Key Facts Sheet
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Access to Colorectal Cancer Screening Programs for UnderServed Populations in South Carolina

PROJECT OVERVIEW
To identify existing initiatives targeting colorectal cancer screening in rural South Carolina (SC)

Colorectal Cancer Burden in SC
- Colorectal cancer (CRC) is the 2nd leading cause of cancer-related death in SC.
- The majority of colorectal cancers are preventable by early detection and removal of pre-cancerous polyps during colorectal cancer screening.
- Colorectal cancer incidence is highest among rural Black, followed by urban Black residents in SC (see Figure A).

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In 2016, 65% of rural South Carolinians of recommended screening age (50-74 years) were up-to-date with CRC screening recommendations compared to 70% of urban South Carolinians.

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**COLORECTAL CANCER PREVENTION NETWORK IN SC**

- The Colorectal Cancer Prevention Network (CCPN) was established in 2008 by the Center for Colon Cancer Research at University of South Carolina.
- The CCPN program provides CRC education, awareness and screening services throughout the state.
- To be eligible for free screening services, patients must be:
  - Uninsured
  - Below 150% of the federal poverty line
  - Age 50-64 (45-64 for Black residents)

![Figure B. CCPN Referral Sites in SC per 10,000 Uninsured Residents Aged 50-64](image)

**Legend**
- CCPN Referral Sites per 10,000 uninsured persons aged 50-64

Access to CCPN referral sites was particularly low among counties on the Georgia border, including 3 adjacent rural counties.

**Rural counties had 18.3 CCPN referral sites per 10,000 uninsured persons aged 50-64 vs. 9.5 sites in urban counties.**

**COLORECTAL CANCER SCREENING PROGRAM IN SC**

- The Colorectal Cancer Screening Program in SC has been funded by the CDC since 2015 to provide CRC screening to uninsured/underinsured and low-income men and women.
- The Program uses a “Champions for Colorectal Cancer” approach to train FQHC staff and providers, provide technical support for FQHCs, and assist in the implementation of evidence-based interventions in both rural and urban communities.
- In 2015, it began in 8 FQHCs with a mean CRC screening rate of 33.1% and grew to 16 FQHCs sites with a mean CRC screening rate of 50.5% (a 17.4 percentage point increase).
- 11 of the 16 FQHCs met the goal of 5% annual increase in CRC screening rates.

![Figure C. Implementation of Evidence-Based Intervention in FQHCs Participating in the Colorectal Cancer Screening Program in SC](image)

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