

AMERICAN CANCER SOCIETY

Return to Screening: Resuming Cancer Screening During the Covid-19 Pandemic

California Dialogue on Cancer
March 25, 2021

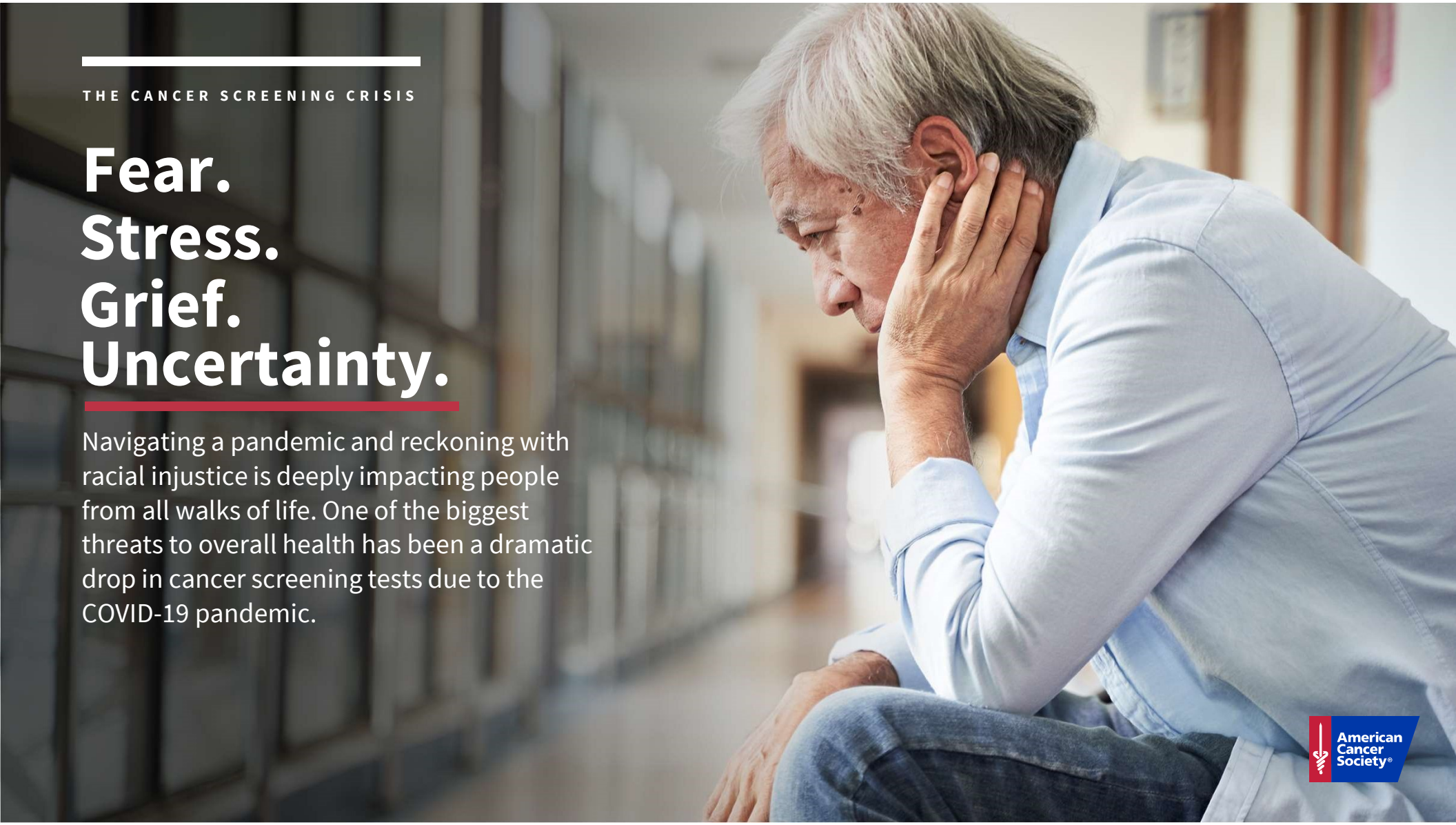
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THE CANCER SCREENING CRISIS

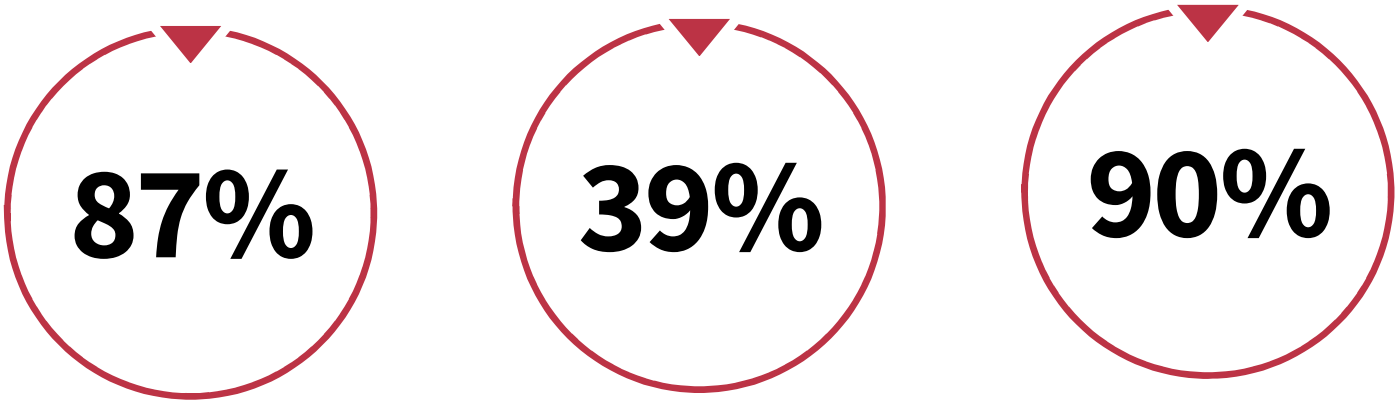
Objectives

- Discuss **the state of cancer screening uptake** given the Covid-19 pandemic
- Review what the American Cancer Society is doing to **resume cancer screening** equitably during the pandemic
- Discuss **key strategies and/or messages** that are recommended to get “back on track” with cancer screening
- Share **relevant resources**

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THE CANCER SCREENING CRISIS
Fear.
Stress.
Grief.
Uncertainty.
Navigating a pandemic and reckoning with racial injustice is deeply impacting people from all walks of life. One of the biggest threats to overall health has been a dramatic drop in cancer screening tests due to the COVID-19 pandemic.
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SCREENING TESTS FOR BREAST, LUNG AND COLON DROPPED BY

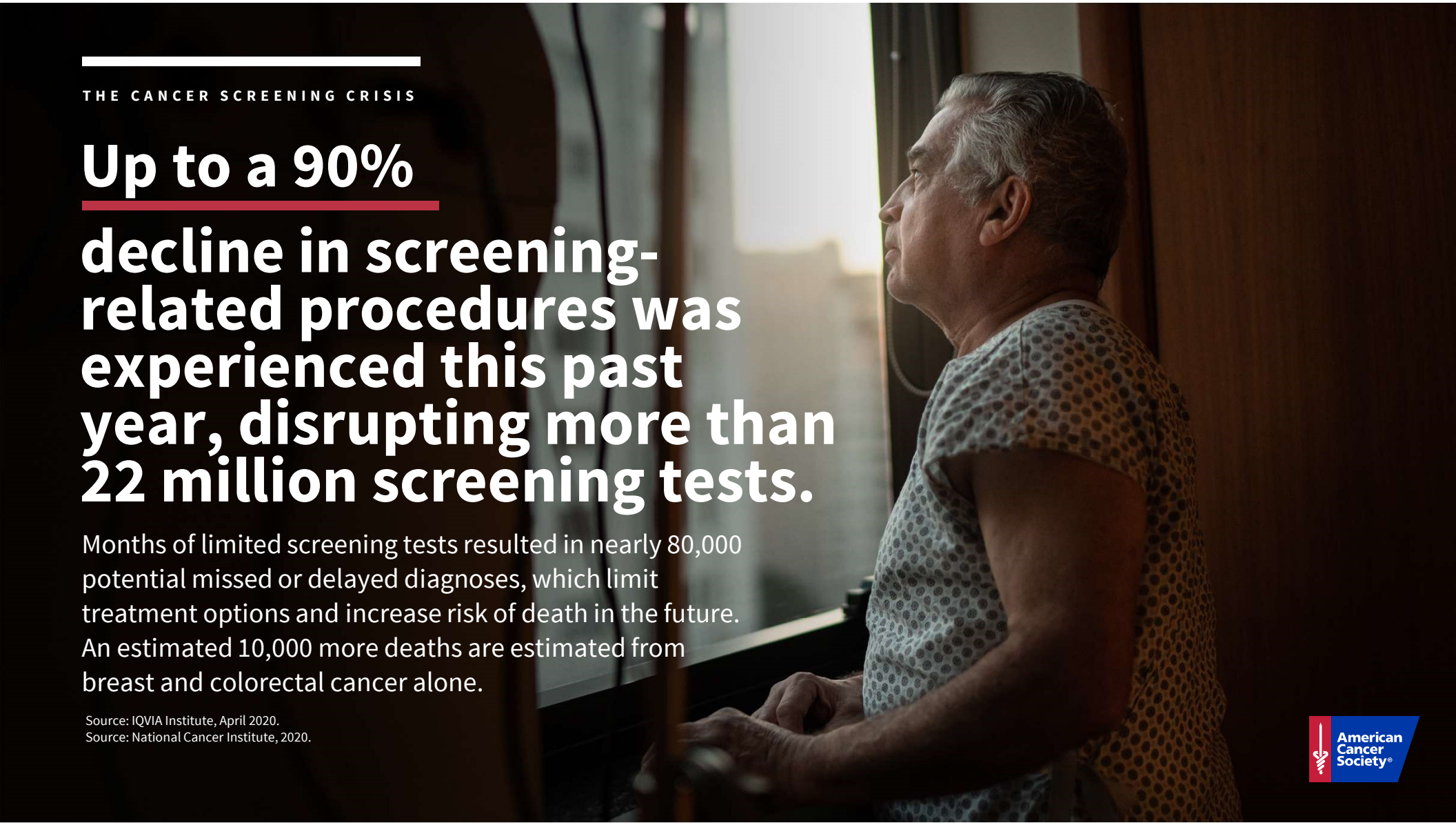


Respectively in Spring 2020

While we have seen moderate progress, there is still significant work to be done

Source: National Center for Biotechnology Information
Source: IQVIA Institute, April 2020.

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THE CANCER SCREENING CRISIS

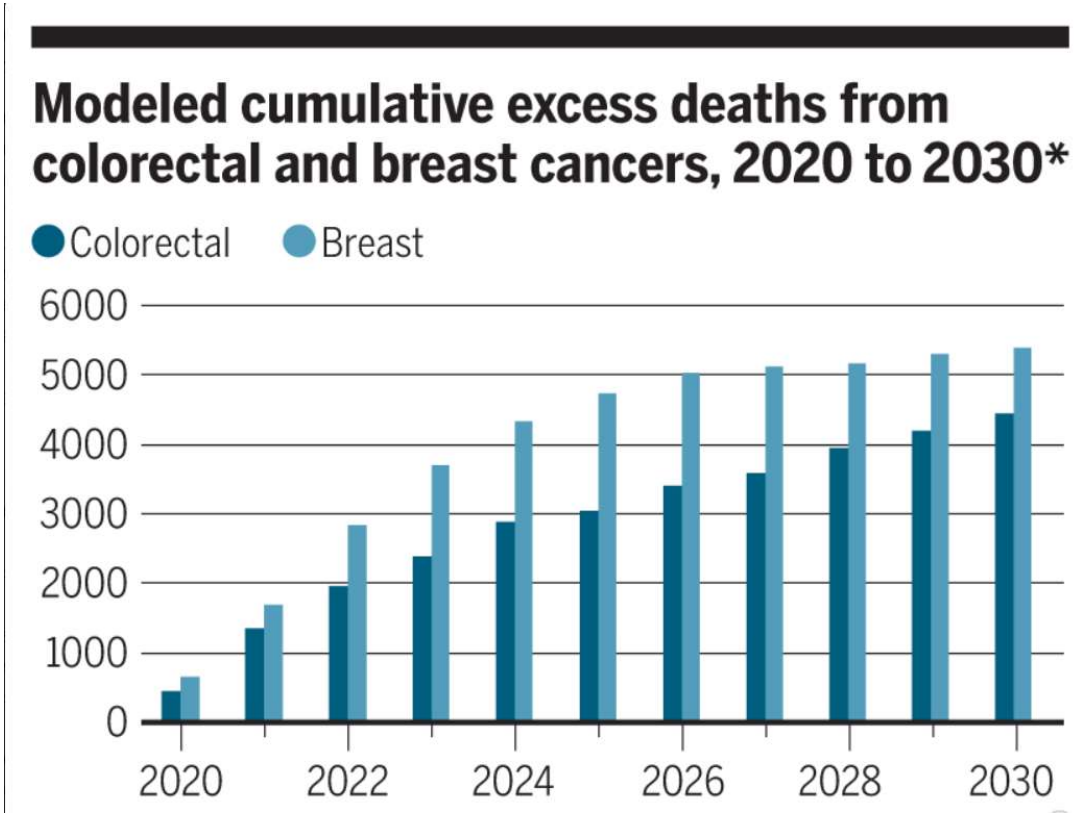
Up to a 90%

decline in screening-related procedures was experienced this past year, disrupting more than 22 million screening tests.

Months of limited screening tests resulted in nearly 80,000 potential missed or delayed diagnoses, which limit treatment options and increase risk of death in the future. An estimated 10,000 more deaths are estimated from breast and colorectal cancer alone.

Source: IQVIA Institute, April 2020.
Source: National Cancer Institute, 2020.

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https://science.sciencemag.org/content/368/6497/1290

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Screening disparities
have increased for people with greater social or economic barriers.
It is estimated 5 million Black and Hispanic Americans have lost their healthcare due to the pandemic. Screening rates are typically 40-50% lower for the uninsured. Additional barriers such as medical mistrust, access to care, financial security, and housing and food security impact the likelihood of being screened.
Source: Avalere Health LLC, September 2020
Source: American Cancer Society Cancer Detection and Early Prevention 2019-2020
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THE CANCER SCREENING CRISIS

System and Social Challenges Will Need to Be Addressed to Increase Screening Rates

- Challenges with new system, process and protocols
- Patient fear, reluctance, and confusion
- Potential decreased primary care capacity
- Loss of employment and employer sponsored health insurance
- Exacerbation of long-standing inequities: racial, economic, access to care

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THE ACS SOLUTION

Return to Screening Initiative

The American Cancer Society is leading a comprehensive and multi-sector, national movement to dramatically and swiftly change screening rates through local and regional stakeholder engagement and action.

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Building Blocks: Return to Screening

National Consortium

Convene national influencers to identify strategies to best minimize the effects of the pandemic on cancer screening and care and take action

Public Awareness Campaign

Campaign to mobilize and activate the public, providers and other key stakeholders to cancer screening and care

Research

Understand the impact of the COVID pandemic on cancer screening and outcomes



State and Coalition Leadership

Connect cancer leaders to effective messaging, policy initiatives and opportunities for impact

Health Systems Screening Interventions

Engage priority health systems in evidence-based interventions to increase screening rates

Policy

Pursue public policy solutions to help ensure individuals have access to timely and appropriate cancer screening and follow-up care

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The Initiative Will Increase Screening Rates And Save Lives

How it will work…

National consortium members represent a diverse, multi-sectored and influential cohort of voices dedicated to the safe and equitable recovery of cancer screening and treatment services

State and regional coalition to address local needs and disseminate information and resources for an effective “return to screen” effort

Health system screening interventions to immediately address backlogs where they are needed most

Support for critical policy efforts to address cancer screening and care



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Laying the Groundwork: NFL COVID-19 Screening Projects

NFL CRUCIAL CATCH INTERCEPT CANCER

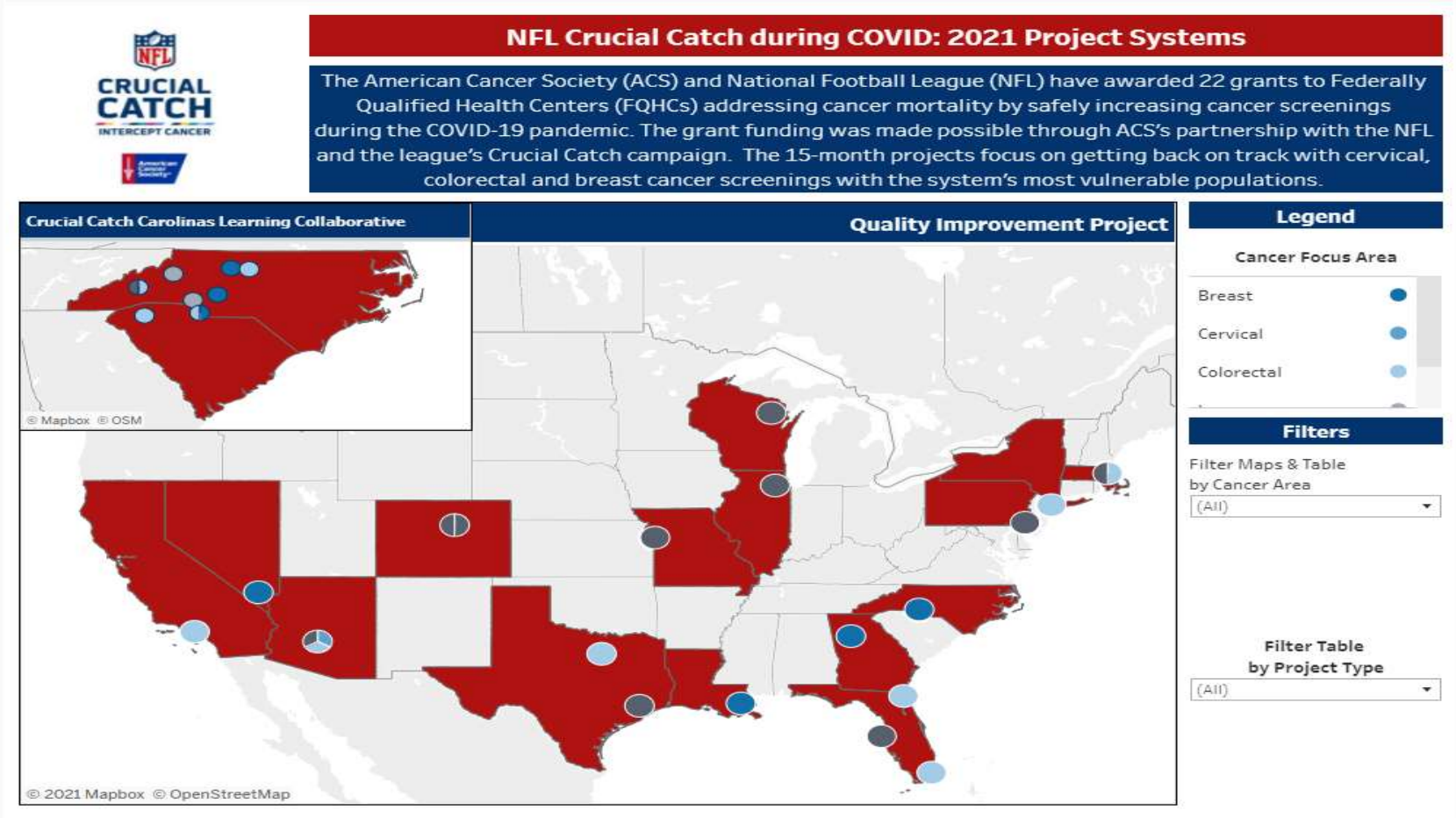
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- Support FHQCs to get back on track with screening for breast, cervical, and colorectal cancer
- Use quality improvment methods and tools throughout project
- Collaborate with local partners for diagnostic testing and treatment
- Use the ECHO model to connect grantees and national cancer screening leaders to work through challenges and share promising practices

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AMERICAN CANCER SOCIETY CHANGE PROGRAM

Cancer Screening During COVID-19



AMERICAN CANCER SOCIETY CHANGE PROGRAM

Cancer Screening During COVID-19: Early Progress and Challenges

Wins

- Updating workflows and/or implementation manuals to train staff on cancer screening processes
- Improving data collection processing
- Automating formally manual processes
- On-line patient registration application (increase clinical encounters by 3-7 patients per day)

Challenges

- Fit kit shortage due to plastic shortage (PPE)
- Lab backlogs
- Data challenges (EHR)
- Patient Fear

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Cancer Screening Messages

Consumer Testing Results

December 2020

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CANCER SCREEENING MESSAGES

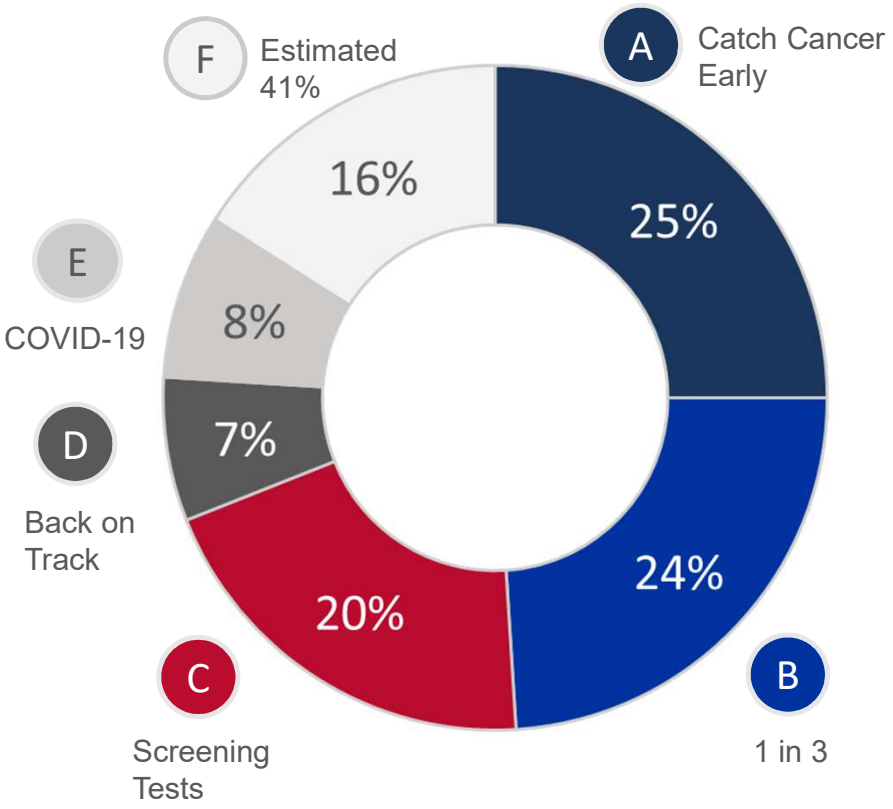
Objectives & Methodology

- Determine which Cancer Screening messages are most effective to the general public
- Assess most effective messages across several key attributes
- Probe for reasons behind messages being selected as most and least effective
- Look for distinctions in message preference across varied demographic groups
- Gain perceptions on COVID-19 impact on healthcare activities
- Explore preferred channels and most trusted sources for cancer screening information
- Survey data collected via Feedback Loop platform from 12/9 – 12/12 – 690 respondents

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CANCER SCREEENING MESSAGES

Most Effective Message



The “most effective” choice was essentially a tie between Catch Cancer Early (Message A) and 1 in 3 (Message B), followed closely by Screening Tests (Message C). None of the top tier had a COVID-19 focus.

A — Catch cancer early when it’s easier to treat. Regular screening tests can improve and save your life.

B — 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

C — Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

D — Has your cancer screening test or that of a loved one been delayed because of the pandemic? Make sure to get back on track. Talk to your doctor about safely resuming care and next steps.

E — The COVID-19 pandemic has delayed essential cancer screening tests. These tests can help detect certain types of cancer early, when they may be easier to treat.

F — An estimated 41% of U.S. adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

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CANCER SCREEENING MESSAGES

Key Findings

- There was not a clear-cut winner for “most effective” cancer screening message
  - All three of the messages focused on a general screening theme ranked closely together in overall preference
  - COVID-19 focused messages fell to a second tier, perhaps indicating pandemic fatigue
- The message directly referencing COVID-19 was most often selected as “least effective”
  - Verbatim comments on this message indicate a reticence to combine the subject of COVID-19 with a cancer screening call-to-action
- Attribute scores for each message were similar across most of the attributes tested
  - The “1 in 3” message did post an advantage in Creates a Sense of Urgency and Relevant to Me
  - Nearly all messages scored at 90% of above as it related to Easy to Understand
- Over half indicated COVID-19 a having a negative impact on healthcare activities
  - Results were consistent across most analyzed demographic groups
- Professional healthcare workers are key to evangelizing cancer screening messages
  - Personal doctors and other medical care workers were most often cited as being the preferred channel for cancer screening messaging as well as the most trusted source for information

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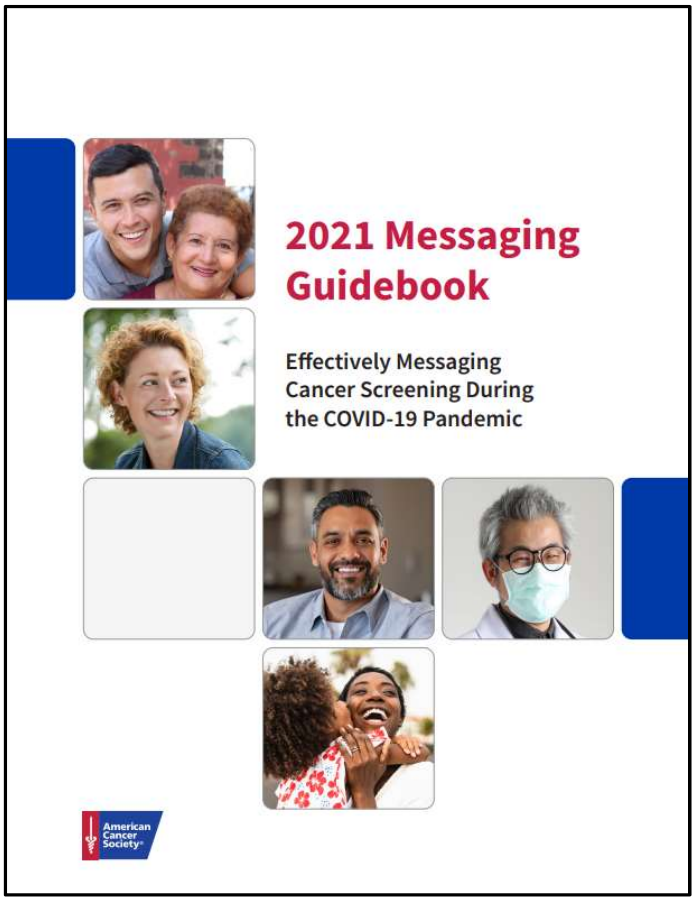
Screening Resources

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SCREEENING RESOURCES

Effectively Messaging Cancer Screening During the Pandemic

- 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.
- Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.
- An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.



https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/

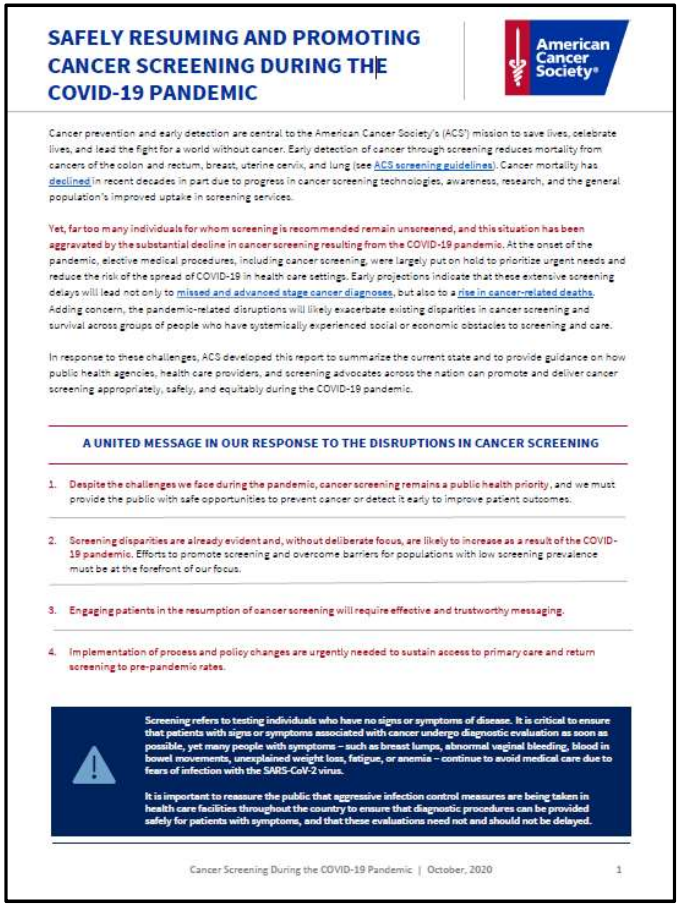
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SCREEENING RESOURCES

Return to Screening Guide

- Offers four unifying messages for resuming and promoting cancer screening during COVID-19
- Level sets on the most recent data, research, and trends (as of October 2020)
- Explores the strategic steps needed to best aid national efforts in the resumption and prioritization of cancer screening
- Includes one-pagers that dive deeper into the importance of cancer screening during COVID-19 and provides specific recommendations for breast, cervical, colorectal, and lung screening, as well as HPV Vaccination.

https://www.acs4ccc.org/acs-ccc-resources/cancer-screening-and-early-detection/



SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC

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Cancer prevention and early detection are central to the American Cancer Society's (ACS') mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see ACS screening guidelines). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in health care settings. Early projections indicate that these extensive screening delays will lead not only to missed and advanced stage cancer diagnoses, but also to a rise in cancer-related deaths. Adding concern, the pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

1. Despite the challenges we face during the pandemic, cancer screening remains a public health priority, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.
2. Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus.
3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.
4. Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms – such as breast lumps, abnormal vaginal bleeding, blood in bowel movements, unexplained weight loss, fatigue, or anemia – continue to avoid medical care due to fears of infection with the SARS-CoV-2 virus.

It is important to reassure the public that aggressive infection control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.

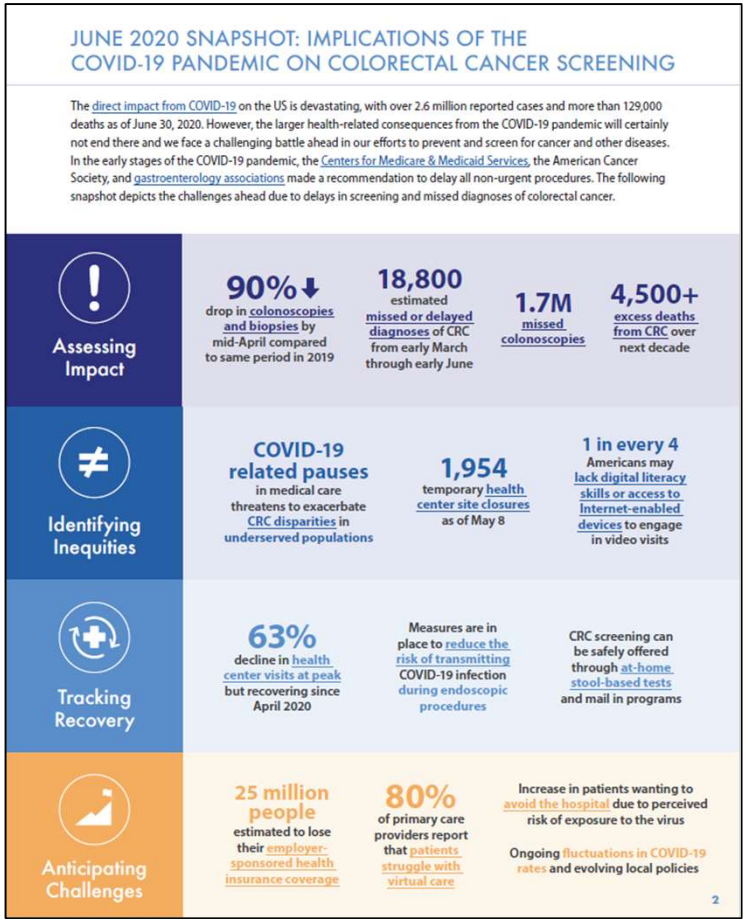
Cancer Screening During the COVID-19 Pandemic | October, 2020 1

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SCREEENING RESOURCES

NCCRT Playbook for Reigniting CRC Screening During the Pandemic

- The colorectal cancer community stands prepared and well-positioned to respond to and overcome the difficult task ahead
- This NCCRT playbook reviews data, research, and clinical guidelines available and outlines a path forward for CRC screening and COVID-19.



https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/

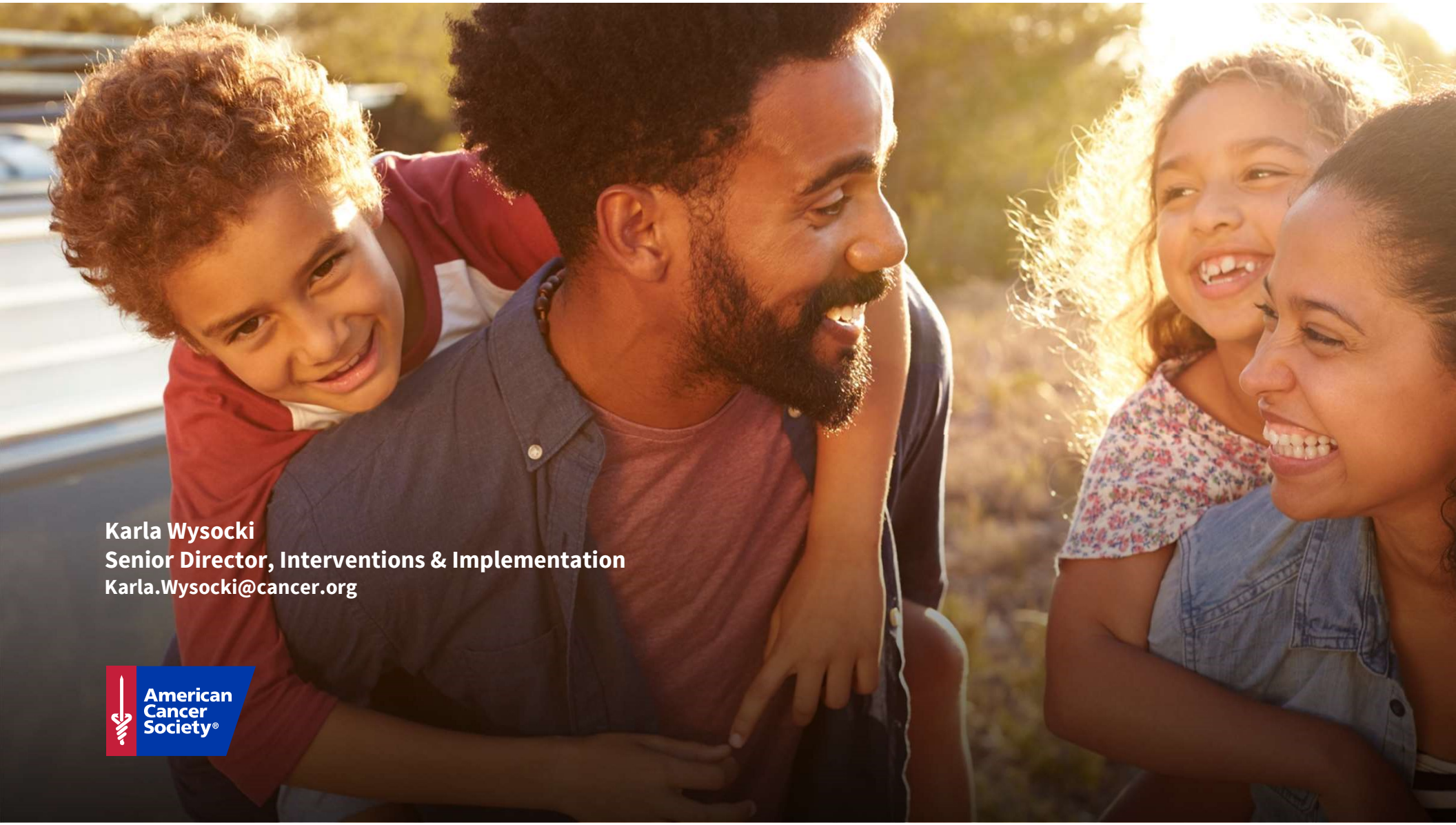
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PARTNERSHIP OPPORTUNITIES

Together We Can Make An Impact

We must act now together, with partners, to address our current public health crisis and transform cancer outcomes for the future. The American Cancer Society is excited to lead with you and organizations from across the medical and health care community to address disparities and ensure a return to cancer prevention among communities nationwide.

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