

Who We Are & What We Do

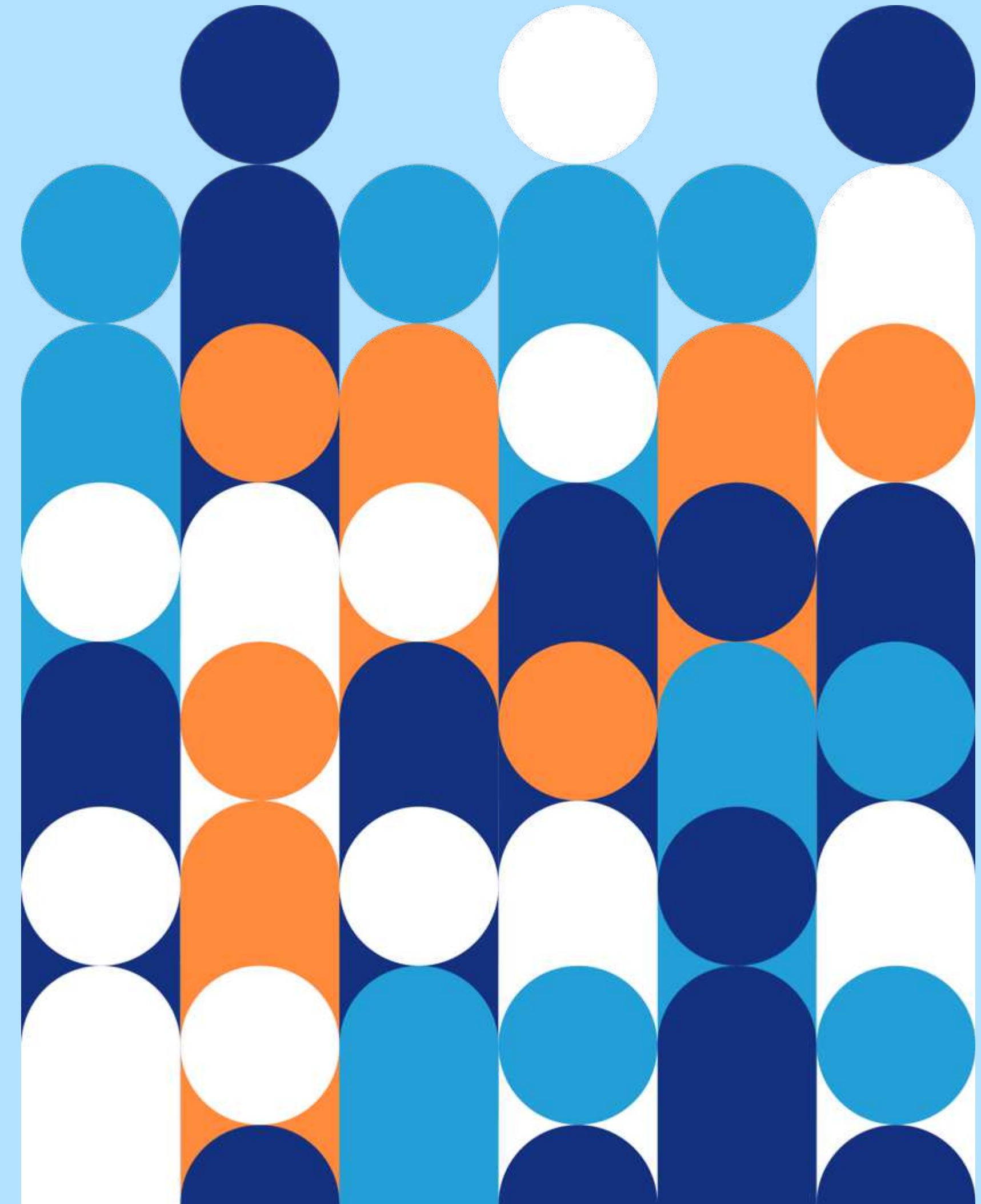


**GLOBAL
COLON CANCER
ASSOCIATION**

The Global Colon Cancer Association (GCCA) advocates for equitable access to quality colorectal cancer screenings, testing, treatments, and care, because where you live should not determine whether you can prevent or survive colorectal cancer.

As both a membership-based umbrella organization and a direct-to-patient advocacy organization, GCCA works toward this goal by amplifying and supporting the efforts of our member organizations, by developing adaptable advocacy and educational materials for our members, and by conducting our own advocacy, education, and initiatives that ensure patients are at the heart of all policy discussions.

The GCCA partners with 100+ organizations around the world and supports the creation of advocacy groups in developing areas which have no colorectal cancer organizations.



GCCA Leadership Team



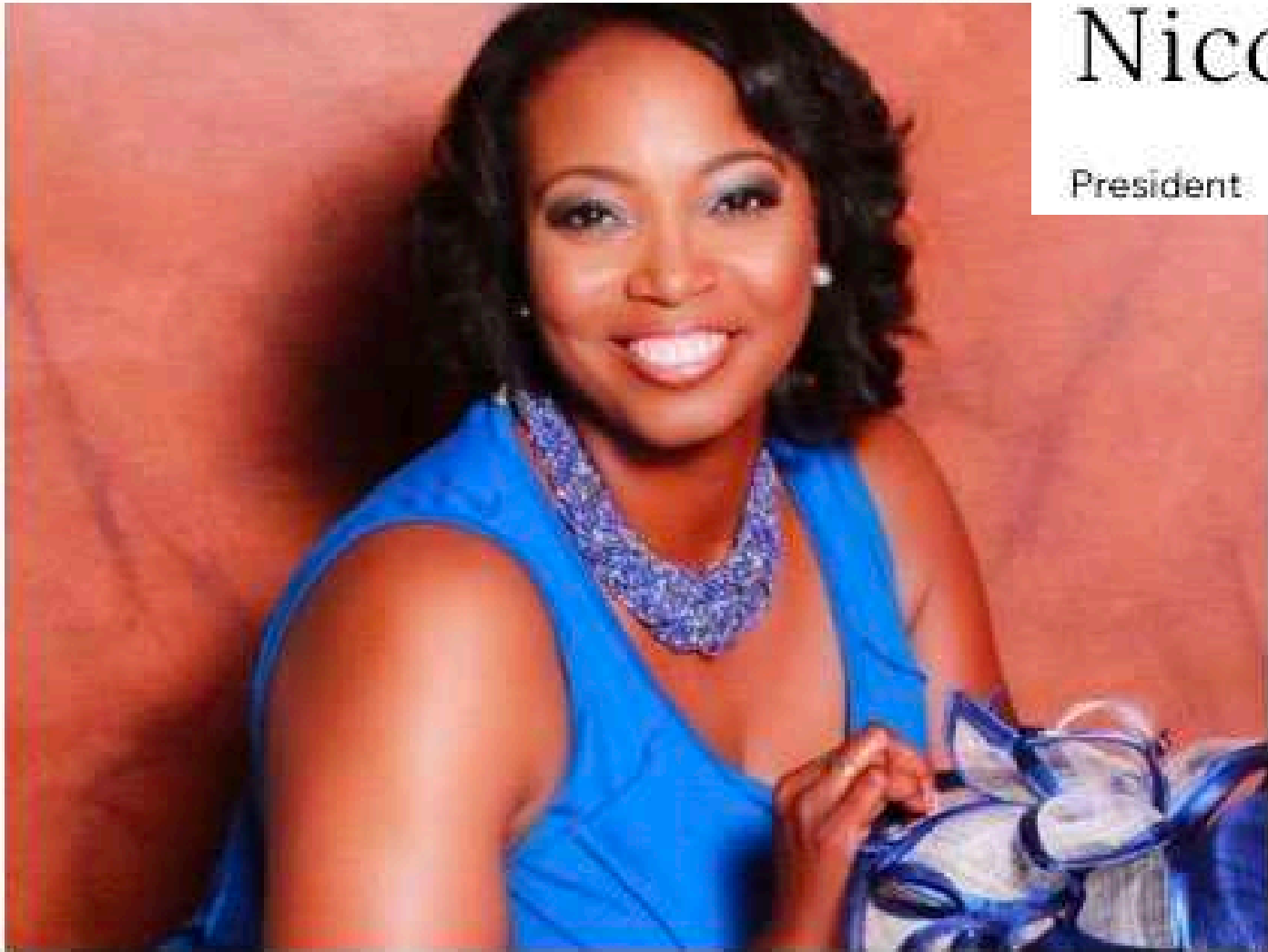
Andrew Spiegel, Esq.

Chief Executive Officer



Nicole Sheahan

President



Candace Henley, MPH, CPN

Director of Equity and Partnerships
Global Colon Cancer Association

Read bio →



Boitumelo Chrysanthemum
Ramasodi

Regional Director for Southern Africa

Global Colon Cancer Association Member Organizations

102 member organizations

51 countries



Global Colon Cancer Association Members (by Region)



Americas (North)



Americas (South)



Africa



Eastern Mediterranean



Global Colon Cancer Association Members (by Region)



Europe



Southeast Asia



Western Pacific



Know Your Biomarker



 Know Your Biomarker


How do biomarkers affect your colorectal cancer journey?

Scan the QR code to learn about each biomarker and how it may impact your colorectal cancer treatment options.

To hear patient stories visit knowyourbiomarker.org and learn more about biomarker testing and treatment impact.

MSS **HER2**
KRAS **CEA** **BRAF**
NRAS **TMB** **MSI**
Tumor Location **Lynch Syndrome**
NTRK Fusion **ctDNA** **FAP**

 BRAF	 CEA	 ctDNA	 DPYD
 FAP	 HER2	 KRAS	 Lynch Syndrome
 MSI	 MSS	 NRAS	 NTRK Fusion
 PIK3CA	 TMB	 Tumor Location	 UGT1A1

 Know Your Biomarker

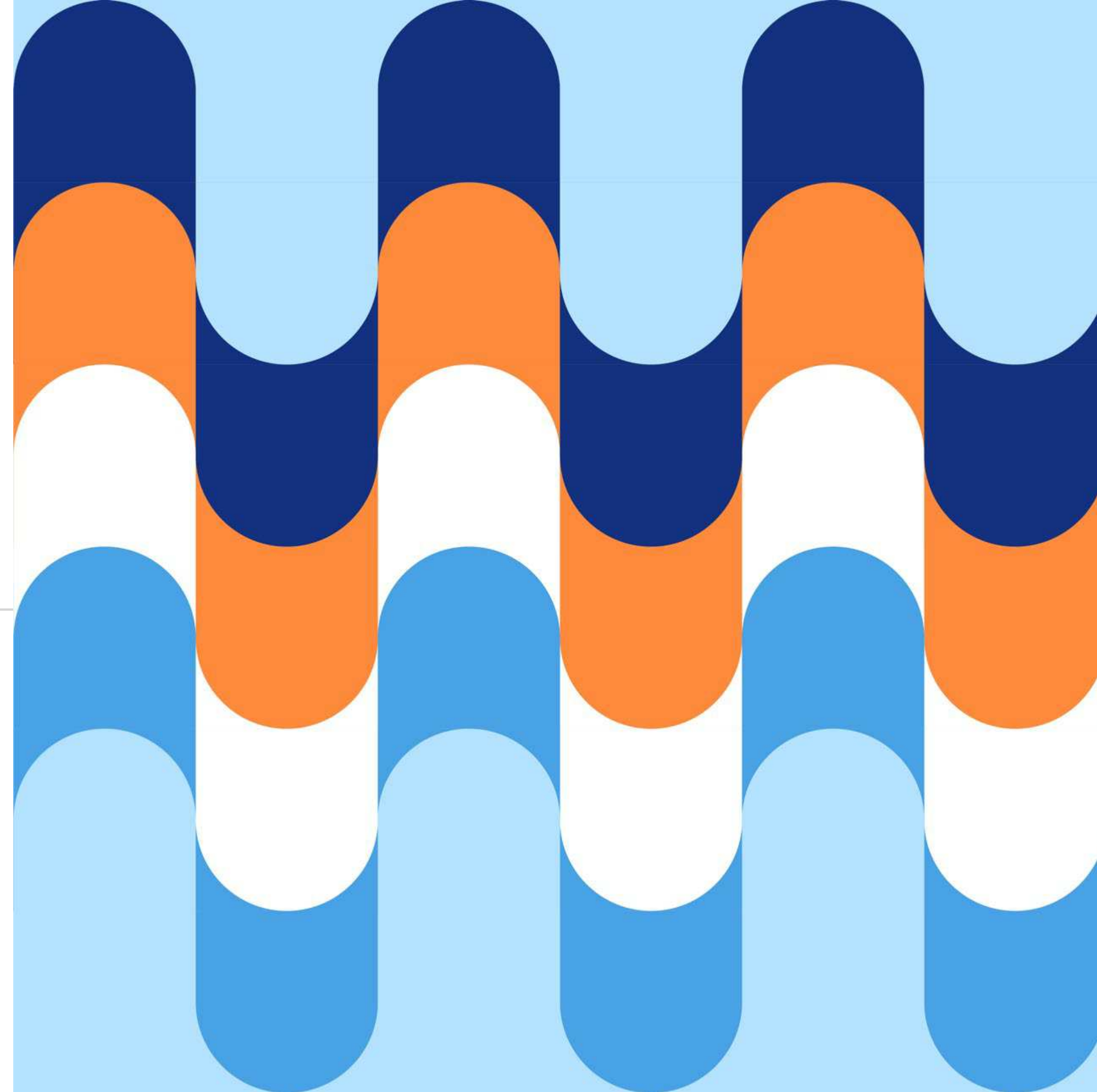
What is Lynch Syndrome?

MSI UGT1A1 ctDNA Tumor Location
Lynch Syndrome DPYD PIK3CA
NTRK Fusion MSS BRAF NRAS TMB



What is a tumor-agnostic treatment?

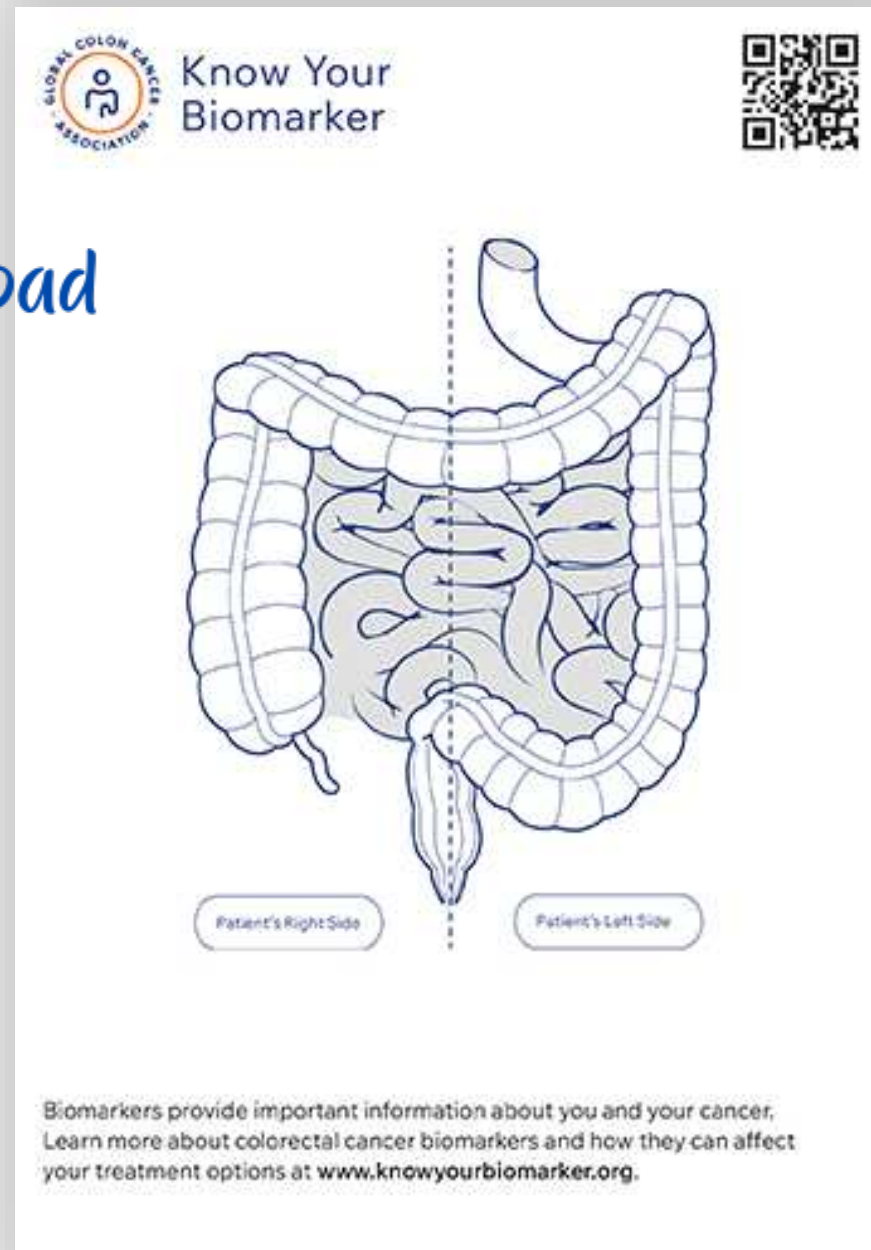
 Know Your Biomarker





Know Your Biomarker

"Prescription" tear pad



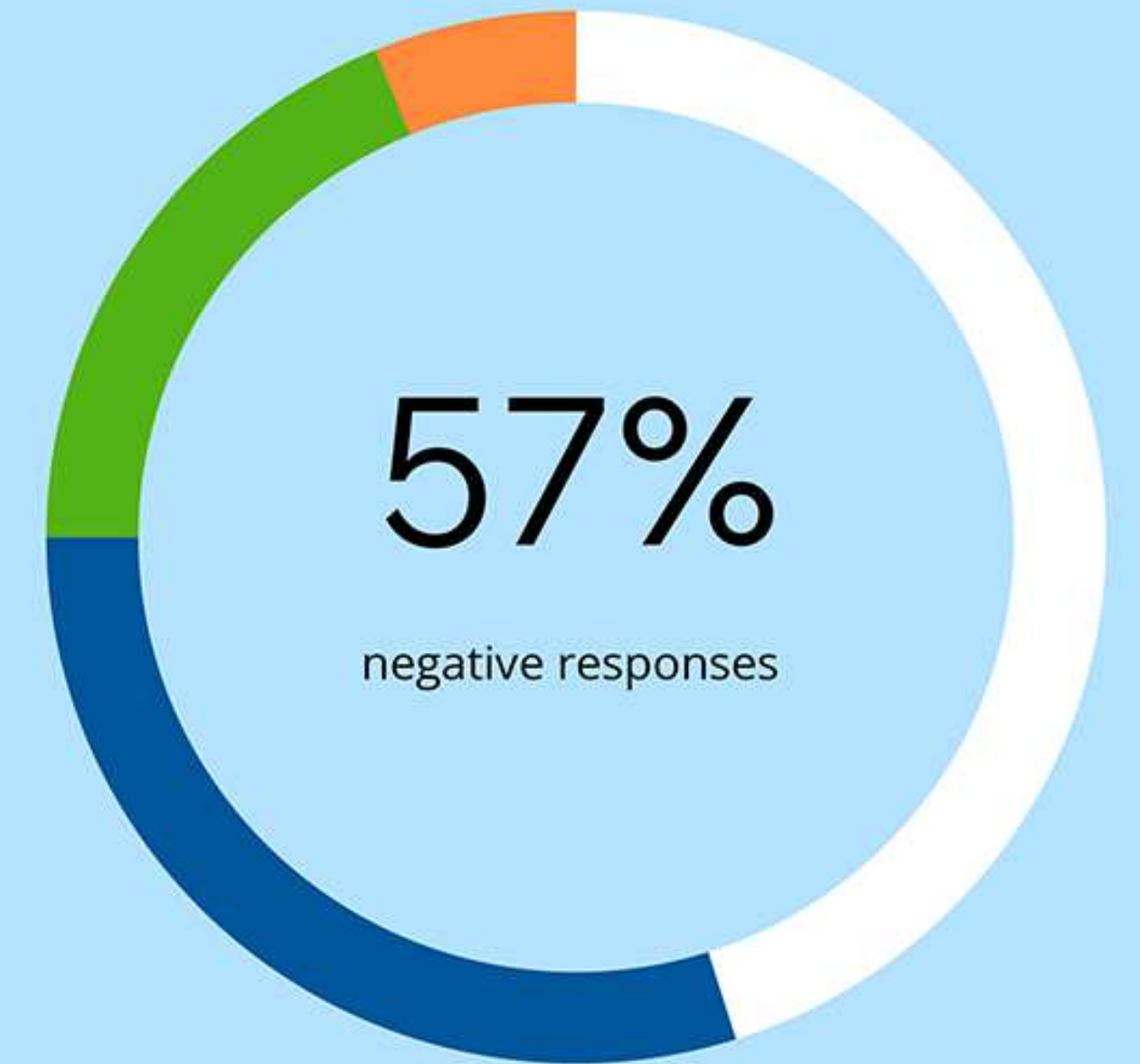
Challenges: Access, Awareness & Education

Biomarker testing leads to life-saving treatment options. Access remains a major barrier to patients. However, even in communities where biomarker testing is available and reimbursed, testing rates are lagging behind.

GCCA is working to address the common barriers so that colorectal cancer patients can benefit from scientific advances.



GCCA's international survey asked CRC patients and survivors how the results of biomarker testing were discussed with them:

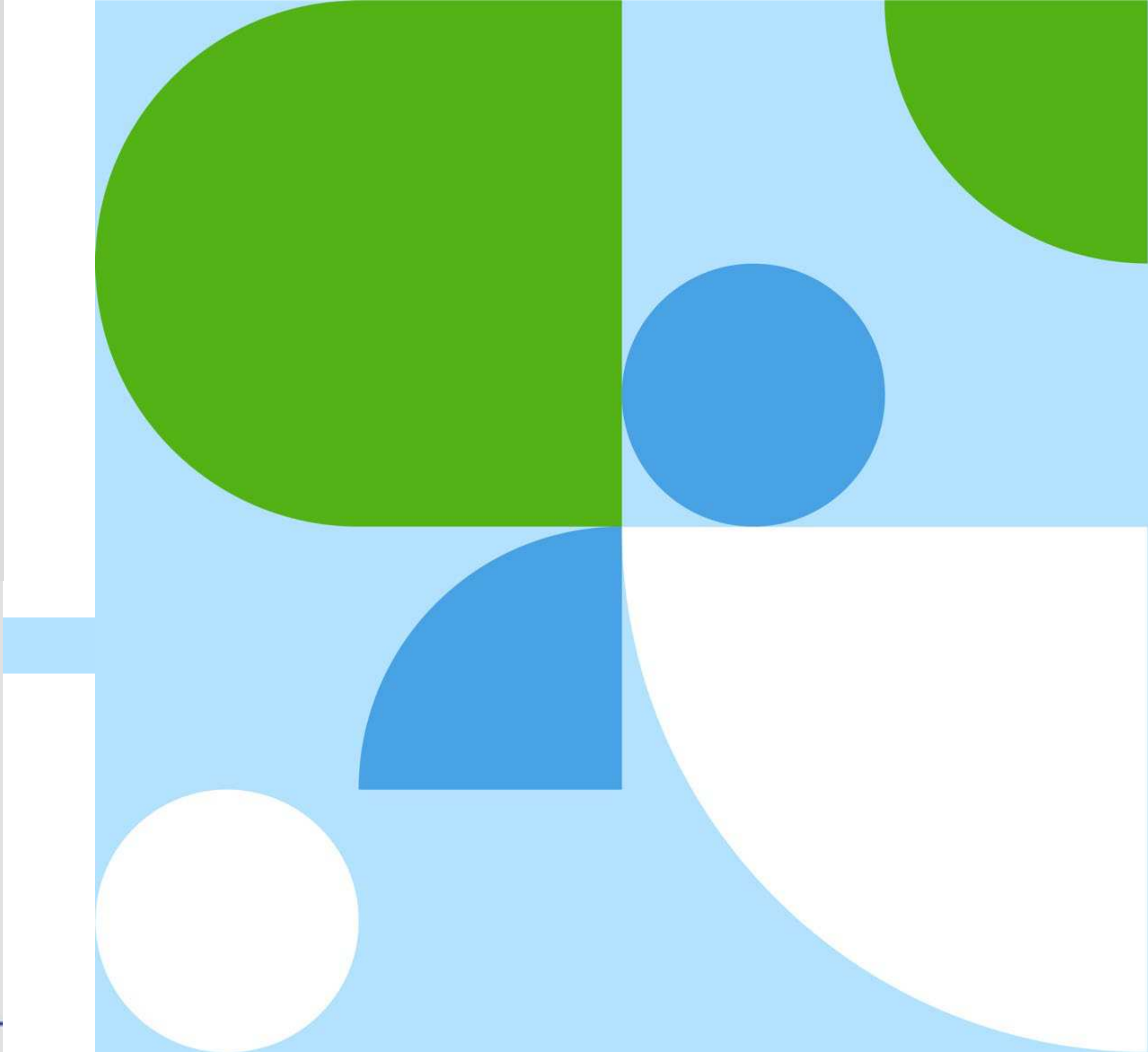


- 32% I was tested, and the results were shared with my oncologist or member of my care team, but it was confusing and I did not understand how the results can impact my treatment options
- 18% I don't know if I was tested – no discussion took place for biomarkers
- 7% I was tested, but the results were not shared or discussed with me

2024 GLOBAL CONGRESS

Global Colon Cancer Congress

The 2024 Congress will be held October 18 in Cape Town, South Africa.



October 18

In person & Live Stream

GCCA is building a global community of advocates and advocacy organizations to share information about how to make the most impact in the sphere of colorectal cancer advocacy and patient-centered policy.

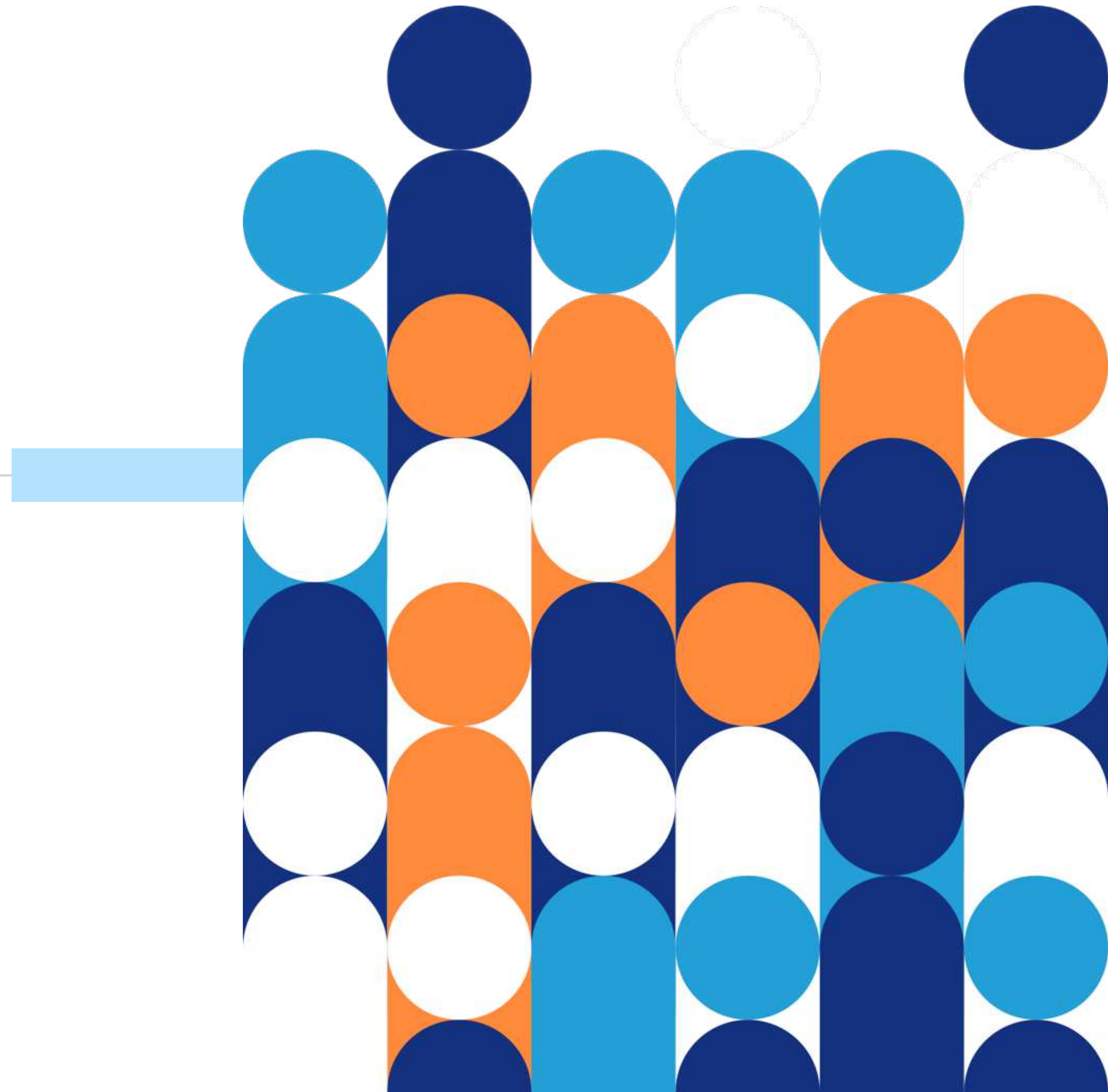
This meeting provides a unique opportunity for GCCA members from around the globe to meet, in person, to collaborate and learn from each other as experts in the advocacy work they do in their communities.



CRC Health Equity Grants

2022 & 2023
Recipient
Countries:

- Brazil
- Croatia
- Cyprus
- Kenya
- Lebanon
- Malawi
- Nigeria
- Tanzania
- U.S.





CRC Health Equity Grants



Challenges

Advocates and organizations around the world have relationships and partnerships in their communities but may lack the financial resources to make the most of them.

“Receiving the colorectal cancer health equity grant from the GCCA, is beyond monetary support. It has caused a pivotal role in fostering communication and collaboration and equal access to essential resources. This grant amplifies our influence and expands our reach.”

Solutions

Providing financial assistance to fill specific unmet needs in under-resourced communities, with priority in LMICs.

Seeking recipients focused on equity driven screening programs, educational opportunities, patient support, and policy initiatives



Godwin Nnko, MD
Clinical Oncologist
Tanzania Oncology Society

Transforming Policy

Transforming Policy Toolkit

Strategic guidance and resources for colorectal cancer policy advocates



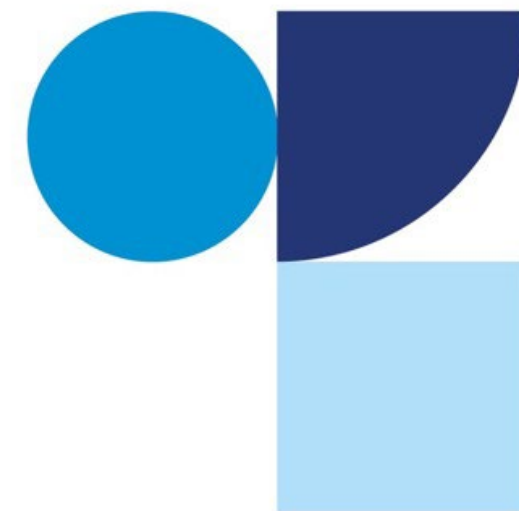
Introduction

Transform policy in your community to fight colorectal cancer.

The global incidence of colorectal cancer is increasing. Worldwide, 1.88 million people were diagnosed with colorectal cancer (CRC) in 2020, and that number is expected to reach 3.08 million in 2040. Mortality is increasing too, with 1.59 million people expected to die from CRC in 2040, compared to 916,000 in 2020. In addition to these devastating human costs, the economic burden of CRC is projected to reach INT\$2.8 trillion globally between 2020 and 2050.

There are effective screening tests for colorectal cancer. There are effective treatments for colorectal cancer. But access to these screening tests and treatments is insufficient. The way to address this is through transforming colorectal cancer policy.

The Global Colon Cancer Association (GCCA) Transforming Policy toolkit provides a general guide to effecting colorectal cancer policy change in any community. This toolkit has tips for effective policy advocacy, including how to make the most of social media and how to join efforts with other advocates. It includes a checklist to help advocates organize their policy goals and strategy, from identifying their specific issue to finding the right policymakers to approach. The Transforming Policy toolkit contains a sample letter to policymakers and the Policy Scorecard for Colorectal Cancer, a tool advocates can use to present information to policymakers to support their policy requests. to support their policy requests.



2020

1.88m

Number of people diagnosed with colorectal cancer

916,000

Number of people who died from colorectal cancer

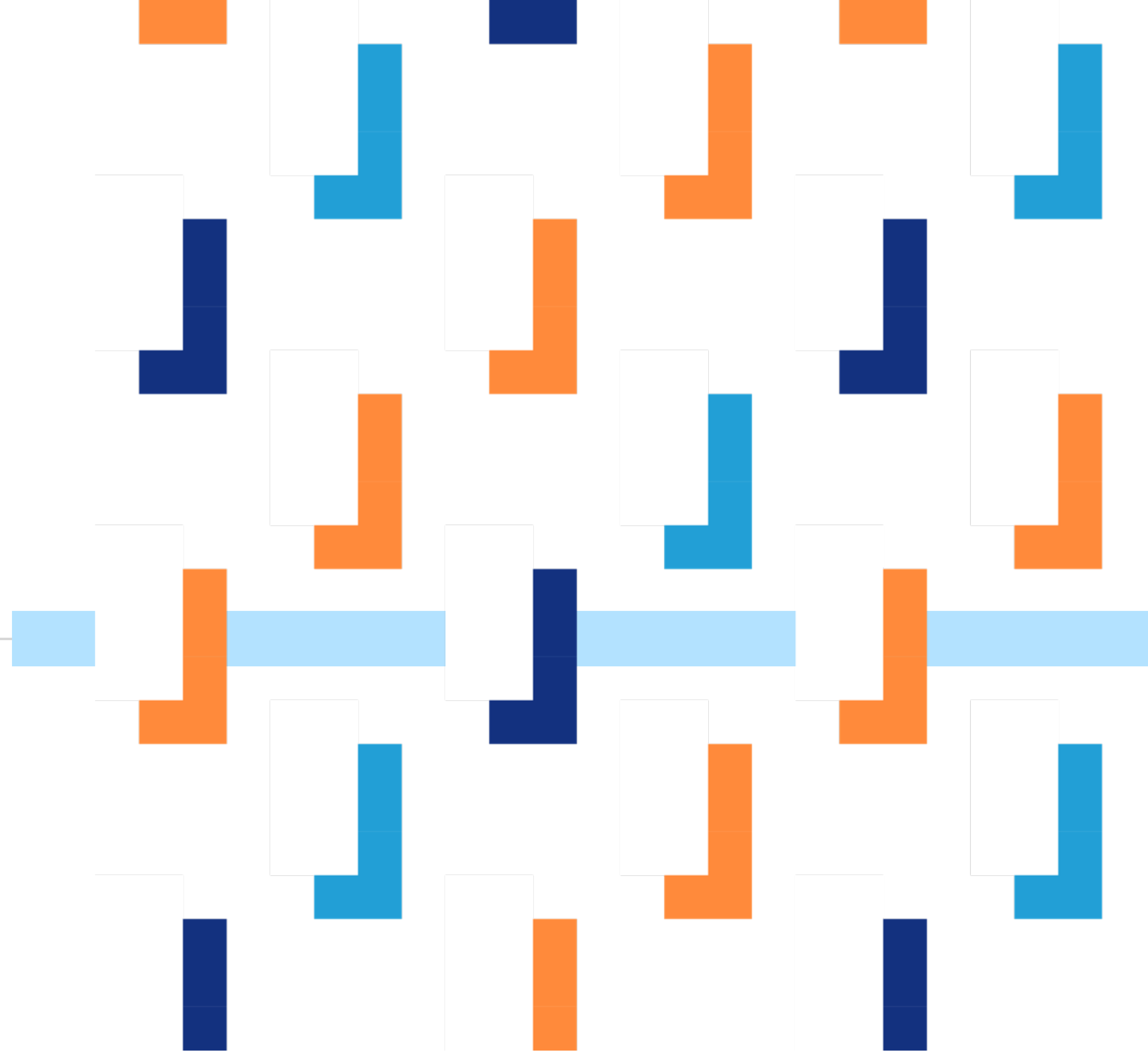
2040

3.08m

Number of people expected to be diagnosed with colorectal cancer

1.59m

Number of people predicted to die from colorectal cancer

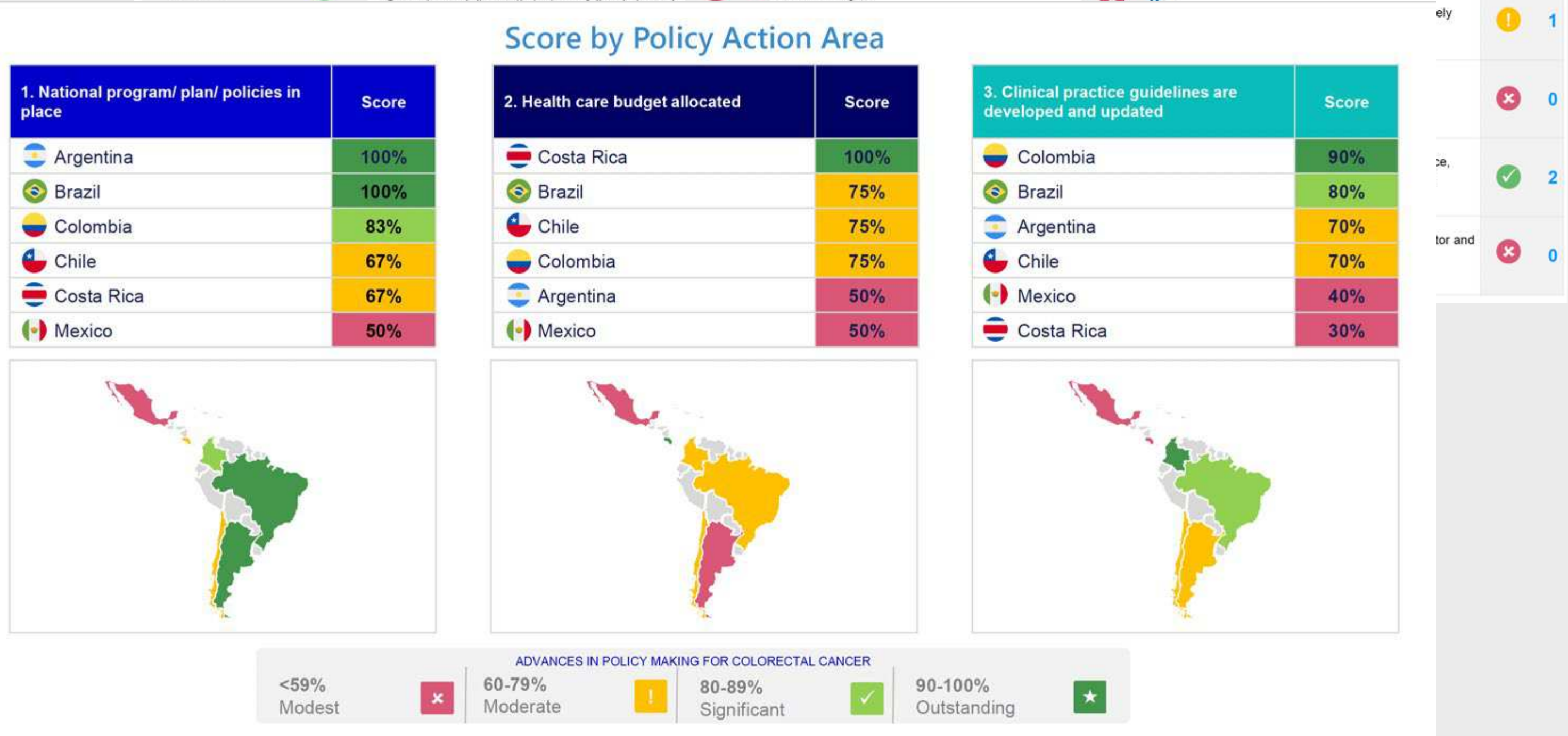
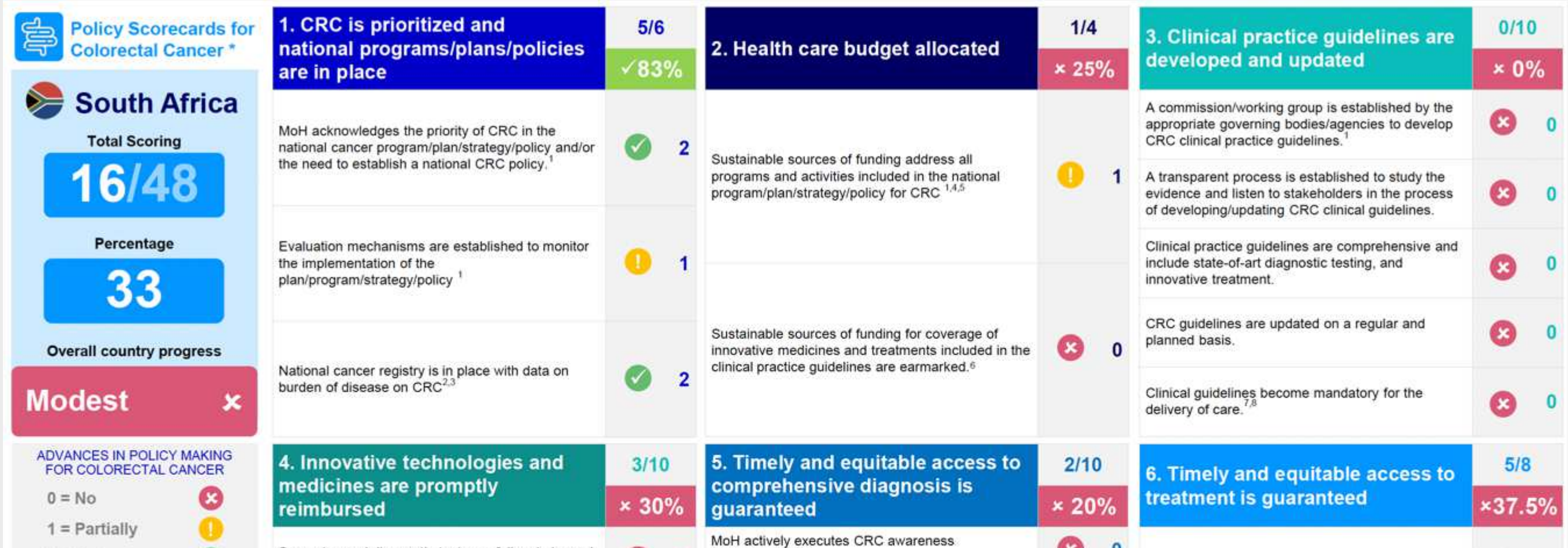


Solutions: Policy Scorecards

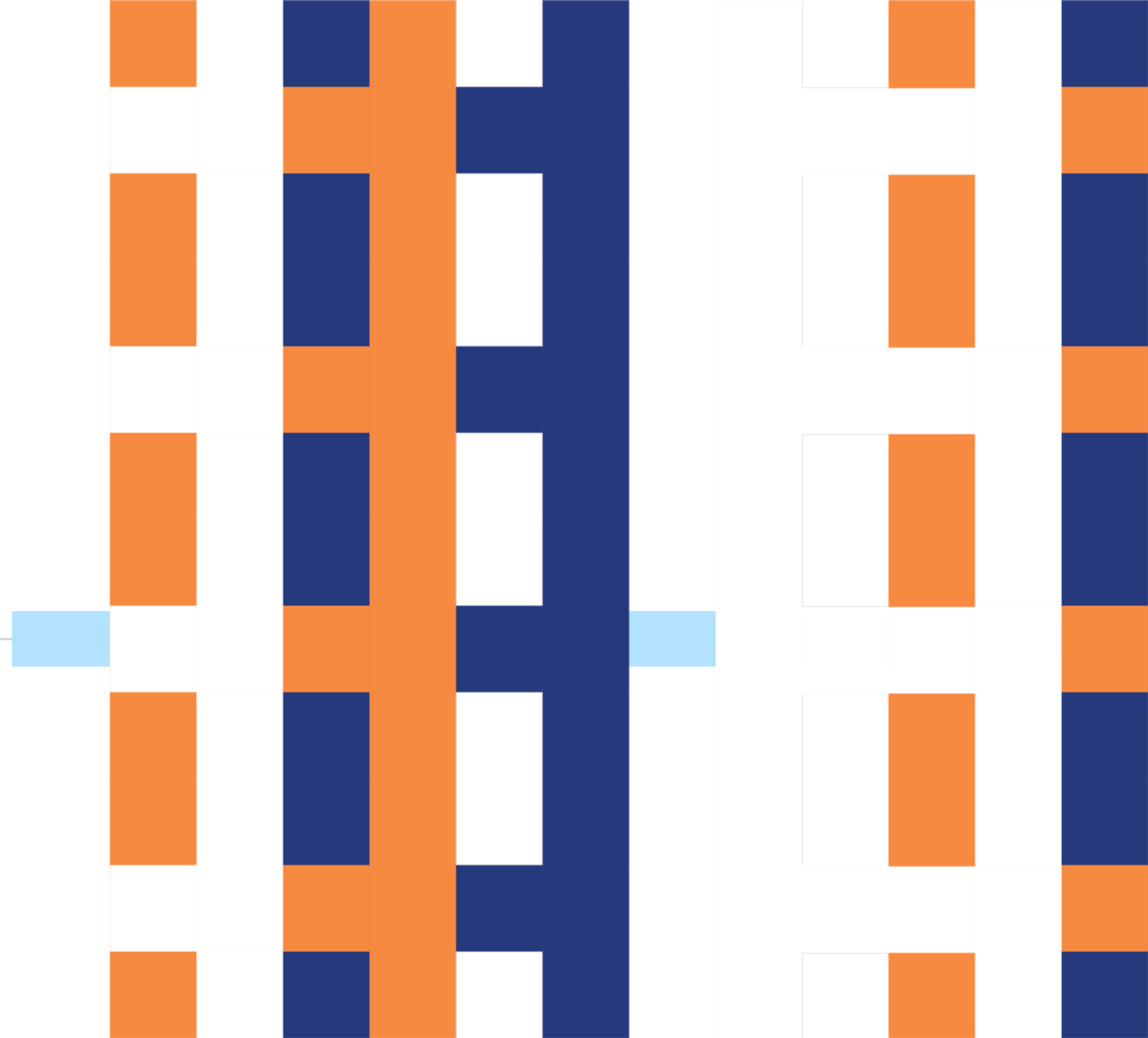
In partnership with Policy Wisdom, Policy Scorecards have been developed for the following countries:

- Argentina
- Brazil
- Chile
- Colombia
- Costa Rica
- Egypt
- Kuwait
- Mexico
- Saudi Arabia
- South Africa

Scorecards evaluate the current landscape of CRC policy, track progress moving forward, and serve as a communication tool for use with stakeholders



Patient Advocacy Mentorship





Mentorship Program

- In person mentorship activities in Mexico and China with ongoing virtual activities.
- Virtual mentorship currently underway, with plans for in person mentorship activities in:
 - Hong Kong
 - Indonesia
 - Taiwan
 - Brazil
 - Algeria
 - Japan

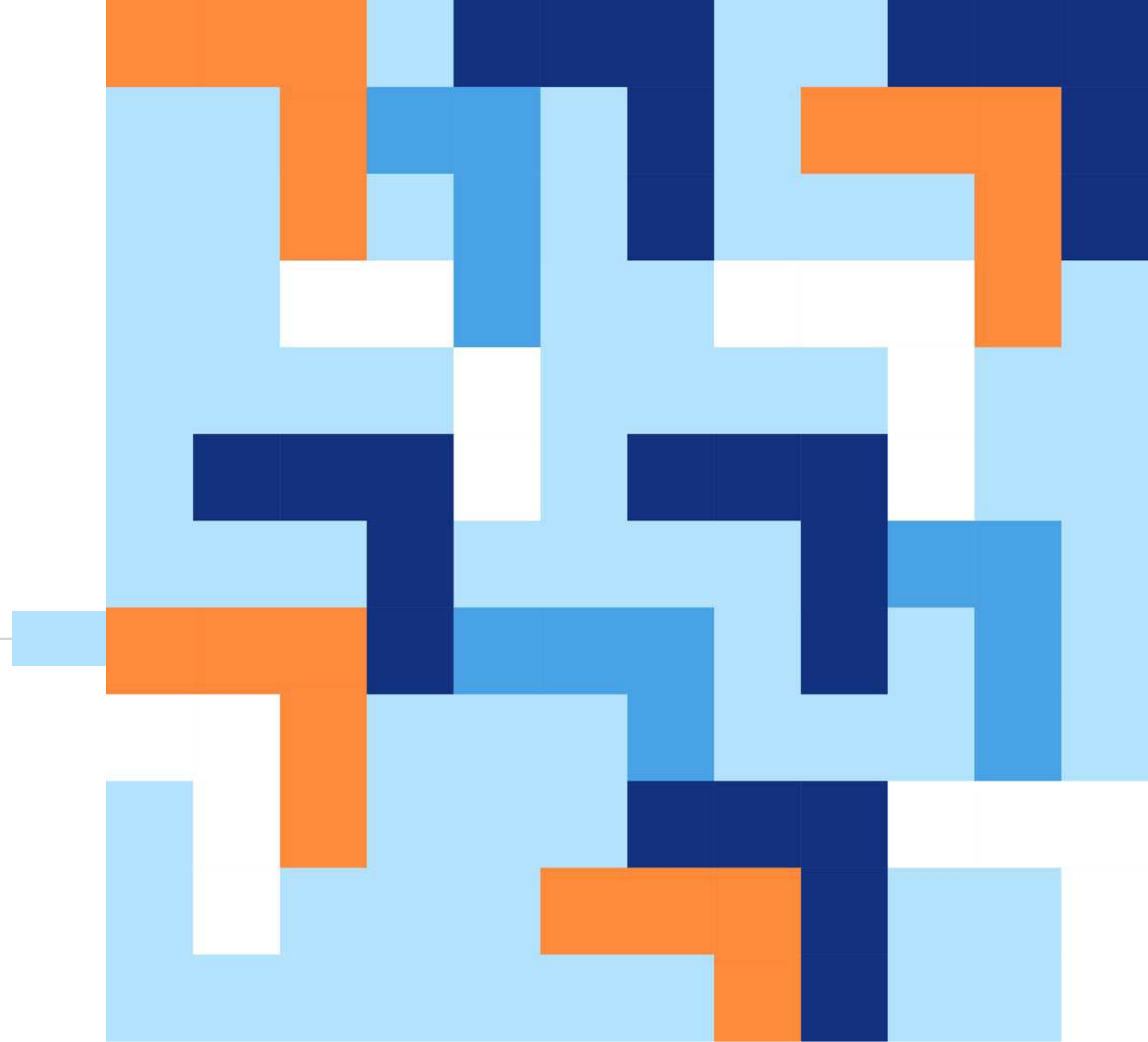
Challenges

While the U.S. has many CRC patient advocacy groups, including those focused on early-onset CRC, hereditary CRC, and other subgroups of CRC patients, there is a severe lack of CRC patient advocacy organizations around world.

Patients reach out to Global Colon Cancer Association seeking their local Patient Advocacy Group and are disappointed by few opportunities for support in their community.



Clinical Trial Awareness





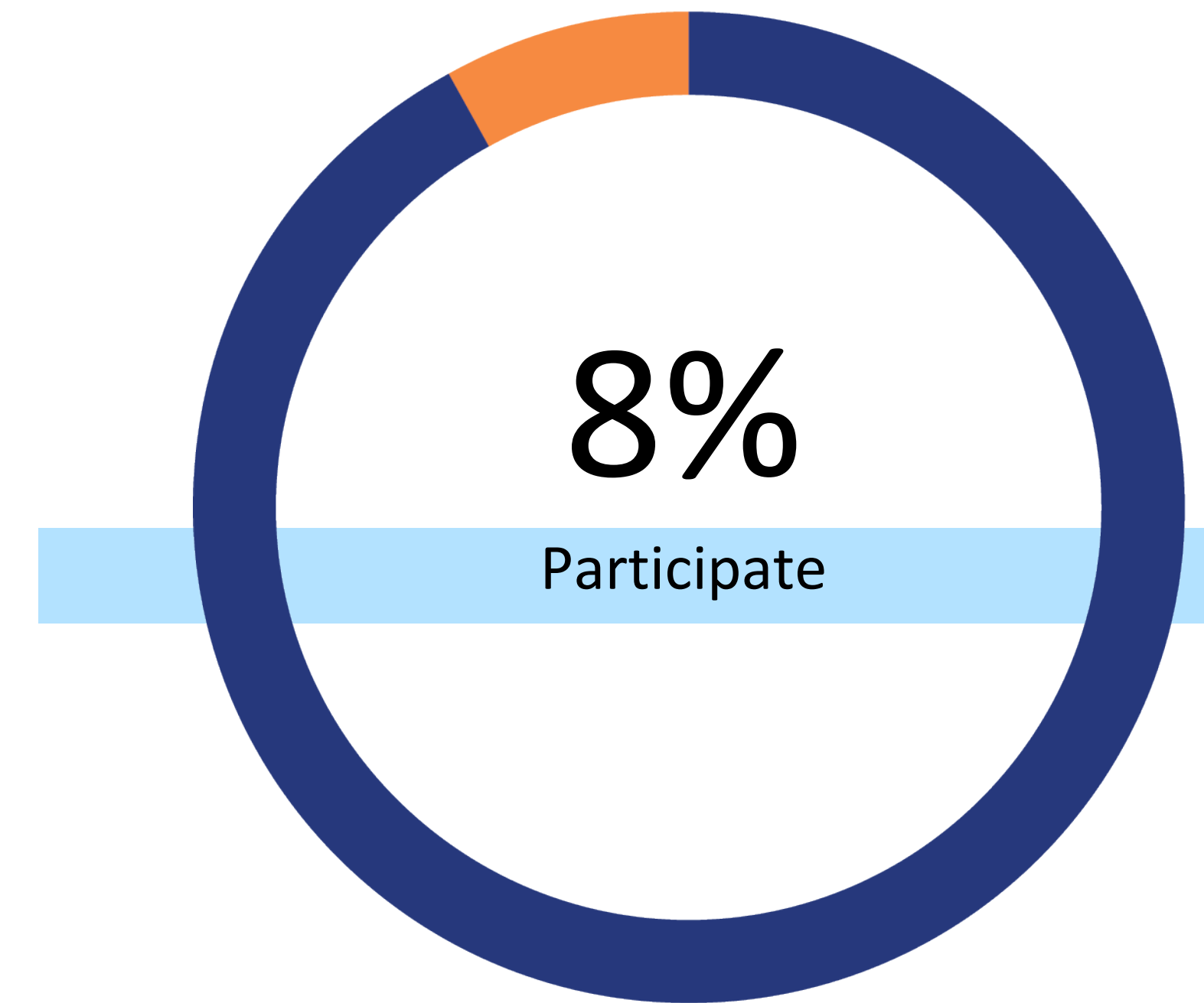
Clinical Trial Awareness

Challenges: Participation and Misconceptions

While more than 50% of patients offered a clinical trial do participate, only 8% of adults participate in a cancer clinical trial. This gap indicates a substantial number of patients who would participate but are not aware of clinical trials.

Patient awareness is impeded by lack of plain language materials about clinical trials. Lack of clear information also contributes to misconceptions and distrust of clinical trials and research participation.

There is also a lack of diverse representation in clinical trial participants, leaving treatments untested in the patients who will eventually receive them.



Solutions: Education and awareness campaigns

Creating and maintaining up to date educational materials for patients and our members – glossary, clinical trial basics, debunking clinical trial myths, discussion guide

Developing and providing printed materials for HCP offices to encourage provider-patient conversations early in CRC diagnosis and treatment

Posting biweekly social media infographic series – cobranding available

Seeking patient stories to connect with and inspire patients



Clinical Trial Basics

Terms to Know

Adverse event: a negative health change that occurs during treatment. It can be directly related to treatment or caused by something else.

Control group: the group of participants who do not receive the new test or treatment being studied in a clinical trial. The control group receives the standard care for their cancer. It is also called the control arm of a study.

Double-blind method: a way of conducting a clinical trial in which researchers and participants do not know which treatment the subjects are receiving during the trial. The study pharmacist knows the treatment but is not involved in evaluating participant results. The double-blind method is used to help prevent bias in clinical trial results.

Eligibility criteria: The requirements defined for a person to participate in a clinical trial. Inclusion criteria are the characteristics that potential clinical trial participants must have to be included in the study. Exclusion criteria are characteristics that make a patient not eligible to participate in the trial.

Institutional Review Board (IRB): a group made up of doctors, scientists, advocates, and community members that is tasked with evaluation and approval of clinical trial protocols. The IRB ensures that patient safety standards as well as legal and ethical research standards are met.

Investigational group: the group of participants who receive the new test or treatment being studied in a clinical trial. It is also called the investigational arm, the intervention group, or the experimental group of a study.

Placebo: a drug or treatment without therapeutic effects, sometimes called a "sugar pill". Placebos are typically given to the control group in a clinical trial to be compared to the investigational treatment. Placebos are very rarely used in cancer clinical trials, and only in cases when there is not an established standard of care for that cancer.

Protocol: a written document that describes the characteristics of a clinical trial, including participant eligibility criteria, treatment schedules and dosage, testing plans, and the outcomes that are being measured.

Randomization: a way of assigning clinical trial participants to study groups by chance. In a cancer clinical trial, the study groups are the investigational group, that receives the investigational treatment, and the control group, which receives the standard of care. Randomization is used to help prevent bias in clinical trial results. Random assignment of participants to investigational and control groups helps researchers know that results are due to the investigational treatment and not affected by other factors.

Sponsor: the organization, institution, or individual responsible for the clinical trial. They oversee and pay for the trial, and collect and analyze data.

Standard of care (Standard treatment): the treatment that is accepted by medical experts as the correct treatment for a disease. It is also known as standard treatment.

Sub It ca part

Thank you to our sponsors and partners for their support of the Clinical Trial Awareness program.
For more information about clinical trials, visit globalCCA.org/clinical-trials

Clinical Trial Basics

Debunking Common Myths

There are many common myths surrounding clinical trial participation. By addressing these misconceptions and sharing the facts, the Clinical Trial Awareness program can help people feel more confident and informed about clinical trials.

- MYTH:** Patients who participate in clinical trials are treated as just guinea pigs.
- TRUTH:** Patient safety is a top priority for clinical trials. All clinical trials must be evaluated and approved by an Institutional Review Board (IRB) tasked with protecting patient safety and ensuring an ethical trial.
- MYTH:** If I get assigned to the control group in a clinical trial, I'll be getting an inactive placebo or "sugar pill".
- TRUTH:** In cancer treatment trials, placebos are very rarely used. The control group comparison treatment will always be the standard of care for that cancer. "Sugar pill" placebos are only used when there is no standard treatment for the disease being studied. It is extremely rare that a new cancer treatment will be compared to a non-treatment placebo.
- MYTH:** Participating in a clinical trial will cost more than regular treatment.
- TRUTH:** Clinical trial sponsors cover the cost of trial-related testing and treatments outside the standard of care for the disease. Costs for testing and treatment that would be part of a patient's standard care are paid by patients, their health insurance, or other third party payor.
- MYTH:** Your doctor will always tell you if there's a clinical trial that could help you.
- TRUTH:** Databases of current clinical trials are constantly being updated, and it's possible your doctor might not know about all the trials potentially available to you. Checking the clinicaltrials.gov website can help you find trials to discuss with your healthcare team.
- MYTH:** Once I agree to participate in a trial, I'm stuck with it and have to continue.
- TRUTH:** Clinical trial participants are free to leave a trial at any point, and for any reason. Ideally, the informed consent process before enrollment will

Clinical Trial Basics

Clinical trials evaluate the safety and effectiveness of new treatments.

Clinical researchers may study many kinds of cancer treatment including:

- Anti-cancer drugs like traditional chemotherapy drugs, immunotherapy drugs, and targeted therapies
- Radiation therapy
- Surgery
- Treatment aspects such as the order and timing of drugs, radiation, surgery, etc.
- Different methods of post-treatment surveillance to monitor for cancer recurrence, such as blood ctDNA testing, PET scans, etc.

Patients who participate in a clinical trial will always get at least the standard of care for their cancer. Patients and their doctors do not choose whether they will receive the experimental treatment studied in a clinical trial. While this may discourage some patients, it is important to be able to directly examine the experimental treatment results against established treatment outcomes. In oncology (cancer) trials, patients who do not receive the experimental treatment will receive the usual standard of care for their cancer. The only time patients will receive a "sugar pill" placebo treatment is when there is no existing standard care for their disease.

Clinical trials bring new treatment options to patients.

Clinical Trial Awareness

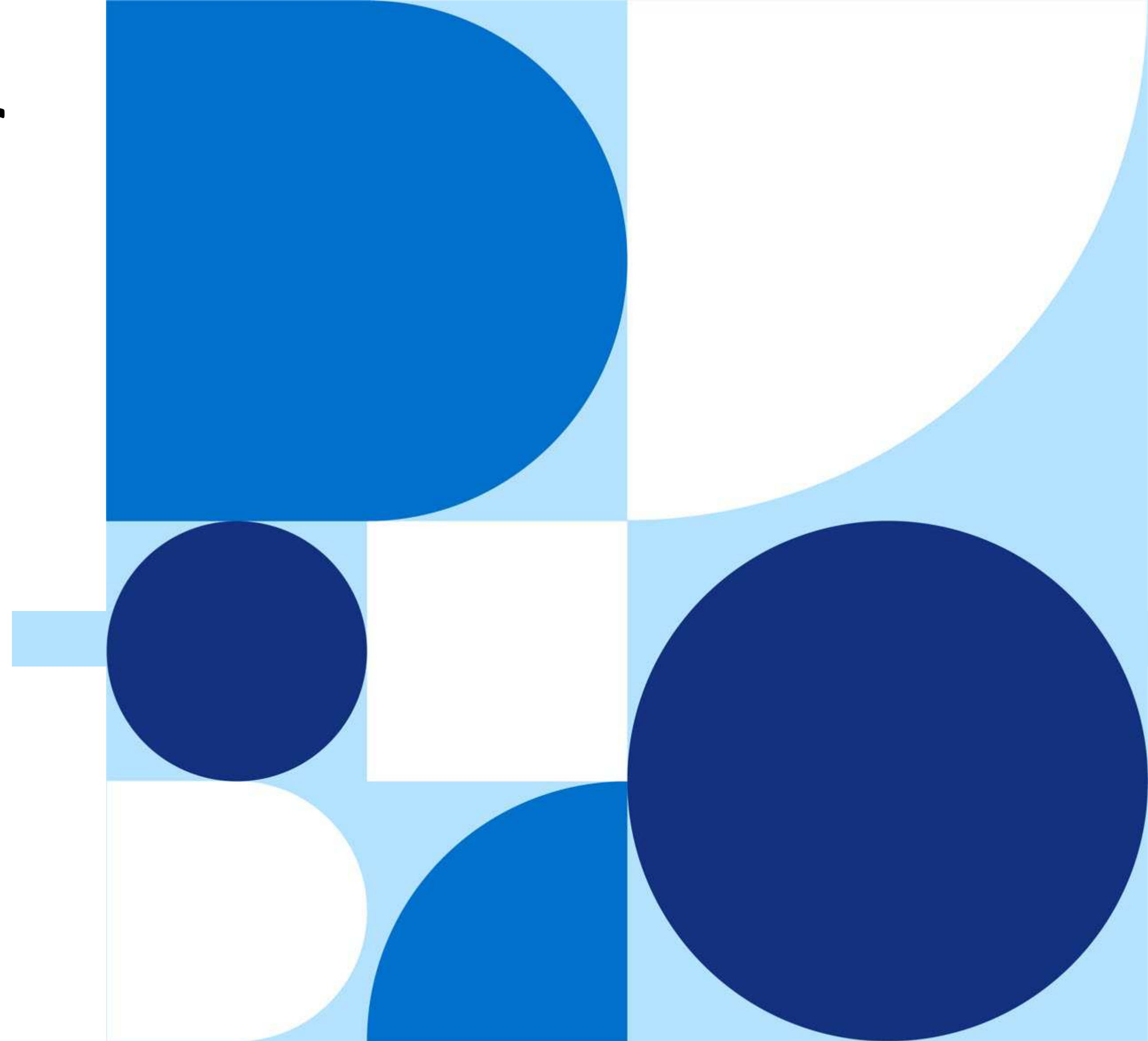
Meet Elle

Clinical Trial Awareness Program

How do you know if a clinical trial is right for you?

GLOBAL COLON CANCER ASSOCIATION

Blue Hat Bow Tie for CRC Awareness Month



Solutions

Mentoring and supporting individuals and organizations to hold awareness and screening promotion events in their communities

Creating a toolkit to help advocates plan and promote events

Providing up to date shareable patient educational information about CRC screening and symptoms

Sharing the successes of individuals and organizations that have held Blue Hat Bow Tie events

Forming a steering committee to engage members and increase the impact and reach of the program



Check out our website for updated CRC disease information, learn more about our members, and visit our peer support community by visiting globalcca.org

Web

Globalcca.org

KnowYourBiomarker.org

LearnBiosimilars.org

Social Media

[@GlobalCRC](https://www.instagram.com/globalcra)





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