

ACS National Consortium for Cancer Screening and Care

This document provides talking points to a few frequently asked questions regarding the American Cancer Society National Consortium for Cancer Screening and Care (ACS National Consortium) and its coordinated efforts to maintain and improve cancer screening and care services in response to the COVID-19 pandemic.

What is the ACS National Consortium for Cancer Screening and Care?

- In February 2021, the *American Cancer Society (ACS)* kicked off the nationwide *Get Screened Initiative* to encourage patients to resume appropriate cancer screening and follow-up care.
- The initiative was designed to be a comprehensive and multi-sector national movement to leverage collaborative efforts to increase cancer screening rates to pre-pandemic levels or higher.
- As one component of the initiative, the *ACS National Consortium* aims to establish a collective national response to the COVID-19 pandemic's detrimental impact on cancer screening and care.
- The *ACS National Consortium* convenes leading organizations and scientific advisors to identify key areas of opportunity where we, as a nation, can catalyze change by accelerating, strengthening, and mobilizing around sensible but bold cancer screening and care activities.
- Throughout 2021, the *ACS National Consortium* members created consensus recommendations that will minimize the negative effects emerging from the COVID-19 pandemic and improve cancer screening and care in the United States.

Who is included in the ACS National Consortium membership?

- *ACS National Consortium* members are a diverse, multi-sectored, and influential cohort of voices relentlessly dedicated to the safe and equitable recovery of cancer screening and treatment services.
- The 28 organizational members of the consortium include government agencies, leading cancer advocacy organizations, professional societies and associations, research institutions, national roundtables and collaboratives, and other leading health organizations, industry leaders, and partners.

What actions has the ACS National Consortium taken?

- Through public forums, informational webcasts, and member summits during 2021, the *ACS National Consortium* members developed nine consensus recommendations.
- Consensus recommendations were developed for two goal areas:
 - **Accelerate:** Utilize strategies that are known to work and identify actionable recommendations to accelerate responses to emerging and long-standing barriers to cancer screening and care.
 - **Strengthen:** Identify actionable recommendations that build resilience in public health and healthcare systems, address persistent disparities, and prepare systems for ongoing or future disruptions to the delivery of cancer-related services.
- The *ACS National Consortium* will continue to support the dissemination and implementation of recommendations in 2022.

Why focus on cancer during pandemic recovery?

- People with active cancer are generally more susceptible to infectious agents because of impaired immune systems due to cancer and its treatment (e.g., surgery and chemotherapy).
- The COVID-19 pandemic created numerous impacts beyond cancer itself, including reduced access to health care for other illnesses.
- Delays in cancer screening, diagnosis, and treatment due to reduced health care access will likely result in a short-term drop in cancer diagnoses followed by a long-term increase in late-stage diagnoses and preventable cancer deaths.
- Some individuals may delay preventive care and symptom follow-up due to fear of exposure to COVID-19 or loss of employment and/or employer-based health care.
- These ramifications will particularly affect historically disadvantaged communities that experience challenges in accessing quality medical care and disproportionate burdens of COVID-19 illnesses, hospitalizations, and deaths.
- Now is the time to work together to leverage collective actions to improve cancer screening and care services across the nation.

Why do we need to improve cancer screening rates?

- Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and improved uptake of screening services by the general population.

- Early detection of cancer through screening can reduce mortality from cancers of the colon and rectum, breast, cervix, and lung.
- Routine screening can prevent some cancers, such as cervical or colorectal cancer.
- Yet, cancer screening rates remain unacceptably low, and apart from colorectal cancer, cancer screening rates are persistently stagnant.
- The task to improve cancer screening rates has become more challenging due to the consequences of the COVID-19 pandemic.
 - From March 2020 to March 2021, screening rates remained lower than historical baselines ([Epic Research, 2021](#)).
- Not everyone benefits equally from cancer screening or care.
- Various indicators show that there are enduring inequalities and disparities in cancer screening based on race/ethnicity, socioeconomic status, and healthcare access.

Recommendations

This document offers contextual talking points about the [nine consensus recommendations](#) developed by the ACS National Consortium for Cancer Screening and Care.

1. Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of evidence-based cancer screening interventions and policies.

- Opportunities exist to amplify and better support the strengths of national roundtables and local coalitions.
- These two partnership models are proven to break down silos and facilitate coordination within a fragmented healthcare system.
- Furthermore, they inspire collaboration, collective action, and provide a credible and trusted space for innovation, education, and message delivery.
- The *American Cancer Society* leads roundtables across the cancer continuum, including roundtables for colorectal cancer, HPV vaccination, lung cancer, and patient navigation.

2. Accelerate a coordinated, innovative campaign to promote cancer screening as a public health priority.

- Cancer screening is an essential part of health care.
- Screening is too often a low priority for individuals.
- Educating individuals about the survival benefit and value of screening would be a dramatic win.
- An effective campaign would coordinate messages to address health literacy, meet communities where they are, and promote informed decision-making.

3. Accelerate screening efforts and the coordination of cancer care by supporting and expanding programs that have proven to be effective at reaching communities that are underrepresented and underserved.

- Collaborative efforts should continue to focus on communities that lack access to life-saving cancer screening and cancer care.
- Many existing programs can help to achieve desired outcomes, including the *CDC National Breast and Cervical Cancer Early Detection Program* and the *Colorectal Cancer Control Program*.
- Patient navigation and community health workers programs are recommended and cost-effective.

4. Accelerate the adoption of improved quality measures, accountability measures, and institutional goals that prioritize equitable outcomes.

- What gets measured gets done.
- The most successful systems often begin by capturing screening baseline numbers and setting audacious system-wide goals.
- National quality measures can hasten progress and improve outcomes.
- Ensuring standards track outcomes by key demographic and disparity factors will help quantify equity gaps.

5. *Accelerate innovations and interventions that better expand equitable access to cancer screening and care.*

- The pandemic necessitated shifts in how health care was delivered, how patients were informed, and how healthcare staff were educated on emerging issues.
- The momentum around the shifts is an opportunity for creating an innovative workforce that can reach people where they are.
- Community and lay health workers were utilized to bring trusted health messaging to hard-hit communities.
- Telehealth visits rose during the pandemic and were a live demonstration of the effectiveness of delivering health care services via virtual settings.
- Remote screening for colorectal cancer offers patients options and aids in stratifying patients by risk. Many proven programs exist, including mailed FIT programs that have demonstrated the quality and value of this testing option.

6. *Strengthen the trust in public health and healthcare systems by using a forward-looking, whole-person approach.*

- Cancer prevention and screening discussions are better received after trusting relationships are established among patients and health care providers.
- Community health workers and patient navigators that represent communities can become trusted messengers who can build confidence in the healthcare system and strengthen community partnerships.
- A whole-person approach can help to identify factors that contribute to health inequities, such as access to food, a safe place to live, employment, and other consequential areas.

7. *Strengthen health system and community preparedness plans for health disruptions by including cancer and other chronic disease care in the plans.*

- At the time of the pandemic, many preparedness plans lacked guidance on maintaining cancer and other chronic disease services during times of emergency response or other relevant disruptions.
- Decisions on how to prioritize, pivot, and what to work on were made after COVID-19 was already a crisis.

- Additionally, support staff were reassigned and thus were not available to support patients. Staff burnout, resignation/retirement, and COVID quarantining continue to disrupt care and resources to the healthcare systems.
- It is vital to develop a disaster plan to provide guidance on how to prioritize and triage patients for appropriate cancer screening and care.

8. *Strengthen the understanding of cancer screening outcomes and care by collecting and utilizing data on demographics and social determinants of health.*

- There is not enough quality data that describes the race, ethnicity, geographic, sexual orientation, and gender identity of people who use the healthcare system.
- Being committed to addressing disparities requires the collection of comprehensive, quality information about people who can and cannot access services.
- More comprehensive data collection should also aid in informing on barriers to care related to social determinants of health (e.g., economic stability, food insecurities, built environment, education attainment).

9. *Strengthen the use of transdisciplinary teamwork in support of healthcare delivery.*

- The pandemic required new and more coordination among transdisciplinary teams – both teams within the health care setting as well as community-facing or community-placed teams - that did not normally work together so closely.
- Significant challenges and barriers were overcome because of the new coordination across work silos, including:
 - Reaching out to patients in communities to address fears, concerns, and other health care questions
 - Triage patients for screening, diagnostic tests, and treatment
 - Protecting cancer patients from COVID-19 infection when they were in the hospital or undergoing treatment
 - Helping patients as they transitioned through healthcare systems