

NDCC NEWS

APRIL 2026

NDCC/NDCCRT ANNUAL MEETINGS

We want to make this the biggest and best annual meeting ever! Consider inviting a friend or colleague!

[Register](#)

ACS NCCRT ANNOUNCES FOUR NEW NATIONAL ACHIEVEMENT AWARDEES

The Awardees' Work Will Be Showcased Throughout 2026

On March 16, the ACS NCCRT announced four new organizations that will be highlighted throughout 2026 for their extraordinary work to reduce the incidence of and mortality from CRC across the U.S. through the [ACS NCCRT National Achievement Awards](#). This year's recipients are ScreenND at Quality Health Associates of North Dakota (Grand Prize, CRCCP), the Bridging Research Innovation Advocacy and Value-Centric Excellence in Young-Onset Colorectal Cancer Program at The University of Texas MD Anderson Cancer Center (Health System Treatment Program), the Fred Hutch/UW Medicine Population Health Colorectal Cancer Screening Program (Health System Screening Program), and MNGI Digestive Health (Links to Care Program).

Look forward to seeing their work highlighted throughout the next year on the ACS NCCRT website, on webinars, and at the 2026 ACS NCCRT Annual Meeting.

April is the awareness month for the following cancers:

- Testicular Cancer
- Head & Neck Cancer
- Esophageal Cancer
- National Prevention and Early Detection Month

2026 ANNUAL MEETINGS

Dakota Medical Foundation, Fargo, ND



Wednesday, April 29, 2026
1:00 PM - 4:30 PM

12:15	Registration/Venor area open
1:00 - 1:05	Welcome: Beverly Greenwald, PhD, APRN
1:05 - 1:15	TBA, Pancreatic Cancer Survivor Story
1:15 - 1:30	Business Meeting: Beverly Greenwald, PhD, APRN
1:30 - 1:40	Announcement: Turn ND Blue winners, Nikki Medalen MSN, RN
1:40 - 2:10	HPV Infection: Immunizing for Cancer Prevention, Tracie Newman, MD
2:10 - 2:40	Brief Progress Updates: <ul style="list-style-type: none"> • Breast cancer awareness coffee sticker project report, Bobbie Will and Carolyn Tufte • Sanford Lung Cancer Screening, Jennifer Weiss BS • Access to care to prevent and screen for cancer, Susan Mormann, BA
2:40 - 3:10	Break/Vendors
3:10 - 4:25	Panel: Motivational Interviewing for Substance Use <ul style="list-style-type: none"> • Tobacco Cessation Brody Maack, PharmD • Alcohol Cessation, Amy Werremeyer, PharmD • Motivational Interview Mary Larson PhD, MPH
4:25 - 4:30	Wrap-up and Adjourn



Thursday, April 30, 2026
8:30 AM - 12:00 PM

8:00 - 8:30	Registration/Venor area open
8:30 - 8:35	Welcome: Jared Marquart, MD
8:35 - 8:50	Survivor Story, Tom Haun
8:50 - 9:50	New Strategies to Increase CRC Screening, Aasma Shaukat, MD
9:50 - 10:05	Rise in Early Onset Colon Cancer, Jared Marquardt, MD
10:05 - 10:35	Break/Vendors
10:35-11:05	ScreenND Program: Nikki Medalen, Jonathon Gardner, Carolyne Tufte
11:05 - 11:45	Facilitated Activity: Quality Health Associates of North Dakota
11:45 - 11:55	Report Out
11:55 - 12:00	Wrap-up and Adjourn

- Objectives:**
- Apply key insights from survivor stories to improve practice.
 - Promote HPV vaccination with one actionable strategy.
 - Identify improvements in cancer screening and access to care.
 - Use motivational interviewing to support tobacco and alcohol cessation.
 - Translate group discussion insights into a clear next step for their team or organization.

Register Now! www.ndcancercoalition.org/2026-annual-meeting

CONGRATULATIONS TO THE 2026 ACS NCCRT NATIONAL ACHIEVEMENT AWARDEES

GRAND PRIZE:

Quality Health Associates of North Dakota

HONOREES:

BRAVE-CRC at the University of Texas MD Anderson Cancer Center
Fred Hutch/UW Medicine Population Health CRC Screening Program
MNGI Digestive Health



We hope you will join us in recognizing their accomplishments by viewing and sharing the [press release](#), amplifying our posts on social media ([X](#) and [LinkedIn](#)), or by viewing our recently recorded [National CRC Awareness Month Webcast](#).
[Read About the Awardees](#)
[Watch the Webcast](#)

NDCC NOMINATIONS COMMITTEE ANNOUNCES CANDIDATES TO EXECUTIVE BOARD

The NDCC Nominations Committee Announces the following nominations for Executive Committee positions, to be voted on 4/29/2026 at the NDCC Annual Meeting in Fargo. Registration for the annual meeting may be found here: www.ndcancercoalition.org/2026-annual-meeting/

Chair: Sara Anderson

Sara Anderson is the Survivorship & Community Outreach Program Manager at Essentia Health's Cancer Center and has over 20 years of experience working in healthcare. In her role, Sara goes into the community to help educate on the importance of cancer screenings, a healthy lifestyle, and much more. She also creates, implements, and helps lead any needed support programs that their patients and caregivers may need during the cancer journey. Sara also sits on the Breast Leadership Program Committee and works closely with the cancer registrar team to help Essentia Health Cancer Center Fargo maintain their National Accreditation Program for Breast Centers. Sara has been a member of the North Dakota Cancer Coalition and North Dakota Colorectal Roundtable for over 6 years and is the current Vice Chair.



She holds a Master of Science in Healthcare Management and is a Certified Advanced Care Planning Facilitator. Sara loves being able to connect with the patients on a more personal level to help bring their smiles and happiness back again.

Vice Chair: Alexandria Merdanian (No photo available)

Alexandria Merdanian is the Program Coordinator for the Great Plains Tribal Leaders Health Board's Comprehensive Cancer Control Program. She is a new member to the North Dakota Cancer Coalition and is anxious to get involved.

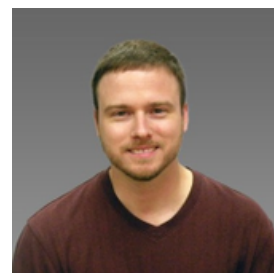
Fundraising Chair: Dustin Nowotny

Dustin Nowotny is a board-certified general at Essentia Health in Fargo. He currently serves as Section Chair of General Surgery and Clinical Instructor of Surgery at the University of North Dakota. His clinical work includes caring for patients with complex cancer diagnoses, and he is actively involved in advancing high-quality cancer care across the region as the State Chair for the Commission on Cancer. As a former Cancer Liaison Physician and current member of multiple national surgical societies—including the American College of Surgeons and the Society of American Gastrointestinal and Endoscopic Surgeons—he works with guideline development, quality initiatives, and education that directly impact cancer treatment standards. He will bring a strong focus on evidence-based care, multidisciplinary collaboration, and improving outcomes for cancer patients throughout North Dakota.



Information Officer: Jonathan Gardner

Jonathan has over 25 years of professional experience in Information Technology, with more than 20 years engineering, administering, and maintaining healthcare information systems and providing and maintaining healthcare-related technical solutions. In his current position with Mountain Pacific he provides data analysis and technical assistance for multiple quality improvement projects, as well as maintains the infrastructure used to collect, store, and process quality healthcare data. Jonathan is currently the website manager for the NDCC.



APRIL IS CANCER PREVENTION AND EARLY DETECTION MONTH!

April is here and we're excited to come together for **Cancer Prevention and Early Detection Month!** Thank you for your support of the Prevent Cancer Foundation and this important initiative over the years. Here's how you can get involved:

- Amplify the message using the official Cancer Prevention and Early Detection Month **Partner Toolkit**, where you can access resources, post on social media and more.
- Wear green on Friday, April 10! We're asking our supporters and friends to get your green on to remind people to stay ahead of cancer through prevention and early detection. Share a picture on social media with the hashtag **#GetYourGreenOn**.

2026-2029 ACS NCCRT STRATEGIC ROADMAP

The Roadmap Provides a Collective Vision Forward for the Roundtable. During the **March 18 Webcast**, the ACS NCCRT was pleased to share that they completed and published a **2026-2029 ACS NCCRT Strategic Roadmap**, which takes effect, April 1, 2026. This new roadmap expands their focus across the full colorectal cancer (CRC) continuum, strengthening commitment to prevention, early detection, timely diagnosis, high-quality treatment, and health equity. It reflects years of collaboration, listening, and learning, and it charts a clear path toward achieving greater and longer-lasting impact.

Throughout the next three years, we'll work together to:

- Accelerate evidence-based strategies that increase CRC screening rates and close gaps in care
- Amplify best practices across the CRC continuum from communities, health systems, and partners nationwide
- Support innovation that advances early-age onset CRC awareness and response
- Strengthen partnerships that move us closer to our shared vision of reducing CRC mortality and disparities for all people

[Learn More](#)



NEW ACS RESEARCH: MORTALITY DISPARITIES WIDEN IN RURAL AREAS COMPARED AND URBAN AREAS

Two New Studies Highlight the Increase in Cancer Burden in Rural Areas

ACS researchers have **recently published** two studies showing higher cancer mortality rates for those living in rural areas due to access to care issues, including specific survivorship care, lower screening rates, higher poverty, and several other factors. While trends prior to 1990 and 2000 showed higher overall cancer mortality in large and medium-sized metropolitan areas, newer data has shown that trend is reversing. From 2021-2023, non-metropolitan areas with the smallest urban population had the highest cancer mortality rates and large metro areas had the lowest. Data trends shows that the gap continues to widen between these two geographic groups across lung, CRC, and breast cancers.

The ACS NCCRT has recognized that rural areas may have specific needs to increase CRC screening and created a guidebook for those working in rural communities in 2025. View the practical guide [here](#).
pressroom.cancer.org/cancer-in-rural-areas

TESTICULAR CANCER AWARENESS: EARLY DETECTION SAVES LIVES: TAKE ACTION. RAISE AWARENESS. MAKE A DIFFERENCE.

April is Testicular Cancer Awareness Month, a time dedicated to raising awareness about the most common cancer in men 15-44.

Early detection is key, often eliminating the need for additional surgeries, chemotherapy, or radiation. It also eases the financial and emotional burden on patients and their families.

This month, we encourage you to take action to help raise awareness and support the fight against this disease. Together, we can increase awareness, save lives, and make a meaningful difference.

SOCIAL MEDIA TOOL KIT FOR TESTICULAR CANCER AWARENESS: **31 days of posts!**

AAO-HNSF CLINICAL PRACTICE GUIDELINE: EVALUATION OF THE NECK MASS IN ADULTS

The primary purpose of this guideline is to promote the efficient, effective, and accurate diagnostic workup of neck masses to ensure that adults with potentially malignant disease receive prompt diagnosis and intervention to optimize outcomes. Read the [Clinical Practice Guideline](#).

[Podcast Part 1: Implications for Otolaryngologists](#)

[Podcast Part 2: Implications for Non-otolaryngologists](#)

APPLETON FIREFIGHTERS AND RETIREES SCREENED FOR ESOPHAGEAL CANCER DUE TO INCREASED RISK

Story by Josh Cavender, FOX 11 News | Green Bay, WI

Developing cancer is an unfortunate hazard of the job for firefighters.

That's why crews in Appleton are getting screened this week as part of an expanding initiative to proactively catch early-stage cancer.

Caption: Firefighters are more likely to develop esophageal cancer due to smoke exposure during their service.

Early detection could minimize risk of death. (WLUK)

On Monday, Appleton firefighters were tested for esophageal cancer using a balloon device. They swallowed the tube and the balloon inflated in their stomach to get a sample.

[Read more...](#)

COLORECTAL CANCER STATISTICS, 2026

Siegel, R. L., Wagle, N. S., Star, J., Kratzer, T. B., Smith, R. A., & Jemal, A. (2026). Colorectal cancer statistics, 2026. CA: A Cancer Journal for Clinicians, 76(2), e70067. <https://doi.org/10.3322/caac.70067>

Colorectal cancer (CRC) is the second most common cancer-related death in the United States and ranks first in adults younger than 50 years. Every 3 years, the American Cancer Society reports on CRC occurrence based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. Overall, CRC incidence declined by 0.9% annually during 2013–2022 driven by decreases of 2.5% annually in adults aged 65 years and older. In sharp contrast, incidence rates increased by 3% annually in adults aged 20–49 years and by 0.4% annually in adults aged 50–64 years dominated by tumors in the distal colon and rectum. Consequently, overall rectal cancer incidence increased by 1% annually from 2018 to 2022 after decades of decline and now accounts for 32% of all CRC, up from 27% in the mid-2000s. Increasing CRC incidence in adults aged 50–64 years was confined to regional and distant-stage diagnosis (1.1%–1.3% annually during 2013–2022), likely contributing to an upturn in mortality in this age group of 1% annually since 2019 that was steepest (2.3% annually) in White individuals. Mortality has increased in adults younger than 50 years by 1% annually since 2004, whereas rates have decreased in adults 65 years and older by 2.3% annually since 2012. Despite steady progress for older adults, both CRC incidence and mortality are increasing in adults younger than 65 years who are in the prime of life, underscoring an urgent need for etiologic research to discover the cause of the rising trend. Meanwhile, morbidity and mortality could be mitigated with earlier diagnosis, through screening and educating clinicians and the general public about CRC symptoms, and greater attention to the unique needs of younger patients, including discussion about the preservation of fertility and sexual health.

JOIN FIGHT CRC IN THEIR CALL-ON CONGRESS!

Join Fight Colorectal Cancer in advocating for greater funding for colorectal cancer research and screening! Congress is beginning to work on its FY27 funding priorities and now is a critical time for members of Congress to hear from us about what is important to the colorectal cancer community. Fight CRC has made it easy to reach out to your elected officials by completing an action alert to urge them to support the creation of a [Colorectal Cancer Research Program within the Department of Defense](#) as well as increased funding for the [CDC's Colorectal Cancer Control Program](#). Completing the action alert only takes a few minutes! Share with your community so that Congress hears the colorectal cancer community loud and clear.

AN UPDATE TO THE AMERICAN CANCER SOCIETY CERVICAL CANCER SCREENING GUIDELINE.

Perkins, R. B., Wolf, A. M. D., Church, T. R., Elkin, E. B., Skates, S. J., Etzioni, R. D., Guerra, C. E., Herzig, A., Hoffman, R. M., Oeffinger, K. C., Raoof, S., Shih, Y. T., Walter, L. C., Zeigler-Johnson, C., Manassaram-Baptiste, D., & Smith, R. A. (2026). Self-collected vaginal specimens for human papillomavirus testing and guidance on screening exit: An update to the American Cancer Society cervical cancer screening guideline. CA: A Cancer Journal for Clinicians, 76(1), e70041. <https://doi.org/10.3322/caac.70041>

This update expands the 2020 American Cancer Society (ACS) cervical cancer screening guideline for average-risk women and individuals with a cervix who are at average risk, to include self-collection for human papillomavirus (HPV) testing and revised guidance for exiting cervical cancer screening. Self-collected vaginal specimens, a method of primary HPV testing, align with the ACS cervical cancer screening guideline. When clinician-collected cervical specimens are used for HPV testing, repeat screening is recommended every 5 years for those with a negative test. For self-collected vaginal specimens, the ACS endorses the following recommendations of the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee (of which it is a member): (1) primary HPV screening using clinician-collected cervical specimens is preferred, and self-collected vaginal specimens are acceptable for average-risk individuals aged 25–65 years; and (2) repeat testing in 3 years is recommended after a negative result on a self-collected HPV screening test. These recommendations apply only to combinations of collection devices and HPV assays approved by the US Food and Drug Administration for HPV testing in a clinical setting or at home. The rationale notes that the use of self-collected vaginal specimens can overcome barriers to screening for many patients, but most patients who test HPV-positive will require extra follow-up steps, and data on long-term, real-world effectiveness are limited. For certain high-risk individuals, clinician-collected samples are still recommended. Furthermore, in response to high rates of cervical cancer among individuals older than 65 years and with poor implementation of current exiting screening criteria, ACS has amended the 2020 guideline to recommend HPV testing at ages 60 and 65 years, with the last HPV test at an age no younger than 65 years as a requisite to exiting screening. The revised recommendation states: To qualify for discontinuation of screening, the ACS recommends an average-risk woman or an individual with a cervix at average risk have negative primary HPV tests (preferred) or negative co-testing using HPV tests and cytology (acceptable) at ages 60 and 65 years. If primary HPV tests or co-testing are not available, three consecutive negative cytology (Papanicolaou) tests at the recommended screening interval with the last test at age 65 years are acceptable. If self-collected vaginal specimens are used for HPV testing, the 3-year testing interval should be followed. Additional screening exit stipulations relate to women at higher risk because of prior abnormal test results or current immune suppression.

UPCOMING EVENTS

North Dakota Cancer Coalition and North Dakota Colorectal Cancer Roundtable Annual Meetings
4/29-30, 2026 | Dakota Medical Foundation in Fargo

Register

Great Plains Tribal Health Partners in Chronic Disease Prevention Symposium
May 19-20, 2026 | Box Elder Events Center, Rapid City, SD

Register

Stay CONNECTED!



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[@NDCANCERCOALITION](https://www.facebook.com/NDCANCERCOALITION)

The NDCC has a facebook page of valuable information for your cancer prevention and treatment activities. If you have news to share there, contact:

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