



National Consortium

Summit Objectives, Updates, and Progress

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American Cancer Society

June 2021



Agenda & Objectives

- Welcome & Opening Remarks
- Review Purpose & Issue Hub Outcomes
- Large Group Discussion: Strategic Priorities
- Break (10 mins)
- Breakouts – Phase 1: Identify Activities
- Breakout – Phase 2: Review and Revise
- Report Back
- Adjourn

1

Review Purpose & Progress: Welcome members of the National Consortium, review the charge of our efforts, and level-set on the themes and outcomes from the consortium's June 1 Issue Hub.

2

Confirm Strategic Priorities: Share strategic priorities gleaned from June 1 Issue Hub and come to consensus on the consortium's direction for the accelerate goal phase.

3

Identify Activities: Brainstorm and decide on 3 to 4 bold, but feasible activities that can accelerate the recovery and improvement of cancer screening rates.

Housekeeping and Zoom Information



Today's meeting will be recorded, including breakouts.



You will be muted when you join the call

Use the buttons in the bottom black menu bar to mute/unmute your audio and to turn on/off your video

If you do not wish to have your image recorded, please turn OFF the video option



Today's materials will be sent out after the meeting via email.



Type your name and organization in the chat box



Questions about Zoom? Type them in the chat box to: Producer - Meg Fischer

Zoom Essentials

Please Rename Yourself

- Use your First and Last Name
- Optional - Organization

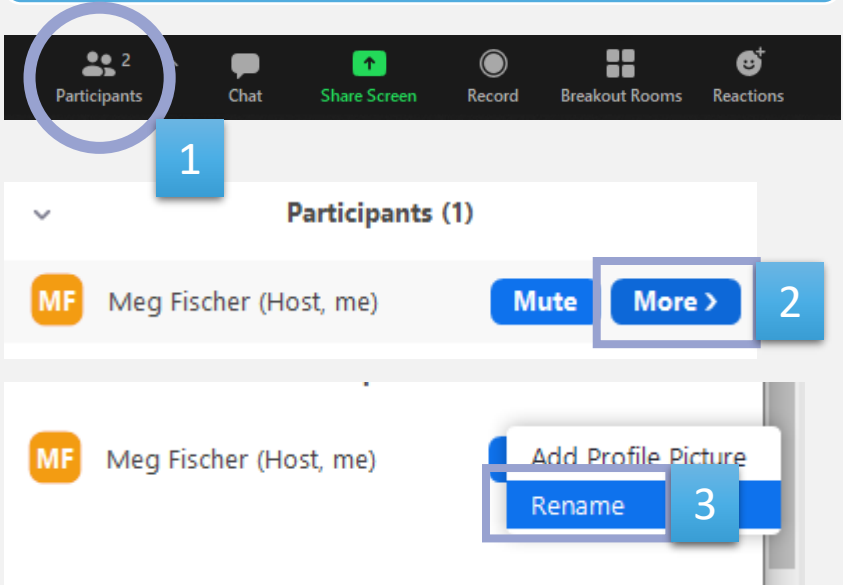
EXAMPLE:

Meg or Mfischer should be:

- Meg Fischer - ACS

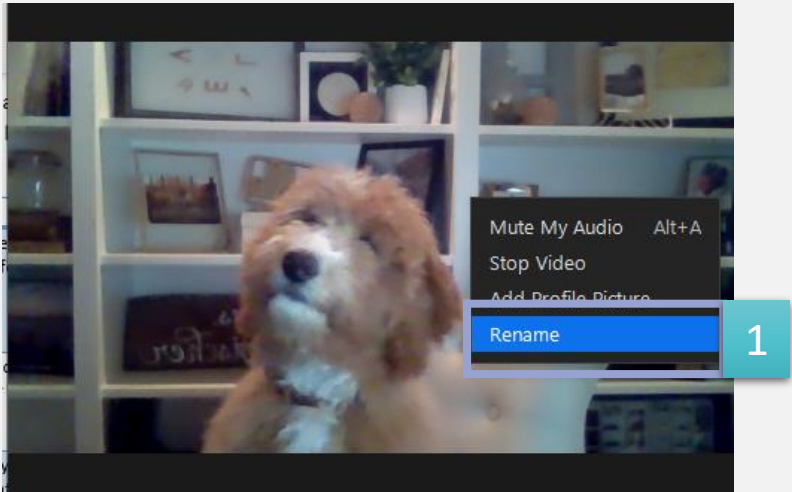


Option 1



Option 2

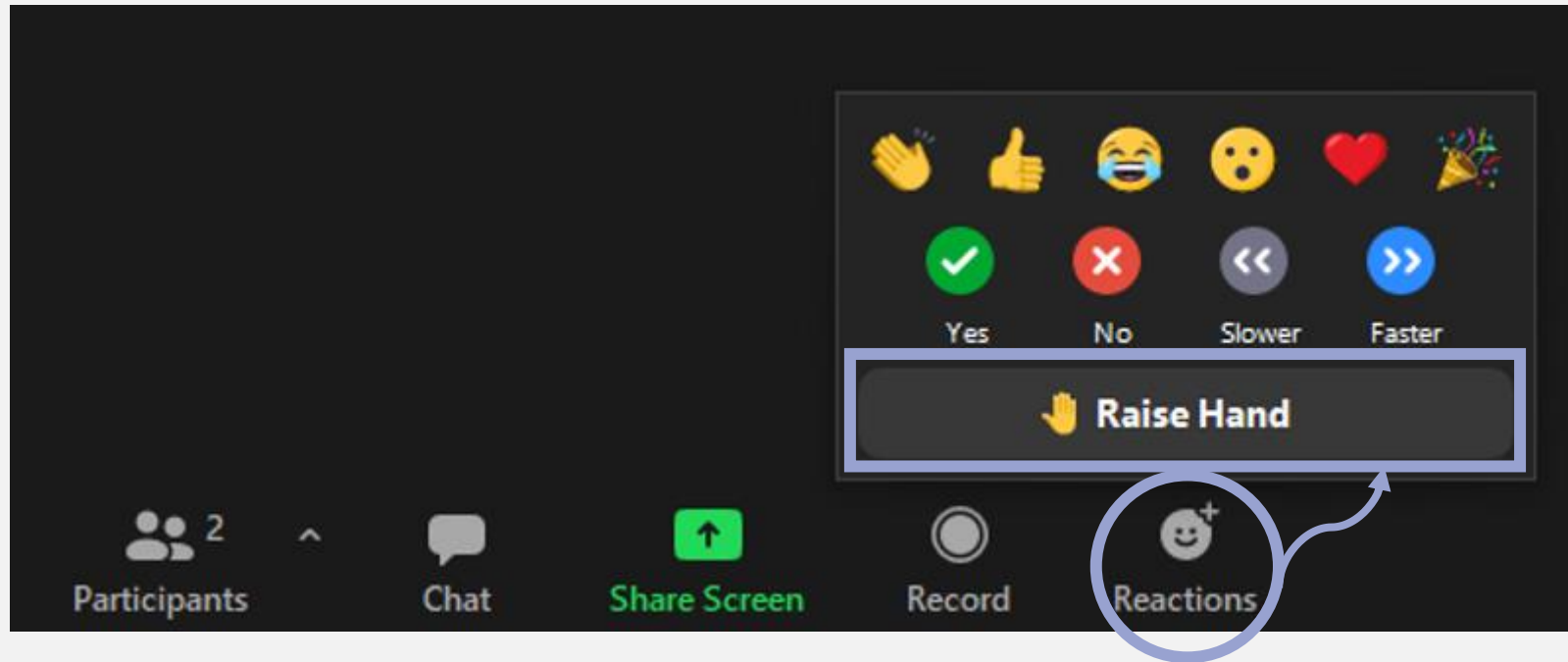
Right-click on your video tile



Zoom Essentials for the Training

When you have a question or a comment

- Please use the “Raise Hand” button and we’ll ask you to come off mute



Review of Data & Literature

Problem Statements

Confronting alarming consequences from the COVID-19 pandemic



Increased Cancer Mortality

Pandemic-related reductions in health care access and cancer screening will result in a short-term drop in cancer diagnoses and a later corresponding increase in late-stage cancer diagnoses and preventable deaths.



Increased Disparities

The pandemic will likely exacerbate social and economic obstacles, and disproportionately affect disadvantaged and underrepresented populations.

These outcomes will be devastating and plague our work for years to come unless we respond relentlessly, emphatically, and collaboratively.

What We Know

Healthcare disruptions had an immediate and consequential impact to cancer screening and care.

- Immediate declines in cancer screenings
- Missed screenings, diagnostics, & care
- Consequential increase in excess deaths due to missed diagnoses

Spring of 2020, SCREENING TESTS FOR BREAST, LUNG AND COLON DROPPED BY



Indications of Rebound by end of Summer 2020

- June 16 weekly volumes remained 29%, 36%, and 35% lower than their pre-COVID-19 levels for breast, colon, and cervical cancer screenings. ([EHRN](#))
- We found that, from June to September 2020, there was a significant recovery in the number of screening tests and ensuing diagnoses, to almost prepandemic levels. ([Bakouny](#))
- The deficit decreased gradually, with no significant difference between observed and expected numbers by July 2020 (diagnostic mammography) and August 2020 (screening mammography and biopsy). ([Nyante](#))
- Mammogram and colonoscopy volumes reached pre-pandemic levels by the end of the summer. ([McBain](#))
- In this analysis of administrative claims data, we found near complete recovery of monthly screening rates by July. (Chen)

Much more data is needed for a full reporting of consequences.

- Do other dips exist during subsequent COVID waves?
- Is recovery seen evenly across socioeconomic demographics? Racial/ethnic groups?
- Have gaps in screening/care access been exacerbated?
- How are health systems handling a backlog of missed cancer screenings?
- How significant will the initial decrease/disruption in service result in excess cancer deaths?
- Is recovery comparable across geographic areas and/or factors (rural/urban)?
- Etc.

Note: Future webcasts are being planned by the National Consortium and the American Cancer Society to learn more answers to these questions.

EPIC update-through March 2021-screening rates are down 13-25% (from March 2020 through March 2021)

FIGURE 1

Breast Cancer Screening Rates

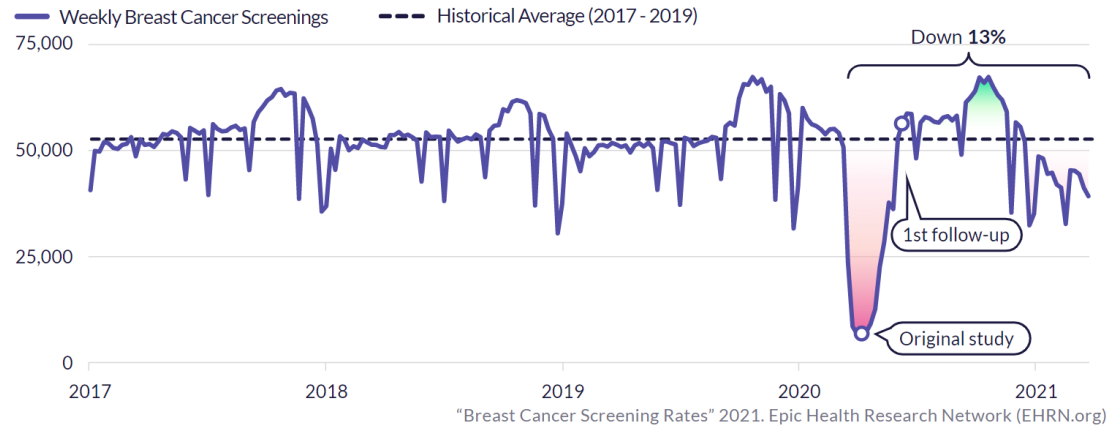


Figure 1. Breast cancer screenings from January 2017 through March 2021, compared to the historical average. From March 2020 through March 2021, the total number of breast cancer screenings is down 13% compared to the historical average.

FIGURE 3

Cervical Cancer Screening Rates

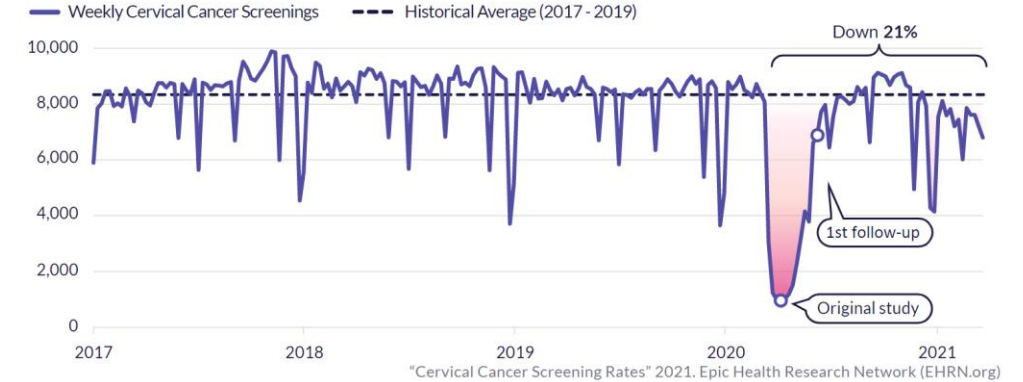
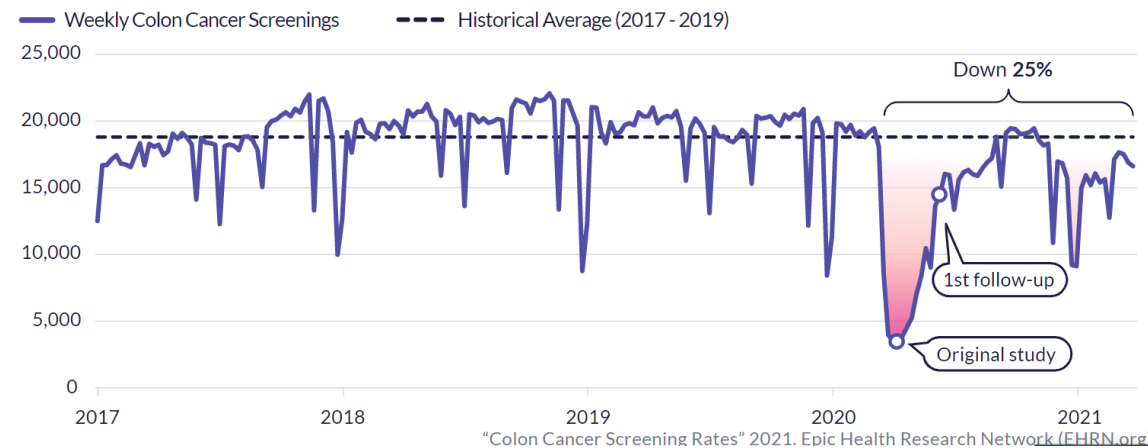


Figure 3. Cervical cancer screenings from January 2017 through March 2021, compared to the historical average. From March 2020 through March 2021, the total number of cervical cancer screenings is down 21% compared to the historical average.

FIGURE 2

Colon Cancer Screening Rates



Source: EPIC <https://ehrn.org/articles/cancer-screenings-are-still-lagging>

National Consortium Overview

Building Blocks to Recover & Exceed

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

Acknowledgements



FUNDERS

Genentech

Pfizer

Merck

National Football League



PARTNERS

Members of the National Consortium

Members

- American Academy of Family Physicians
 - American Cancer Society
 - American Cancer Society Cancer Action Network
 - American College of Obstetricians and Gynecologists
 - American College of Surgeons Commission on Cancer
 - Association of State and Territorial Health Officials
 - Bristol Meyers Squibb
 - Cancer Support Community
 - Centers for Disease Control and Prevention
 - Comprehensive Cancer Control National Partnership
 - CVS Health/Aetna
 - Genentech
 - Health Resources and Services Administration
 - National Alliance for Hispanic Health
 - National Association of Chronic Disease Directors
 - National Cancer Institute President's Panel
 - National Cancer Institute – Implementation Science
 - National Colorectal Cancer Roundtable
 - National Comprehensive Cancer Network
 - National LGBT Cancer Network
 - National Lung Cancer Roundtable
 - National Navigation Roundtable
 - OCHIN
 - Pfizer
 - Prevent Cancer Foundation
 - Stand Up To Cancer
-

United in Recovery & Improvement

The ACS National Consortium convenes organizations and scientific advisors to accelerate, strengthen, & mobilize around bold, but sensible, cancer screening and care activities.

Accelerate

Accelerate our responses to long-standing and emerging barriers to cancer screening and care.

Strengthen

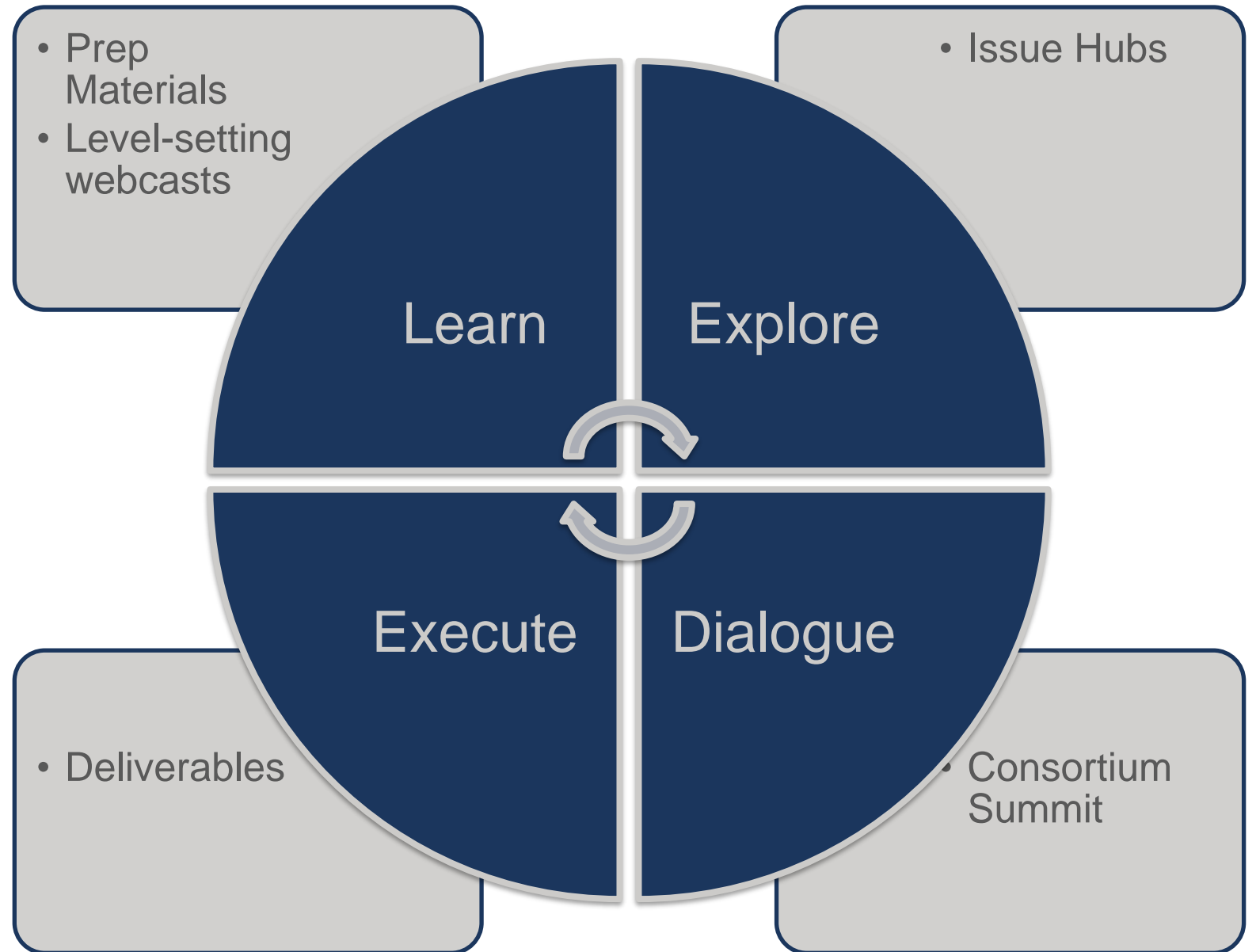
Strengthen our preparedness, infrastructure, and partnerships to minimize disruptions & address inequities.

Mobilize

Mobilize around sustained, coordinated commitments to promote cancer screening and care as a public health priority, and improve the long-term effectiveness of screening programs.

Consensus Building Cycle

Recommendations for each goal statement are developed through a similar process of work.



Current Phase of Work: Dialogue

Why is this important?

Facilitated virtual working sessions bringing together all participants of the national consortium to discuss key recommendations and action plans to address.

How will we succeed?

- **Consortium summit** – Two hour facilitated virtual dialogues with consortium members to identify barriers and build consensus around bold actions that will move us forward in cancer screening and care as a nation.

Who will participate?

- Consortium Members
- ACS Staff Support

What will be delivered?

- Meeting summaries
- Key recommendations

Defining Terms – Accelerate vs. Strengthen

Accelerate Goal Reminder: Accelerate our responses to long-standing and emerging barriers to cancer screening and care.

Accelerate: Activities already have some momentum; or there at least are no substantial barriers or hurdles to overcome to develop, disseminate, implement.

Strengthen Goal Reminder: Strengthen our preparedness, infrastructure, and partnerships to minimize disruptions & address inequities.

Strengthen: Activities may call for more resources and significant policy or systems changes. Activities may address more substantial barriers, gaps, limitation, and vulnerabilities.

Strategic Priority: An area of focus where the national consortium will call for action. Developed via synthesizing Issue Hub discussions and other information gathering sessions.

Activity: Within our strategic priorities, what bold, but feasible actions can national consortium members and our partners undertake to accelerate the improvement of cancer screening rates?

You have been pre-assigned to a strategic priority area

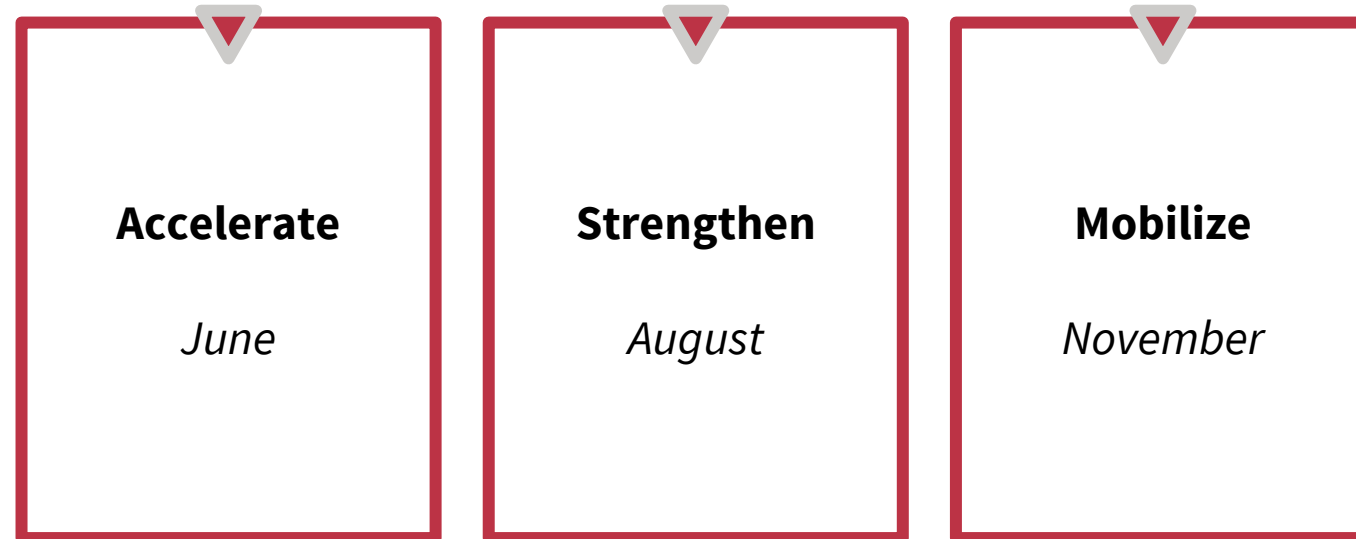
2021 Issue Hub Series

Joining together to tackle the most pressing issues in the recovery and improvement of cancer screening and care nationwide.

What are Issue Hubs?

- A series of dialogues that ACS will host in 2021 primarily aimed at informing future conversations and decision-making of the National Consortium.
- Conducted as facilitated panel discussions with renowned subject matter experts tackling the most pressing issues in the recovery and improvement of cancer screening and care nationwide.
- Deep-dive discussions that uncover both the strengths and opportunities in cancer screening and care as well as the current barriers and limitations of our national and local efforts.
- Panelists will rotate so that stakeholders around the country can hear and learn from a variety of public health leaders, researchers, clinicians, and other appropriate thought leaders.
- Open to healthcare providers, researchers, decision-makers, public health professionals, organizational leaders, or generally any stakeholder interested in cancer care across the continuum and otherwise critical to the improvement of cancer screening and care in the United States.

More Issue Hubs are being planned!



Issue Hub #1: Accelerating What We Know in Cancer Screening & Care

Purpose

In bringing together ACS, ACS CAN, CDC, ACOS CoC, & the President's Cancer Panel, the national consortium aims to candidly discuss long-standing barriers in cancer screening and care and ideate bold solutions that will accelerate national interest toward improving cancer outcomes.

Objectives

To explore key areas of alignment in the implementation of evidence-based and emerging cancer control activities. While new challenges have arisen in the wake of the pandemic, many of the solutions that improve access to quality cancer screening and care are not unknown. To that end, as the cancer control community unites in our response to the COVID-19 pandemic, it is important to:

- Identify and prioritize those proven interventions that increase cancer screening rates
- Accelerate the adoption of these interventions nationwide
- Explore where the pandemic has necessitated innovation and expanded our capacity in cancer screening activities.

Panelists & Discussion Leads

Panelists:

- Keysha Brooks-Coley, MA – Vice President, Federal Advocacy and Strategic Alliances, ACS CAN
- Timothy Mullet, MD, FACS – Chair, Commission on Cancer of the American College of Surgeons
- Lisa Richardson, MD, MPH - Director of CDC's Division of Cancer Prevention and Control, CDC
- Robert Smith, PhD – Senior Vice President, Cancer Screening, American Cancer Society
- John Williams, MD, FACS – Chair, President's Cancer Panel

Discussion Leads:

- Rich Wender, MD - Chair, Family Medicine and Community Health University of Pennsylvania
- Letitia Thompson, MPA – Vice President, Regional Cancer Control, American Cancer Society



Overarching Panel Discussion Areas

What is the panel's best thinking on

- What are the factors, big and small, that prevent us from seeing the outcomes we want to see in cancer screening and care?
- How do we accelerate adoption of proven cancer screening and care activities to reach our desired outcomes?
- What are the innovations or opportunities necessitated by the pandemic that we could leverage to expand our capacity in cancer screening and care?

Fishbowl Format

- Panelists in open dialogue.
- Discussion leads monitored the conversation, but also probe and challenge panelists with questions as needed.
- Audience invited to participate through chat and polling.



Large Group Discussion Activity

Description & Instructions

- **Objective: Confirm strategic priorities** - Share strategic priorities gleaned from June 1 Issue Hub and come to consensus on the consortium's direction for the accelerate goal phase.
- **Question:** In what areas can we (National Consortium members) call for a prioritization of focus to best influence the direction of cancer screening nationwide?

Process:

- Present strategic priority themes collected from National Consortium kick-off and June 1 Issue Hub.
- Allow members to comment, agree, raise concern, etc.
- Allow members to propose and advocate for alternate strategic priorities.
- Draft a new strategic priority if necessary.
- Zoom vote for consensus.
- Time: ~20 minutes
- Break: 10 minutes

Strategic Priorities *(page 6 & 8 Issue Hub doc)*

1. Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of proven cancer screening interventions.
2. Accelerate a coordinated campaign to promote cancer screening as a national public health priority.
3. Accelerate screening efforts by supporting and expanding the proven programs that already reach underrepresented and underserved communities.
4. Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting.
5. Accelerate innovations and interventions necessitated by the pandemic that better expand our capacity in cancer screening and care.

Breakout Activity: Phase 1

Identify bold, but feasible actions

Description & Instructions

- **Objective:** Identify no more than **four** activities that help us achieve progress in strategic priority area.
- **Question:** Within our strategic priorities, what bold, but feasible actions can national consortium members and our partners undertake to accelerate the improvement of cancer screening rates?
- You have been pre-assigned to a strategic priority area.

Facilitator (ACS Staff Member) will:

- Record conversation.
- Begin with quick introductions – Name and organization.
- Identify a group lead who will be responsible for report backs during today's meeting.
- Present and confirm strategic priority statement.
- Record conclusions in PPT template.
- Move conversation along as needed.
- Keep time: ~25 minutes

Considerations for Successful Activities: Accelerate

Collaborative	Likely engages multiple member organizations and/or requires multisectoral partnerships (members & nonmembers)
Responsive	Responds to the related national consortium goal & agreed strategic priority statement. Responds to the COVID-19 pandemic and/or long-standing barriers.
Impactful	Likely to make a measurable impact on screening rates, follow up care, cancer outcomes.
Feasible	Barriers are small, non-existent, or at least not insurmountable within a 1 to 2 year timescale; workable within limits of national consortium members or member networks; the collective voice or influences of national consortium members can push the issue/activity forward.
Equitable	Addresses barriers to screening in underrepresented communities
Novel	Does not duplicate or replicate existing projects or resources; but can expand or enhance those efforts.
Member Supported	Opportunity for members to contribute (time, funding, expertise, influence) to support the development, implementation, dissemination, evaluation, etc.
Sustainable	Future updates, ongoing support needed, and dissemination/implementation goals are considered

Questions?

Breakout Groups

1. National Partnerships (Katie)

- Efrèn Flores
- Neeraj Deshpande
- Laura Makaroff, DO
- **Folasade “Fola” May (move to group 5)**
- Antoinette Percy-Laurry
- Randy Schwartz, MSPH

2. Coordinated Messaging (Emily)

- **John Williams (Move to group 1)**
- Jacqueline Beale
- Lisa Richardson
- Robert Carlson
- Nicholas Botwood

3. Proven Programs (Greg)

- Carolyn “Bo” Aldigè
- Andi Dwyer
- Elizabeth Franklin
- Marcela Gaitan
- Edith Mitchell
- **Marcus Plescia (move to group 4)**
- Sarah Shafir

4. Accountability Measures (Ryan)

- Lauren Alderson
- Stacey Fedewa
- Mark Goldberg
- Amelia Khalil
- Timothy Mullett
- Katie McMahon
- **Robert Smith (move to group 3)**

5. Pandemic Related Innovations (Kerstin)

- Katie Crème Henry, MA
- Carmen Guerra, MD, MSCE, FACSP
- Aubrey Villalobos, DrPH, Med
- **Sung Poblete (move to Group 2)**
- Diego Sacristan
- Carol Palackdharry

Breakout Activity: Phase 2

Review and Revise

Description & Instructions

Objective: Solidify group's recommended activities.

Process

- Rejoin breakout with new member attending (the Sounding Board).
- Group lead presents strategic priority and activities to sounding board.
- Sounding board asks questions and provides constructive feedback.
- Group (with new sounding board member) revises as necessary and finalizes activities.
- Group lead presents back to large group.

Facilitator (ACS Staff Member) will:

- Take notes on sounding board questions / comments.
- Confirm activities as group consensus is established.
- Finalize conclusions in PPT template.
- Move conversation along as needed.



Keep time: ~20 minutes (10 for Sounding Board; 10 to revise and finalize)

Sounding Board Volunteers

Thank you!

- Fola May
- Sung Poblete
- Bob Smith
- John Williams
- Marcus Plescia

Reminder: Considerations for Successful Activities

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Present Back

Objective: Everyone hears the progress from each breakout group.

Process: Each group lead has 90-seconds to present back conclusions ... a twitter-length rationale.

Questions?

Next Steps

- Post kick-off materials to expect:
 - Post-Meeting Email
 - Calendar holds and invites for Consortium Summit Dates
 - Thursday, June 17 - 1 to 3 p.m. EST
 - Thursday, September 16 – 1 to 3 p.m. EST
 - Thursday, December 9 – 1 to 3 p.m. EST
 - Meeting Summary & Report
 - And ... another **one question** survey
- More details to follow in April and May

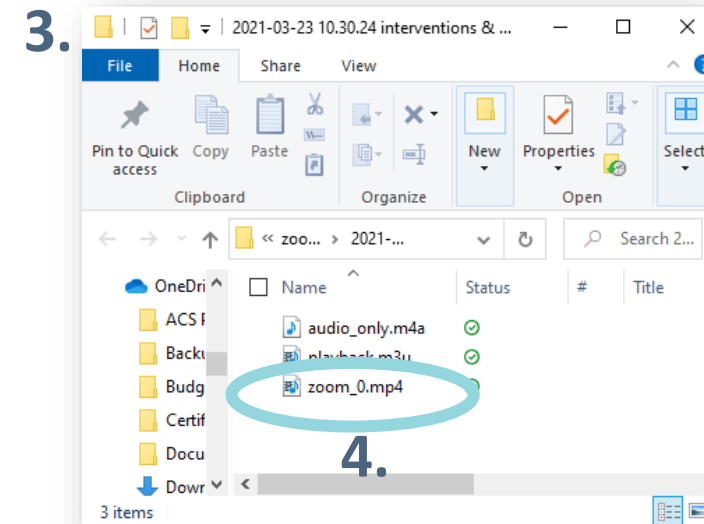
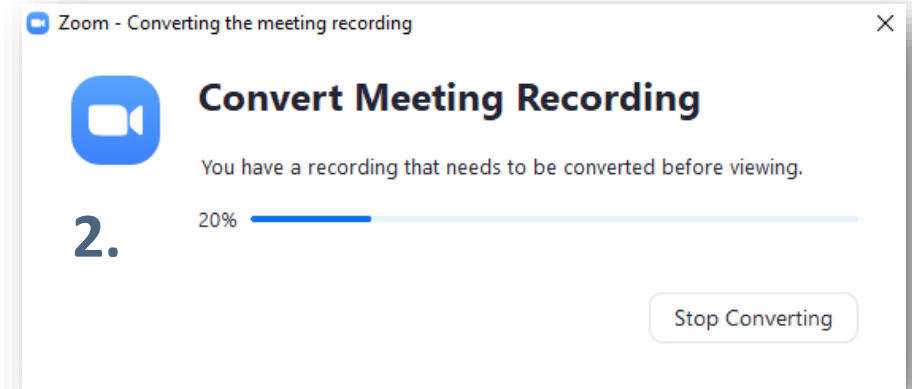
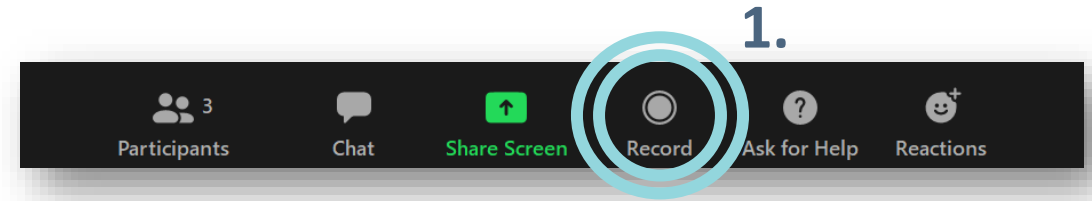
Breakout Template

Breakout 1

Zoom Essentials for the Meeting

Recording Your Breakout

1. Hit the Record button to record your breakout and stop the recording when finished
 - Choose record to computer
2. When you leave the meeting, you should see the Convert Meeting Recording pop-up box appear
3. When the video is ready, you should see a file navigator window appear
 - Message Nikki Stephens in Teams if you don't see this
4. The *zoom_0.mp4* file is the recording. Please email that file to Nikki



Description & Instructions

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- Facilitate activities discussion.
- Record conclusions in PPT template.
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- Keep time: ~25 minutes

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Strategic Priority Notes *(page 6 & 8 Issue Hub doc)*

1. Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of proven cancer screening interventions.
 - Opportunity exists to amplify and better support the strengths of roundtables and local coalitions.
 - These collaboratives can break down silos and facilitate coordination within a fragmented healthcare system.
 - They inspire collaboration and collective action.
 - They provide a credible and trusted space for innovation, education, and message delivery.

Goal Statement	Accelerate our responses to long-standing and emerging barriers to cancer screening and care.
Strategic Priority	Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of proven cancer screening interventions.
Example Activity	
Activity 1	Enter here
Activity 2	Enter here
Activity 3	Enter here
Activity 4	Enter here

Notes