Fight CRC is the leading patient advocacy group for colorectal cancer in the United States.

Our Mission

We fight to cure colorectal cancer and serve as relentless champions of hope for all affected by this disease through informed patient support, impactful policy change, and breakthrough research endeavors.

Change-makers for more than 15 years, and we’re just getting started.

Colorectal cancer is the second-leading cause of cancer death. By 2030, it’s projected to become the leading cause of cancer death for those under 50. Yet, it’s the cancer no one wants to talk about. Fight CRC works to support and inform patients while driving policy change and breakthrough research.

Together, with our community of patients, families, and caregivers, Fight CRC works relentlessly to bring attention to colorectal cancer and all the issues surrounding it. Driven by this increased sense of urgency, Fight CRC is propelling science forward by ensuring patients’ real needs are at the core of conversations.

The overall survival rate for people with colorectal cancer has not budged, and the treatment pipeline has stagnated. We need to re-evaluate how we look at overall survival and begin to look beyond only “stage of colorectal cancer.”

We need to adjust narrow goals of targeted therapies for specific demographics: We need to push the science.

“The Path to a Cure Report is the first of its kind, pushing us to collaborate and align our efforts in all areas of colorectal cancer.”

— Anjee Davis, MPPA | President, Fight CRC

FIGHTCRC.ORG
The Path to a Cure Report is a professional, multidisciplinary publication, which seeks to summarize and communicate a plan for our community to rally around: pushing forward critical areas of research; care for patients; and policy — from prevention to survivorship. The use of technical jargon and associated acronyms is avoided as much as possible. This report is not exhaustive and will be updated as our community takes critical steps forward.

“As a community, there is tremendous potential when we coordinate our efforts toward common goals. This project brings together many of the thought leaders in the colorectal cancer community that are passionate about accelerating research and improving outcomes for colorectal cancer patients. Together, we can tackle big ideas with ambitious and meaningful impact!”

– Dr. Scott Kopetz

The Path to a Cure Report is broken down into four sections, each providing progress indicators, key messages, opportunities and challenges, and the voices of survivors.

Each indicator has a plan of action to ensure that all our partners, collaborators, and champions know how they can play a role in contributing a Path to a Cure by:

* Creating awareness by helping identify preventable and unpreventable causes of colorectal cancer;
* Promoting importance of screening so colorectal cancer is found early when it is most treatable with less invasive methods, while also advising people to be screened if showing signs and symptoms;
* Supporting ongoing research and advancements in innovative treatment options; and
* Addressing quality of life beyond diagnosis, treatment, and surgery.

Summary of each section:

1. **BIOLOGY AND ETIOLOGY**
   - PROGRESS INDICATOR
   - Applying What We Know from Biology and Hereditary Risk to Reduce Late-Stage Colorectal Cancer

2. **PREVENTION AND EARLY DETECTION**
   - PROGRESS INDICATOR
   - Advancing colorectal cancer prevention and early detection

3. **TREATMENT**
   - PROGRESS INDICATOR
   - Expanding treatment strategies for CRC Patients, which have not progressed quickly enough over time

4. **SURVIVORSHIP AND RECURRENCE**
   - PROGRESS INDICATOR
   - Address quality of life issues and preventive steps to avoid recurrence
“A Path to a Cure would mean that I wouldn’t have to feel like I am suffering from PTSD of wondering if I am going to have a recurrence. Or am I just going to have to stay with the standard form of treatment that’s been given, chemotherapy or radiation. I don’t want that. So, for me a Path to a Cure means I have a better quality of life versus quantity of life.”

— Wenora Johnson, 3x cancer survivor and research advocate

Our future is now.

This report reflects the commitment of relentless champions across the country involved in the scientific research process and locking arms to advocate for colorectal cancer research funding, and communicating research findings to the public.

We represent passionate men and women willing to push for policy change and move past the status quo. For our patients, we continue to fight for them and alongside them. We are giving a voice to all those impacted by colorectal cancer. We bravely hold on to hope for a cure.

Together, working hand in hand across industry, academia, advocacy, public health, government agencies, and with patients, this plan will drive and unify stakeholders to ask important questions, prioritize, and expand our scientific efforts.

“Going through a dedicated process with subject matter experts to define actionable steps to a cure is the least we can do for the patient, survivor, and caregiver community.”

— Andrea (Andi) Dwyer, University Colorado Cancer Center and advisor to Fight CRC

Read the Report and be a Research Champion!

FightCRC.org/path
1 BIOLOGY AND ETIOLOGY

PROGRESS INDICATOR
Applying What We Know from Biology and Hereditary Risk to Reduce Late-Stage Colorectal Cancer

WHAT DO WE NEED TO FIGURE OUT?

ETIOLOGY THROUGH AGE CONTINUUM (20s, 30s, 40s, 50s)

HEALTH DISPARITIES AND HOT SPOTS

WHAT’S THE PLAN?

Determine clinical symptomatology

Establish common data research instruments, including environment

Analyze tumor/biology/demographics, PROs through research registry

Patient-level data extraction

Review evidence-based tools and metrics

Create a centralized location

Collective buy in from the medical, research, advocacy, and policy communities

Increase research funding and advocate for stronger policy

Promising practices/evidence-based interventions and recommendations

Decrease incidence of CRC

The Tricky Stuff
The boxes in orange are complicated issues. We use short phrases but don’t let this give you the impression this is easy. Keep reading!
Prevention and Early Detection

What Do We Need to Figure Out?

Integrated, Whole-Person Care

Increase Screening for High-Risk and Those with Symptoms

Do We Need to Screen Before 45?

What's the Plan?

Determine preferred screening methods for 45-50

Determine quality metrics

Understand drivers to increase screening in primary care

Examine increased incidence within subpopulations

Collective buy-in from the medical, research, advocacy, and policy communities

Increase research funding and advocate for stronger policy

Promising practices/evidence-based interventions and recommendations

Decrease incidence of CRC

The Tricky Stuff

The boxes in orange are complicated issues. We use short phrases but don’t let this give you the impression this is easy. Keep reading!
**PROGRESS INDICATOR**

Expanding Treatment Strategies for Colorectal Cancer Patients, Which Have Not Progressed Quickly Enough Over Time

**WHAT DO WE NEED TO FIGURE OUT?**

- **INCREASE CLINICAL TRIAL ENROLLMENT**
  - Focusing on late-stage disease, microsatellite stable, and EAO CRC

- **INCREASE BIOMARKER TESTING**
  - Localized vs. metastatic

- **DESIGN TRIALS THAT ARE INDIVIDUALIZED SEQUENCE THERAPIES**

**WHAT’S THE PLAN?**

- Patient and provider education and inclusion of social determinants of health, research advocates, and incentivization of patient recruitment into open trials

- Patent and provider education and stronger alignment with quality and accreditation measures through NCCN and CoC

- Integrate multidisciplinary teams, increase knowledge of ctDNA and tumor microenvironment, subgrouping by molecular phenotype, optimize treatment strategies (IO/microbiome)

**Building infrastructure and inclusion of equitable approaches**

- Collective buy in from the medical, research, advocacy, and policy communities

- Establish overall survival goal

- Increase research funding and advocate for stronger policy

- Increase overall survival

**The Tricky Stuff**

The boxes in orange are complicated issues. We use short phrases but don’t let this give you the impression this is easy. Keep reading!
WHAT DO WE NEED TO FIGURE OUT?

DEVELOP COLORECTAL CANCER SPECIFIC SURVIVORSHIP

INCINCE CAPACITY FOR HEALTHCARE TEAMS AND SYSTEMS

ADVANCE AND IMPROVE TECHNOLOGY TO PREVENT RECURRENTNE

WHAT’S THE PLAN?

CoC consensus recommendations for screening

Models of care

Include research advocates

Quality measures

Methods of care delivery for telehealth model vs. in-person

Educate PCPs

Advocate with CDC for community-based services

Understand utility of ctDNA tests to guide treatment and monitor for recurrence

Models to improve care and identify high-risk patients for follow-up

Policy expertise to create sustainable patient navigation services

Collective buy-in from the medical, research, advocacy, and policy communities

Increase research funding and advocate for stronger policy

Improve patient clinical outcomes

Better reimbursement of survivorship care

The Tricky Stuff

The boxes in orange are complicated issues. We use short phrases but don’t let this give you the impression this is easy. Keep reading!
Meet the Experts Behind the Path to a Cure Report

Fight Colorectal Cancer (Fight CRC) expresses our deepest appreciation to all those who provided time, effort, and expertise in their contributions, discussions, and evolution of this report. A special thanks to our advisors and writers, for their contributions in stimulating suggestions, encouragement, and vision in the efforts to save lives from colorectal cancer.

Path to a Cure Report continues to engage the conversation around patient education and awareness, communication with your healthcare provider—especially around an extremely uncomfortable topic, family history, and systems and practices—and how we align incentives with what is actually best for everyone.

Al Benson, MD
Yin Cao, ScD, MPH
Dustin Deming, MD
Ashley Glode, PharmD
Richard Goldberg, MD
Samir Gupta, MD
Heather Hampel, MS, LGC
Chris Heery, MD
Rishi Jain, MD
Sheetal Kircher, MD
Jennifer Kolb, MD
Scott Kopetz, MD
Smitha Krishnamurthi, MD
Dung Le, MD
Chris Lieu, MD
Fola May, MD, PhD
Noel de Miranda, PhD
Caitlin Murphy, PhD, MPH
Linda Overholser, MD, MPH
Michael Overman, MD
Swati Patel, MD
José Perea, MD
Nicholas Petrelli, MD, FACS
Leonard Saltz, MD
Nina Sanford, MD
Cynthia Sears, MD
Rebecca Seigel, MPH
Robert Smith, PhD
Peter Stanich, MD
Joel E Tepper, MD
Erin Van Blarigan, ScD
Jennifer Weiss, MD, MS
Karen Wheling
Ann Zauber, PhD

Northwestern University
Washington University School of Medicine in St. Louis
University of Wisconsin Carbone Cancer Center
University of Colorado
West Virginia University Cancer Institute
University of California, San Diego
Ohio State University Comprehensive Cancer Center
Precision BioSciences
Fox Chase Cancer Center
Northwestern University
VA Greater Los Angeles Health Care System
MD Anderson
University of Texas Southwestern
Johns Hopkins Medical Center
University of Colorado Cancer Center
University of California, Los Angeles
Leiden University
University of Texas Southwestern
University of Colorado Cancer Center
MD Anderson
University of Colorado
Fundación Jiménez Díaz University Hospital
ChristianaCare Health System
Memorial Sloan Kettering Cancer Center
UT Southwestern
Johns Hopkins University
American Cancer Society
American Cancer Society
Ohio State University
University of North Carolina School of Medicine
University of California, San Francisco
University of Wisconsin
Survivor Advocate
Memorial Sloan Kettering Cancer Center

*Chair of Fight CRC’s Path to a Cure Think Tank on December 3, 2021.