



Get Screened Initiative 2022 Impact Report

 **American
Cancer
Society**
Every cancer. Every life.™

In this report

- 3 | About the Get Screened Initiative**
- 4 | Get Screened Initiative 2022 Highlights**
- 5-15 | Cross-cancer Screening Leadership**
- 16-22 | Breast and Cervical Cancer Screening Leadership**
- 23-26 | Colorectal Cancer Screening Leadership**
- 27-32 | Lung Cancer Screening Leadership**
- 33-34 | Looking Ahead**
- 35-37 | Thank You to Our Sponsors**
- 38-44 | Appendix**

| All cancers | Breast | Cervical | Colorectal | Lung

Cover photo: Samuel U. Rodgers Health Center in Kansas City, MO used project funds to help purchase a mammography chair. This chair has made breast cancer screening more accessible.

“

Patients who had never been screened before are now being screened ...
Screening programs are life savers.

**Florida Health Sciences Center,
Get Screened Partner**

About the Get Screened Initiative

In 2022, the American Cancer Society continued our commitment to cancer screening as part of our vision to end cancer as we know it, for everyone.

Cancer prevention and early detection are central to the American Cancer Society's mission to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. In 2022, we continued to work towards increasing cancer screening rates nationwide and closing disparities in cancer screening among populations that have historically experienced greater social or economic barriers to screening.

This report features highlights from our multipronged efforts to improve access to and uptake of cancer screening. Inside the report, you will find examples of efforts that demonstrate the American Cancer Society's leadership in cancer screening, including activities that span multiple cancers and those that focused on a specific cancer.

ACS uses a comprehensive approach to cancer screening

National Leadership

Convene national experts to identify strategies to maximize efforts to increase cancer screening and care.

Public Policy

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

State and Coalition Engagement

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

Health System Interventions

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

Public Awareness

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

Research

Understand barriers to cancer screening and prevention.

Get Screened Initiative 2022 Highlights

362,400

breast, cervical, colorectal, and lung cancer **screenings** were completed.

6,900

breast, cervical, colorectal, and lung **cancers** were diagnosed.

365M

impressions were generated through the multi-channel **public awareness** campaign.

12

US state coalitions/ roundtables were funded to develop cancer awareness campaigns aligned with their state's cancer plan.

40

states protected or increased funding for breast and cervical cancer screening.

19

American Cancer Society National Consortium member organizations implemented the consortium's consensus recommendations.

2

new national roundtables were launched for breast and cervical cancer.

45+

publications were released on **cancer screening** research.

Cross-cancer Screening Leadership

It helps us create programs that make an impactful change to our patients lives. [We] identify and bring down any barriers to health care. We provide different options and solution that fit their financial needs and most of all we don't leave them alone in times of hardship.

--Adelante Healthcare, Get Screened Partner



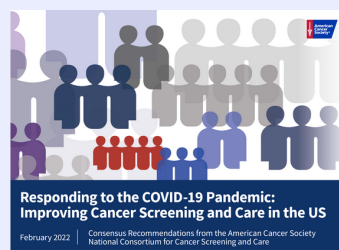
Every cancer. Every life.™

National Consortium Inspires Action

On March 18, 2021, ACS established the **ACS National Consortium** to provide a collective national response to the COVID-19 pandemic's detrimental impact on cancer screening and care. A diverse, multi-sectored, and influential cohort of **27 national organizations** (see Appendix) joined and committed to the safe and equitable recovery of cancer screening and treatment services. 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.

In 2022, ACS National Consortium members extended their one-year partnership commitments for another year to further support our nation's recovery from the COVID-19 pandemic, ensuring cancer screening and care remained a national priority.

Upon seeing the success of this effective national partnership, ACS enthusiastically offered their commitment to further support and extend the collective work of the ACS National Consortium into a second year. Our member organization stood beside us and **unanimously agreed to continue to participation on the ACS National Consortium for 2022**. While 2021 was dedicated to the development of the consensus recommendations (see Appendix), activities in 2022 aspired to 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.



In February 2022, the final recommendations were released in the [Responding to the COVID-19 Pandemic: Improving Cancer Screening and Care in the US](#) report.

Get Screened Initiative 2022 Impact Report

The American Cancer Society National Consortium committed to taking action and advancing key recommendations in 2022.



Dissemination

Distribute recommendations widely through consortium members, promoting broader partner conversations and national interest.



Implementation

Identify shared opportunities among members for action and advocacy, and empower other partners to contribute to implementations.



Evaluation

Track the progress of recommendations, identify barriers to overcome, and celebrate achievements.

Dissemination efforts resulted in:

34 press release placements, reaching 14.5 million individuals

2,000+ recommendation site visits and downloads

9 partner network presentations to organizations, including the American College of Surgeons Commission on Cancer and National Association of Chronic Disease Advisors

Links:

- [American Cancer Society National Consortium Website](#)
- [American Cancer Society National Consortium Consensus Recommendations](#)
- [Consortium Members](#)

National Consortium Inspires Action

In 2022, the American Cancer Society National Consortium continued to work with their members in activating national and local organizations to promote and adopt the consensus recommendations. **Through three Mobilization Summits, 19 member organizations showcased how their organizations successfully implemented one or more of the consensus recommendations.** National Consortium members also explored how to best sustain and expand their commitments, as well as identify additional ways to implement the consensus recommendations through both individual organizations and coordinated partnerships. A few showcase examples are noted below, and all can be found on the [National Consortium's website](#).

Number of Member Organizations That Presented on How They Implemented the Recommendation



Proven Programs: **11**



Pandemic-related Innovations: **2**



Coordinated Messaging: **4**



Public Trust: **2**



National Partnerships: **4**



Transdisciplinary Teamwork: **1**



Quality Measures: **3**

| Organization | Recommendation in Focus | Action |
|--|-------------------------|--|
| Genentech | Coordinated Messaging | In 2021, Genentech enacted their “Commitment to Screening” campaign to comprehensively invest in the promotion of cancer screening by developing a company-wide strategy to reach out to their employees through mailers, newsletters, and health reminders, as well as a social media toolkit to enable them to share screening messages with friends and family through their personal channels to boost awareness about cancer screening. Externally, Genentech’s field staff disseminated more than 10,000 copies of the American Cancer Society Get Screened educational materials, available in both English and Spanish, to patients and providers. |
| American College of Surgeons Cancer Program | Proven Programs | The American College of Surgeons Cancer Programs collaborated with the American Cancer Society on a quality improvement initiative and clinical study to accelerate screening numbers in the US. By providing easy-to-adopt plans that leveraged existing guidelines, messaging, and interventions, American College of Surgeons-accredited programs worked to increase access to, and participation in, crucial cancer screenings. Overall, 748 cancer programs enrolled in the national Return-to-Screening study, and the majority identified local screening deficits, most notably in colorectal cancer. Using these results, 814 quality improvement projects were initiated, with the potential to add 70,000 screening tests per month in 2021. |
| National LGBT Cancer Network | Quality Measures | In March 2022, the National LGBT Cancer Network authored an open letter calling for renewed efforts to advance sexual orientation and gender identity and intersex data inclusion on surveys, in administrative data, and in clinical settings. The letter, cosigned by 190 LGBTQI and allied organizations, was issued in response to a groundbreaking consensus report issued by the National Academies of Sciences, Engineering, and Medicine (NASEM), focusing on measuring sex, sexual orientation, and gender identity. The report emphasizes that improved and standardized data collection is vital for understanding the challenges LGBTQI people face. |
| Stand Up To Cancer | Public Trust | In March 2022, Stand Up To Cancer (SU2C) awarded six community organizations with grants to fund efforts to increase colorectal cancer screening and education. These two-year, \$25,000 community engagement grants are part of SU2C’s comprehensive and collaborative approach to address disparities in colorectal cancer in three SU2C Zones: Los Angeles, Greater Boston, and the Great Plains Tribal Communities in South Dakota. These zones include diverse and distinct communities that are medically underserved and have particularly low screening rates for colorectal cancer. Community engagement projects will be aligned with the SU2C Colorectal Cancer Health Equity Dream Team’s goal to increase screening rates to 80% in the SU2C Zones. |

Building Alignment for National Partnerships:

National Consortium, the President's Cancer Panel, and the Cancer Moonshot

President's Cancer Panel Report: Just prior to the release of the [ACS National Consortium Consensus Recommendations](#), the President's Cancer Panel, as part of the reignited [Cancer Moonshot](#), released a timely report, [Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access](#), spotlighting innovative approaches to improve the uptake of cancer screening nationwide and also to call for expanding evidence-based programs to better address equity in cancer screening access and outcomes. The panel identifies four critical goals to improve cancer screening rates and to close gaps in screening access; however, most notably for the American Cancer Society Get Screened initiative, the report lifts up our national roundtables as a proven model for addressing large-scale cancer screening and care issues, and further aligns with the our consensus recommendation related to national partnerships. For more information on our National Cancer Roundtables, please see pages 17, 24, and 28.

Comparison of Report Recommendations on National Cancer Roundtables

President's Cancer Panel Report

(released February 3, 2022)

Goal 1: Improve cancer screening rates, and close gaps in screening access.

Recommendation 1.2: Expand and strengthen national cancer roundtables that include a focus on cancer screening.

Strategies:

- Create national cancer roundtables for breast cancer and cervical cancer that include a strong focus on screening.
- Increase financial support for the National Colorectal Cancer Roundtable and the National Lung Cancer Roundtable.
- Make health equity and alignment of messaging about cancer screening and cancer screening guidelines a high priority for national cancer roundtables.

ACS National Consortium Consensus Recommendations

(released February 16, 2022)

Recommendation 1: National Partnerships

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

Implementation Strategies:

- Connect organizations and catalog resources.
- Facilitate implementation of best practices tailored to community needs.
- Ensure sustainability of and collaboration across national cancer roundtables.
- Evaluate impact.





State and Coalition Engagement – Partnership Overview

Our long-standing trusted relationships with state coalition partners expedited Get Screened efforts.

The American Cancer Society is uniquely positioned to convene and mobilize Get Screened partnerships on the state level, with a strong regional presence in all 50 states and two US territories. Our team members bring credibility to new and emerging collaborative opportunities such as the Get Screened Initiative, exponentially increasing the local relevance and impact of this national initiative.

While strategies varied across states, common approaches included:



Public Awareness



Provider Education



Building Partnerships



Needs Assessments



Snapshot!

- Our regional teams selected 12 states to participate in Get Screened initiatives.
- These teams worked with state coalitions or roundtables and aligned activities to their state cancer plans.
- \$15,000 was earmarked for each of the 12 states to spend on Get Screened initiatives.
- Coalitions received robust technical assistance and training in developing and implementing their action plans.
- **American Cancer Society regional leads leveraged expertise across the organization to enhance local implementation.**



“

The Get Screened funding provided in 2022 allowed us to work with our comprehensive cancer control coalition to focus specifically on lung cancer screening for the first time in California. We now have a foundation from which to grow our work to improve lung cancer screening in the state.

Raquel Arias

ACS Associate Director, State Partnerships

State and Coalition Engagement – Highlights from Get Screened Initiatives

Collaborations to increase screening in all 12 states included:



The **Alaska Cancer Partnership** focused on lung cancer and conducted provider education in collaboration with the American Lung Association's Turquoise Takeover and Grand Rounds, and an awareness month campaign resulting in 387,192 impressions.



The **California Dialogue on Cancer** focused on lung cancer, conducted an environmental scan, held a public awareness campaign (6 million-plus impressions), and hosted a statewide stakeholder meeting (86 attendees).



The **Illinois Lung Cancer Coalition** partnered on a state-wide survey (to launch April 2023) and a tailored social media campaign featuring a local lung cancer survivor, resulting in more than 25 million impressions.



The **Minnesota Cancer Alliance's Commission on Cancer** focused on all screenable cancers and formed the Cancer Screening Coalition of MN, created a website with screening messages in four languages, and launched a digital campaign for Somali and Hmong communities, reaching 50,594 individuals.



The **Mississippi Lung Cancer Roundtable** conducted provider education (244+ individuals) and awareness campaigns (1.77 million-plus impressions), and hosted an inaugural roundtable summit (160 unique webcast viewers).



The **North Carolina Advisory Committee on Cancer Coordination & Control** focused on lung and colorectal cancers, conducting six awareness campaigns on lung and colorectal cancer screening, resulting in 316,731 impressions in high-burden communities.



The **Ohio Partners for Cancer Control** focused on cervical cancer and conducted a social media and radio campaign, resulting in 1.87 million impressions.



The **Oklahoma Colorectal Cancer Workgroup** conducted provider education and a social media campaign.



The **Pennsylvania Cancer Coalition** focused on all screenable cancers, hosting a provider education two-day summit with 10 health centers, resulting in nine health center action plans to improve cancer screening. Get Screened funds were also leveraged to support the *Get Screened Philly initiative* (see more on page 11).



The **Rhode Island Lung Cancer Screening Task Force** conducted key informant interviews with providers to understand barriers and facilitators to lung cancer screening.



The **Utah Cancer Action Network** raised public awareness for all screenable cancers through a billboard campaign (51 English, 12 Spanish), resulting in more than 23 million impressions.



The **Virginia Colorectal Cancer Roundtable** sought legislative change to improve access to screening by educating state legislators in partnership with ACS CAN on the VCCRT and need to close the gap for coverage after a positive stool-based test. They also implemented a small media campaign across 26 cities and counties.

Spotlight: *Get Screened Philly* Initiative

Philadelphia's diverse racial and ethnic population make it a critical area of focus for expansion of the *Get Screened* Initiative.

The [Get Screened Philly](#) initiative focused on age-appropriate, at-risk individuals who are unscreened or have delayed recommended cancer screening, with an emphasis on populations that are under-resourced.

The *Get Screened Philly* initiative aimed to increase cancer screening rates and advance health equity in **three key ways**:

1. Increase public awareness of the importance of cancer screening.

Get Screened Philly focused on empowering people to talk with their doctor and schedule regular screening tests. The initiative used stories of people with cancer and survivors to address with empathy four screening barriers: fear, procrastination, lack of insurance, and lack of symptoms.

2. Implement evidence-based interventions and policy changes. Local health systems participated in projects to implement quality improvement strategies and evidence-based interventions to increase cancer screening rates. American Cancer Society team members provided one-to-one strategic support, educational materials, training and technical assistance, tools, and the latest research to maximize outcomes.

3. Activate key stakeholders. In September 2022, we hosted the *Get Screened Philly* Summit with over **112 local stakeholders** representing health systems, federally qualified health centers, insurance, industry, biopharma, employers, government, faith-based organizations, and other community partners. Stakeholders convened to identify strategies, assess emerging data trends and explore ways to maximize opportunities for increasing screening and access to cancer care.

60M+

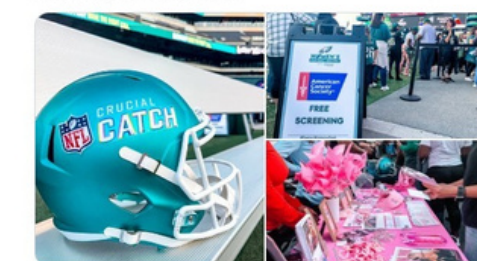
Impressions through multi-channel public awareness campaign. Increased traffic to cancer.org/getscreened.

20+

Local collaboratives implementing initiatives, including FQHCs, hospitals, media, and community organizations.



Gabriella DiGiovanni @elliadidge · Oct 11
Ahead of the Eagles' #CrucialCatch game on Sunday, @AmericanCancer set up at the Women's Football Festival to encourage cancer screenings through their new "Hey Philly, Get Screened!" initiative. The #Eagles also made a \$10,000 donation to ACS.



Delaware River Port Authority (DRPA) @DRPA_PAandNJ · Sep 29
The #BenFranklinBridge will be lit blue and red tonight to kick-off @ACSPHiladelphia's Get Screened Philly initiative to encourage residents to scheduling age-appropriate screenings for breast, cervical, colorectal, lung, and prostate cancer.



“

We encourage all Philadelphians to get the screenings they need to stay healthy and to catch problems early, while they can be treated more easily. Fortunately, Philadelphia has some of the best health care in the world, including a network of city health centers and federally qualified health centers that provide access to high-quality, affordable care, regardless of health insurance status or ability to pay.

Dr. Cheryl Bettigole

Philadelphia's Health Commissioner

Health System Screening Interventions

Providing Frontline Support to Accelerate Cancer Screening

Our health system partners increased cancer screening rates and contributed to more individuals being screened for cancer.

Supporting health systems in their screening efforts is critical, particularly when it comes to providing screening to individuals with historically low screening rates. As part of the Get Screened Initiative, the American Cancer Society provided training, quality improvement assistance, and programmatic support to health system partners that implemented evidence-based interventions to increase cancer screening rates among their patient populations. We expanded our support from **77 health system partners in 2021** to **114 partners in 2022**.

Through donor and regional support, the American Cancer Society provided **\$1.5 million in grant funding** to 76 health system partners to bolster their efforts and further help reduce barriers to accessing cancer screening.

7

percentage-point
change for cancer
screening rates

362,400

breast, cervical,
colorectal, and lung
cancer screenings
completed in 2022

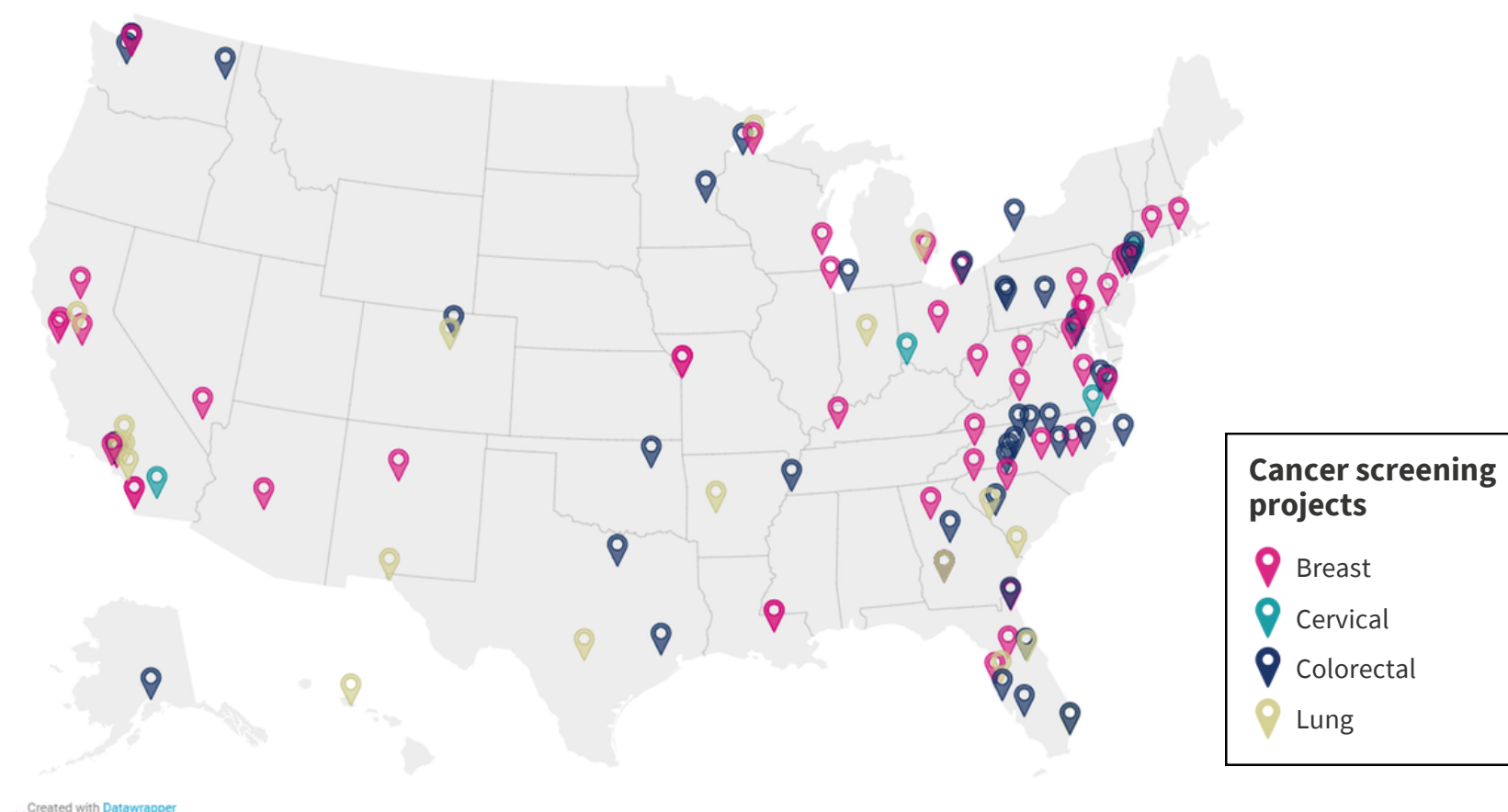
6,900

breast, cervical,
colorectal, and lung
cancers diagnosed

Catching cancer early with screening tests can mean a better chance of survival.

National Screening Intervention Projects

Health system partners were based in [33 states and Washington, DC](#).



“

The trainings, technical assistance, support, and program development expertise provided by the American Cancer Society was the catalyst that allowed our Health System to just not return to pre-COVID screenings but to surpass [them]. We are excited to partner another year and feel like we will continue to improve with the guidance and support of [the] American Cancer Society.

ChesPenn Health Services
Eddystone, Pennsylvania

Public Awareness Campaign

The American Cancer Society tailored cancer screening messaging to communities in greatest need.

The Get Screened Public Awareness campaign addresses common barriers to cancer screening and empowers people to act by providing them with resources and tools. The public awareness campaign began in 2021 in response to the drop in cancer screening rates because of the COVID-19 pandemic. While cancer screening rates have improved since the launch of the initiative, they still lag pre-pandemic levels. Despite the promise of cancer screening, to help detect cancer early, when it may be more treatable, some racial/ethnic groups, people with lower socioeconomic status, and those without insurance are even less likely to stay up to date with recommended cancer screening tests.



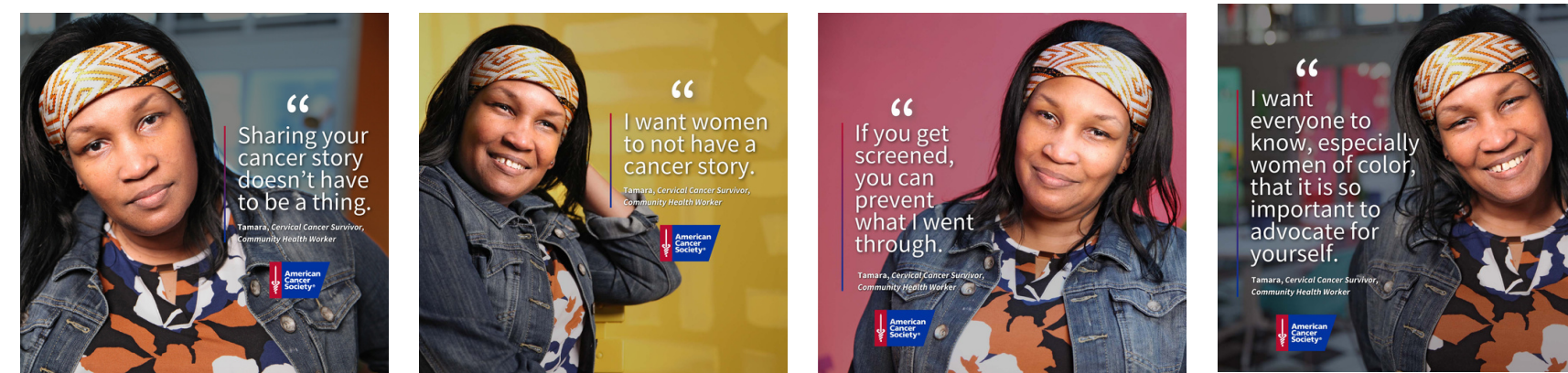
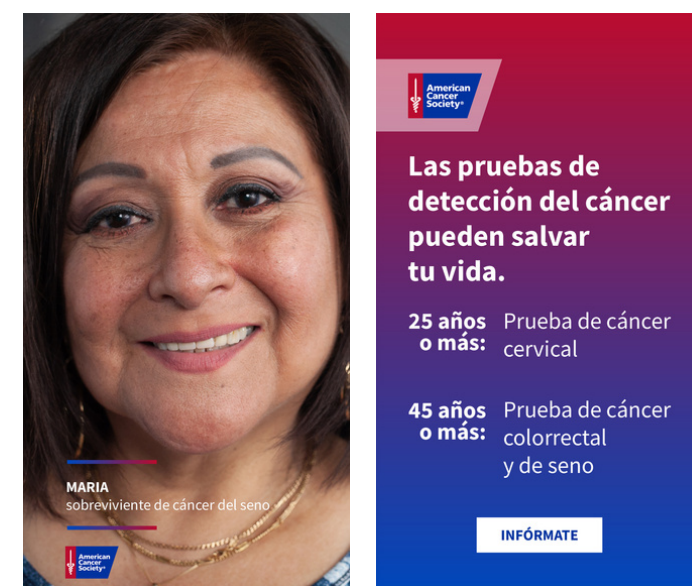
Hispanic/Latinx Audience Campaign

During 2022, the American Cancer Society once again engaged the Hispanic Communications Network (HCN) to implement an eight-week (July 18–September 9) cancer screening awareness campaign for the Hispanic/Latinx audience.

The 2022 campaign target audience included men (ages 45+) and women (ages 25+), with a focus on individuals in Arizona, California, Florida, Texas, and New Mexico. In addition to expanding on the 2021 effort by enlarging the target audience, the campaign also sought to increase engagement in the content with the addition of an interactive quiz to help individuals learn about recommended cancer screenings.

The campaign delivered:

- **27.2 million-plus** impressions
- Nearly **5,000 quiz** completions



African American/Black Audience Campaign

New to the Get Screened Initiative for 2022 was an African American/Black audience campaign. It included paid digital and social media, as well as earned media placement in New York; Atlanta; Chicago; Washington DC; Philadelphia; and Los Angeles.

Running November 1–30, 2022, the campaign delivered:

- **6.4 million impressions** through paid media placement
- **450,000 reach** through earned-media placement

365 million

impressions were generated through the multi-channel public awareness campaign.

Critical Sports Partnerships for Screening

Driving Early Detection Messaging to Save Lives

NFL Crucial Catch Screening Locator

For over a decade, the American Cancer Society has partnered with the National Football League's [Crucial Catch](#) campaign to fight cancer through early detection and risk reduction. In 2022, in addition to our Crucial Catch grants, we launched a microsite during **Crucial Catch Month (October)**, providing users with easy access to local community screening centers nationwide. The microsite also includes additional cancer information and resources, options to call or chat with a 24/7 cancer helpline specialist, as well as a "Pledge to Get Screened" feature to encourage sharing on social media channels.



11,000
Screening Locator
session visits
(compared to 900 in 2021)

**Crucial Catch
Month**

Suits And Sneakers Set the Screen

For nearly 30 years, the [Coaches vs. Cancer® program](#), in collaboration with the National Association of Basketball Coaches, has united coaches and fans to help the American Cancer Society defeat a common enemy – cancer.

In 2022, we launched [Set the Screen](#), a campaign integrating coaches and CEOs to highlight the **importance of cancer screening**.

The campaign featured a ZIP-code level screening database providing the public with 24/7 support from the database and our helpline for the 30,000 screening locations across the US.



**COACHES
VS
CANCER**

30,000
monthly
impressions



Coach Tony Bennett, University of Virginia

Research

Our research spotlights access to care for vulnerable and at-risk populations.

As a leader in cutting-edge cancer research, the American Cancer Society is conducting studies to show the continued impact of the COVID-19 pandemic on cancer screening, prevention efforts, treatment, quality of life, and outcomes – particularly among populations at higher risk for cancer incidence and mortality.

In 2022, American Cancer Society researchers published **45+ screening-related publications**. Cancer screening publications spotlight the impact of the COVID-19 pandemic, and access to care for vulnerable and at-risk populations. These populations include people of color, uninsured, and Medicaid-insured persons, individuals who are unemployed, individuals with limited English proficiency, individuals who smoke, and individuals with low geographic access to care.

Published studies highlight the importance of addressing sociodemographic disparities in cancer screening, especially as screening delays attributed to the COVID-19 pandemic have not fully resolved. Studies also highlight the role home-based screening measures may play during health care disruptions.

For a comprehensive list of 2022 cancer screening-related research publications, see page 39.

Key Findings



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

“In this nationally representative study, unemployed nonelderly adults were 10% to 30% less likely to have recent screening or be up to date with recommended screening for breast, cervical, colorectal, and prostate cancer in comparison with employed adults. Unemployed adults were four times as likely to be uninsured as employed adults, and these differences in insurance coverage completely accounted for lower screening utilization among unemployed adults.” Read the full publication [here](#).



Health insurance status and cancer stage at diagnosis and survival in the United States

“Our findings that Medicaid-insured and uninsured patients were significantly more likely to be diagnosed with late-stage cancer have important implications for improving the implementation of cancer screening. More specifically, we found disparities in stage at diagnosis among individuals insured with Medicaid and among uninsured patients compared with privately insured individuals for female breast and cervical cancers, as well as colorectal cancer, which can be detected early through cancer screening.” Read the full publication [here](#).



Geographic access to lung cancer screening among eligible adults living in rural and urban environments in the United States

“Approximately 5% of the eligible population did not have access to lung cancer screening facilities within 40 miles; however, different patterns of accessibility were observed at different distances, between regions, and across rural-urban environments. Across all distances and geographies, there was a larger percentage of the population in rural geographies with no access. Although the rural population represented approximately 8% of the eligible population, the larger percentage of the rural population with no access was noteworthy and translated into a larger number of individuals with no access at longer-distance thresholds (≥ 40 miles).” Read the full publication [here](#).

Breast and Cervical Cancer Screening Leadership

This initiative was able to join the best of community outreach and engagement efforts with modern mass texting technology and onsite education and screening to address disparities on cervical cancer screening. We are excited to continue to watch this grow and expand.

--Montefiore Einstein Cancer Center, Get Screened Partner




Every cancer. Every life.™



The American Cancer Society Answers the Call and Launches New National Roundtables on Breast and Cervical Cancer



Accelerating Progress through Equity and Innovation




Eliminating Cervical Cancer through Equity and Innovation




The American Cancer Society and the White House united to launch the American Cancer Society National Breast Cancer Roundtable and the American Cancer Society National Roundtable on Cervical Cancer on October 24, 2022. These roundtables convene organizations with the charge to eliminate cancer disparities and reduce cancer deaths.

The ACS-led roundtables were created in response to President Biden’s relaunch of the Cancer Moonshot, as well as our National Consortium’s Consensus Recommendations and the President’s Cancer Panel 2022 Report on cancer screening.

The launch of these national roundtables brings an effective and proven model to catalyze change and investment across the cancer continuum by utilizing an “all-hands-on-deck” approach by bringing together scientists, the medical community, leading public health agencies, the private sector, and community organizations.

The American Cancer Society National Breast Cancer Roundtable aims to accelerate progress across the breast cancer spectrum through strategic partnerships to eliminate disparities and reduce mortality. The primary goal of the American Cancer Society National Roundtable on Cervical Cancer is to eliminate cervical cancer in our lifetime and engage key organizations to institute policy and systems changes that increase cervical cancer screening.

[Get Screened Initiative 2022 Impact Report](#)

“

The American Cancer Society and its partners are answering President Biden’s call to mobilize in the fight to end cancer as we know it. We’re at a point where we can change the trajectory of cancer by eliminating cervical cancer in our lifetime and significantly reduce devastating disparities in breast cancer mortality, but we need to act now.

Karen E. Knudsen, MBA, PhD
American Cancer Society CEO

Click to watch video.



Public Policy: Breast and Cervical Cancer

The American Cancer Society Cancer Action NetworkSM (ACS CAN) secured increased federal and state funding for cancer screening programs that provide a critical safety net for underserved women.

ACS CAN, our advocacy affiliate, pursues public policy solutions to help ensure limited-income, uninsured, and underinsured individuals have adequate access to cancer screening and early detection services.

The Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the only nationally organized cancer screening program for underserved women in the US. Ensuring adequate funding for this program 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. ACS CAN successfully advocates for federal and state funding for the NBCCEDP by uplifting the stories of women who have benefited, or could benefit from, the program in meetings and events with federal and state lawmakers, as part of media advocacy, and in engaging volunteers.

For the first time in at least a decade, ACS CAN secured increased federal funding for fiscal year 2023 for all the cancer programs at the CDC, including the NBCCEDP, the Colorectal Cancer Control Program, cancer registries, and the prostate cancer initiative.

ACS CAN employees and volunteers successfully engaged federal and state lawmakers throughout 2022. Key highlights:



Federal funding

All ACS CAN team members and volunteers came together to urge Congress to include our “must-do list” in their end-of-year legislative package. From lobbying to media to grassroots engagement, ACS CAN had a fully resourced campaign over a six-week period (November-December 2022) to advocate for inclusion of key ACS CAN policy priorities, including CDC cancer program funding. In the end, ACS CAN was successful in reaching lawmakers in Washington DC, and in districts to make our ask, leading to increased program funding for the first time in over a decade.

State funding

ACS CAN successfully advocated to increase or protect funding for breast and cervical cancer early-detection programs in 40 states in 2022. Five of those states increased funding for their programs (Connecticut, Kansas, New Mexico, New Jersey, and Rhode Island).

After Kansas Early Detection Works providers were notified that screenings were on hold for the remainder of the fiscal year because of a funding shortfall, ACS CAN advocates successfully secured supplemental funding in the state budget, as well as a significant increase of \$1 million in state funding, for fiscal year 2023.

As part of the federal campaign, **ACS CAN used media communications to call on Congress to prioritize funding for the NBCCEDP program.** As part of the **state-level campaigns, ACS CAN advocated for media coverage at pivotal points in the campaign** to increase public awareness of the issue and the importance of the NBCCEDP programs and **urge lawmakers to protect or increase funding.**



Florida Breast Health Equity Leadership Summits

Disparities Across the Breast Cancer Continuum

Florida’s Breast Health Equity Initiative focused on addressing barriers and improving breast health equity in South Florida & Tampa Bay by:

- Increasing knowledge of disparities and equity issues affecting breast cancer screening, diagnosis, treatment, and outcomes
- Educating community leaders/stakeholders on gaps in access for individuals based on race and ethnicity, geography, socioeconomic status, and other factors in their respective communities
- Convening community/thought leaders to share and discuss best practices for action via area-specific breast health equity leadership summits



Dr. Alina Alonso, director, Florida Department of Health, Palm Beach County (South Florida Summit)

South Florida Summit
October 14, 2022:
74 attendees from
40 organizations

“

The summit highlighted inequities in delivering high-quality breast cancer care. This program will remind me to better utilize our current resources to meet my patients’ needs.

Participant

Tampa Summit
September 9, 2022:
89 attendees from
40 organizations

“

I got to learn and hear from superstars/heroes who fanned my flame for advancing breast health equity.

Participant



Tampa Breast Health Equity Summit (above). To ensure both summits were aligned with community priorities, stakeholder interviews were conducted to drive planning. Stakeholders included community and health care breast health equity leaders.

Health System Screening Interventions: Breast Cancer

Health system partners used mobile units and other interventions to facilitate breast cancer screening for 258,400 patients.

Health system partners implemented a variety of interventions to increase breast cancer screening to help detect cancer before it starts or catch cancer early, when it may be easier to treat.

The most common breast cancer screening interventions included:

- Using reminders (written or telephone) to let people know they are due for screening (**86%** of partners)
- Navigating patients to help overcome barriers to accessing breast cancer screening (**59%**)
- Reducing structural barriers to screening by facilitating transportation to appointments, offering translation services, offering flexible clinic hours, or deploying mobile screening units (**55%**)

2022 breast cancer screening projects at-a-glance

49
projects

7
average percentage-
point change in the
screening rate

258,400
screenings
completed

3,800
cancers
diagnosed

Mobile screening units improve access to breast cancer screening.

- **Thirteen** health system partners deployed mobile units to help reduce barriers to mammography.
- **Mobile units** – including buses, vans, and trucks – traveled and parked in underserved areas to expand **access to screenings**, providing **comfort and convenience** in local areas familiar to patients. They were used throughout the year and supported **increased demand** for screening around Mother’s Day and Breast Cancer Awareness Month.
- Health systems implementing mobile units aimed to improve **scheduling and follow-up** processes, **communication** across participating clinics, and **flexibility** in case of patient no-shows or unexpected vehicle issues.



Nevada Health Centers deployed their mammovan across the state of Nevada, helping people like Brenda (pictured) get screened for breast cancer.

Our research shows a link between poor accessibility and lower cancer screening.

“Travel time to the nearest mammography facility remains high for a considerable proportion of women in many states, particularly in rural areas. Poor accessibility was associated with lower screening prevalence, suggesting that increasing accessibility to mammography across the United States could increase utilization of breast cancer screening and, potentially, improve breast cancer survival.” Read the full publication [here](#).

Health System Screening Interventions: Cervical Cancer

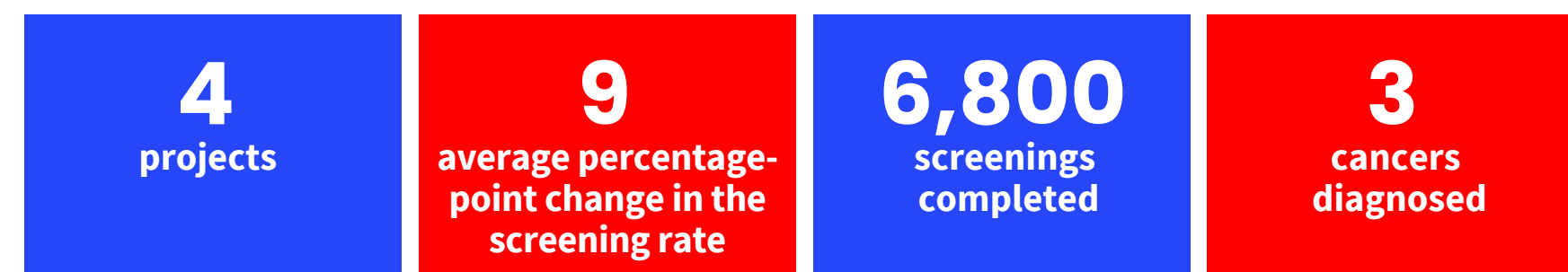
Health system partners implemented a variety of interventions – including provider and patient reminders – to **screen 6,800 patients** for cervical cancer.

Human papillomavirus (HPV) vaccination has played a critical role in preventing cervical and other HPV-associated cancers. Yet, cervical cancer screening remains an important cancer prevention tool to complement HPV vaccination.

Health systems implemented various interventions to increase cervical cancer screening. The most common interventions included:

- Using reminders to alert health care providers it is time for a patient's cancer screening (**100%** of partners)
- Using written or telephone messages to let people know they are due for screening (**75%**)
- Enhancing the electronic health record (EHR) to improve its reporting and documentation capabilities, and to develop order sets to streamline and standardize orders for cervical cancer screening (**75%**)

2022 cervical cancer screening projects at-a-glance



Montefiore Einstein Cancer Center uses weekend clinics to improve access to cervical cancer screening.

"The implementation of this cervical cancer screening and education initiative has **vastly changed the way we look at cervical cancer screening access**. We saw a large proportion of patients from historically underserved minority groups who are actively engaged with their care and interested in preventive health care maintenance. Notably, the majority of women reported that weekend clinics increases their access and ability to go to the doctor. By providing a new point of access to care and education surrounding cervical cancer screening, we found that patients were immensely grateful and excited."

Montefiore Einstein Cancer Center
Bronx, New York

Global Cervical Cancer Screening Interventions: India



To increase the adoption of high-impact cancer prevention interventions, the American Cancer Society supports in-country cancer organizations with funding, research, evaluation support, communications, and advocacy.

In 2022, the American Cancer Society partnered with the **Cancer Awareness, Prevention and Early Detection Trust (CAPED)** and the **Haryana State Government** in India to strengthen policy and capacity for cervical cancer screening. This initiative sought to decrease stigma around cervical cancer while increasing screening for asymptomatic women.



Location:

Gurugram,
Haryana, India



Trained **213 Accredited Social Health Activists (ASHAs)** on cervical cancer causes, symptoms, and preventive strategies



Facilitated cervical cancer screening **across 73 villages**, for women between the age of 30 and 55 years



Screened **5,600 women** and **navigated 135 women** needing further diagnosis and/or treatment



ASHAs reached **over 180,000 women** through door-to-door health surveys

Colorectal Cancer Screening Leadership

These collaborations are vital to keeping cancer prevention in the front of our minds. Our screening protocols continue to evolve and improve based on the partnerships we have from both the ACS and other participating CHCs.

--Broad Top Area Medical Center, Get Screened Partner



Every cancer. Every life.™

Responding to National Calls for Partnership

American Cancer Society National Colorectal Cancer Roundtable



The American Cancer Society National Colorectal Cancer Roundtable (ACS NCCRT), America's leading voice on colorectal cancer (CRC) control, is an inclusive, accessible organization dedicated to successfully convening and engaging public, private, and voluntary organizations and individuals committed to CRC prevention and early detection. NCCRT membership is a collaboration of over 200 member organizations, dedicated to building capacity and catalyzing action across the nation to improve awareness, policy, and delivery of CRC screening.

[80% in Every Community](#) is an NCCRT initiative in which more than 1,800 organizations are working toward the shared goal of reaching CRC screening rates of 80% and higher in communities across the nation.



In November 2022, the NCCRT hosted its 27th Annual Membership Meeting and 80% in Every Community Conference.

- The meeting set attendance (250) and sponsorship (\$120,000) records.
- 100% of evaluation respondents were satisfied with the overall meeting.

Other highlights:

- An armchair conversation spotlighting implicit bias in health care and its impact on survivorship
- A keynote presentation on what we can do to lay the groundwork for health equity
- Expert panels highlighting efforts to increase CRC screening at age 45, improving access to colonoscopy following positive or abnormal non-colonoscopy screening tests, and best practices from the field

The ACS NCCRT created new resources to help increase uptake of colorectal cancer screening.

[2022 Messaging Guidebook For Black & African American People: Messages To Motivate For CRC Screening.](#)

Black and African American people experience disproportionately high incidence (new cases) and mortality (death) rates from CRC. Although screening is only one element of the work to address these disparities, it is essential to promote screening in the best way possible. This new messaging guidebook provides market-research findings and research-tested messages to encourage unscreened Black and African American adults to seek CRC screening.



This resource was used to support North Carolina's [public awareness campaigns](#).



[Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Primary Care Practices.](#)

A primary care clinician recommendation is the most powerful influence on a patient's decision to get screened for cancer. Timely CRC screening is more important than ever now that major guidelines recommend screening start at age 45. This manual provides a succinct step-by-step guide for primary care teams to improve CRC screening and outcomes in practice.

Public Policy: Colorectal Cancer

Our recommendations led to ACS CAN advocacy to lower the screening age and eliminate cost sharing for follow-up colonoscopies after a positive stool-based test.

Stool-based tests are among several tools available for colorectal cancer (CRC) screening. These tests can be performed at home and can help increase access to CRC screening, particularly among medically underserved populations. A positive result on a stool-based test requires a follow-up colonoscopy. Follow-up colonoscopies commonly have imposed significant and prohibitive out-of-pocket costs to patients.

In May 2021, the United States Preventive Services Task Force (USPSTF) updated their colorectal cancer screening recommendations to lower the screening age from 50 to 45 for patients who are at average risk for colorectal cancer. The updated USPSTF recommendation aligns with the American Cancer Society's 2018 colorectal cancer screening guidelines. This revised recommendation is crucial because under the Affordable Care Act (ACA), most commercial health plans – and individuals entitled to Medicaid as a result of state expansion – must cover USPSTF-recommended services with no cost sharing. Prior to the revised USPSTF recommendations, it was unclear whether colonoscopies following a positive noninvasive test were included in the screening process and, as a result, many patients face cost-sharing for these tests. **ACS CAN has led successful advocacy efforts to lower the screening age and eliminate cost-sharing for colonoscopies after a positive non-invasive colorectal cancer screening.**

Timeline of Federal Policy Events

May 2018

ACS published colorectal cancer screening recommendations that lower the screening age from 50 to 45 for average risk patients and stated that all positive non-invasive tests should be followed up with colonoscopy as part of screening.

May 2021

The USPSTF updated their colorectal cancer screening recommendations to lower the screening age from 50 to 45 for average risk patients and stated that colonoscopy after a positive stool-based test was required to achieve screening benefits.

January 2022

The Tri-Agencies (US Departments of Labor, Health and Human Services, and Treasury) announced that private insurance plans must now cover, without cost-sharing, follow-up colonoscopies after a positive stool-based test.

November 2022

The Medicare program adopted rules that would lower the minimum age of colorectal cancer screening to 45 and would cover with no cost sharing a follow-on screening colonoscopy after a positive Medicare-covered stool-based test.

In 2022, several states took action to address barriers to follow-up colonoscopies. **ACS CAN was successful in leading efforts in Indiana and New York to reduce the screening age to 45 and eliminate cost sharing for colonoscopies following a positive noninvasive stool-based test.** These laws went in effect no later than January 1, 2023.



On May 24, 2022, ACS CAN volunteers (pictured, left) with representatives from the Buffalo Colon Corp, NAACP New York State Conference, Roswell Park Comprehensive Cancer Institute and youth advocate Bayley Fingerhut held a press event outside the Capitol. After months of ACS CAN advocacy, the Governor signed it into law on December 23, 2022.



ACS CAN ran a public awareness campaign on mass transit in Rhode Island (pictured, left) to educate the public about the new law for colonoscopy coverage.

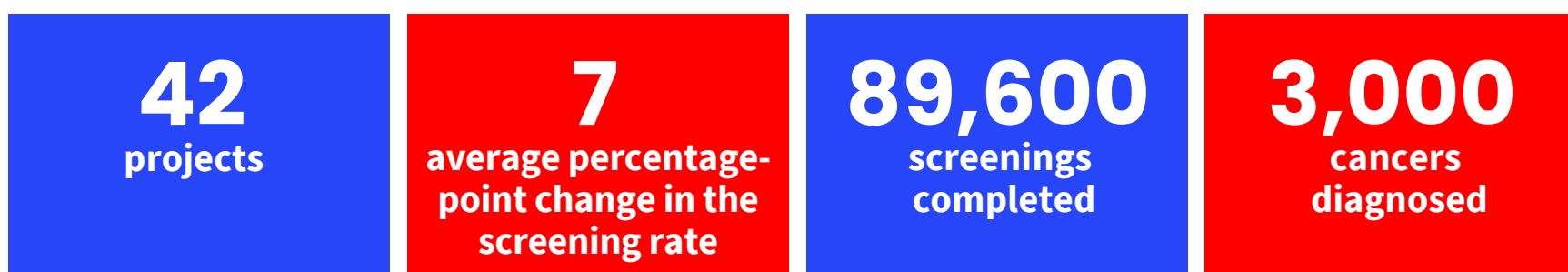
Health System Screening Interventions: Colorectal Cancer

Health system partners implemented a variety of interventions – including patient reminders and one-on-one education – to screen 89,600 patients for colorectal cancer.

The most common colorectal cancer (CRC) screening interventions included:

- Using written or telephone messages to let people know they are due for screening (**67%** of partners)
- Delivering information to individuals about CRC screening, with the goal of informing and motivating them to seek recommended screening (**67%**)
- Using reminders that alert health care providers it is time for a patient's CRC screening (**60%**)
- Helping patients overcome barriers to accessing CRC screening (navigation to screening; **60%**)
- Reducing structural barriers to screening by facilitating transportation to appointments, offering translation services, offering flexible clinic hours, or deploying mobile screening units (**48%**)

2022 colorectal cancer screening projects at-a-glance



Neighborhood Health's patient navigator helps patients overcome barriers to colorectal cancer screening.

Patients who have a positive result on their stool-based CRC screening test will need to get a follow-up colonoscopy. They face multiple barriers – including financial, transportation, and language barriers – to getting that follow-up colonoscopy.

The preventative care manager/patient navigator at Neighborhood Health facilitates access to follow-up colonoscopies by helping patients to:

- Schedule their appointments.
- Apply for colonoscopy access programs if they're uninsured.
- Coordinate Lyft rides (funded by the project grant) to and from the evaluation and colonoscopy appointments.
- Obtain a prescription discount card for colonoscopy prep materials.
- Complete the prep and remind them of the arrival time for the procedure.
- Locate written instructions (in Spanish, if needed).

Without this support, patients may not get the timely follow-up colonoscopy that is so critical to preventing cancer.



Estibaliz Davis,
patient navigator, Neighborhood Health
Alexandria, Virginia

Lung Cancer Screening Leadership

Working with ACS has been a meaningful collaboration for lung cancer screenings. This initiative allowed our system to take a deeper look into our processes and find areas of opportunity to further guide our patients in their unique journeys.

--University of Miami Hospitals, Get Screened Partner



Every cancer. Every life.™

Responding to National Calls for Partnership



American Cancer Society National Lung Cancer Roundtable



The American Cancer Society National Lung Cancer Roundtable (ACS NLCRT) engages member organizations to identify gaps in knowledge, assess challenges and barriers, and develop and implement evidence-based solutions throughout the lung cancer continuum of care.

The ACS NLCRT is a consortium of public, private, and voluntary organizations that work together to fight lung cancer by engaging in research and projects that no one organization can take on alone. It is comprised of more than 210 of the leading professional medical societies, state and federal government agencies, patient advocacy organizations, cancer centers, academic institutions, health systems, health plans, and corporate associates.

Key initiatives and projects in 2022



LungPLAN®

(Projecting Lung Assessment Needs)

LungPLAN® is a free return-on-investment [software program](#) that models implementation costs and outcomes to demonstrate downstream value of building or strengthening lung cancer early detection programs and nodule management programs in various health care settings.



State-based Initiative Planning Tool

[The State-Based Initiative Planning Guide and web-based tool](#) was created to assist in developing a comprehensive state-level coalition and strategy to advance lung cancer priorities.

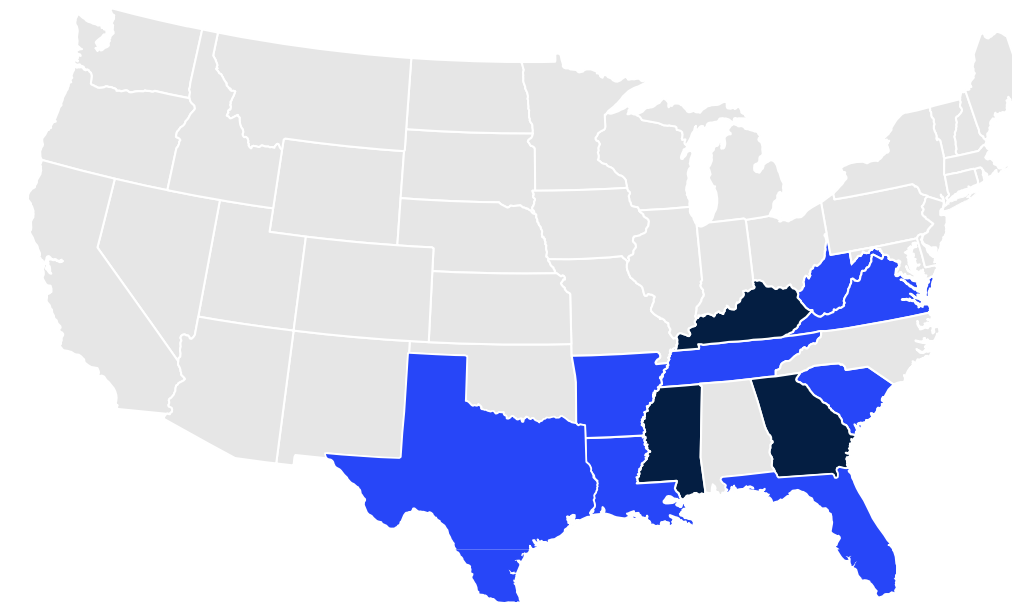
Biomarker ECHO Expansion

“Addressing Comprehensive Lung Cancer Biomarker Testing Through Project ECHO”

3-state pilot: May 2021 – February 2022

8-state expansion: September 2022 – May 2023

The American Cancer Society is working alongside key state, hospital systems, and community cancer partners across the country to expand knowledge about biomarker testing for lung cancer utilizing the Project ECHO Tele-mentoring Initiative and recently launched our expansion in eight new states. Our aim is to democratize knowledge in comprehensive biomarker testing among the participating community cancer centers and facilitate state-level activity to mitigate barriers to improve biomarker testing. Our goal is to launch this ECHO initiative in all 50 states.



First three pilot locations: Georgia, Kentucky, and Mississippi

Expansion to eight states: Arkansas, Florida, Louisiana, South Carolina, Tennessee, Texas, West Virginia, and Virginia

State Lung Cancer Screening Efforts

Spotlight on Mississippi



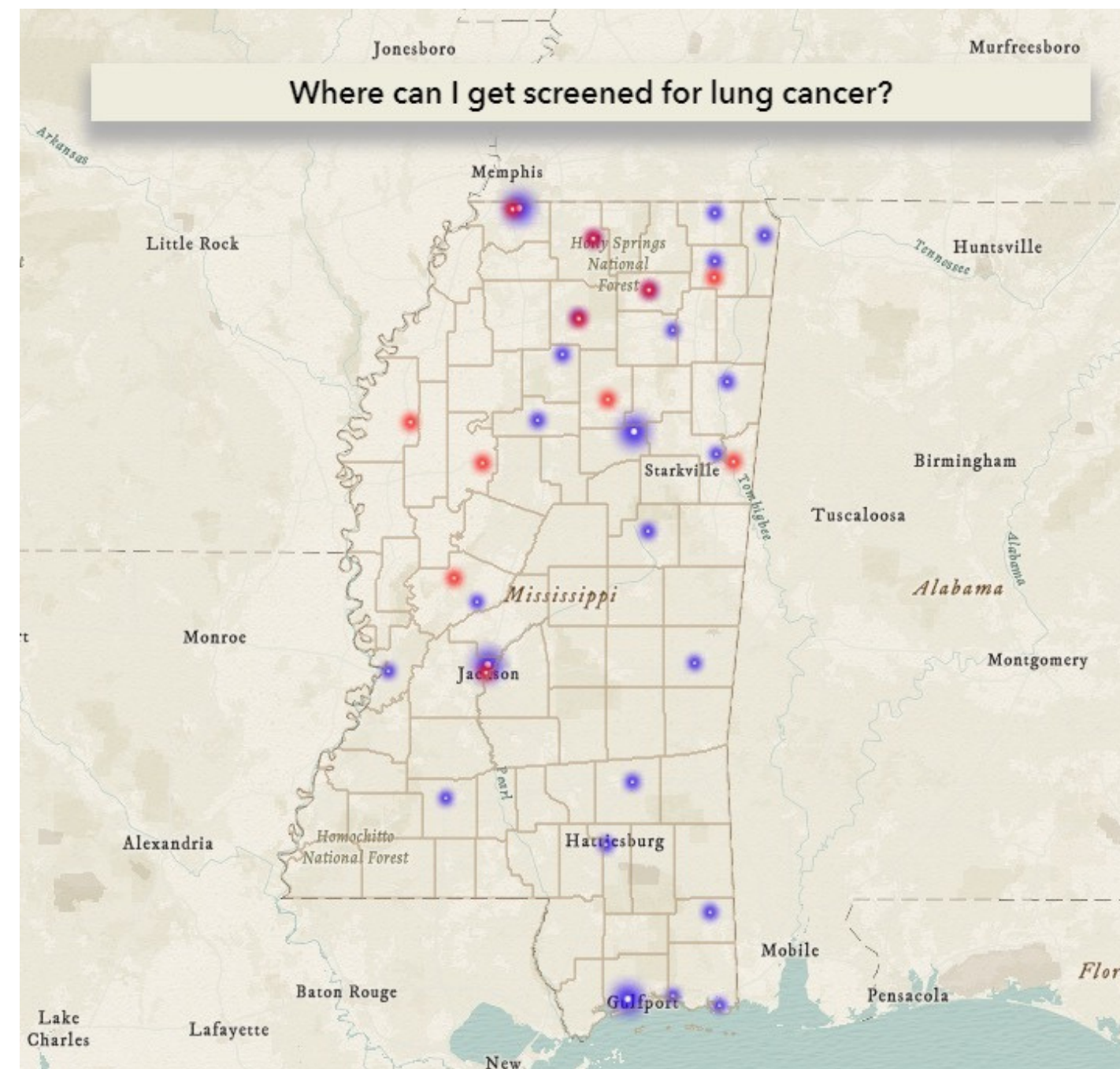
The [Mississippi Lung Cancer Roundtable](#) (MSLCRT) is a collaborative of lung cancer survivors, caregivers, health care systems, clinicians, public health practitioners, advocates, and other partners who work together to fight lung cancer by engaging in research and projects to build health equity across the lung cancer continuum.

In 2022, Mississippi lung cancer leaders worked with teams from our American Cancer Society patient support and discovery (research) pillars to design laser-focused intervention and awareness activities. These efforts helped harness data and limited resources to make sure they were leveraged to reach strategic populations within the state that were most in need and had access to screening resources.

These efforts also identified critical care gaps to drive future research and resources.

The Mississippi Lung Cancer Story

American Cancer Society leadership in Mississippi worked with our Geographic Information System (GIS) team to create a clear and compelling lung cancer story now used to guide coalition action planning.



The Screening Workgroup of the MSLCRT worked with our GIS team to create a [lung screening locator tool](#) that provides details on American College of Radiology (ACR) and non-ACR affiliated lung cancer screening facilities.



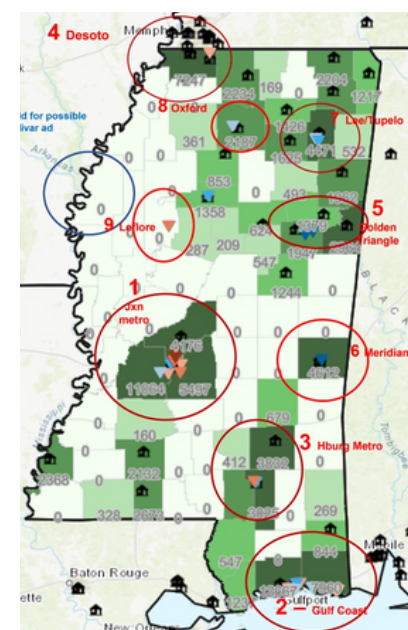
State Lung Cancer Screening Efforts

Spotlight on Mississippi (continued)

Using geospatial visualization and analysis to implement public awareness campaigns in areas where they are needed most.

In February 2022, Mississippi oncology providers partnered with the American Cancer Society to form the Mississippi Lung Cancer Roundtable (MSLCRT) to address the state's lung cancer burden. With \$26,000 in grant funds, the Lung Cancer Screening Work Group, local American Cancer Society team members, and MSLCRT volunteers consulted with our geospatial Data Science team to use geographic information system (GIS) to visualize Mississippi's lung cancer screening-eligible population with maps. The team identified geographic locations for billboard placement and social media campaigns to ensure the greatest reach within the state.

Final sites recommended for billboard consideration

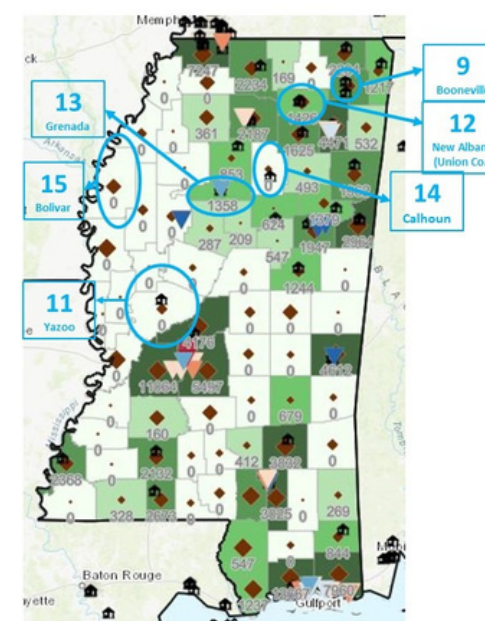


Lung cancer screening saves lives.
cancer.org/get-screened

At age 50, discuss lung cancer screening with a doctor.
cancer.org/get-screened

Billboard Campaign: 11 billboards, 8 cities, 1 month, 1.1 million daily impressions

Final sites recommended for social media campaign



Lung cancer screening saves lives.
cancer.org
Talk with a doctor about getting screened. [Learn more](#)

Lung cancer screening saves lives.
cancer.org
Talk with a doctor about getting screened. [Learn more](#)

Social Media Campaign:

- Facebook: 592,000 impressions
- Twitter: 58,000 impressions

National Impact

Our GIS team's work with the National Lung Cancer Roundtable was featured in the *Lung Cancer Companion Brief* to the President's Cancer Panel Report.

CLOSING GAPS IN CANCER SCREENING:
Connecting People, Communities, and Systems to Improve Equity and Access

Lung Cancer Companion Brief

In 2020–2021, the President's Cancer Panel held a series of meetings on the uptake of cancer screening, with a focus on breast, cervical, colorectal, and lung cancers. Cancer screening saves lives; however, gaps in screening uptake and timely receipt of follow-up care mean too many people are unnecessarily enduring aggressive treatment or dying from cancers that could have been prevented or detected at earlier stages. The Panel's report, *Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access*, identifies four critical goals and related recommendations

FACTS & FIGURES
Access to a Lung Cancer Screening by County

There were an estimated **235,760** cases of lung cancer and **131,880** deaths from the disease in the United States in 2021.

Men are more likely to be diagnosed with or die from lung cancer, with **Black men** at highest risk.

Health System Screening Interventions: Lung Cancer

Health system partners implemented a variety of interventions – including patient navigation – to screen 7,600 patients for lung cancer.

The most common lung cancer screening interventions included:

- Helping patients overcome barriers to accessing lung cancer screening (navigation to screening; **84%** of partners)
- Delivering information to individuals (**74%**) or groups of individuals (**74%**) about cancer screening, with the goal of informing and motivating them to seek recommended screening
- Using written or telephone messages to let people know they are due for screening (**53%**)



“

People don't get screened because, after so many years of smoking, they figure they already have cancer, so they don't get screened. Mine came out negative. I have since slowed down on my smoking and plan to quit. More people should get screened and look for help to try to quit smoking.

Ricardo, patient (pictured)

The Hospital of Providence – Memorial Campus, El Paso, Texas

Culturally appropriate messaging and patient navigation can motivate lung cancer screening.

Our partners at the **University of Miami Hospitals and Clinics** supported patients' lung cancer screening journeys by delivering information and patient navigation. They describe one patient's story:

A Hispanic gentleman in his 60s, with a 40 pack-year smoking history, was reluctant to schedule a chest CT scan. Because of a potential belief that there is nothing one can do to prevent or lower the risk of developing cancer, in addition to a language barrier, the patient was unable to understand the value of lung cancer screening.

However, after seeking support from a Spanish interpreter and his wife, along with reinforcement from his provider, the patient's perspective shifted. The patient decided to complete a cancer screening. The screening showed that he had nodules with a small likelihood of becoming a clinically active cancer. Nonetheless, this provided current information for the patient to regain interest in his health and become an active participant that nurtures a trusting relationship with his clinical teams.

Now the patient understands the importance of lung cancer screenings. This experience demonstrates the value in culturally appropriate messaging and navigation to increase screening adherence.

2022 lung cancer screening projects at-a-glance

19
projects

6
average percentage-
point change in the
screening rate

7,600
screenings
completed

100
cancers
diagnosed

Developing Quality Lung Cancer Screening Interventions

Addressing lung cancer screening needs at the patient, health system, and community levels

With support from the National Football League Crucial Catch program, the American Cancer Society funded **eight multiyear pilot lung projects** from November 2019 through April 2022 to increase lung cancer screening rates. The pilot project aimed to increase access and timely navigation to specialized care, improve access to evidence-based tobacco cessation programs, and address needs of high-risk populations by focusing on safety-net settings.

“

This project was the impetus for creating a shared mission and vision among patients, providers, and staff to increase lung cancer screening in our patient population. Without this funding, fewer patients would have benefited from timely screening and, if needed, timely treatment.

Health System Partner

Our lung cancer screening interventions and grants impacted multiple levels:



Patient

- Lung cancer knowledge
- Transportation to screenings
- Navigating clinic and hospital settings
- Emotional encouragement and family support
- Easing stigma and reluctance to share tobacco use
- Direct and indirect costs of screening
- Access to follow-up care



Health System

- Staff and champions dedicated to lung screening and navigation
- Quality improvement support to identify gaps and process improvements
- Leadership buy-in for lung cancer screening and adopting protocols
- Streamlining workflows and referral processes
- Provider education
- Tobacco use history data
- EHR updates to identify eligible patients



Community

- Access to tobacco cessation programs
- Addressing resource needs in at-risk communities
- Using materials appropriate for various cultures, languages, and literacy levels
- Co-branding resources and information with the American Cancer Society
- Support from community partners and businesses for events

External/Environmental Factors

Lung cancer screening guidelines; regulatory mandates for Medicare reimbursement; COVID-19 pandemic; EHR capabilities; availability and continuity of resources and funding; competing priorities among different disease areas

5 FQHCs

developed a lung cancer screening referral process for the first time.

All 8

participating systems increased their lung cancer screening rate during the pilot.

3,100

total lung cancer screenings were completed during the pilot.

2,500

additional individuals were screened for tobacco use and received tobacco cessation intervention.

Looking Ahead



Every cancer. Every life.™

What's Ahead in 2023

National Consortium for Cancer Screening and Care

- Although the American Cancer Society National Consortium for Cancer Screening and Care completed its initial charge of releasing consensus recommendations, members remain active by continuing partnerships and initiatives informally around the consensus recommendations.
- We continue to create impact and expand partnerships, as advised by the President's Cancer Panel, by establishing the membership and strategic priorities of the newly launched National Breast Cancer Roundtable and National Roundtable on Cervical Cancer.
- Our national roundtables continue to create alignment, catalyze action, and build capacity across multi-sectored organizations and diverse communities.

Health Systems Screening Interventions

- Over **130 health systems** are participating in health system intervention projects focused on cancer screening in 2023. View the interactive map of projects [here](#).
- Links to Care (access to care) projects will create connections between community health centers and affiliated hospitals or specialty care centers to ensure patients complete their screenings (breast and colorectal), follow-up care, and treatment in a timely manner.

Public Policy

- Build on fiscal year 2023 success to increase federal funding for all cancer programs in fiscal year 2024.
- Educate and advocate state policymakers for increases in fiscal year 2024 Breast and Cervical Cancer Early Detection Program funding.
- Advocate for coverage without cost sharing for cancer screenings, including new tests, screening for people at higher risk, and all follow-up testing.
- Preserve federal requirements for insurance coverage of preventive services without cost sharing.

Public Awareness Campaign

- Cancer screening awareness will remain a priority for 2023, with campaign activations that leverage cancer awareness months to reach the larger general population.
- To continue to address disparities in cancer screening, distinct campaigns for audiences that face barriers to cancer screening will also take place in 2023, including: Spanish-speaking people, African American and Black people, and LGBTQ+ people.

State and Coalition Leadership

- The American Cancer Society is engaging 17 state/territorial coalitions in 2023 to utilize seed funding towards a screening initiative that will work towards achieving objectives in their state cancer plans: Alaska, California, Colorado, Connecticut, Georgia, Guam, Illinois, Indiana, Kentucky, Maryland, Mississippi, New Mexico, New York, North Carolina, Vermont, Virginia, and Washington.
- Regional American Cancer Society team members in these jurisdictions will work closely with their coalitions, providing support and resources in implementation of Get Screened activities; and our national employees will provide technical assistance, subject matter expertise, and evaluation support.
- The average award per coalition is \$15,000, and will go towards funding activities such as social media campaigns, professional education opportunities, needs assessments, and state summits.

Research

- The American Cancer Society will continue to investigate the barriers to cancer prevention, screening, treatment, quality-of-life, and outcomes.
- We will release publications on the following:
 - An updated review of major cancer risk factors and screening during the COVID-19 pandemic.
 - Colorectal cancer screening in ages 45-49.
 - A landscape review of cervical cancer screening.

Thank You to Our Sponsors



Every cancer. Every life.™



Thank You to Our Sponsors

Partner support is a key component of the American Cancer Society's Get Screened initiative.

Founding Sponsor:

Genentech

A Member of the Roche Group



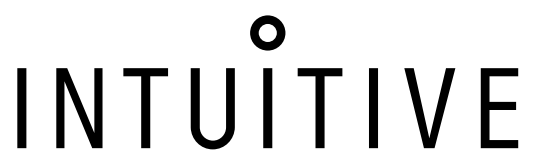
“

Funding for this project has allowed our organization to perform quality improvement work focused on cervical cancer screening, something that has never been done within our system. This funding allowed us to further our knowledge of best practices, build systemic tools to support cervical cancer screening, and devote resources to ensure we're appropriately identifying patients for screening. All of this has led to more patients being screened not only in the short-term, but for the long-term as well.

Summit Medical Group, Inc.



Thank You to Our Sponsors



“
 At Venice Family Clinic, we serve patients who come from low-income, vulnerable communities with reduced access to cancer screenings. Thanks to the American Cancer Society’s generous gift, we were able to provide mammography screenings to hundreds of patients who would have otherwise gone without these critical services.
Venice Family Clinic”

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

Please note: This listing does not represent all the generous sponsors that have supported the Get Screened Initiative.

Appendix



Every cancer. Every life.™

Appendix

Cancer Screening-related Research Publications

Breast Cancer

Anderson AW, Marinovich ML, Houssami N, Lowry KP, Elmore JG, Buist DSM, Hofvind S, Lee CI. Independent External Validation of Artificial Intelligence Algorithms for Automated Interpretation of Screening Mammography: A Systematic Review. *J Am Coll Radiol*. 2022;19(2 Pt A):259-273. doi:10.1016/j.jacr.2021.11.008.

Durham DD, Abraham LA, Roberts MC, Khan CP, Smith RA, Kerlikowske K, Miglioretti DL. Breast cancer incidence among women with a family history of breast cancer by relative's age at diagnosis. *Cancer*. Dec 15 2022;128(24):4232-4240. doi:10.1002/cncr.34365.

Giaquinto AN, Sung H, Miller KD, Kramer JL, Newman LA, Minihan A, Jemal A, Siegel RL. Breast Cancer Statistics, 2022. *CA Cancer J Clin*. 2022;72(6):524-541. doi:10.3322/caac.21754.

Hendrix N, Lowry KP, Elmore JG, Lotter W, Sorensen G, Hsu W, Liao GJ, Parsian S, Kobl S, Naeim A, Lee CI. Radiologist Preferences for Artificial Intelligence-Based Decision Support During Screening Mammography Interpretation. *J Am Coll Radiol*. 2022;19(10):1098-1110. doi:10.1016/j.jacr.2022.06.019.

Mclarney BE, Kim M, Roberts S, Skubal M, Hsu H, Ogirala A, Pillarsetty N, Heller D, Lewis JS, Grimm J. Preclinical Shortwave Infrared Tumor Screening and Resection via pHLIP ICG Under Ambient Lighting Conditions. *bioRxiv*. 2022. doi: 10.1101/2022.09.07.506973.

Tabár L, Dean PB, Lee Tucker F, Chen TH, Smith RA, Duffy SW, Chiu SY, Ku MM, Fan C, Yen AM. Imaging biomarkers of breast cancers originating from the major lactiferous ducts: Ductal adenocarcinoma of the breast, DAB. *Eur J Radiol*. 2022;154:110394. doi:10.1016/j.ejrad.2022.110394.

Tabár L, Dean PB, Lee Tucker F, Yen AM, Chang RW, Hsu C, Smith RA, Duffy SW, Chen TH. Breast cancers originating from the major lactiferous ducts and the process of neoductogenesis: Ductal Adenocarcinoma of the Breast, DAB. *Eur J Radiol*. 2022;153:110363. doi:10.1016/j.ejrad.2022.110363.

Tabár L, Dean PB, Lee Tucker F, Yen AM, Fann JC, Lin AT, Smith RA, Duffy SW, Chen TH. Breast cancers originating from the terminal ductal lobular units: In situ and invasive acinar adenocarcinoma of the breast, AAB. *Eur J Radiol*. 2022;152:110323. doi:10.1016/j.ejrad.2022.110323.

Tabár L, Dean PB, Lee Tucker F, Yen AM, Chen SL, Jen GHH, Wang JW, Smith RA, Duffy SW, Chen TH. A new approach to breast cancer terminology based on the anatomic site of tumour origin: The importance of radiologic imaging biomarkers. *Eur J Radiol*. 2022;149:110189. doi:10.1016/j.ejrad.2022.110189.

Wiese D, Islami F, Henry KA. Changes in geographic accessibility to mammography by state and rural-urban status, United States, 2006-2022 [published online ahead of print, 2022 Dec 14]. *J Natl Cancer Inst*. 2022;djac217. doi:10.1093/jnci/djac217.

Xie E, Colditz GA, Lian M, Greever-Rice T, Schmaltz C, Lucht J, Liu Y. Timing of Medicaid Enrollment, Late-Stage Breast Cancer Diagnosis, Treatment Delays, and Mortality. *JNCI Cancer Spectr*. 2022;6(3):pkac031. doi:10.1093/jncics/pkac031.



Cervical Cancer

Egemen D, Perkins RB, Clarke MA, Guido R, Huh W, Saraiya M, Saslow D, Smith R, Unger ER, Garcia F, Wentzensen N, Cheung LC, Enduring Consensus Cervical Cancer S, Management C. Risk-Based Cervical Consensus Guidelines: Methods to Determine Management if Less Than 5 Years of Data Are Available. *J Low Genit Tract Dis*. 2022;26(3): 195-201. doi:10.1097/LGT.0000000000000685.

IARC Handbooks of Cancer Prevention, Volume 18. *Cervical Cancer Screening*, IARC Press, Lyon, France, 2022.

Popalis ML, Ramirez SI, Leach KM, Granzow ME, Stoltzfus KC, Moss JL. Improving cervical cancer screening rates: a scoping review of resources and interventions. *Cancer Causes Control*. 2022;33(11):1325-1333. doi:10.1007/s10552-022-01618-2.

Colorectal Cancer

Dwyer AJ, Weltzien ES, Harty NM, LeGrice KE, Pray SLH, Risendal BC. What makes for successful patient navigation implementation in cancer prevention and screening programs using an evaluation and sustainability framework. *Cancer*. 2022;128 Suppl 13:2636-2648. doi:10.1002/cncr.34058.

Ramirez N, Shi K, Yabroff KR, Han X, Fedewa SA, Nogueira LM. Access to Care Among Adults with Limited English Proficiency [published online ahead of print, 2022 Jul 26]. *J Gen Intern Med*. 2022;10.1007/s11606-022-07690-3. doi:10.1007/s11606-022-07690-3.

Waljee AK, Weinheimer-Haus EM, Abubakar A, Ngugi AK, Siwo GH, Kwakye G, Singal AG, Rao A, Saini SD, Read AJ, Baker JA, Balis U, Opio CK, Zhu J, Saleh MN. Artificial intelligence and machine learning for early detection and diagnosis of colorectal cancer in sub-Saharan Africa. *Gut*. 2022;71(7):1259-1265. doi:10.1136/gutjnl-2022-327211.

Yang K, Cao Y, Gurjao C, L Yang, Guo C, Lo C, Zong X, Drew D, Geraghty C, Prezioso E, Moore M, Williams C, Riley T, Saul M, Ogino S, Giannakis M, Bass A, Schoen RE, Chan AT. Clinical and Genomic Characterization of Interval Colorectal Cancer in 3 Prospective Cohorts. *Gastroenterology*. 2022;163(6):1522-1530.e5. doi:10.1053/j.gastro.2022.08.020.

Lung Cancer

Bandi P, Asare S, Majmundar A, Xue Z, Han X, Westmaas JL, Nargis N, Jemal A. Changes in Smoking Cessation-Related Behaviors Among US Adults During the COVID-19 Pandemic. *JAMA Netw Open*. 2022;5(8):e2225149. Published 2022 Aug 1. doi:10.1001/jamanetworkopen.2022.25149.

Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access – Lung Cancer Companion Brief. <https://prescancerpanel.cancer.gov/report/cancerscreening/>.

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

Golden SE, Schweiger L, Melzer AC, Ono SS, Datta S, Davis JM, Slatore CG. “It’s a decision I have to make”: Patient perspectives on smoking and cessation after lung cancer screening decisions. *Prev Med Rep*. 2022;30:102014. Published 2022 Oct 5. doi:10.1016/j.pmedr.2022.102014.

Sahar L, Douangchai Wills VL, Liu KKA, Fedewa SA, Rosenthal L, Kazerooni EA, Dyer DS, Smith RA. Geographic access to lung cancer screening among eligible adults living in rural and urban environments in the United States. *Cancer*. 2022;128(8):1584-1594. doi:10.1002/cncr.33996.

Silvestri GA, Goldman L, Burleson J, Gould M, Kazerooni EA, Mazzone PJ, Rivera MP, Doria-Rose VP, Rosenthal LS, Simanowith M, Smith RA, Tanner NT, Fedewa S. Characteristics of Persons Screened for Lung Cancer in the United States : A Cohort Study. *Ann Intern Med*. 2022;175(11):1501-1505. doi:10.7326/M22-1325.

Thomson B, Emberson J, Lacey B, Lewington S, Peto R, Jemal A, Islami F. Association Between Smoking, Smoking Cessation, and Mortality by Race, Ethnicity, and Sex Among US Adults. *JAMA Netw Open*. 2022;5(10):e2231480. Published 2022 Oct 3. doi:10.1001/jamanetworkopen.2022.31480.

Prostate Cancer

Fang AM, Shumaker LA, Martin KD, Jackson JC, Fan RE, Khajir G, Patel HD, Soodana-Prakash N, Vourganti S, Filson CP, Sonn GA, Sprenkle PC, Gupta GN, Punnen S, Rais-Bahrami S. Multi-institutional analysis of clinical and imaging risk factors for detecting clinically significant prostate cancer in men with PI-RADS 3 lesions. *Cancer*. 2022;128(18):3287-3296. doi:10.1002/cncr.34355.

Additional Cancers

Dickey BL, Coghill AE, Rathwell JA, Reich RR, Vadaparampil ST, Christy SM, Roetzheim R, Shenkman E, Giuliano AR. Hepatitis C virus (HCV) seroprevalence, RNA detection, and genotype distribution across Florida, 2015-2018. *Prev Med*. 2022;161:107136. doi:10.1016/j.ypmed.2022.107136.

Iyengar D, Tatiparti K, Gavande NS, Sau S, Iyer AK. Nanomedicine for overcoming therapeutic and diagnostic challenges associated with pancreatic cancer. *Drug Discov Today*. 2022;27(6):1554-1559. doi:10.1016/j.drudis.2022.02.026.

Kim M, Chen C, Wang P, Mulvey JJ, Yang Y, Wun C, Antman-Passig M, Luo H, Cho S, Long-Roche K, Ramanathan LV, Jagota A, Zheng M, Wang Y, Heller DA. Detection of ovarian cancer via the spectral fingerprinting of quantum-defect-modified carbon nanotubes in serum by machine learning. *Nat Biomed Eng*. 2022;6(3):267-275. doi:10.1038/s41551-022-00860-y.

Ma K, Kalra A, Tsai HL, Okello S, Cheng Y, Meltzer SJ; Esophageal Squamous Cell Carcinoma Consortium. Accurate Nonendoscopic Detection of Esophageal Squamous Cell Carcinoma Using Methylated DNA Biomarkers. *Gastroenterology*. 2022;163(2):507-509.e2. doi:10.1053/j.gastro.2022.04.021.

Mueller PP, Chen Q, Ayer T, Nemutlu GS, Hajjar A, Bethea ED, Peters MLB, Lee BP, Janjua NZ, Kanwal F, Chhatwal J. Duration and cost-effectiveness of hepatocellular carcinoma surveillance in hepatitis C patients after viral eradication. *J Hepatol*. 2022;77(1):55-62. doi:10.1016/j.jhep.2022.01.027.

Multiple Cancer Screening and Detection

Abbaspour A, Casillas AL, McGregor SM, Kreeger PK. Bioengineering Approaches to Improve Gynecological Cancer Outcomes. *Curr Opin Biomed Eng*. 2022;22:100384. doi:10.1016/j.cobme.2022.100384.

Cronin KA, Scott S, Firth AU, Sung H, Henley SJ, Sherman RL, Siegel RL, Anderson RN, Kohler BA, Benard VB, Negoita S, Wiggins C, Cance WG, Jemal A. Annual report to the nation on the status of cancer, part 1: National cancer statistics. *Cancer*. 2022;128(24):4251-4284. doi:10.1002/cncr.34479.

Dermoddy SM, Bhambhani C, Swiecicki PL, Brenner JC, Tewari M. Trans-Renal Cell-Free Tumor DNA for Urine-Based Liquid Biopsy of Cancer. *Front Genet*. 2022;13:879108. Published 2022 Apr 27. doi:10.3389/fgene.2022.879108.

Fedewa SA, Star J, Bandi P, Minihan A, Han X, Yabroff KR, Jemal A. Changes in Cancer Screening in the US During the COVID-19 Pandemic. *JAMA Netw Open*. 2022;5(6):e2215490. Published 2022 June 1. doi:10.1001/jamanetworkopen.2022.15490.

Fedewa SA, Yabroff KR, Bandi P, Smith RA, Nargis N, Zheng Z, Drope J, Jemal A. 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. doi:10.1002/cncr.33966.

Giaquinto AN, Miller KD, Tossas KY, Winn RA, Jemal A, Siegel RL. Cancer statistics for African American/Black People 2022. *CA Cancer J Clin*. 2022;72(3):202-229. doi:10.3322/caac.21718.

Koczkodaj P, Camacho F, Batten GP, Anderson RT. Are Wellness Visits a Possible and Effective Cure for the Increasing Cancer Burden in Poland? Example of Women's Preventive Services in the U.S. *Cancers (Basel)*. 2022;14(17):4296. Published 2022 Sep 1. doi:10.3390/cancers14174296.

Kratzer TB, Jemal A, Miller KD, Nash S, Wiggins C, Redwood D, Smith R, Siegel RL. Cancer statistics for American Indian and Alaska Native individuals, 2022: Including increasing disparities in early onset colorectal cancer [published online ahead of print, 2022 Nov 8]. *CA Cancer J Clin*. 2022;10.3322/caac.21757. doi:10.3322/caac.21757.

Multiple Cancer Screening and Detection (continued)

Limburg PJ, Ahlquist DA, Johnson S, Jayasekar Zurn S, Kisiel JB, Smith RA. Multicancer early detection: International summit to Clarify the Roadmap. *Cancer*. 2022;128 Suppl 4:859-60. doi:10.1002/cncr.33964.

Mutebi M, Dehar N, Nogueira LM, Shi K, Yabroff KR, Gyawali B. Cancer Groundshot: Building a Robust Cancer Control Platform in Addition To Launching the Cancer Moonshot. *Am Soc Clin Oncol Educ Book*. 2022;42:1-16. doi:10.1200/EDBK_359521.

Patel AV, Deubler E, Teras LR, Colditz GA, Lichtman CJ, Cance WG, Clarke CA. Key risk factors for the relative and absolute 5-year risk of cancer to enhance cancer screening and prevention. *Cancer*. 2022;128(19):3502-3515. doi:10.1002/cncr.34396.

Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2022. *CA Cancer J Clin*. 2022 Jan;72(1):7-33. doi: 10.3322/caac.21708. Epub 2022 Jan 12. PMID:35020204.

Sorice KA, Fang CY, Wiese D, Ortiz A, Chen Y, Henry KA, Lynch SM. Systematic review of neighborhood socioeconomic indices studied across the cancer control continuum. *Cancer Med*. 2022;11(10):2125-2144. doi:10.1002/cam4.4601.

Zahnd WE, Hung P, Shi SK, Zgodic A, Merrell MA, Crouch EL, Probst JC, Eberth JM. Availability of hospital-based cancer services before and after rural hospital closure, 2008-2017 [published online ahead of print, 2022 Sep 21]. *J Rural Health*. 2022;10.1111/jrh.12716. doi:10.1111/jrh.12716.

Zhao J, Han X, Nogueira L, Fedewa SA, Jemal A, Halpern MT, Yabroff KR. Health insurance status and cancer stage at diagnosis and survival in the United States. *CA Cancer J Clin*. 2022;72(6):542-560. doi:10.3322/caac.21732.



Appendix

National Consortium Members

The American Cancer Society National Consortium is an invited group of 27 organizations that represent government agencies, leading cancer advocacy organizations, 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.

- 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
- Boston University School of Medicine
- Bristol Myers 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 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 American Cancer Society National Consortium also wishes to thank our patient advisers for their participation, support, and contributions this initiative.

Appendix

National Consortium 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 and policies.



Quality Measures

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



Document and Understand Cancer Disparities

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



Coordinated Messaging

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



Pandemic-related Innovations

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



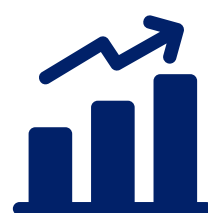
Comprehensive Preparedness Plans

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



Proven Programs

Accelerate screening efforts by supporting and expanding proven programs that effectively reach communities that are historically excluded and underserved.



Public Trust

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



Transdisciplinary Teamwork

Strengthen transdisciplinary teamwork in support of health care delivery.

Thank you!

Connect with us:



Every cancer. Every life.™