



AMERICAN CANCER SOCIETY

Get Screened Initiative 2021 Impact Report



Nurse Navigators Addressing Screening Barriers

Mary Rudison, Imaging Nurse Navigator at Grady Health, a health system intervention project funded by ACS ensures patients get the care they need.



On the Road with Screening: Denver Health and Hospital Foundation
 DHHF reduced transportation barriers by implementing COVID-19 safety protocols for the new Women's Mobile Clinic and providing patients with no-cost Lyft rides to screening appointments.



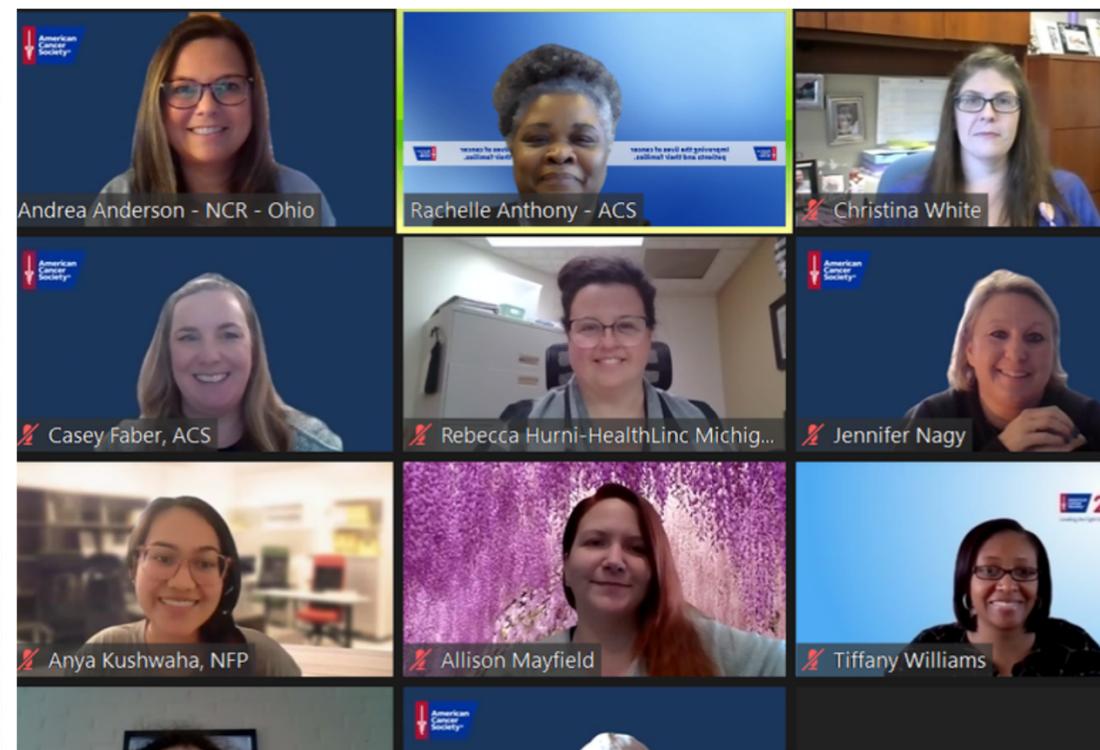
D.C. Bus Campaign

Messaging in both English and Spanish featured inside and on the sides of buses with routes traveling through Washington, D.C., neighborhoods with some of the lowest cancer screening rates.

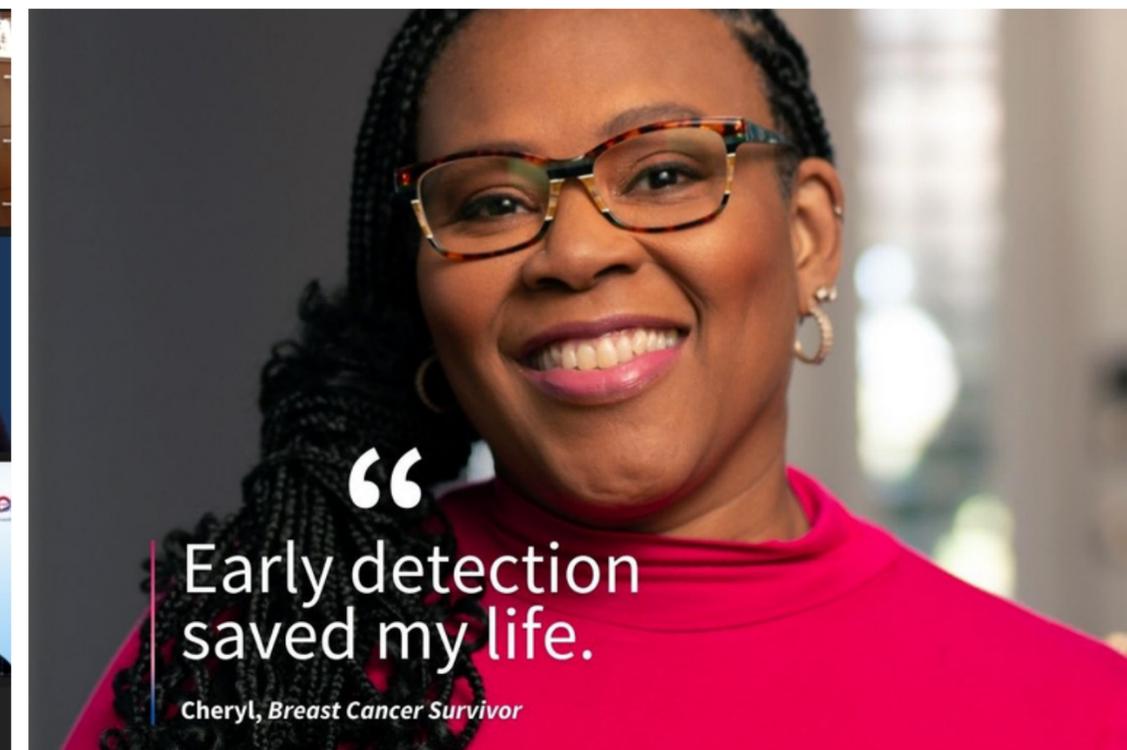


Hard Rock Marquee - Times Square

Cancer screening reminders ran on the Hard Rock marquee in NYC throughout Cervical Cancer Awareness month.



Building Collaborations: North Central Learning Collaborative
 One of five regional learning collaboratives who meet regularly to participate in shared learning as they implemented health system interventions to increase screening rates.



“
Early detection saved my life.

Cheryl, Breast Cancer Survivor

Early Detection Messaging

The Get Screened Initiative is built around stories of real people like Cheryl, a breast cancer survivor willing to share her personal cancer journey, and the importance of early detection.

A Message From Our CEO

Table of Contents

»»» *Click on the page number or title below to go straight to that page.*

- 4** About the Get Screened Initiative
- 5** Get Screened Initiative 2021 Highlights
- 6-10** National Consortium for Cancer Screening and Care
- 11-12** State and Coalition Leadership
- 13-16** Health Systems Screening Interventions
- 17-21** Public Awareness Campaign
- 22-23** Research
- 24-26** Public Policy
- 27** What's Ahead in 2022
- 28-29** Thank You to Our Sponsors
- 30-35** Appendix: A, B, and C



»»» *Click image above to watch a message from our CEO, Dr. Karen E. Knudsen*

About the Get Screened Initiative

The COVID-19 pandemic has had a significant impact on people with cancer, their families, and caregivers. Screening for cancer decreased by as much as 94% during the worst periods and remains down by as much as 25% from historical averages. [1] Delays in cancer diagnosis and treatment have been linked with worse health outcomes.

The pandemic continues to disrupt support systems needed by people with cancer and their caregivers. Concerns relating to access to care, like rides to treatment and lodging when treatment is far from home, have increased and become more significant barriers to care.

The American Cancer Society (ACS), along with partner organizations, launched the comprehensive and multi-sector Get Screened Initiative (originally called Return to Screening) in February 2021 to dramatically and swiftly increase screening rates through local and regional stakeholder engagement and action.

ACS is known as a highly trusted source of cancer information and a proven convener in the mission to end cancer. By partnering with health systems and state-based coalitions, leading a national consortium, creating and implementing a public awareness campaign, and focusing research and policy efforts, we have mobilized the cancer community on both local and national levels.

[1] See appendix on page 30.

The Get Screened Initiative engages all areas of ACS' work and is structured around **six interconnected building blocks** for screening recovery.

National Consortium

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

Public Awareness Campaign

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

Research

Understand the impact of the COVID-19 pandemic on cancer screening and outcomes.



State and Coalition Leadership

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

Health Systems Screening Interventions

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

Public Policy

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

Get Screened Initiative 2021 Highlights

This report reflects the **significant progress we have made along with our partners during the first year** of this initiative.



National Consortium for Cancer Screening and Care



On March 18, 2021, ACS launched the [National Consortium for Cancer Screening and Care](#) (ACS National Consortium) to establish a collective national response to the COVID-19 pandemic's detrimental impact on cancer screening and care.

The ACS National Consortium was tasked with identifying and building consensus around key recommendations where we as a nation can catalyze change by accelerating, strengthening, and mobilizing around sensible, but bold, cancer screening and care activities.

On February 16, 2022, the final recommendations were released in a report titled [Responding to the COVID-19 Pandemic: Improving Cancer Screening and Care in the US](#). Additional [resources](#) were created to assist with the dissemination and promotion of the consensus recommendations.

Consensus Recommendation Report Released

ACS Chief Patient Officer, Dr. Arif Kamal, announces the recommendation report to enable the health care community to save more lives from cancer.



◀◀◀ **Watch Dr. Arif Kamal's announcement.**

Recommendations to Accelerate and Strengthen Cancer Screening and Care



National Partnerships

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



Coordinated Messaging

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



Proven Programs

Accelerate screening efforts by supporting and expanding proven programs that already reach underrepresented and underserved communities.



Quality Measures

Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting.



Pandemic-related Innovations

Accelerate innovations and interventions that better expand our capacity in cancer screening and care.



Comprehensive Preparedness Planning

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



Documenting and Understanding Cancer Disparities

Strengthen the understanding of outcomes in cancer screening and care by collecting and utilizing demographic and social determinants of health data.



Public Trust

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



Transdisciplinary Teams

Strengthen transdisciplinary teamwork in support of health care delivery.

Visit consortium.acs4ccc.org to learn more.

Engaging partners, building consensus

By engaging partner support in identifying recommended action items, we were able to incorporate a variety of activities to ensure collaboration and consensus among the ACS National Consortium members and other partners.

- We hosted **829 participants**
- virtually, **across 3 public forums**
- **to identify 10 critical barriers** in screening and care.
- We **engaged 27 leading organizations**
- to **create 9 consensus recommendations** that, when adopted widely, will improve cancer outcomes for patients nationwide.

Providing leadership, creating urgency

A partnership like the ACS National Consortium is needed when addressing complex cancer issues that no one organization can tackle on its own. As a recognized leader in coordinating diverse, multi-sector collaborations, ACS was well-positioned to lead this response and foster the cooperation and understanding that national challenges require.

“

I think ACS could do lots of work on its own, but they've chosen to [collaborate] and that's powerful. The collegiality is great. The partnership has been important.

President, National Cancer Advocacy nonprofit organization

“

The initiative is a great way to get my whole organization engaged. The working sessions have been productive ... ACS runs a tight, aggressive model to actually make decisions and move things forward.

Leader, Biotechnology Corporation

“

We started an effort to try to enable some level of normalcy in screening. We realized that this was a significant endeavor... and decided it was better to join a multi-functional effort to tackling this issue versus tackling [it] on our own.

Executive, Biotechnology Corporation

“

I think it's always good to work with ACS...They're on the pulse of what's going on. Partnership with them is great.

Executive, Cancer Policy, research, and Advocacy Organization

Creating impact through partnership

The activities of the ACS National Consortium were monitored by a comprehensive evaluation plan that explored approximately six research questions to assess progress on deliverables, capacity to improve collaboration, and other overall benefits and contributions attributed to the partnership.

Key Insight 1: Improving Cross-sector Collaboration

The ACS National Consortium skillfully facilitates cross-sector collaboration that informs the way members think about their work and further ensures opportunities to expand important relationships in the field of cancer screening and care.

 **92%**

of responding members were satisfied with efforts to improve collaboration across member organizations.

Key Insight 2: Increased Knowledge & Understanding

The ACS Consortium consistently delivered informative content that members and other participants not only valued, but also felt enhanced their knowledge of the many aspects of cancer screening and care.

 **91%**

of responding attendees reported learning something new and valuable during the Issue Hub events.

Key Insight 3: Coordinating to Address Challenges

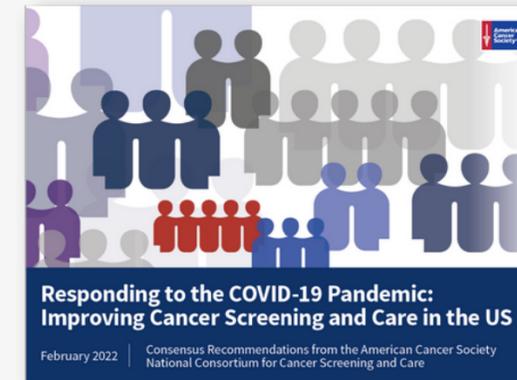
The ACS National Consortium created a space that improved members' understanding of the effects of the COVID-19 pandemic on cancer outcomes, while sharing actionable strategies to both recover and advance cancer screening during pandemic.

 **93%**

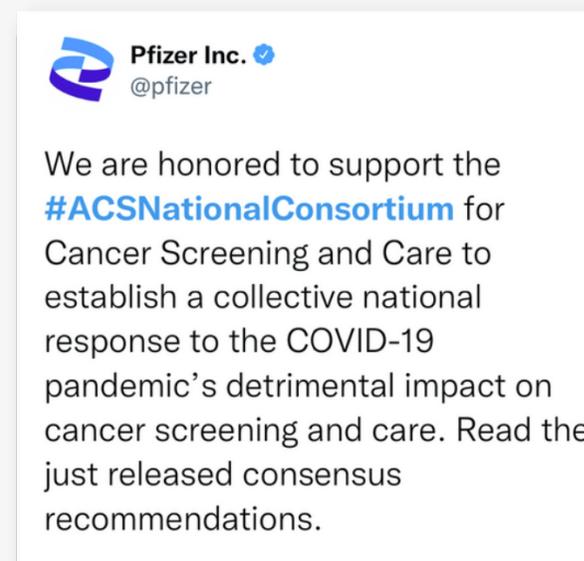
of responding members felt more informed on strategies they could use to recover and advance cancer screening during the COVID-19 pandemic.

Uniting to amplify the message

Together, ACS National Consortium members orchestrated a coordinated messaging campaign among their collective networks to promote awareness and implementation of the consensus recommendations. Additional companion materials were created and published alongside the recommendations report on the ACS National Consortium website to assist with promotional efforts.



- **1,600+ visitors to website**
- **475 report downloads and views**
- **127 downloads of companion materials**
- **34 press release placements reaching 14.5 million individuals**



The ACS National Consortium is an invited group of 27 organizations that represent government agencies, leading cancer advocacy organizations, patient voices, professional societies and associations, research institutions, national roundtables and collaboratives, leading health organizations, and other relevant industry leaders and partners.

This diverse, multi-sectored, and influential cohort of voices is relentlessly dedicated to the safe and equitable recovery of cancer screening and treatment services as the nation continues to respond to the consequences of the COVID-19 pandemic.

ACS National Consortium Member Organizations

➤➤➤ *Click on each organization's name to visit their website*

- [American Academy of Family Physicians](#)
- [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 Meyer Squibb](#)
- [CVS Health/Aetna](#)
- [Cancer Support Community](#)
- [Centers for Disease Control and Prevention](#)
- [Comprehensive Cancer Control National Partnership](#)
- [Genentech](#)
- [Health Resources and Services Administration](#)
- [National Alliance for Hispanic Health](#)
- [National Association of Chronic Disease Directors](#)
- [National Cancer Institute – Implementation Science](#)
- [National Colorectal Cancer Roundtable](#)
- [National Comprehensive Cancer Network](#)
- [National Institute on Minority Health and Health Disparities](#)
- [National LGBT Cancer Network](#)
- [National Lung Cancer Roundtable](#)
- [National Navigation Roundtable](#)
- [Novartis Oncology](#)
- [OCHIN](#)
- [Pfizer](#)
- [President's Cancer Panel](#)
- [Prevent Cancer Foundation](#)
- [Stand Up To Cancer](#)



**The ACS National Consortium also wishes to thank our patient advisor for their participation, support, and contributions to this initiative.*

American College of Surgeons Cancer Programs leverages its network to accelerate cancer screening amidst the pandemic.

The American College of Surgeons Commission on Cancer (CoC), the National Accreditation Program for Breast Centers (NAPBC), and the American Cancer Society collaborated on a six-month return to screening quality improvement project that coincided with/complemented the ACS National Consortium and the Health Systems Interventions project.

➤➤➤ **The purpose of the project was to:**

- (1) reduce gaps in screening and**
- (2) increase screening to reduce backlog as a result of the COVID-19 pandemic.**

In total, 748 CoC-accredited and NAPBC-accredited programs participated and 814 QI projects were initiated. Preliminarily, the majority of participating programs reached their target goal within the six-month intervention period, increasing their month-to-month screening volume.



Several factors contributed to the project's success: **(1)** The commitment by health care providers to get back to screening patients for cancer, **(2)** CoC and NAPBC facilities have experience coordinating screening and quality improvement projects as part of their accreditation standards, **(3)** Strong existing infrastructure and partnerships, and **(4)** Available tools and resources, including evidence-based screening interventions. Participating programs that completed the six-month project will receive credit for their quality improvement and screening accreditation standards from the ACOS.

Also, as part of this partnership, the ACOS Cancer Programs granted standards credit to those CoC facilities participating in the ACS Return to Screening Learning Collaborative project. This included 30 CoC programs that successfully completed the ACS Return To Screening Learning Collaborative project.

State and Coalition Leadership

ACS is uniquely positioned to **convene and mobilize partnerships on both the national and state levels**. With a strong regional staff presence in 50 states and two US Territories, we support hundreds of coalitions across the country. Through active involvement in these state-level entities, our staff bring credibility to new and emerging collaborative opportunities such as the Get Screened Initiative. Staff share **trusted and innovative screening messaging and resources throughout these networks**, exponentially increasing the local relevance and impact of this national initiative.

How is ACS able to mobilize state-level work so quickly?

For more than 20 years, ACS has partnered with the Centers for Disease Control and Prevention’s National Comprehensive Cancer Control Program to help support the 66 cancer coalitions funded through CDC’s program. At both the national and state levels, our staff provide subject matter expertise, strategic planning assistance, and access to quality resources to coalitions across the cancer continuum. Our staff’s existing, long-standing and trusted relationships with coalition partners greatly expedited Get Screened efforts.

Trusted partners + seed funding = big impact

Through donor support, ACS provided funding to 15 states, Washington, D.C., and Guam for work with state-level cancer coalitions and cancer screening roundtables on tailored public messaging campaigns, policy recommendations, data strategies, and technical assistance.

Here are some of the strategies we implemented with state and local partners in 2021:

A unified message

Social and mass media campaigns were the most widely used strategies to accelerate cancer screenings. Over 86% of funded states reported disseminating Get Screened messaging through a variety of media channels.

California focused on both traditional paid advertising and social media advertising to educate the public on the importance of screening. The six-week [Get Screened California](#) social media campaign (planned in 2021, launched in January 2022) resulted in

- 1.8M impressions.
- Paid advertising on Telemundo and Saigon TV led to 500K+ additional impressions.

The power of “we”

53% of states who received Get Screened funding used these resources to convene state-level partners around strategizing a return to screening. In California, over 140 participants joined the virtual Get Screened CA stakeholder meeting, which equipped participants to promote cancer screening within their networks.



ACS is supporting efforts to accelerate cancer screening in all 50 states.

View the interactive map of ACS Regional Partners [here](#).



Alabama's successful billboard campaign led to over 15M+ impressions after four additional states adopted the strategy.

Alabama, one of the 15 states that received funding, launched a multi-prong education initiative featuring billboards along key tourist routes that saw heavy post-pandemic travel. **The billboard strategy was adopted by four other states, including Arkansas, Kansas, Missouri, and Oklahoma.**

In Alabama, the billboard, as well as partnerships and activations with the Alabama High School Athletic Association, the University of Alabama at Birmingham, and Samford University, led to over 4 million impressions in 2021. Arkansas and Oklahoma also reported over 5 million and 6 million impressions, respectively, from their 2021 campaigns.

“

This project gave us the opportunity to spread the Get Screened message far and wide in Alabama. I'm proud of the strong partnerships we have here and know that our work will leverage even more screening initiatives moving forward.

Kimberly Williams, ACS Cancer Control Strategic Partnerships Manager

Local voices drive local action in Guam.

ACS regional staff live and work in the communities they serve. As trusted members of these communities, they are well positioned to tailor national messages to a local audience for maximum impact.

“

The Get Screened resources made available to Guam were incredible. We're all struggling to get our communities back on track with screening, and this campaign was the spark we really needed. Having the opportunity to create PSAs that featured a local physician (included below), or the voice of a local radio person (easily identifiable in our small island of 150,000) was especially meaningful. The Guam community helping the Guam community. I love that ACS is a part of it!

Marisha Artero, ACS Cancer Control Strategic Partnerships Manager



➤➤➤ [Click the image above to watch video.](#)

Health Systems Screening Interventions

Supporting health systems during the COVID-19 pandemic is critical, particularly when it comes to providing screening to individuals with historically low screening rates and those most affected by COVID-19. As part of the Get Screened Initiative, ACS, through donor support, **provided \$2.2 million in grant funding to 77 health system partners** to implement quality improvement (QI) strategies and evidence-based interventions to **rapidly increase cancer screening rates** and **reduce screening barriers** exacerbated by the pandemic.

Our partners increased cancer screening rates, contributing to more individuals being up-to-date with cancer screening.

▲ 5
average percentage point change for cancer screening rates

88% of health systems increased cancer screening rates in at least one cancer screening area.

135K
additional people who are now up-to-date with cancer screening

Screening tests can detect cancer before it starts or catch cancer early when it may be easier to treat.

4.3K
breast, cervical, and colorectal cancers diagnosed

Catching cancer early can mean a better chance of survival.

Projects at-a-glance

Health systems participated in one of three projects: the Return to Screening Learning Collaborative, the NFL Crucial Catch COVID Recovery Project, and the NFL Carolinas Learning Collaborative. View the interactive map [here](#).

Project	Return to Screening Learning Collaborative	NFL Crucial Catch COVID Recovery Project	NFL Carolinas Learning Collaborative
 Health system partners	47	22	8
 Duration, in months	8	15	12
 Cancer focus area(s) and partners focused on each	Breast – 38 Colorectal – 12	Breast – 13 Cervical – 10 Colorectal – 14	Breast - 2 Cervical - 3 Colorectal - 3 Lung - 2
 Average screening rate change	Breast + ▲ 4 pp Colorectal + ▲ 3	Breast + ▲ 8 pp Cervical + ▲ 7 Colorectal + ▲ 6	Breast + ▲ 2 pp Cervical + ▲ 5 Colorectal + ▲ 8

*Health systems were able to select more than one cancer focus area during the project.
 pp = percentage point*

Intentional collaboration created a sense of shared purpose and improved cancer screening outcomes

ACS staff convened health systems regularly to share best practices, challenges, and successes. Partnering health systems were able to engage and collaborate at regional and national levels. Additionally, our staff provided one-on-one strategic support, educational materials, training and technical assistance, data and measurement tools, and the latest research to maximize outcomes throughout the project.

Direct support provided by ACS staff

Project	Return to Screening Learning Collaborative	NFL Crucial Catch COVID Recovery Project	NFL Carolinas Learning Collaborative
 Nationwide webinars	4	8	2-day training bootcamp
 Learning collaborative meetings	Monthly	n/a	Monthly with data review
 1:1 support	Monthly	Monthly	Bi-monthly

Factors of success

Health system partners reported the following as factors in their success:

Collaboration

The ability to connect with other health systems nationally (through webinars) and locally (via learning collaboratives) allowed participants to **communicate best practices, celebrate wins**, and **share lessons learned** while focusing on **quality improvement**.

ACS support

Participation in **training** and **consistent engagement with ACS staff** enabled health systems to use and apply QI tools and serve as system-level problem solvers.

Resources

The use of **quality improvement tools** (PDSA cycles, gap analysis, process mapping) and **funds** allowed partners to generate ideas and build capacity for implementing evidence-based interventions.

Taking action

The implementation of **workflow changes, staff education, barrier removal, data tracking improvements**, and other interventions increased cancer screening rates.



It was extremely helpful to consult and learn from one another's strategies, successes and challenges, and to form strong connections to other health care institutions nationwide.

Return to Screening Learning Collaborative Participant

A combination of QI work and established interventions increased access to cancer screening

Health system partners used QI activities and interventions to provide and/or refer patients to cancer screening to reduce barriers exacerbated by the pandemic and increase cancer screening rates.

Here are some of the top strategies implemented in 2021:

»»» QI activities

Plan-Do-Study-Act (PDSA) cycles were the most common QI activity conducted (81% of partners), followed by **process mapping** (42%), and **root cause analysis** (20%).

»»» Interventions

The most common interventions included using **client reminders** (78% of partners), **reduction of structural barriers** (60%), and **navigation to screening** (57%).

Denver Health and Hospital Foundation (DHHF), a health system partner in Denver, Colorado, **reduced transportation barriers** by implementing COVID-19 safety protocols for the new Women’s Mobile Clinic and providing patients with no-cost Lyft rides to screening appointments.



Mary Rudison, Imaging Nurse Navigator, supports patients at Grady Health. The story below comes from the Grady Health Foundation, a health system partner in Atlanta, Georgia.

Improving processes to reach more patients in Atlanta

The Grady Health Foundation employed quality improvement activities, including current and future state process mapping, as well as interventions such as client reminders, education, patient navigation, and technology enhancements to increase cancer screening rates.

“

Some patients need a little extra care, a few more calls, or a hand to hold for that extra reassurance ... We cannot allow patients to fall through the cracks and have to keep checking and keep calling until we get each and every patient the care they need.

Mary Rudison, Imaging Nurse Navigator, Grady Health

Supporting sustainable infrastructure for equity in screening

ACS partnered with health systems in communities where disparities are most prevalent, including 39 Federally Qualified Health Centers (FQHCs)/rural health centers and 38 hospitals/integrated delivery systems where **44% of the patient population identified as racially and ethnically diverse** (values ranged from 5%-98%). **Among patients served by health systems participating in the NFL Crucial Catch COVID Recovery Project and the NFL Carolinas Learning Collaborative, 21% were uninsured.**

ChesPenn Health Services,

a health system partner in Philadelphia, where 80% of the patient population is racially and ethnically diverse, hosted a community event highlighting the importance of early detection through cancer screening.

➤➤➤ [View the video here.](#)



Eagles Tweet



The story below comes from InklusivCare, a health system partner in New Orleans, Louisiana.

Developing data tools to direct priorities in New Orleans

InklusivCare established a **referral tracking tool** to systematically monitor and collect data on all actions throughout the referral process. Everything was tracked, from the time a patient's order was generated, to when the appointment was scheduled to the results coming to providers informing the patients of their results. Additionally, the QI team accessed the agency's referral tracking rate to track clinical performance. As a result, **breast cancer screening rates increased from 56% to 72%.**



The story below comes from Adelante Healthcare, a health system partner in Phoenix, Arizona.

Creating efficient technology solutions in Phoenix

Previously, Adelante Healthcare was focused on manual outreach and navigation for patients. With the support of the ACS/NFL grant, Adelante has started to build a **population health query** in the database to identify women in need of cervical cancer screening services and send them text reminders for scheduling. Adelante was able to build the query to send a slightly different message to uninsured patients to let them know about the program they have for free services.

Public Awareness Campaign

ACS is one of the most trusted sources of cancer information. We want people to be empowered with knowledge so they can have a fair and just opportunity to prevent, find, treat, and survive cancer. **In the spring of 2021, in response to a backlog of overdue screenings due to COVID-19, ACS rapidly launched a national public awareness campaign based on rigorous message testing to encourage people to get screened for cancer.** The campaign addressed common barriers to cancer screening and empowered people to take action by talking to their doctor and scheduling regular screening tests.

One of the largest, sustained public awareness campaigns in our history.

The campaign employed a multichannel strategy to drive awareness of screening guidelines and address barriers to cancer screening – with the ultimate goal of encouraging people to get back on track with age-appropriate cancer screening. This approach helped us garner more than 120 million impressions for our Get Screened content. Additional impressions were garnered through the work of our regional teams and are not included in this estimate.

>>> 120M+ impressions on content shared through:

- ACS social media channels
- Paid social media campaign
- Search engine marketing
- Social influencer engagement
- Outreach to Hispanic/Latinx audience
- Direct mail

Through this campaign, **cancer patients and survivors shared their stories and discussed the various barriers to cancer screening they faced like fear, procrastination, and lack of resources.** These stories addressed how these individuals overcame these barriers and empowered others to get screened. >>> *Click the image below to watch Rick's Story.*



>>> American Cancer Society social media channels delivered more than 1.1M impressions.

>>> Our paid social media campaign delivered 77.8M impressions.

Compelling resources featured strong messaging to encourage people to initiate conversations with their providers and get screened

The campaign included newly developed **landing pages** on cancer.org, **print resources**, and **digital assets**, as well as **social** and **paid media**. These resources amplified the work of the other building blocks by encouraging the general public to think about cancer screening.

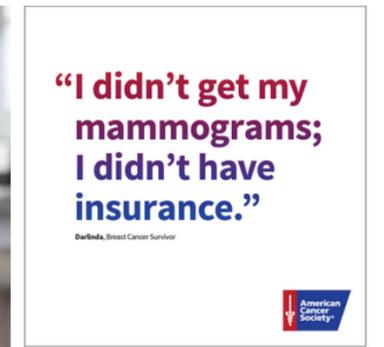
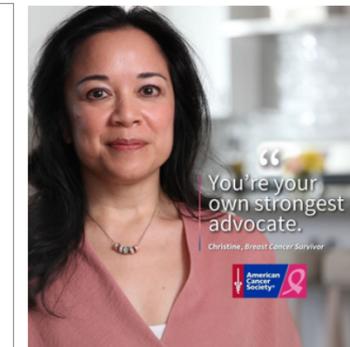
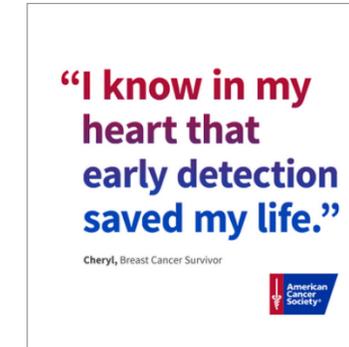
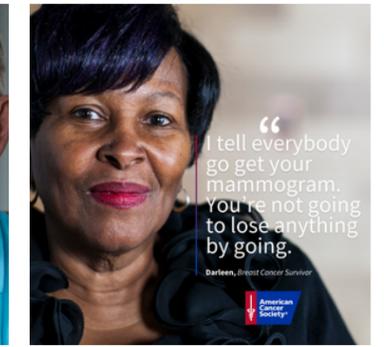
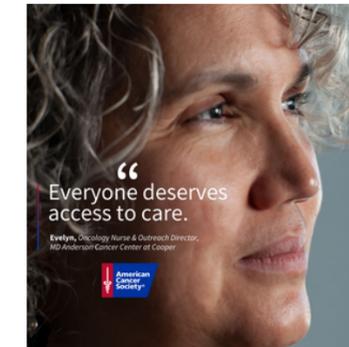
Get Screened resources were created for ACS partners, volunteers, and staff and included **messaging toolkits**, **assets for health systems** (pictured far right), and **impact stories from survivors like Evelyn, Terry, Darleen, and Christine** (pictured far right). The communications strategy leveraged multi-channel tactics including email, direct mail, and social media.

Get Screened pages on cancer.org

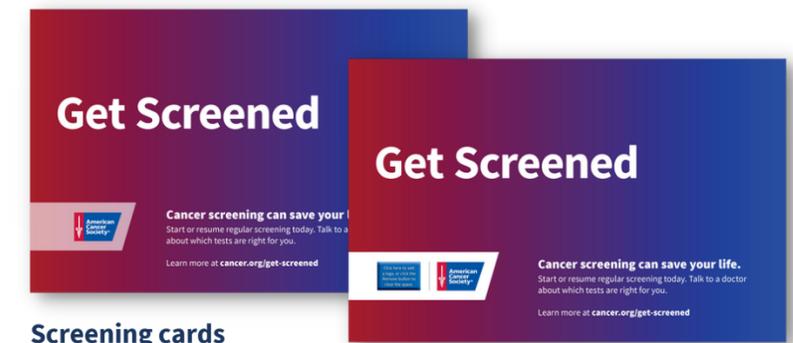
- **There were 286,000 page views and more than 7,400 PDF downloads on the English-language Get Screened page on cancer.org**
Visit the English-language Get Screened page [here](#).
- **The Spanish-language Get Screened page on cancer.org had 33,000 page views and nearly 200 PDF downloads**
Visit the Spanish-language Get Screened page [here](#).

Creative Snapshot 145+ new resources created

Print ad



Digital Banner Ads



Screening cards

ACS brought awareness to screening for Hispanic, Spanish-prefering women

ACS engaged the **Hispanic Communications Network (HCN)** to implement two separate three-week screening awareness campaigns. With a **strong family focus**, these campaigns **emphasized storytelling** and **shared a message of hope**. Campaign impressions were primarily delivered through social media and digital display.

The national campaigns ran in August and October 2021. **Arizona, California, Florida, and Texas** were identified as priority markets.

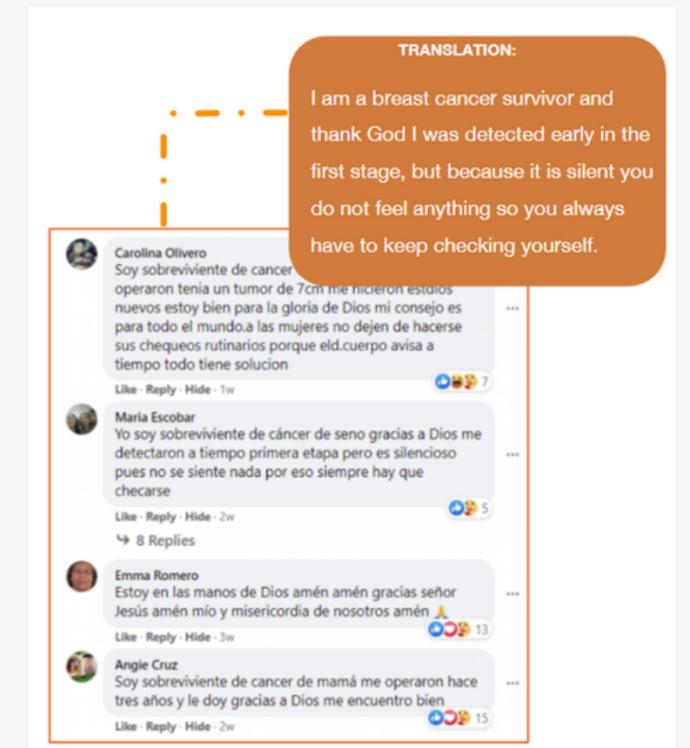
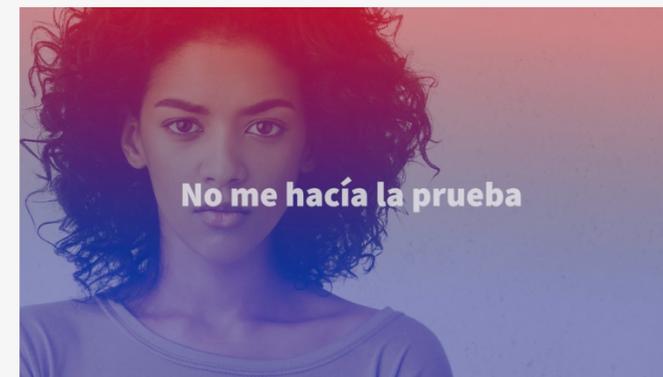
»»» **Watch Maria's survivor story below.**



Content at a glance

Through engagement with HCN, Get Screened social content was posted from the La Red Hispana and American Cancer Society social channels and **generated strong engagement** with comments, shares, and link clicks.

»»» **Click on box below to watch Barriers PSA.**



»»» **12M impressions on content posted through the HCN campaign**

Our influencer program focused on education, awareness, and storytelling around the shared experience surrounding cancer

With more than half the world using social media, influencers can provide a sense of connection and intimacy while inspiring change.

ACS worked with influencers to create **over 100 pieces of content**, including high-quality video and images, across Instagram and Tiktok **with the goal of spreading awareness about ACS screening guidelines.**

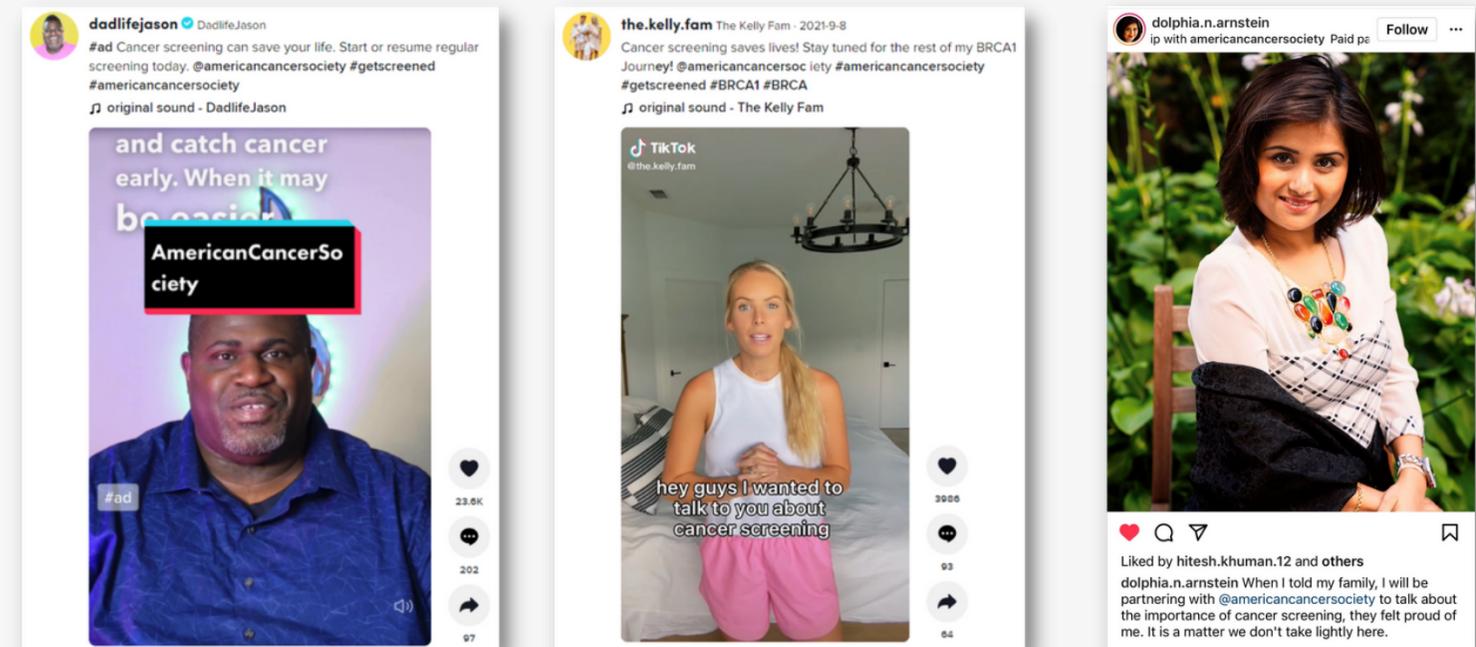
>>> Influencers shared their personal connection to cancer.

Followers often commented with their own cancer stories and underscored how valuable this information can be to underserved communities.



Top Posts

>>> Click on the images below to view the top posts from the Influencer campaign.



>>> 1.8M impressions on content posted through the Influencer campaign

Radio and TV PSAs

The American Cancer Society produced “The Conversation,” 30- and 60-second PSAs for TV and radio in both English and Spanish. The PSAs were distributed in December 2021.

➤➤➤ [Click on either image below to view PSA.](#)



English 60-second PSA – Click on video above to view



Spanish 60-second PSA – Click on video above to view

NFL Spotlight

Through our long-standing relationship with the National Football League (NFL), we were able to amplify the Get Screened message.

➤➤➤ **NFL Crucial Catch | It Takes All of Us To Intercept Cancer**

Coach Bruce Arians, Coach Ron Rivera, Calvin Johnson, and Laurent Duvernay-Tardif educate fans on why getting screened early for cancer is so important. View the video [here](#).

➤➤➤ **NFL PSA highlights importance of regular cancer screening**

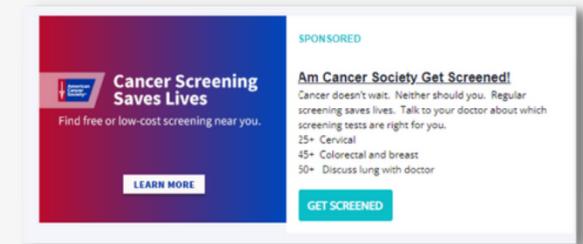
Retired NFL wide receiver Calvin Johnson, Jr. shared his mother’s story and encourages everyone to get screened for cancer. View the video [here](#).

For a more comprehensive list of media spotlights, see [Appendix B](#).

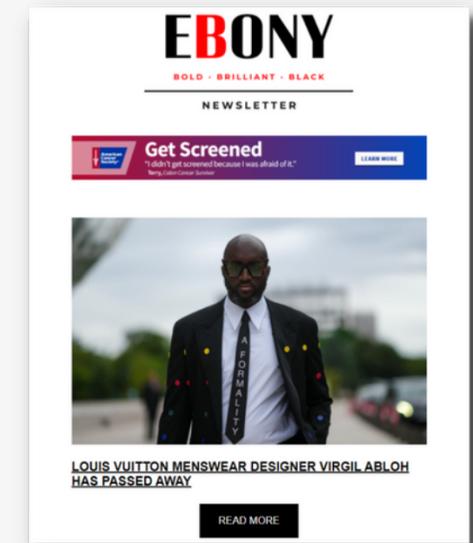
In the media

Regional and national platforms helped amplify the message of the importance of early detection and cancer screening. Here are some of the highlighted stories:

- Dozens of media stories helped spread the Get Screened message in markets across the nation, like this one from [Dallas NBC5](#).
- Get Screened messaging was included in newsletters and online outlets, like this piece featured in [The Washingtonian](#).
- A multi-faceted approach, sponsored by Novartis, was taken to help spread the Get Screened message with [Ebony Magazine](#) during the month of November. This collaboration included a [virtual townhall](#) as well as [social media](#) and [email](#) promotion around the importance of screening, plus a [custom article](#) and digital display units on Ebony.com. To promote the screening article, *Ebony* sent out the pictured eNewsletter that included Get Screened banners at the top and bottom, contextualized by the heartbreaking news about the death of Virgil Abloh from a rare form of cancer.



The Washingtonian



Ebony Magazine

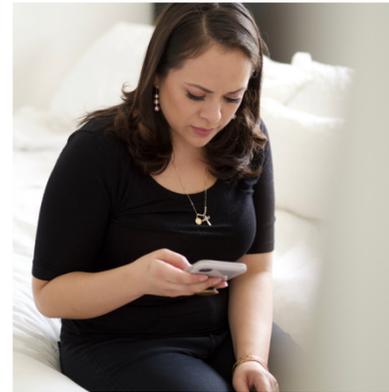
As a leader in cutting-edge cancer research, the American Cancer Society is conducting studies to show [how COVID-19 may affect cancer prevention efforts, screening rates, treatment, quality-of-life, and outcomes](#) – particularly among underserved groups.

We published studies in 2021 providing data relating to cancer screening rates, incidence of diagnosis at various stages, treatments, and survival within vulnerable and at-risk populations during the start of the pandemic. These populations include people of color, individuals with a lower socio-economic status, people living in rural locations, individuals who are unemployed, people who smoke, and individuals served by Community Health Centers.

Published studies highlight how the lack of health insurance coverage, both overall and after job loss, can adversely affect screening rates. This research also highlights the importance of addressing social inequities and systemic racism in the context of COVID-19 and the cancer continuum.

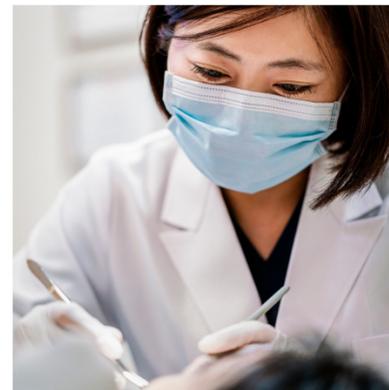
For a comprehensive list of 2021 cancer and pandemic-related research publications, see [Appendix C](#).

Key Findings



Unemployment and cancer screening: Baseline estimates to inform health care delivery in the context of COVID-19 economic distress

“Unemployment was adversely associated with up-to-date cancer screening, and this was fully explained by a lack of health insurance. Ensuring the continuation of health insurance coverage after job loss may mitigate the pandemic’s economic distress and future economic downturns’ impact on cancer screening.” Read the full publication [here](#).



American Cancer Society’s report on the status of cancer disparities in the United States, 2021

“There has been substantial progress in cancer prevention, early detection, and treatments in the United States over the past several decades, leading to declines in overall cancer mortality. Many people of color, people with lower SES, and people living in rural areas, however, have not benefitted equitably from those advances. Without attention from health policymakers and health care providers, these disparities may further widen...” Read the full publication [here](#).

>>> 20+ cancer and pandemic-related publications released in 2021

Key Findings, Cont.



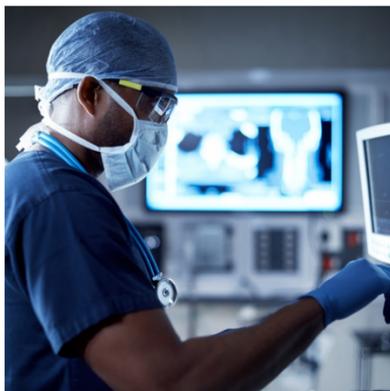
Health Insurance Disruptions and Care Access and Affordability in the US

“Findings highlight the importance of continuous insurance coverage; disruptions owing to the COVID-19 pandemic will likely have adverse consequences for care access and affordability.” Read the full publication [here](#).



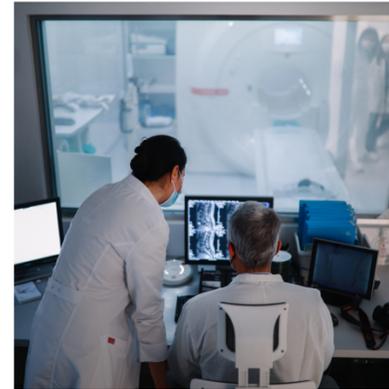
Changes in breast cancer screening rates among 32 community health centers during the COVID-19 pandemic

“Declining [breast cancer screening rates] among [Community Health Centers] during the COVID-19 pandemic call for policies to support and resources to identify women in need of screening.” Read the full publication [here](#).



Association of the COVID-19 Pandemic With Patterns of Statewide Cancer Services

“Findings suggest substantial delays in diagnosis and treatment services for cancers during the pandemic. Ongoing evaluation can inform public health efforts to minimize any lasting adverse effects of the pandemic on cancer diagnosis, stage, treatment, and survival.” Read the full publication [here](#).



Lung Cancer Screening Rates During the COVID-19 Pandemic

“In conclusion, although national [lung cancer screening] rates remained low and unchanged, 19 states experienced significant improvements despite the pandemic. Best practices from successful state and local [lung cancer screening] programs could inform ongoing efforts to detect lung cancers early.” Read the full publication [here](#).

Understanding the impact of COVID-19 on cervical, breast, and colorectal cancer screening among FQHCs

Read the full publication [here](#).

>>> *Click the image below to watch a recap of the key findings.*



The [American Cancer Society Cancer Action Network](#)SM (ACS CAN) is pursuing public policy solutions to help ensure individuals have access to timely and appropriate cancer screening and follow-up care.

ACS CAN successfully advocated for federal and state funding for **the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** by amplifying the stories of women who have benefited or could benefit from the program in meetings and at events with federal and state policymakers, as part of our media advocacy, and to engage and recruit new ACS CAN volunteers.

The CDC’s NBCCEDP is the only nationally organized cancer screening program for underserved women in the US. Ensuring adequate funding will preserve a critical safety net for those who continue to lack access to lifesaving screening, diagnostic, and treatment services and is an important step toward reducing disparities and advancing health equity in breast and cervical cancer. [Learn more here.](#)

NBCCEDP 2020 Impact

- 116,562 eligible people received cervical cancer screening and diagnostic services
- 260,143 eligible people received breast cancer screening and diagnostic services

State Funding Highlights

ACS CAN successfully advocated to increase or protect funding for breast and cervical cancer early detection programs in 43 states.

Six of those states increased funding by a total of over \$600,000 for their program (Alabama, Colorado, Connecticut, Montana, Oregon, and Texas).

➤➤➤ **8% average funding increase in the six states**

Spotlight on Texas

ACS CAN successfully advocated for increased state funding for the [Texas Breast and Cervical Cancer Services Program](#). In May 2021, the Texas legislature gave final approval to the biennial state budget including \$219,160 in additional funds – an 8% increase – for the program in each year of the next two years.



Social Post

Federal Funding Highlights



ACS CAN staff and volunteers successfully engaged federal policymakers throughout 2021 to protect \$196M in federal funding for NBCCEDP in Fiscal Year 2022.

May

ACS CAN leads the **One Voice Against Cancer (OVAC) coalition**, comprised of more than 50 leading cancer organizations, which advocates for increased funding of the NBCCEDP. On May 12, the coalition met with over 150 Congressional offices on Capitol Hill. Advocates followed up by reaching out to Congressional district offices during Memorial Day recess to ask for NBCCEDP funding.



September

500+ ACS CAN volunteer advocates gathered virtually for the **15th Annual Leadership Summit & Lobby Day** to drive mission impact by urging congressional lawmakers to make cancer issues a national priority, including increased funding for the National Breast and Cervical Cancer Early Detection Program.



July

ACS CAN co-hosted a **virtual briefing on Capitol Hill** on the importance of NBCCEDP. Panel members included representatives from ACS CAN, Susan G. Komen, and the CDC's Division of Cancer Prevention and Control. The Congressional briefing was attended by more than 100 policy advisors and federal partners.



October

ACS CAN and ACS Minnesota staff participated in a press conference with US Senator Amy Klobuchar (D-MN), who shared her breast cancer journey and emphasized the importance of early detection and timely cancer screenings. The invitation originated from the volunteer meeting with the Senator during Leadership Summit & Lobby Day.



ACS CAN President Lisa Lacasse, ACS Chief Medical and Scientific Officer Dr. Bill Cance, and ACS CAN volunteer Joya Delgado Harris participated in a **virtual roundtable conversation about cancer early detection hosted by the White House** around the Administration's priority to make progress toward ending cancer as we know it.

January 2021

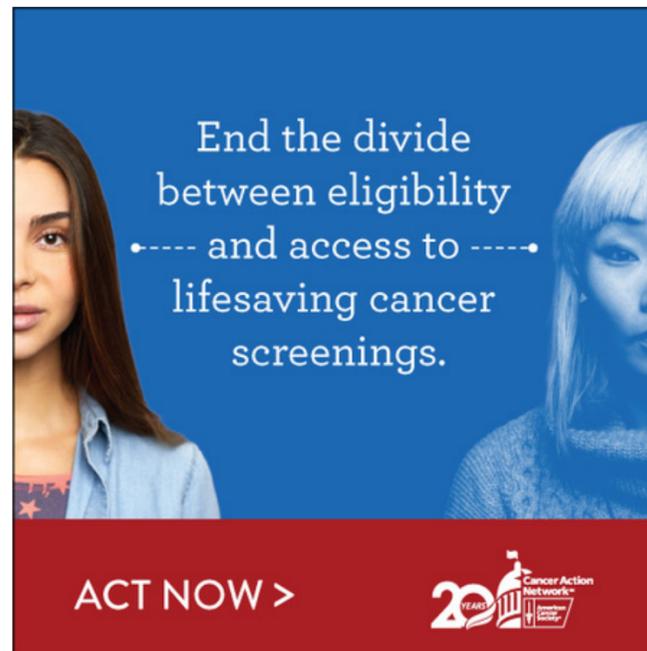
December 2021

Media Advocacy

In 2021, ACS CAN conducted focus groups with former federal and state legislative staff to develop new campaign messaging. This new messaging was incorporated into all campaign media materials, including digital ads that ran in September during ACS CAN’s Leadership Summit & Lobby Day in the Washington, D.C., market targeted at federal policymakers and health care policy influencers. ACS CAN also sponsored the Politico Nightly newsletter. The digital ads linked to ACS CAN’s NBCCEDP action alert – an online form to quickly and easily send messages to members of Congress, urging them to increase funding.

As part of the state-level campaigns, ACS CAN earned media coverage in targeted markets that fall in key policymakers’ districts to increase public awareness of the importance of the BCCEDP programs and to urge lawmakers to protect or increase state funding.

»»» **An estimated 1.8M individuals were reached through digital ads and the newsletter.**



Digital Ad



Kansas volunteers advocating at the state capital for increased BCCEDP funding

Volunteer Engagement and Recruitment

Additionally, a volunteer acquisition campaign was launched to bring in new volunteers from targeted Congressional districts on both our federal and state BCCEDP campaigns. Since African American/Black communities are particularly hard-hit by breast and cervical cancer, this acquisition work was targeted to Black populations. Through this project:

- »»» 537,914 people were reached with 2.3 million social media impressions.
- »»» 2,678 new ACS CAN volunteers recruited who are interested in and have taken action on our federal BCCEDP campaign.
- »»» 8,146 total volunteer actions taken urging lawmakers to act on our federal BCCEDP campaign through email, social media, fightcancer.org, and SMS.

What's Ahead in 2022



>>> National Consortium for Cancer Screening and Care

- Disseminate recommendations widely.
- Empower partner organizations to implement recommendations through action and advocacy.
- Launch two new roundtables in 2022 (breast cancer and cervical cancer).
- Evaluate the progress of recommendations and celebrate achievements.

>>> State and Coalition Leadership

- Engage and provide resources for 12 state coalitions/roundtables to implement a cancer screening strategy from their state's cancer plan.
- Continue proactive dissemination and promotion of Get Screened campaign resources among state coalitions/roundtables in all 50 states.

>>> Health Systems Screening Interventions

- 123 health systems are participating in health system intervention projects in 2022 (52 breast screening, 4 cervical, 46 colorectal, and 21 lung screening projects).
- View the interactive map, with information about cancer focus areas and more, [here](#).

>>> Public Awareness Campaign

- Build on 2021 Get Screened campaign success to drive screening rates through an evergreen, multi-channel Get Screened campaign.
 - Paid media, paid search, social media & web, PSA distribution, influencer campaign
 - Regional & partner amplification
- Continue outreach to Spanish-speaking audience, engagement of Hispanic Communications Network.
- **NEW:** Raise awareness of cancer screening guidelines, resources among the AA/Black audience.

>>> Research

- Continue to investigate how the pandemic has influenced cancer prevention, screening, treatment, quality-of-life, and outcomes.
- Release publications on the following:
 - Cancer screening during the COVID-19 pandemic based on a nationwide survey
 - Breast cancer screening in community health centers during the COVID-19 pandemic
 - Preventive services, including colorectal and cervical cancer screening during the COVID-19 pandemic

>>> Public Policy

- Educate and advocate federal and state policymakers for increases in FY2023 NBCCEDP funding.
- Continue media advocacy and volunteer engagement as part of NBCCEDP funding campaigns.
- Continue to assess public policy interventions to lower costs and provide insurance coverage for cancer screenings, including:
 - New screening tests
 - Screening tests for people at higher risk of certain cancers



Thank You to Our Sponsors

Partner support is a key component of the American Cancer Society's Get Screened Initiative. Funding from corporate sponsors helped us raise \$12M+ toward this critical work.

Founding Sponsor:

Genentech

A Member of the Roche Group



“

We appreciate the support of two high-profile institutions, the NFL and ACS, giving attention to cancer screening in communities that have historically not received the attention or funding or support that is needed.

Grantee, Codman Square Health Center, Boston, MA

Thank You to Our Sponsors



»» Thank you to all of our valued sponsors of the Get Screened Initiative.

“

Thank you, because you don't know the impact of what you've done will have on lives in the future. This isn't a one and done, this is a future ongoing project, and you have impacted women's lives.

Grantee, Evara Health, Tampa, FL

Please note: this listing does not represent all of the generous sponsors who have supported the Get Screened Initiative.

Appendix A – Definitions



About the Get Screened Initiative

1 – Mast, C, Munoz del Rio, A, Heist, T. “Cancer Screenings Are Still Lagging.” *Epic Research*, June 9, 2021. <https://epicresearch.org/articles/cancer-screenings-are-still-lagging>.

Health Systems Screening Initiatives

Average percentage point change for cancer screening rates, average screening rate change, and number of additional people who are now up-to-date with cancer screening – Includes the 56 (of 77 total) health systems without outstanding questions about data quality.

Cancers diagnosed – Includes the 69 health systems participating in the Return to Screening Learning Collaborative and the NFL Crucial Catch COVID Recovery Project.

Top QI activities – Assessed for the 69 health systems participating in the Return to Screening Learning Collaborative and the NFL Crucial Catch COVID Recovery Project.

Top interventions – Assessed for the 77 health systems participating in the Return to Screening Learning Collaborative, NFL Crucial Catch COVID Recovery Project, and NFL Carolinas Learning Collaborative.

Racially and ethnically diverse patient population – Assessed for the 69 health systems participating in the Return to Screening Learning Collaborative and the NFL Crucial Catch COVID Recovery Project.

Uninsured patient population – Assessed for the 30 health systems participating in the NFL Crucial Catch COVID Recovery Project and the NFL Carolinas Learning Collaborative.

Public Awareness Campaign

Impressions – Impressions represent the number of times a message, either paid or unpaid, was seen by a person.

➤➤➤ [Return to the About the Get Screened Initiative page 4](#)

Appendix B – Notable Media Coverage



News Coverage

NBC News: [Covid's Impact on Cancer Care Turning Oncologists Worst Fears Into Reality](#)

Politico: [Is a Cancer Crisis Trailing the Pandemic?](#)

PBS News Hour/Associated Press: [Pandemic of the Unvaccinated Burdens Busy U.S. Hospitals](#)

NPR: [The Ripple Effects of A Huge Drop in Cancer Screenings](#)

Scientific American: [Pandemic is Delaying Cancer Screenings and Detection](#)

Associated Press (syndicated): [Researchers Study Impact of Pandemic Cancer Screening](#)

LA Times: [Women's healthcare waylaid by COVID-19 pandemic](#)

CBS 46 (Atlanta): [Breast Cancer Survivor Sheryl Crow Discusses Prioritizing Critical Health Exams](#)

Everyday Health: [How Has the COVID-19 Pandemic Affected Cancer Screening](#)

WebMD: [More Cancers Being Diagnosed at Later Stages](#)

Fierce Pharma: [Genentech and ACS Push for a Return to Screening](#)

Ebony.com: [Tackling Low Cancer Screening Rates in Our Community, Novartis and The American Cancer Society Join Forces](#)

Appendix C – Comprehensive List

of 2021 Cancer and Pandemic-related Research Publications

Breast cancer

Burnside ES, Warren LM, Myles J, et al. Quantitative breast density analysis to predict interval and node-positive cancers in pursuit of improved screening protocols: a case-control study. *Br J Cancer*. 2021;125(6):884-892. <https://doi.org/10.1038/s41416-021-01466-y>

Duffy SW, Tabár L, Yen AM, et al. Beneficial Effect of Consecutive Screening Mammography Examinations on Mortality from Breast Cancer: A Prospective Study. *Radiology*. 2021;299(3):541-547. <https://doi.org/10.1148/radiol.2021203935>

Fedewa SA, Yabroff KR, Bandi P, et al. Unemployment and cancer screening: Baseline estimates to inform health care delivery in the context of COVID-19 economic distress. *Cancer*. 2022;128(4):737-745. <https://doi.org/10.1002/cncr.33966>

Fedewa SA, Cotter MM, Wehling KA, Wysocki K, Killewald R, Makaroff L. Changes in breast cancer screening rates among 32 community health centers during the COVID-19 pandemic. *Cancer*. 2021;127(23):4512-4515. <https://doi.org/10.1002/cncr.33859>

Fisher-Borne M, Isher-Witt J, Comstock S, Perkins RB. Understanding COVID-19 impact on cervical, breast, and colorectal cancer screening among federally qualified healthcare centers participating in “Back on track with screening” quality improvement projects. *Prev Med*. 2021;151:106681. <https://doi.org/10.1016/j.ypmed.2021.106681>

Islami F, Guerra CE, Minihan A, et al. American Cancer Society’s report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin*. 2022;72(2):112-143. <https://doi.org/10.3322/caac.21703>

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin*. 2021; 71: 466- 487. <https://doi.org/10.3322/caac.21695>

Puricelli Perin DM, Christensen T, Burón A, et al. Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters. *Prev Med Rep*. 2021;23:101399. <https://doi.org/10.1016/j.pmedr.2021.101399>

Yabroff KR, Wu XC, Negoita S, et al. Association of the COVID-19 Pandemic with Patterns of Statewide Cancer Services [published online ahead of print, 2021 Jun 28]. *J Natl Cancer Inst*. 2021;djab122. <https://doi.org/10.1093/jnci/djab122>

Cervical cancer

Aninye IO, Berry-Lawhorn JM, Blumenthal P, et al. Gaps and Opportunities to Improve Prevention of Human Papillomavirus-Related Cancers. *J Womens Health (Larchmt)*. 2021;30(12):1667-1672. <https://doi.org/10.1089/jwh.2021.0507>

Bouvard V, Wentzensen N, Mackie A, et al. The IARC Perspective on Cervical Cancer Screening. *N Engl J Med*. 2021;385(20):1908-1918. <https://doi.org/10.1056/NEJMsr2030640>

Cuzick J, Du R, Adcock R, et al. Uptake of co-testing with HPV and cytology for cervical screening: A population-based evaluation in the United States. *Gynecol Oncol*. 2021;162(3):555-559. <https://doi.org/10.1016/j.ygyno.2021.06.029>

Cervical cancer, Cont.

Fedewa SA, Yabroff KR, Bandi P, et al. Unemployment and cancer screening: Baseline estimates to inform health care delivery in the context of COVID-19 economic distress. *Cancer*. 2022;128(4):737-745. <https://doi.org/10.1002/cncr.33966>

Fisher-Borne M, Isher-Witt J, Comstock S, Perkins RB. Understanding COVID-19 impact on cervical, breast, and colorectal cancer screening among federally qualified healthcare centers participating in “Back on track with screening” quality improvement projects. *Prev Med*. 2021;151:106681. <https://doi.org/10.1016/j.ypmed.2021.106681>

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin*. 2021: 71: 466- 487. <https://doi.org/10.3322/caac.21695>

Perkins RB, Adcock R, Benard V, et al. Clinical follow-up practices after cervical cancer screening by co-testing: A population-based study of adherence to U.S. guideline recommendations. *Prev Med*. 2021;153:106770. <https://doi.org/10.1016/j.ypmed.2021.106770>

Colorectal cancer

Fedewa SA, Yabroff KR, Bandi P, et al. Unemployment and cancer screening: Baseline estimates to inform health care delivery in the context of COVID-19 economic distress. *Cancer*. 2022;128(4):737-745. <https://doi.org/10.1002/cncr.33966>

Fisher-Borne M, Isher-Witt J, Comstock S, Perkins RB. Understanding COVID-19 impact on cervical, breast, and colorectal cancer screening among federally qualified healthcare centers participating in “Back on track with screening” quality improvement projects. *Prev Med*. 2021;151:106681. <https://doi.org/10.1016/j.ypmed.2021.106681>

Colorectal cancer, Cont.

Islami F, Guerra CE, Minihan A, et al. American Cancer Society’s report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin*. 2022;72(2):112-143. <https://doi.org/10.3322/caac.21703>

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin*. 2021: 71: 466- 487. <https://doi.org/10.3322/caac.21695>

Puricelli Perin DM, Christensen T, Burón A, et al. Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters. *Prev Med Rep*. 2021;23:101399. <https://doi.org/10.1016/j.pmedr.2021.101399>

Smith RA, Fedewa S, Siegel R. Early colorectal cancer detection-Current and evolving challenges in evidence, guidelines, policy, and practices. *Adv Cancer Res*. 2021;151:69-107. <https://doi.org/10.1016/bs.acr.2021.03.005>

Yabroff KR, Wu XC, Negoita S, et al. Association of the COVID-19 Pandemic with Patterns of Statewide Cancer Services [published online ahead of print, 2021 Jun 28]. *J Natl Cancer Inst*. 2021;djab122. <https://doi.org/10.1093/jnci/djab122>

Lung cancer

Allen CG, Cotter MM, Smith RA, Watson L. Successes and challenges of implementing a lung cancer screening program in federally qualified health centers: a qualitative analysis using the Consolidated Framework for Implementation Research. *Transl Behav Med*. 2021;11(5):1088-1098. <https://doi.org/10.1093/tbm/ibaa121>

Lung cancer, Cont.

Fedewa SA, Bandi P, Smith RA, Silvestri GA, Jemal A. Lung Cancer Screening Rates During the COVID-19 Pandemic. *Chest*. 2022;161(2):586-589. <https://doi.org/10.1016/j.chest.2021.07.030>

Fedewa SA, Kazerooni EA, Studts JL, et al. State Variation in Low-Dose Computed Tomography Scanning for Lung Cancer Screening in the United States. *J Natl Cancer Inst*. 2021;113(8):1044-1052. <https://doi.org/10.1093/jnci/djaa170>

Fox AH, Jett JR, Roy UB, et al. Knowledge and Practice Patterns Among Pulmonologists for Molecular Biomarker Testing in Advanced Non-small Cell Lung Cancer. *Chest*. 2021;160(6):2293-2303. <https://doi.org/10.1016/j.chest.2021.06.027>

Islami F, Guerra CE, Minihan A, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin*. 2022;72(2):112-143. <https://doi.org/10.3322/caac.21703>

Lozier JW, Fedewa SA, Smith RA, Silvestri GA. Lung Cancer Screening Eligibility and Screening Patterns Among Black and White Adults in the United States. *JAMA Netw Open*. 2021;4(10):e2130350. <https://doi.org/10.1001/jamanetworkopen.2021.30350>

Mazzone PJ, White CS, Kazerooni EA, Smith RA, Thomson CC. Proposed Quality Metrics for Lung Cancer Screening Programs: A National Lung Cancer Roundtable Project. *Chest*. 2021;160(1):368-378. <https://doi.org/10.1016/j.chest.2021.01.063>

Prostate cancer

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin*. 2021: 71: 466- 487. <https://doi.org/10.3322/caac.21695>

Puricelli Perin DM, Christensen T, Burón A, et al. Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters. *Prev Med Rep*. 2021;23:101399. <https://doi.org/10.1016/j.pmedr.2021.101399>

Sahar L, Douangchai Wills VL, Liu KK, Kazerooni EA, Dyer DS, Smith RA. Using Geospatial Analysis to Evaluate Access to Lung Cancer Screening in the United States. *Chest*. 2021;159(2):833-844. <https://doi.org/10.1016/j.chest.2020.08.2081>

Sahar L, Smith RA. If We Build It, They Will Come...Maybe. *Chest*. 2021;160: 34-35. <https://doi.org/10.1016/j.chest.2021.04.029>

Watson L, Cotter MM, Shafer S, Neloms K, Smith RA, Sharpe K. Implementation of a Lung Cancer Screening Program in Two Federally Qualified Health Centers. *Public Health Reports*. 2021;136(4):397-402. <https://doi.org/10.1177/0033354920971717>

Yabroff KR, Wu XC, Negoita S, et al. Association of the COVID-19 Pandemic with Patterns of Statewide Cancer Services [published online ahead of print, 2021 Jun 28]. *J Natl Cancer Inst*. 2021;djab122. <https://doi.org/10.1093/jnci/djab122>

Prostate cancer, Cont.

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin.* 2021; 71: 466- 487.

<https://doi.org/10.3322/caac.21695>

Puricelli Perin DM, Christensen T, Burón A, et al. Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters. *Prev Med Rep.* 2021;23:101399.

<https://doi.org/10.1016/j.pmedr.2021.101399>

Sahar L, Douangchai Wills VL, Liu KK, Kazerooni EA, Dyer DS, Smith RA. Using Geospatial Analysis to Evaluate Access to Lung Cancer Screening in the United States. *Chest.* 2021;159(2):833-844. <https://doi.org/10.1016/j.chest.2020.08.2081>

Sahar L, Smith RA. If We Build It, They Will Come...Maybe. *Chest.* 2021;160: 34-35.

<https://doi.org/10.1016/j.chest.2021.04.029>

Watson L, Cotter MM, Shafer S, Neloms K, Smith RA, Sharpe K. Implementation of a Lung Cancer Screening Program in Two Federally Qualified Health Centers. *Public Health Reports.* 2021;136(4):397-402. <https://doi.org/10.1177/0033354920971717>

Yabroff KR, Wu XC, Negoita S, et al. Association of the COVID-19 Pandemic with Patterns of Statewide Cancer Services [published online ahead of print, 2021 Jun 28]. *J Natl Cancer Inst.* 2021;djab122. <https://doi.org/10.1093/jnci/djab122>

Additional cancers

Islami F, Guerra CE, Minihan A, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022;72(2):112-143.

<https://doi.org/10.3322/caac.21703>

Miller, KD, Ortiz, AP, Pinheiro, PS, Bandi, P, Minihan, A, Fuchs, HE, Martinez Tyson, D, Tortolero-Luna, G, Fedewa, SA, Jemal, AM, Siegel, RL. Cancer statistics for the US Hispanic/Latino population, 2021. *CA Cancer J Clin.* 2021: 71: 466- 487.

<https://doi.org/10.3322/caac.21695>

Health insurance

Yabroff KR, Zhao J, Halpern MT, et al. Health Insurance Disruptions and Care Access and Affordability in the U.S. *Am J Prev Med.* 2021;61(1):3-12.

<https://doi.org/10.1016/j.amepre.2021.02.014>



Thank you

for your support of the American Cancer Society and our mission.
With your help, we can continue to move closer to a world without cancer.

Connect with us:



[/AmericanCancerSociety](https://www.facebook.com/AmericanCancerSociety)



[@American Cancer Society](https://www.linkedin.com/company/american-cancer-society)



[@AmericanCancerSociety](https://www.tiktok.com/@AmericanCancerSociety)



[@AmericanCancer](https://twitter.com/AmericanCancer)



[@American Cancer Society](https://www.instagram.com/american_cancer_society)

3380 Chastain Meadows Parkway NW, Suite 200, Kennesaw, GA 30144

©2022 American Cancer Society, Inc. Models used for illustrative purposes only.