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Improving Resilience and Equity in Cancer Screening: Lessons from COVID-19 and Beyond Fall 2020

[#ImprovingCancerScreening](#)

Cancer screening has contributed to a significant reduction in cancer-related deaths in the United States and around the world through early diagnosis and, in some cases, prevention of cancer. Dramatic declines in cancer screening during the COVID-19 pandemic have led to diagnosis and treatment delays and are projected to cause thousands of excess cancer-related deaths. **The President's Cancer Panel has determined that suboptimal implementation of cancer screening—evident prior to COVID-19 and significantly amplified during the pandemic—is a critical issue facing the National Cancer Program. The Panel will focus on opportunities to improve the resilience and equity of cancer screening in its 2020–2021 series of meetings.**

In summer 2020, the Panel convened the Working Group on Cancer Screening During the COVID-19 Era to inform planning of the series. Four public virtual workshops were held in October and November 2020, bringing together broad groups of stakeholders in the areas of lung, colorectal, cervical, and breast cancer. Representatives from critical public health sectors—clinical care, healthcare systems, health services, insurance companies, government agencies, research, advocacy, training programs, health technology, and others—discussed barriers, opportunities, and solutions to optimize cancer screening.

One outcome from the workshops was the emergence of common themes across disease types. This included the importance of elevating cancer screening awareness and understanding among the public and healthcare providers. The need for increased awareness is particularly salient for newer screening tests, such as lung cancer; however, technology and guideline changes and multiple guidelines for some cancer types create communication challenges for more established screening tests as well. Stakeholders noted that cancer screening should be viewed as an episode of care, rather than a “test.” Navigating the healthcare system to ensure that all aspects of screening are completed in an appropriate and timely manner is challenging. Supportive services to assist with these processes are not widely available. Furthermore, many communities and populations have limited access to cancer screening due to geography, socioeconomic status, or other constraints.

The COVID-19 pandemic has highlighted the need for systems to be capable of delivering high-priority care in the presence of major disruptions. Workshop participants discussed options for screening outside of healthcare settings, such as the fecal immunochemical test for colorectal cancer and human papillomavirus self-testing for cervical cancer. The pandemic has illustrated that telemedicine can facilitate essential patient-provider communication throughout the screening process even in the midst of disruption. Risk-based screening guidelines, including those based on genetic testing, can help ensure that screening is prioritized for those most likely to benefit.

Meeting outcomes will inform planning for a final workshop focused on innovative ways to address identified cancer screening priorities to be held in early 2021. Findings and recommendations from the series will be presented in the Panel's 2021 Report to the President of the United States.