



# Closing Gaps in Cancer Screening:

*Connecting People,  
Communities, and Systems  
to Improve Equity and  
Access*

*2022 Report to the President*

# President's Cancer Panel:

## A Brief Overview

- 3- Member panel established by the NCA of 1971
- “*Monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President*”
- Identifies high-priority topics for which actionable recommendations can be made



**Dr. John Williams, Chair**

*Breast Cancer School for Patients*



**Dr. Edith Mitchell**

*Thomas Jefferson University*



**Robert Ingram**

*Hatteras Venture Partners*





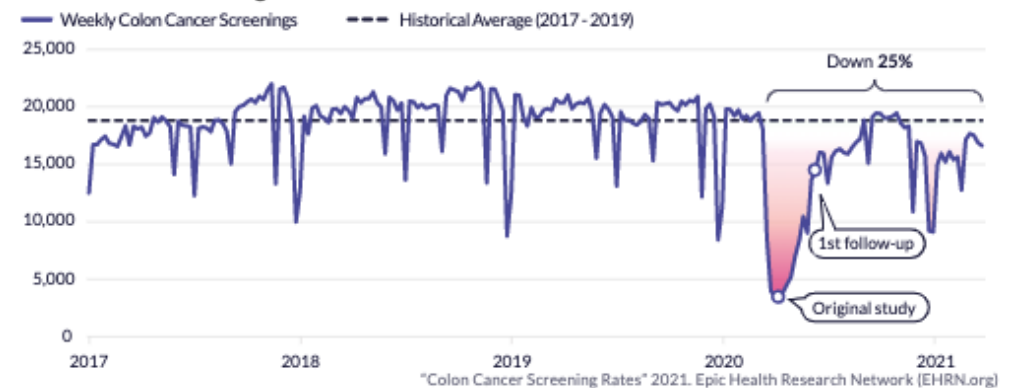
# COVID-19 Pandemic: Cancer Screening Rates Plummet

- At one point a 90-percent reduction of cancer screenings
- Long-term impact of missed or delayed screenings will result in increased morbidity and mortality from cancer

**Breast Cancer Screening Rates**



**Colon Cancer Screening Rates**



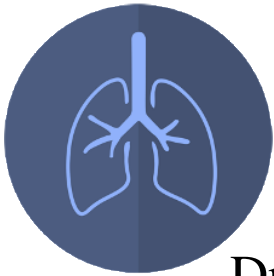
## Cancer Screenings Are Still Lagging

*While cancer screenings briefly returned to baseline, we have not fully recovered from the initial drop reported in May 2020.* Christopher Mast, MD | Alejandro Munoz del Rio, PhD | Tyler Heist, PhD, Epic Research Network, 9 June 2021



# Working Groups (4 tumor types): Closing Gaps in Cancer Screening

## Lung Cancer Screening



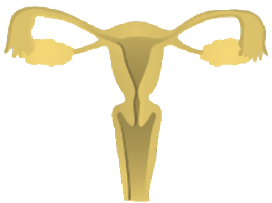
Dr. Mitch Schnall, Univ of Penn  
Dr. Paul Doria-Rose, NCI

## Colorectal Cancer Screening



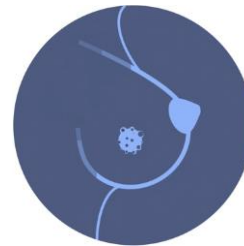
Dr. Richard Wender, Univ of Penn  
Dr. Al B. Benson III, Northwestern

## Cervical Cancer Screening



Dr. Rebecca B. Perkins, Boston University  
Dr. Nico Wentzensen, NCI

## Breast Cancer Screening



Dr. Wortia McCaskill-Stevens, NCI  
Dr. Kevin Hughes, Mass General - Harvard



# 2020-2021 Meeting Series

## *Cancer Screening During the COVID-19 Era*

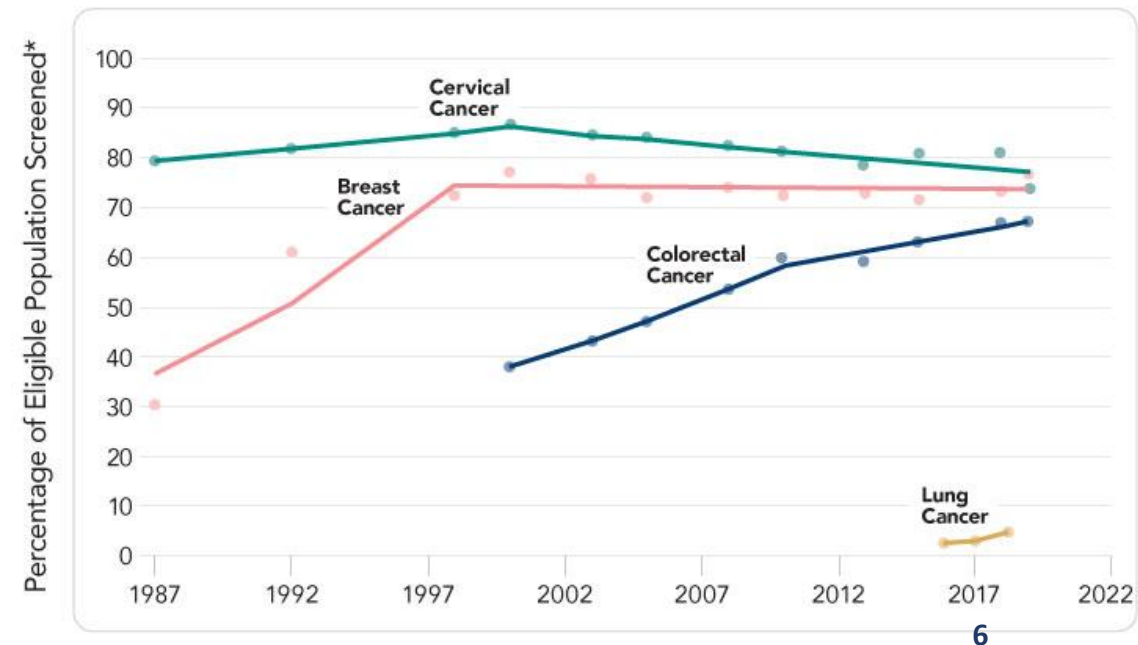
- The PCP convened a series of public meetings bringing together over 160 stakeholders
  - Patients/advocates, primary care physicians, specialists, genetic counselors, researchers, insurance providers, technology innovators and more
- Fall 2020: Public meeting series focused on barriers and opportunities to **breast, cervical, colorectal, and lung cancer** screening
- Winter 2021: **Innovations** in cancer screening





# Cancer Screening Uptake is Incomplete and Uneven

- Significant gaps between recommended cancer screening and uptake, and lack of timely follow-up after an abnormal test result
  - Many communities of color
  - Socially and economically disadvantaged populations
  - Low educational achievement
  - Residence (rural/urban)
- Barriers include
  - Lack of awareness or understanding
  - Lack of provider recommendation
  - Logistical challenges
  - Fear and stigma
  - Cost





# Closing Gaps in Cancer Screening Goals



## Improve and align communication

- Conduct large- and small-scale communications campaigns
- Create and expand National Cancer Roundtables



## Facilitate equitable access

- Provide and fund community-oriented outreach and support
- Increase access to self-sampling



## Strengthen workforce collaborations

- Empower healthcare team members
- Expand access to genetic testing and counseling



## Create effective health IT

- Create computable guidelines
- Create and deploy clinical decision support tools



# 1. Improve and Align Communications

- Develop effective communications that reach all populations
  - Develop and disseminate information that empowers people to make decisions and take action
- Leverage National Cancer Roundtables
  - Create roundtables for breast and cervical cancer
  - Increase funding for CRC and lung cancer roundtables
  - Prioritize equity
  - Align messaging

## ACCESS

**Make it easy** for people to find or be exposed to information about screening. Disseminate information through **outlets that are used and trusted** by target populations. **Multiple outlets** should be used to maximize reach (e.g., radio, television, social media, newspaper, pamphlets, healthcare settings).

## UNDERSTAND

Use **plain language** that is easy to comprehend across a range of literacy levels. **Address common concerns and misconceptions** directly and concisely. Materials should be available in **different languages**. Members of the target community should be involved in authoring and translating communications to ensure they are accurate.

## APPRAISE

Frame information in ways that allow people to **evaluate** how it applies to them. Create messages that **align with the culture and values** of the target population. Engage members of the community in development of materials and messages to ensure they are culturally appropriate.

## APPLY

Empower people to take action by **clearly defining the next step** and **making it as easy as possible** to take that step.





## 2. Facilitate Equitable Access

- “High touch” to reach the underscreened
  - Sustainable funding for community-oriented outreach and support
  - Community Health Workers
- Increase access to self-sampling
  - Stool-based testing for CRC screening
  - HPV self-test for cervical cancer screening

Build relationships with community



Provide information



Promote screening and follow-up care



Identify and address barriers



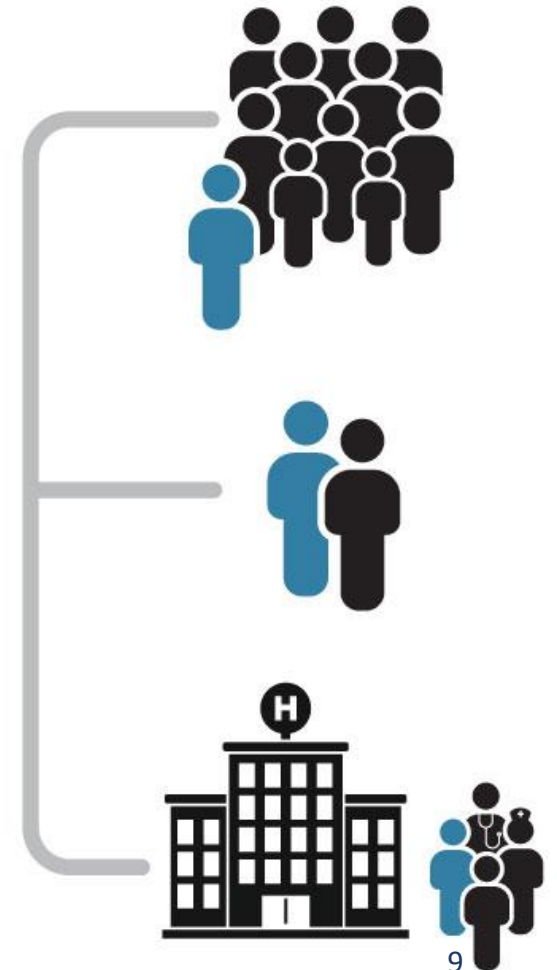
Facilitate access to resources and services



Coordinate care



Advocate for communities





### 3. Strengthen Workforce Collaborations (1/2)



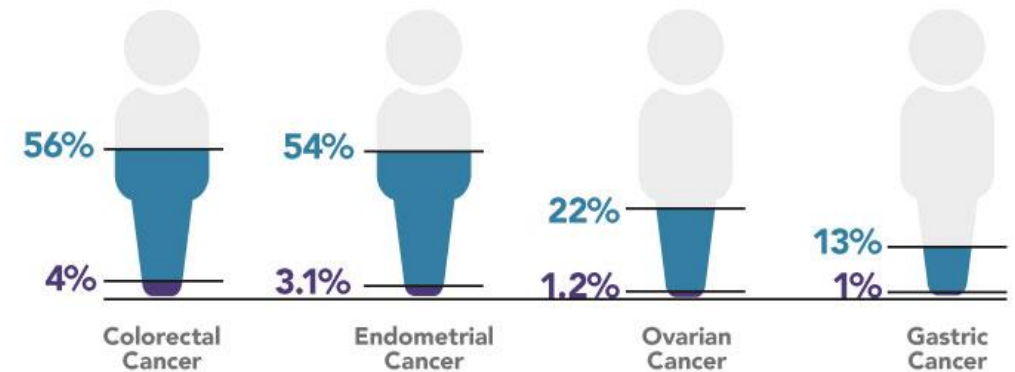
- Providers have competing demands that make it difficult to thoroughly address all needs during short visit
- Empower all members of the healthcare team to support cancer screening
  - Supportive policies and systems to team-based approaches
  - Modify requirements for lung cancer screening shared-decision making
  - Education and training



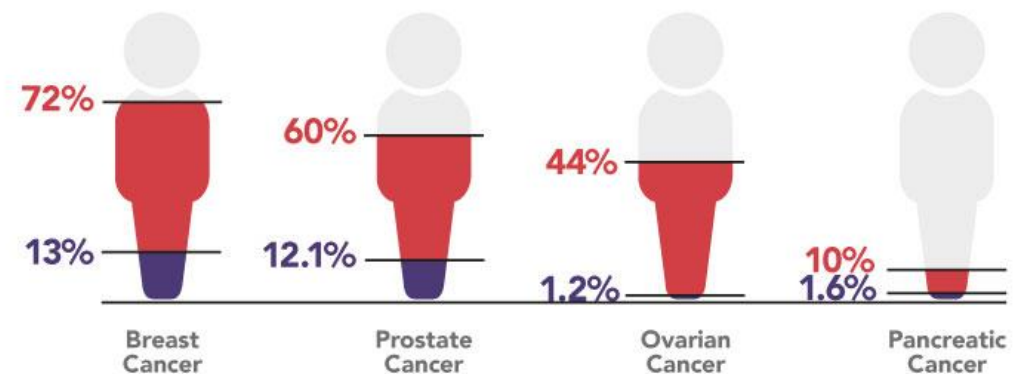
## 3. Strengthen Workforce Collaborations (2/2)

- Many eligible are not offered genetic testing for cancer risk assessment
- Expand access to genetic testing for risk assessment
  - Providers should be able to offer genetic testing with informed consent
  - Genetic counselors should be recognized as healthcare providers

Lynch Syndrome



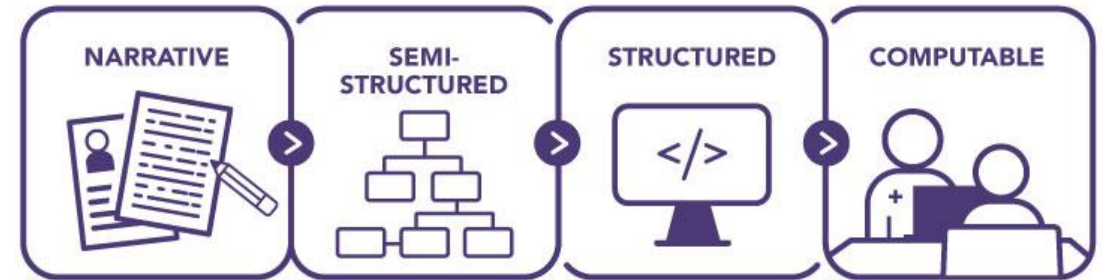
BRCA Gene Mutation





## 4. Create Effective Health IT

- Large amounts of constantly changing information to process for cancer screening and follow-up
- Effective health IT has the potential to support providers and healthcare systems efficiently access clinical knowledge and patient data
  - Create of computable guidelines
  - Create and deploy effective clinical decision support tools



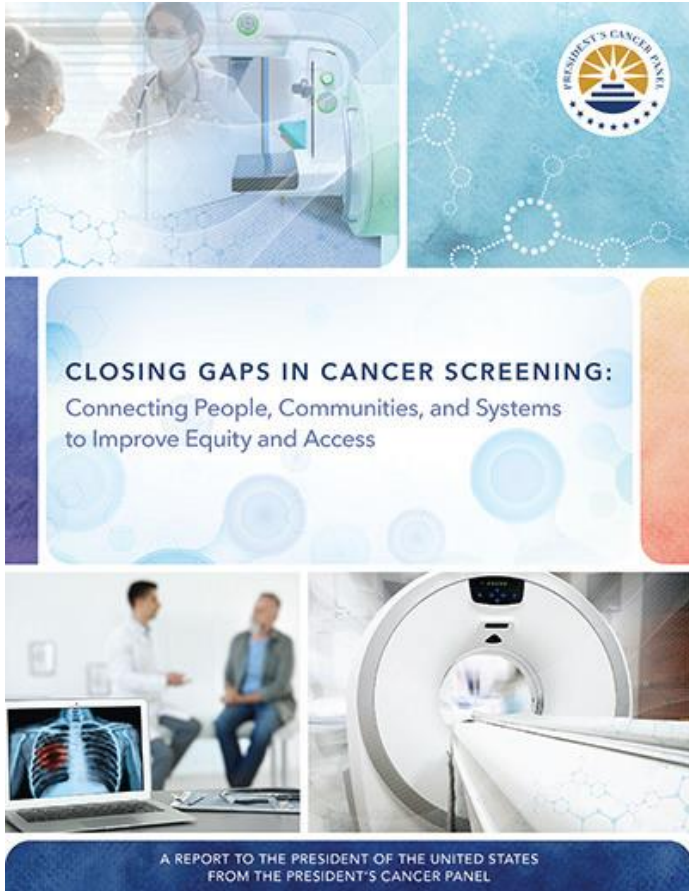


# Working Together to Close the Gap

- Multi-pronged approach to support people, communities, and systems for cancer screening and follow-up after an abnormal result
  - Access
  - Communications
  - Implementation
- We can make a difference NOW by effective and equitable **implementation of existing cancer screening guidelines**



# PCP Report & Cancer Moonshot (released together February 2, 2022)





# PCP Report & Cancer Moonshot (released together February 2, 2022)

WH.GOV



Report release coincided with President Biden's recommitment to the Cancer Moonshot and year of action for cancer screening.

BRIEFING ROOM

## Fact Sheet: President Biden Reignites Cancer Moonshot to End Cancer as We Know It

FEBRUARY 02, 2022 • STATEMENTS AND RELEASES

*Biden-Harris Administration Sets Goal of Reducing Cancer Death Rate by at least 50 Percent Over the Next 25 Years, and Improving the Experience of Living with and Surviving Cancer*





# PCP Report & Cancer Moonshot (released together February 2, 2022)

## *Call to Action on Cancer Screening and Early Detection:*

*To help ensure **equitable access to screening** and prevention through at-home screening (**especially for colon cancer and HPV**, the virus that causes cervical, head, neck and other cancers), mobile screening in communities without easy access to a clinic, through the **community health networks** we have built and strengthened during the COVID-19 pandemic, and other ways to reduce barriers to cancer screening.*

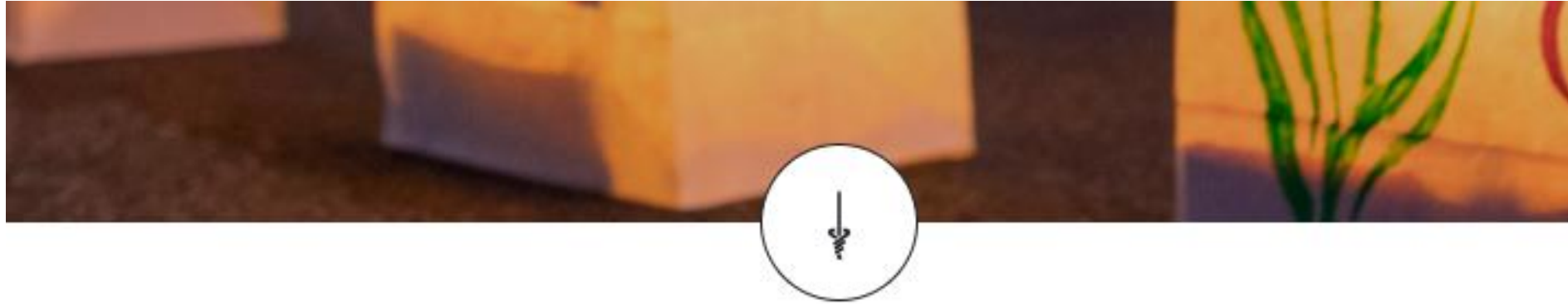
[“President Biden Reignites Cancer Moonshot to End Cancer as We Know It,”](#)

White House Briefing Room; February 2, 2022





# Rapid Implementation of Recommendations



## **The American Cancer Society to Launch Breast Cancer and Cervical Cancer Roundtables to Drive Greater Progress**

Feb 11, 2022

**The organization answers President Biden's call for additional roundtables to reduce cancer incidence and deaths faster**



# Rapid Implementation of Recommendations



## FACT SHEET: Private Sector Steps Up on Cancer Moonshot Call to Action on Cancer Screening

MAY 11, 2022 • STATEMENTS AND RELEASES



# Rapid Implementation of Recommendations



## ACCELERATING UPTAKE of Lung Cancer Screening

SUMMIT - JULY 19 & 20, 2022



NATIONAL LUNG CANCER  
ROUND TABLE



# Stakeholder Implementation

- Government
  - New “Cancer Cabinet”
- Healthcare Providers & Systems
- Private Organizations
- Patients & Citizens

## Call to Action

- Hard Work
  - Individually
  - Collectively





# Read the full report of recommendations

[PresCancerPanel.cancer.gov/report/cancerscreening](https://PresCancerPanel.cancer.gov/report/cancerscreening)



@PresCancerPanel

Email the PCP: [PresCancerPanel@mail.nih.gov](mailto:PresCancerPanel@mail.nih.gov)

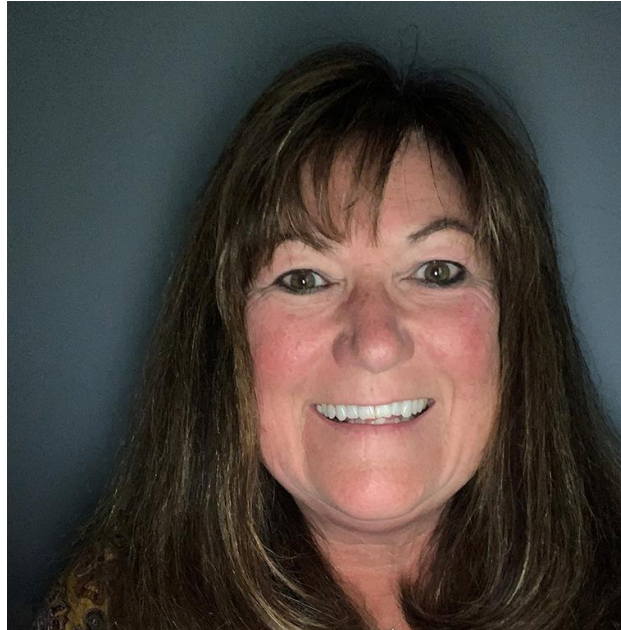


# President's Cancer Panel & NCI





# The NCI Team



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*Executive Secretary*



**Samantha L. Finstad, Ph.D.**  
*Senior Health Science Policy  
Advisor*



Thank you!



