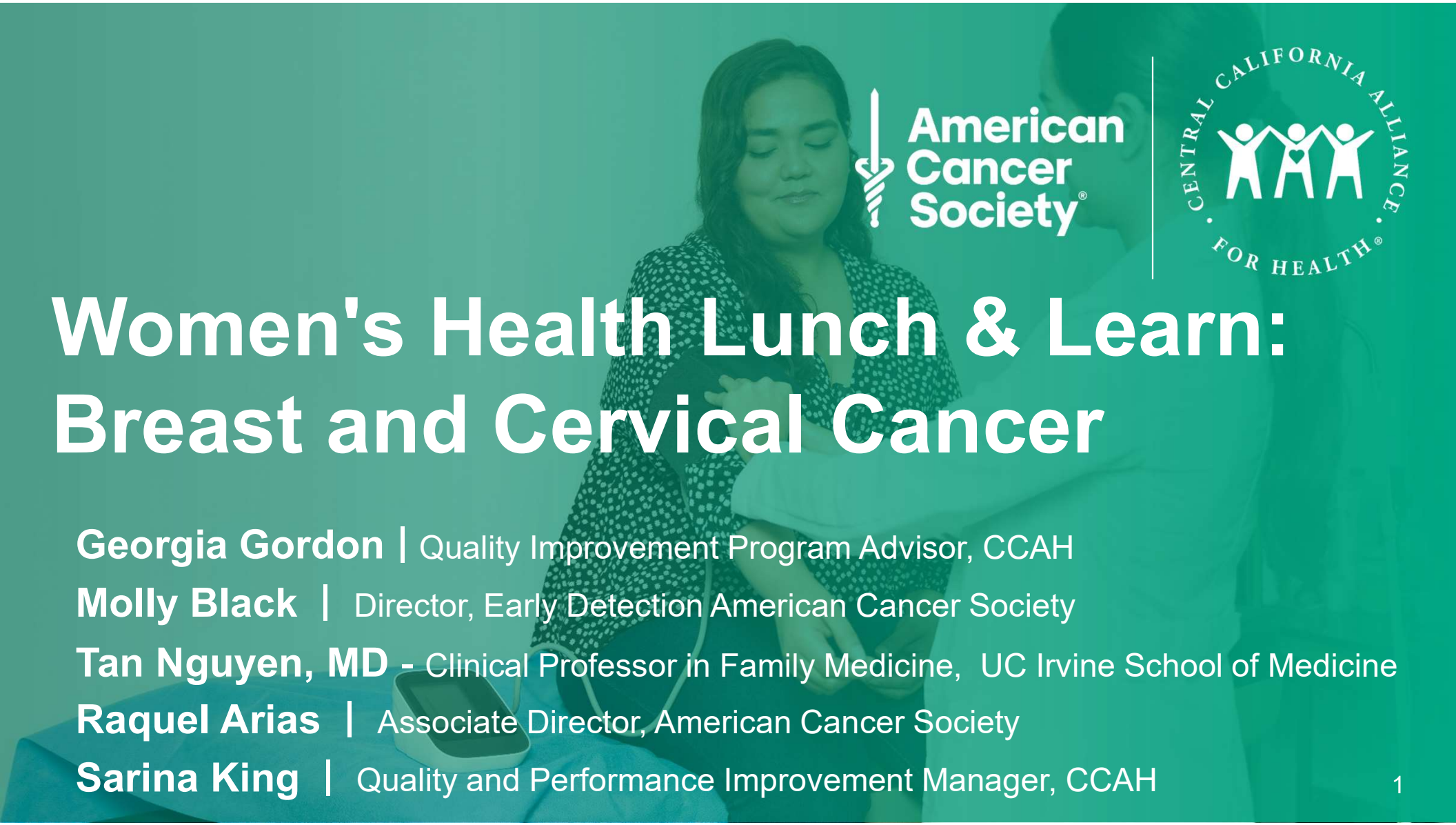


Women's Health Lunch & Learn: Breast and Cervical Cancer

Georgia Gordon | Quality Improvement Program Advisor, CCAH

Molly Black | Director, Early Detection American Cancer Society

Tan Nguyen, MD - Clinical Professor in Family Medicine, UC Irvine School of Medicine

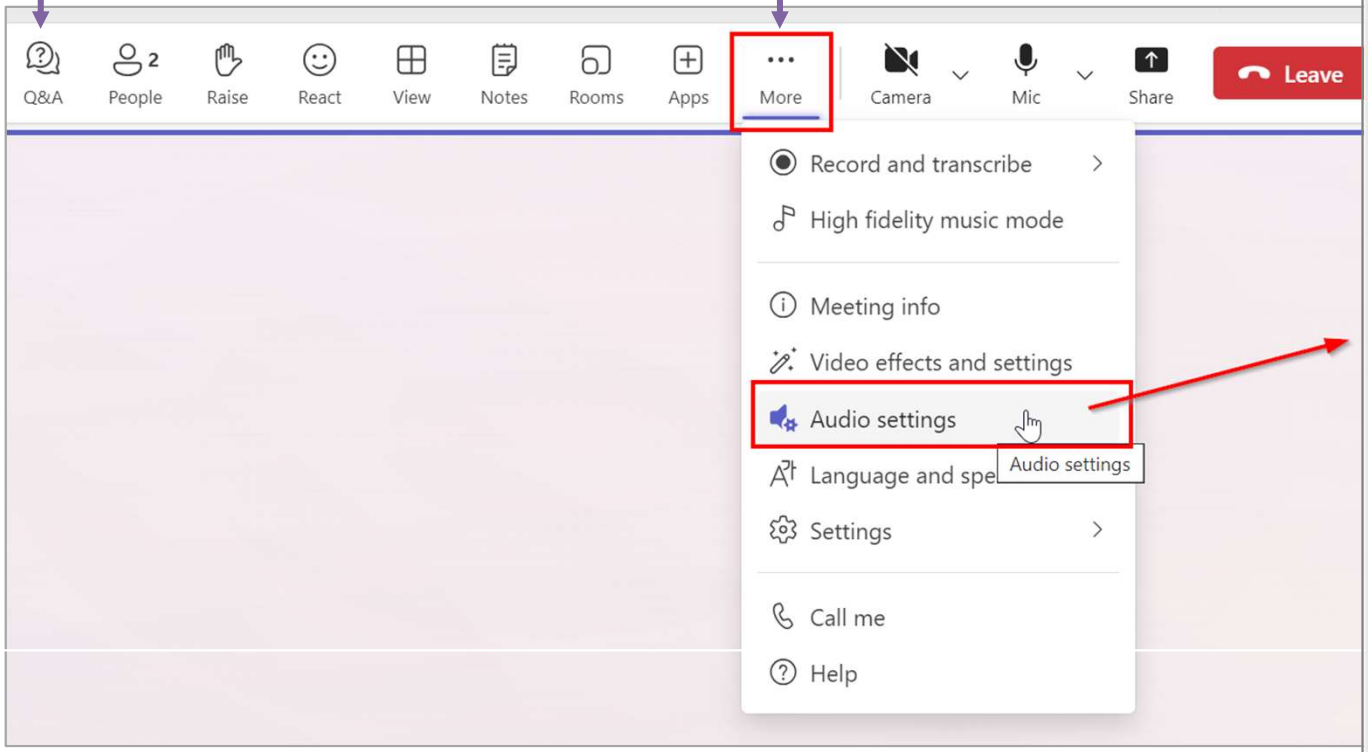
Raquel Arias | Associate Director, American Cancer Society

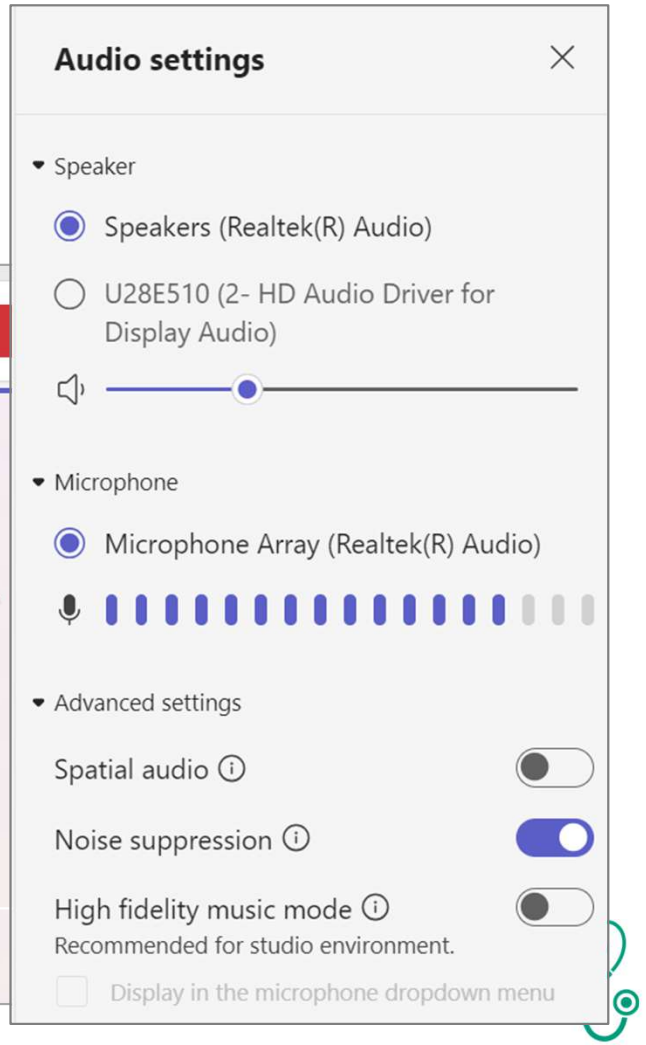
Sarina King | Quality and Performance Improvement Manager, CCAH

HOUSEKEEPING

Use Q&A to submit questions

For audio troubleshooting





TODAY'S HOST & PRESENTERS

Georgia Gordon, MHA
Quality Improvement Program Advisor II

Molly Black
American Cancer Society

Tan Nguyen, MD
Clinical Professor in Family Medicine

TODAY'S PRESENTERS

Raquel Arias, MPH
Associate Director, State Partnerships

Sarina King, MHA
Quality and Performance Improvement Manager

AGENDA:

1. Breast and Cervical Cancer Burden in the US
2. Impact of Early Detection
3. Breast Cancer Screening Guidelines, Uptake & Best Practices
4. Cervical Cancer Screening Guidelines, Uptake & Best Practices
5. In Practice – Interview with Dr. Tan Nguyen
6. Resources
7. CCAH performance data and updates

LEARNING OBJECTIVES

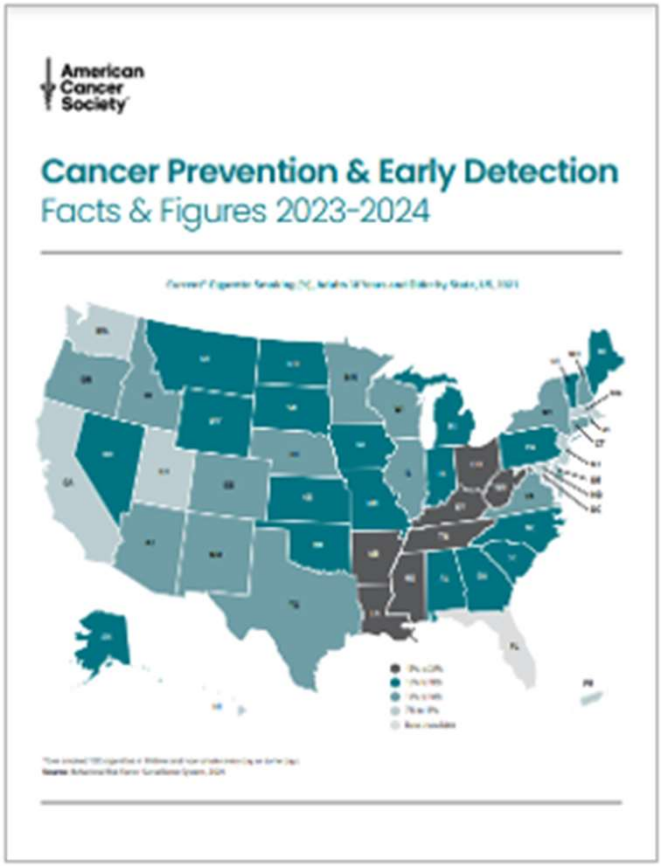
By the end of our time today, you will be able to:

1. Describe the burden of breast and cervical cancer, and overall screening trends in the U.S.
2. Understand recent developments in cervical cancer primary HPV testing and self-collection
3. Identify evidence-based interventions to increase breast and cervical cancer screening rates in practice, and strategies to overcome common barriers

Cancer Prevention & Early Detection Facts & Figures 2023-2024

Every person can take two actions to greatly reduce their risk of developing and dying from the most common types of cancer in the United States:

1. Make efforts to reduce those harmful everyday habits that increase the risk of developing cancer.
2. Follow the guidelines for recommended cancer screenings.



Cancer is a disease that doesn't affect everyone equal

The Black Community
has the highest death rate and shortest survival of any rac
the US for most cancers.

People in the Poorest Areas
have approximately 20%-25% higher cancer death rates th
most affluent areas.

Breast Cancer Mortality
is 41% higher for Black women in the US versus white won
though incidence rates are similar.

Cancer
is the leading cause of death among Hispanic/Latino peop
accounting for 21% of deaths.

Source: Cancer Facts & Figures 2022. Atlanta: American Cancer Society, 2022 Cancer Incidence Projections ir
States Between 2015 and 2050 - PubMed (nih.gov)Cancer Facts & Figures for African American/Black People

BREAST CANCER AT A GLANCE

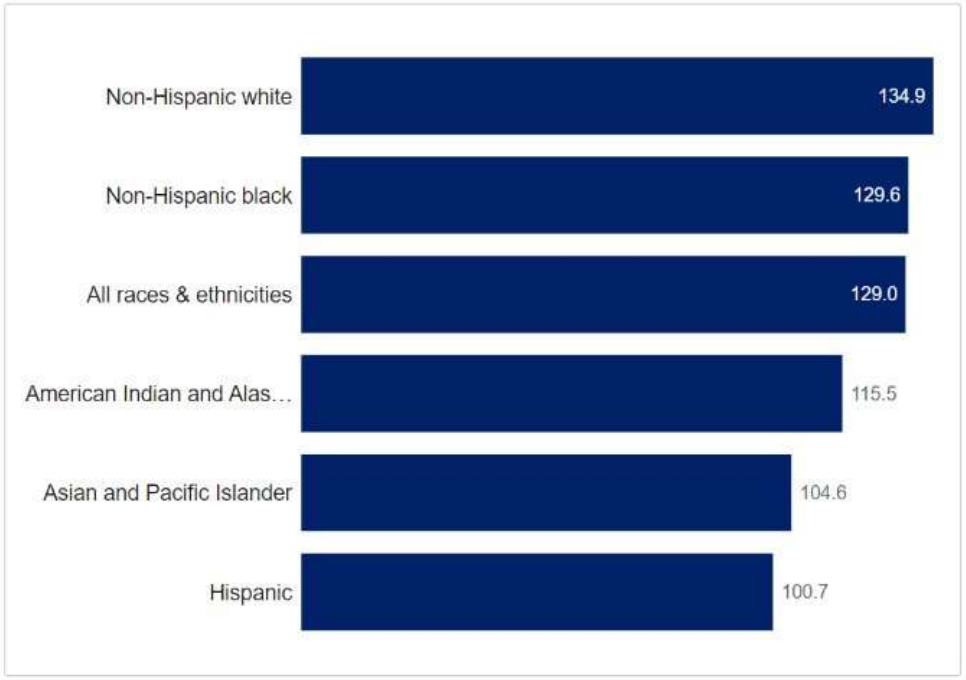
Estimated new cases, 2024	Estimated deaths, 2024	Incidence rates, 2016-2020	Deaths rates, 2017-2021
313,510	**42,780**	**129.0**	**19.5**
		Average annual rate per 100,000, age adjusted to the 2000 US standard population	Average annual rate per 100,000, age adjusted to the 2000 US standard population

*Incidence and death rates are for female breast only.

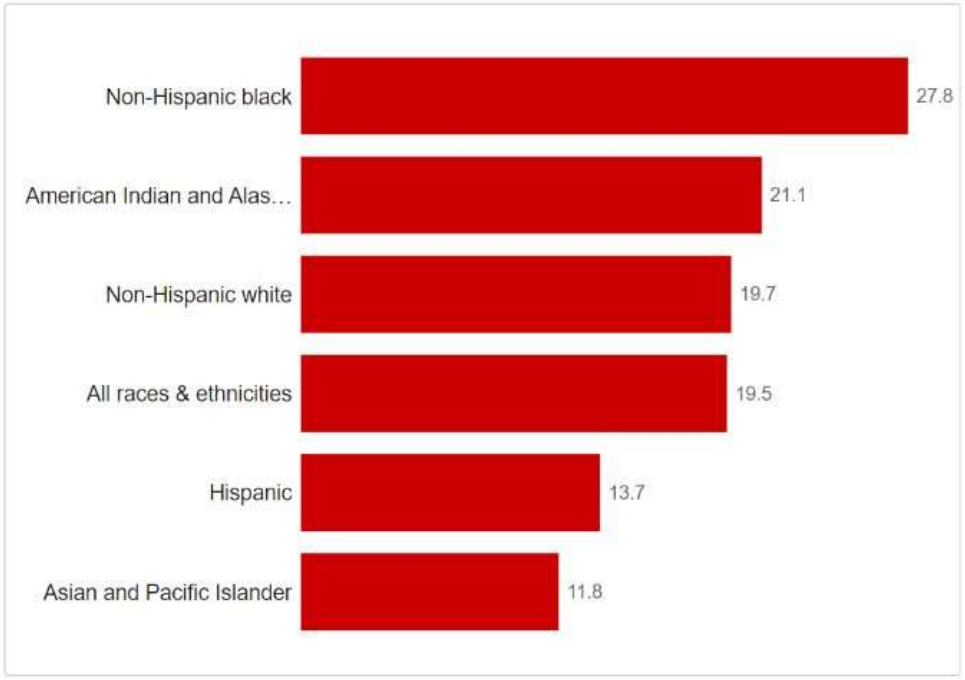
Source: American Cancer Society. Cancer Statistics Center. https://cancerstatisticscenter.cancer.org/types/breast | accessed January 2024

Breast Cancer Incidence & Mortality Rates by Race & Ethnicity

Incidence Rates, 2016 - 2020



Mortality Rates, 2017 - 2021



 Incidence Data Source: North American Association of Central Cancer Registries, 2023. Mortality Data Source: National Center for Health Statistics, Center for Disease Control and Prevention, 2023. Average annual rate per 100,000, age-adjusted to the 2000, US standard population. Female breast cancer only. Incidence is adjusted for delays when possible. Nevada and Puerto Rico are not included in national rates (see Resources page).

American Cancer Society. Cancer Statistics Center. http://cancerstatisticscenter.cancer.org. Accessed 2/5/2024.

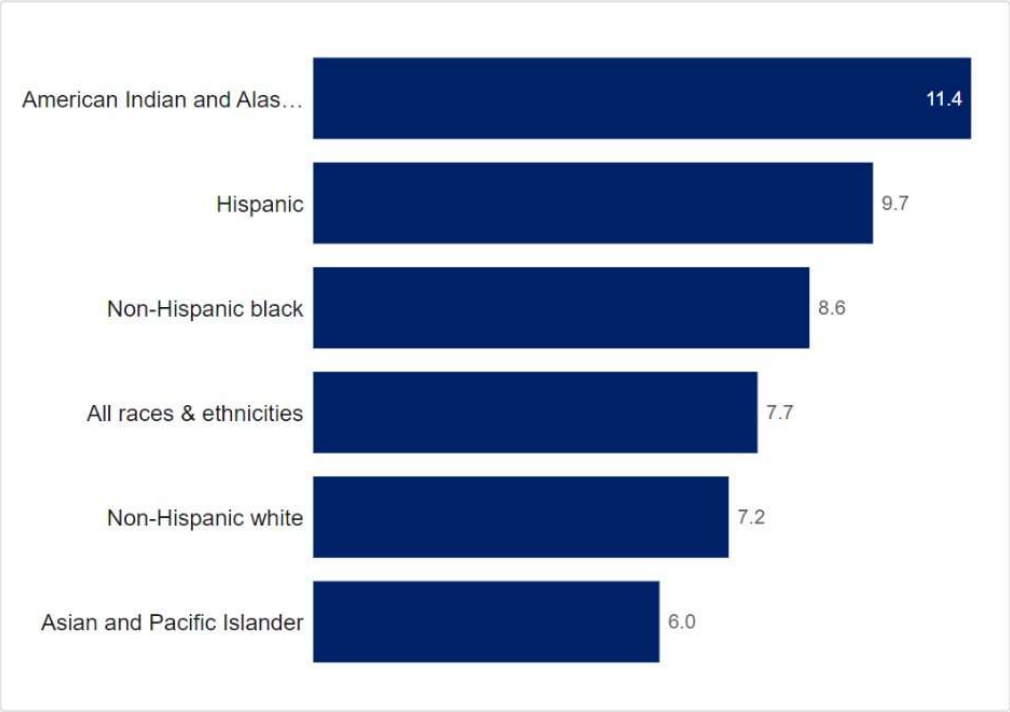
CERVICAL CANCER AT A GLANCE

Estimated new cases, 2024	Estimated deaths, 2024	Incidence rates, 2016-2020	Deaths rates, 2017-2021
13,820	**4,360**	**7.7**	**2.2**
		Average annual rate per 100,000, age adjusted to the 2000 US standard population	Average annual rate per 100,000, age adjusted to the 2000 US standard population

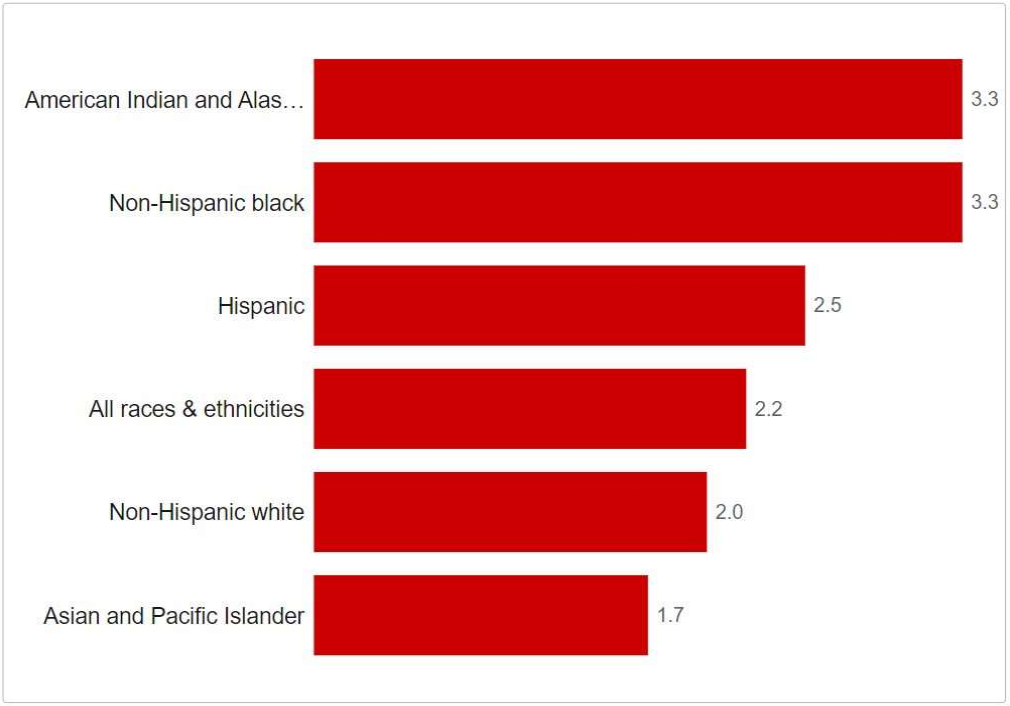
SOURCE: American Cancer Society. Cancer Statistics Center. https://cancerstatisticscenter.cancer.org/types/cervix | Accessed 1/24/2024.

Cervical Cancer Incidence & Mortality Rates by Race & Ethnicity

Incidence Rates, 2016 - 2020



Mortality Rates, 2017 - 2021



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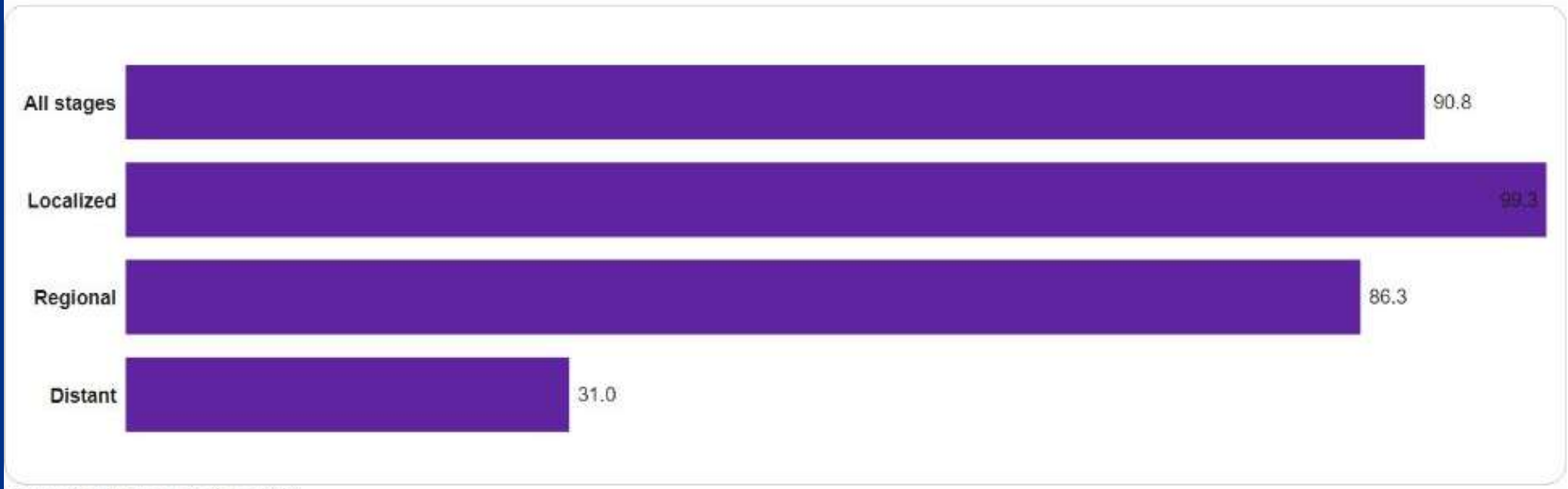
American Cancer Society. Cancer Statistics Center. http://cancerstatisticscenter.cancer.org. Accessed 2/5/2024.

Impa of Early Detec on

5-year relative survival by stage at Diagnosis, Breast, 2013-2019

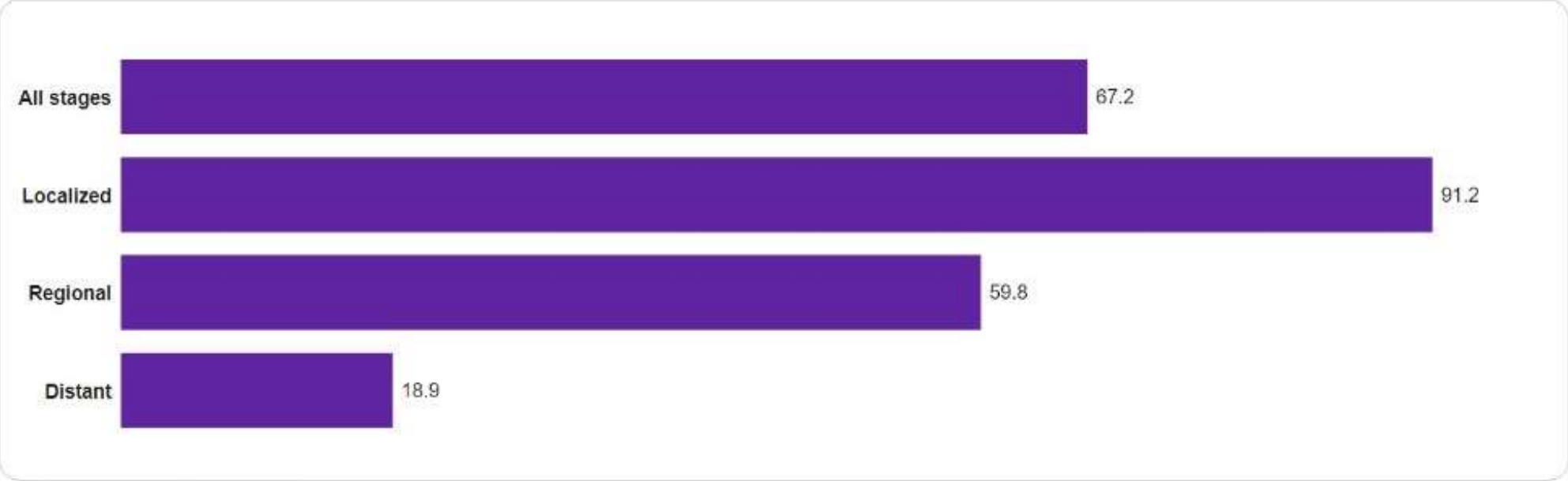


©American Cancer Society, 2024
Data source: Surveillance, Epidemiology, and End Results 22 registries, National Cancer Institute, 2023
Survival is adjusted for normal life expectancy and based on cases diagnosed 2013-2019 and followed through 2020.
Female breast cancer only.

99.3% Localized **VS** **31.0% Distant**

SOURCE: American Cancer Society's Cancer Statistics Center | accessed 1/18/2024

5-year relative survival by stage at Diagnosis, Cervix, 2013-2019



Data source: Surveillance, Epidemiology, and End Results 22 registries, National Cancer Institute, 2023
Survival is adjusted for normal life expectancy and based on cases diagnosed 2013-2019 and followed through 2020.

91.2% Localized **VS.** **18.9% Distant**

SOURCE: American Cancer Society's Cancer Statistics Center | accessed 1/18/2024

American Cancer Society®

Everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.

American Cancer Society®

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

Cancer Screening

Cancer Screening Saves Lives

Screening Recommendations for Women

These recommendations are for people at average risk for certain cancers. Talk to a doctor about which tests you might need and the screening schedule that's right for you. It's a good idea to also talk about risk factors, such as lifestyle behaviors and family history, that may put you or your loved ones at higher risk.

Ages 25-39	Ages 40-49	Ages 50+
Cervical cancer screening recommended for people with a cervix beginning at age 25.	**Breast cancer screening** recommended beginning at age 45, with the option to begin at age 40. **Cervical cancer screening** recommended for people with a cervix. **Colorectal cancer screening** recommended for everyone beginning at age 45.	**Breast cancer screening** recommended. **Cervical cancer screening** recommended. **Colorectal cancer screening** recommended. People who currently smoke or used to smoke should discuss **lung cancer screening** with a doctor.

Activity: Word Cloud of Barriers to Screening

What are the top barriers you see keeping patients from being screened for breast & cervical cancer? (1-2 words per answer)

Breast Cancer Screening Guidelines, Uptake, and Best Practices

Breast Cancer

American Cancer Society

What breast cancer screening tests are recommended for someone my age?

Guidelines for women at average risk.

Ages 40 to 44

Option to get screened

Women should have the option to start screening with a mammogram every year.

Ages 45 to 54

Get screened every year.

Women should get a mammogram every year.

Ages 55+

Get screened every other year.

Women can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

Have Questions About Screening?

Visit **cancer.org/getscreened** for cancer screening FAQs, including information about how to schedule a screening test, how to afford screening with or without insurance, and more.

ACS vs. USPSTF

	ACS 2015	**USPSTF 2024**
Age to Screen & Frequency	**Age 40:** Optional annual screening mammogram **Age 45:** Annual screening mammogram **Age 55+:** Biennial screening mammogram OR continue annual screening mammogram	**Age 40 -74:** Biennial screening mammogram
Age to Stop	Continue screening mammograms for patients in good health and **expected to live at least 10 more years**.	Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women **aged 75 years or older.**

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening

How we are doing with Mammography?

2022 CDC BRFSS State Average Screening Rate **NATIONAL**	**2022 CDC BRFSS** State Average Screening Rate **CALIFORNIA**	**2023 HRSA UDS** FQHC Average Screening Rate **NATIONAL**	**2023 HRSA UDS** FQHC Average Screening Rate **CALIFORNIA**
76%	77%	52%	55%

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sept 2024].
URL: https://www.cdc.gov/brfss/brfssprevalence/.

HRSA Health Center Program Uniform Data (UDS) Data, 2023. https://www.hrsa.gov/foia/electronic-reading . Public data with calculations and data visualization by the American Cancer Society.

A **recommendation from a clinician** is the most predictive factor for a patient initiating and completing the cancer screening process.*

*Impact of provider-patient communication on cancer screening adherence: A systematic review
https://www.sciencedirect.com/science/article/abs/pii/S0091743516302912?via%3Dihub

Focus areas for high quality breast cancer screening programs

Screening Importance and Advocacy	Patient Identification and Assessment	Patient Engagement and Follow-Up
✓Make a recommendation! Be clear that screening is important. ✓Recruit and empower a clinical champion and QI team.	✓Identify your un[der] screened patients. ✓Assess your patient's family history, medical history, and age. ✓Identify your patient's risk level using validated risk assessment tools.	✓Be persistent with reminders. ✓Use non-clinical staff to ensure screening and follow-up completion.

Focus areas for high quality breast cancer screening programs

Accurate Record-Keeping	**Efficiency and Follow-Up Systems**	**Celebrate Hard Work**
✓ Ensure results are captured correctly in the patient's chart.	✓ Reduce time between mammogram and next test in the screening/diagnostic process. ✓ Create systems for timely follow-up of patients with abnormal and/or inconclusive results.	✓ Overcoming SDOH is hard for patients who are due for screening. ✓ Acknowledgement and celebration matter.

Cervical Cancer Screening Guidelines & Best Practices

Cervical Cancer

Screening guidelines for women and people with a cervix at average risk.

American Cancer Society

Under Age 25

Screening is not recommended.

Cervical cancer is rare before age 25.

Ages 25 to 65

Get screened using a primary HPV test every 5 years.

If primary HPV testing is not available, screening may be done with a co-test (both HPV and Pap) **every 5 years**, or a Pap test **every 3 years**.*

*Getting screened regularly is the most important factor, regardless of which test.

Over Age 65

Most should stop screening.

People who have had regular screening in the previous 10 years with negative results should stop screening.

People with a cervix

includes women who have not had their cervix surgically removed, transgender men who retain their cervix, and non-binary people with a cervix.

People who have received the HPV vaccine

should still follow age-appropriate screening guidelines.

People who have had a total hysterectomy

(removal of the uterus and cervix) should stop screening unless the hysterectomy was done as a treatment for cervical cancer or a serious pre-cancer.

Have Questions About Screening?

Visit **cancer.org/getscreened** for cancer screening FAQs, including information about how to schedule a screening test, how to afford screening with and without insurance, and more.

Screening Test Definitions

- Pap Test
  - A test which collects cells from the surface of the cervix to check for any abnormal cells
  - Abnormal cells can be removed or treated before cervical cancer develops
  - When cancer is detected early, it is easier to treat
- HPV Test
  - A test which collects cells from the surface of the cervix to check for HPV
  - The cells are collected during a pelvic exam using a small brush or swab, then sent to a lab for testing
  - Results can help the doctor decide if more testing is needed
- Primary HPV Test
  - A primary HPV test is an HPV test done by itself for screening
  - 3 FDA approved primary HPV assays
- Co-testing
  - A co-test is when an HPV and Pap test are done together for screening

Comparison of current Screening Guidelines & Recommendations for Average-risk Individuals

	American College of Obstetricians and Gynecologists (ACOG), 2020[1]	US Preventative Services Task Force (USPSTF), 2018[2]	American Cancer Society (ACS), 2020
Age to Start screening	**21**		**25**
Screening test options and intervals	**Ages 21-65:** Cytology alone, every 3 years *ORA* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** Cytology plus HPV testing, every 5 years *ORA* **Ages 21-29:** Cytology alone, every 3 years **Ages 30-65:** HPV testing alone, every 5 years		**Ages 25-65+ Preferred:** HPV testing alone every 5 years *ORA* **Acceptable:** Either Cytology plus HPV testing every 5 years *ORA* Cytology alone every 3 years
Age to end screening	**65** if 3 consecutive negative Pap tests *ORA* 2 negative cytology ply HPV tests *ORA* 2 negative HPV tests *AND* no abnormal tests within the prior 10 years with the most recent within the prior 5 years AND no CIN2+ within the prior 25 years.		

Why does the ACS Guideline prefer primary HPV screening?

More efficient than co-testing

More effective than a Pap test alone

*Primary HPV screening is also necessary for self-collection – National Cervical Cancer Screening Guideline

How we are doing with Cervical Cancer Screening

2020 CDC BRFSS State Average Screening Rate **NATIONAL**	2020 CDC BRFSS State Average Screening Rate **CALIFORNIA**	2023 HRSA UDS FQHC Average Screening Rate **NATIONAL**	2023 HRSA UDS FQHC Average Screening Rate **CALIFORNIA**
79%	**76%**	**55%**	**59%**

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sept 2024].
URL: https://www.cdc.gov/brfss/brfssprevalence/.

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https://www.sciencedirect.com/science/article/abs/pii/S0091743516302912?via%3Dihub

Focus Areas for High Quality Cervical Cancer Screening Programs

Screening Importance and Advocacy	Clinical Leadership and Team Improvement	Patient Identification and Testing Strategies
✓ Make a recommendation! Be clear that screening is important. ✓ Be aware of and work to reduce stigma. ✓ Screen at every opportunity.	✓ Recruit and empower a clinical champion and QI team.	✓ Identify your un[der] screened patients. ✓ Transition to HPV testing (co-testing and HPV alone). ✓ Prepare for self-sampling and the future of at-home cervical screening.

Focus Areas for High Quality Breast Cancer Screening Programs

Patient Engagement and Support	Efficiency and Follow-Up Systems	Celebrate Hard Work
✓ Use non-clinical staff to ensure screening and follow-up completion. ✓ Practice trauma-informed pelvic care.	✓ Create systems for timely follow-up of patients with abnormal and/or inconclusive results	✓ Overcoming SDOH is hard for patients who are due for screening. ✓ Acknowledgement and celebration matter.

Self-Collection & At-home Screening Status Update

- On May 15, 2024, the Food and Drug Administration (FDA) approved self-collection for primary HPV screening in a health care setting, thereby expanding access to cervical cancer screening for all women and people with a cervix.
- Two tests were approved – Roche & BD
- Self-collection is run on a primary HPV screening platform.
- Self-collection has been shown to reduce barriers to cervical cancer screening for patients, clinicians and health systems.
- At-home self-collection screening is not yet FDA approved but should be on your radar as it is expected.

Poll Question:

1. **How familiar are you with self-collection for primary HPV screening?**
    a) It's new to me; I just learned of the FDA approval in a health care setting on today's webinar
    b) I've heard about self-collection but don't know much about it
    c) I am familiar with self-collection for primary HPV screening

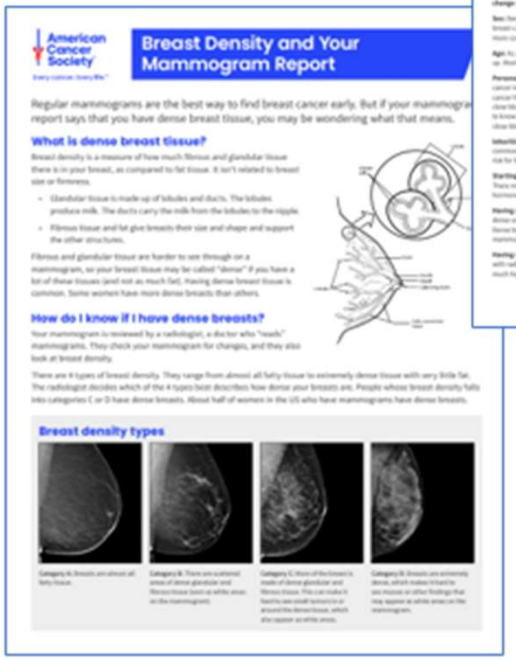
In Practice: Interview with Dr. Tan Nguyen

Tan Nguyen, MD
Clinical Professor in Family Medicine
UC Irvine School of Medicine

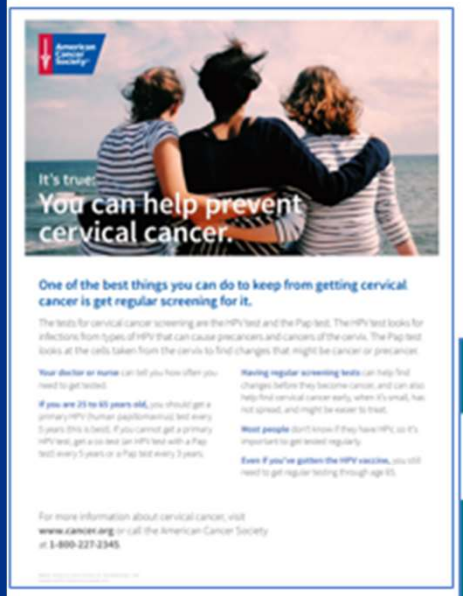
Please Answer in Chat

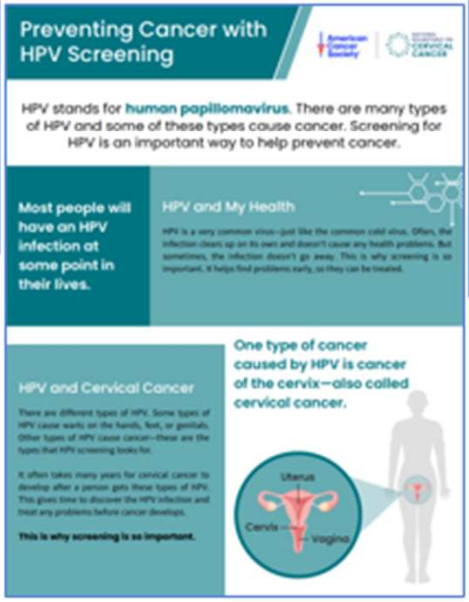
After today's discussion, what strategies are you excited to implement or learn more about?

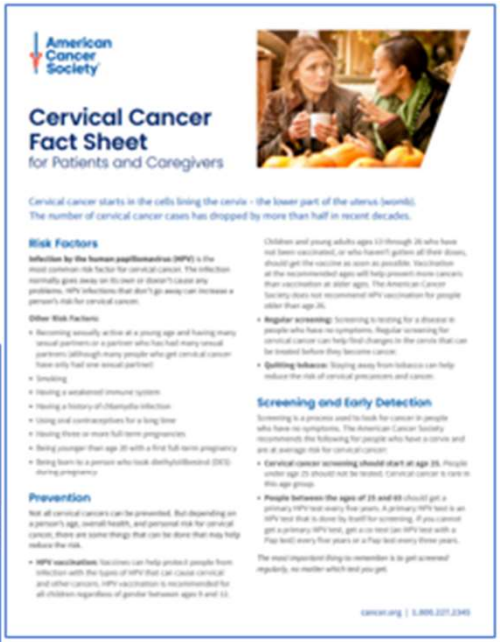
Patient Resources: Breast Cancer Screening



Patient Resources: Cervical Cancer Screening







Online content with 3D simulation

The Path to Engaging 100,000 VOICES of Black Women

American Cancer Society®

VOICES OF BLACK WOMEN

Enrollment is NOW OPEN in all VOICES states!

VOICES of Black Women will recruit:

- Black women between the ages of 25-55 years
- No history of cancer diagnosis (except basal or squamous skin cancer)
- Live anywhere in 20 enrollment states or D.C.

After providing consent, participation involves:

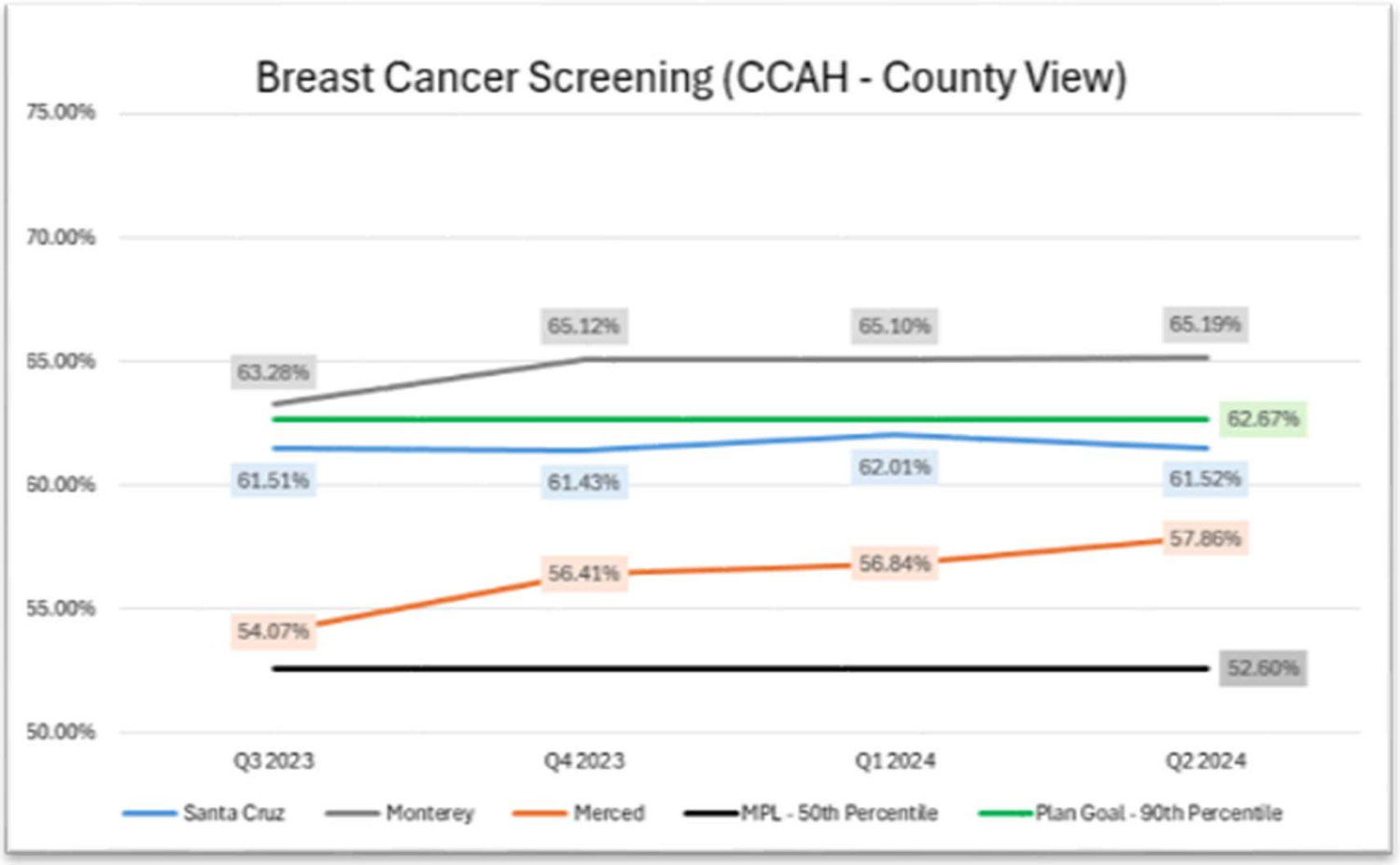
- ✓ Completing an entirely online and self paced survey (~an hour of time) at the start of the study
- ✓ Completing additional surveys (up to 30 minutes each) twice a year
- ✓ Invitations to provide additional, optional data collection over time

*Enrollment states highlighted in orange

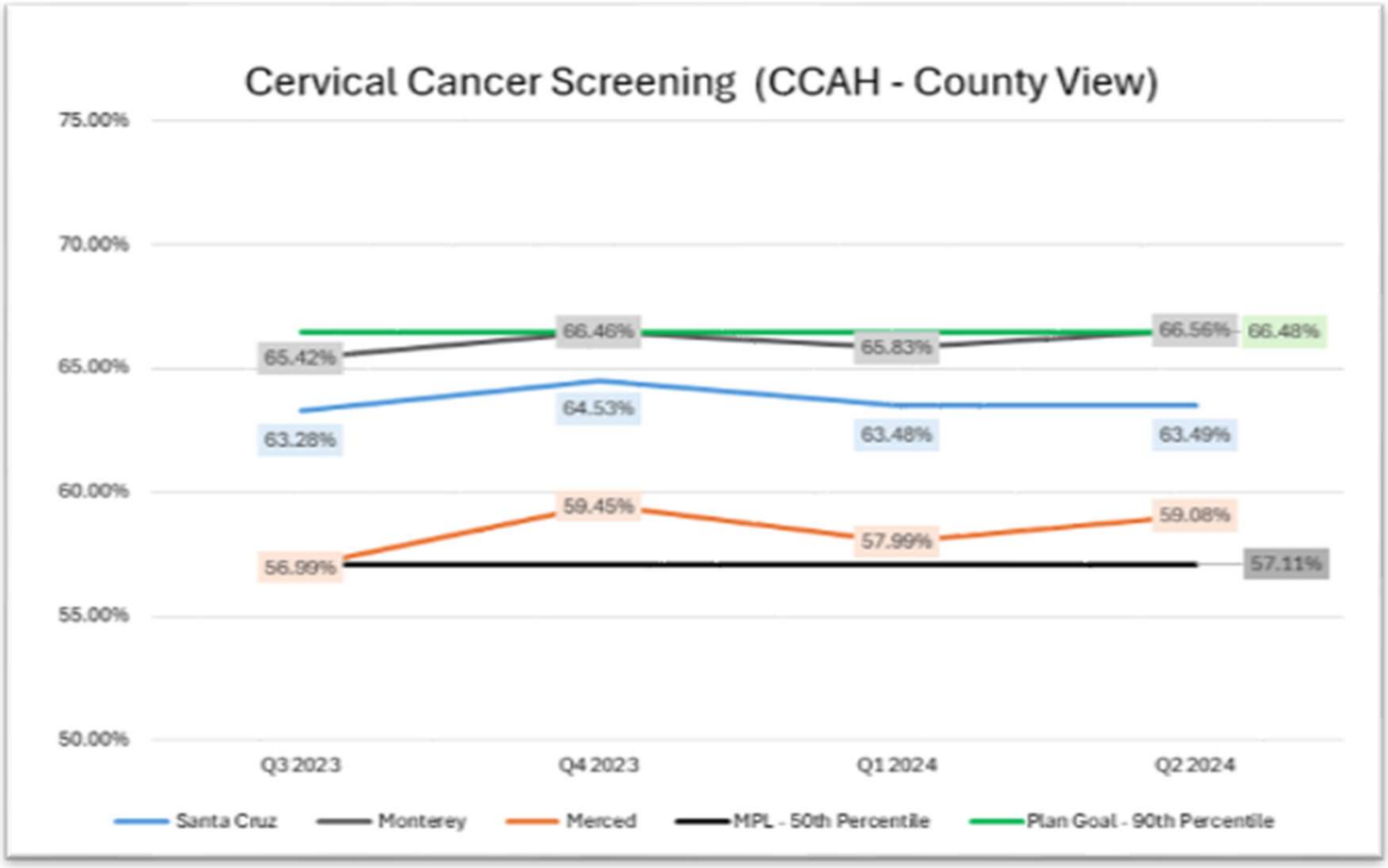
Visit voices.cancer.org to learn more and JOIN today!

The Alliance Rates by County & Programs

CCAH Breast Cancer Screening Rates by County – One Year Look Back



CCAH Cervical Cancer Screening Rates by County – One Year Look Back



New and Upcoming Alliance Programs

- Mobile Mammography Collaboration
  - **Objective:** Partner with practices to increase access to breast cancer screenings.
    - $50 member incentives (Target)

- Provider Partnership
  - **Objective:** Build partnerships aimed at improving low performing measures, and to build a strong collaborative relationship between CCAH providers and the Alliance.

- Workforce Support for Care Gap Closures Grant
  - **Objective:** The Alliance in collaboration with select Merced County Providers proposes the following intervention to assist with mutual goals of improving the overall health of its members and increasing quality scores in Merced County.

- Contact: Performanceimprovement@ccah-alliance.org

Questions?