *Dig Dis Sci.* 2023;68(6):2315-2317. doi:10.1007/s10620-023-07925-1.
11. Khoong EC, Rivadeneira NA, Pacca L, Schillinger D, Lown D, Babaria P, Gupta N, Pramanik R, Tran H, Whitezell T, Somsouk M, Sarkar U. Extent of follow-up on abnormal cancer screening in multiple California public hospital systems: A retrospective review**.** *J Gen Intern Med.* 2023;38(1):21-29. doi:10.1007/s11606-022-07657-4.
12. Santiago-Rodriguez EJ, Hoeft K, Lugtu K, McGowen M, Ofman D, Adler J, Somsouk M, Potter MB. Implementation of a novel program to support colorectal cancer screening in a community health center consortium before and after the onset of COVID-19: A qualitative study of stakeholders' perspectives**.** *Implement Sci Commun.* 2023;4(1):54. doi:10.1186/s43058-023-00439-x.
13. Patel S, Sewell JL, Bhuket T, Somsouk M. Delivering high-quality, efficient gastroenterology care to vulnerable and underserved populations: Special considerations and possible solutions**.** *Clin Gastroenterol Hepatol.* 2023;21(13):3213-3216.e1. doi:10.1016/j.cgh.2023.08.007.
14. McClellan SP, Patel S, Uy-Smith E, Gregory B, Neuhaus JM, Potter MB, Somsouk M. Colorectal cancer screening: A multicomponent intervention to increase uptake in patients aged 45-49. *J Am Board Fam Med.* 2024;37(4):660-670. doi:10.3122/jabfm.2023.230399R1.
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16. McClellan SP, Khan T, Rafferty H, Wong J, La S, Patel S, Somsouk M. The effect of mailed outreach on FIT completion among patients aged 45-50 in a safety net healthcare system**.** *Cancer Causes Control.* 2024. doi:10.1007/s10552-024-01889-x.
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