

# 2022 NCCRT Annual Meeting

THE PRESIDENT'S CANCER PANEL  
CANCER SCREENING REPORT



# President's Cancer Panel Cancer Screening Report



**John P. Williams**

**MD, FACS, Chair**

*President's Cancer Panel*

*Clinical Professor, George Mason University*



# The President's Cancer Panel Cancer Screening Report: Affirming the Vital Role of National Cancer Roundtables

Thursday, November 16, 2:30 PM





# President's Cancer Panel Report

*2022 Report to the President*

*Affirming the Vital Role  
of National Cancer  
Roundtables*



# OVERVIEW

- Introduce the President's Cancer Panel
- Innovation & Implementation
- 2022 Report on “Closing Gaps in Cancer Screening”
  - Actionable Recommendations in Colorectal Cancer
- Roundtable Model – Critically Important
- Innovative Challenge to the NCCRT

# President's Cancer Panel:

## A Brief Overview

- 3- Member panel established by the NCA of 1971
- “Monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President”
- Identifies high-priority topics for which actionable recommendations can be made



Dr. John Williams, Chair  
*Breast Cancer School for Patients*



Dr. Edith Mitchell  
*Thomas Jefferson University*



Robert Ingram  
*Hatteras Venture Partners*



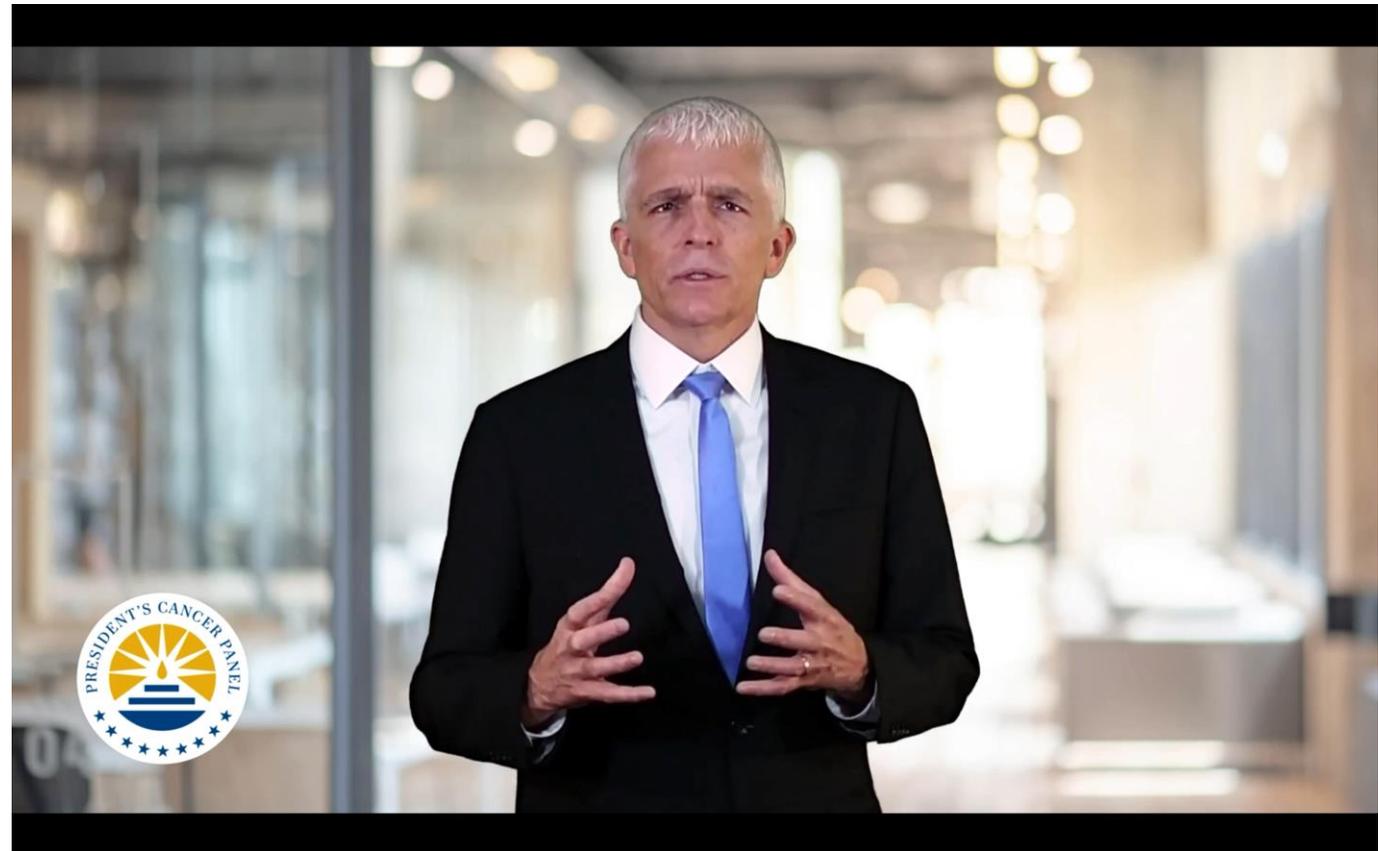


# National Cancer Program

## Stakeholders



## National Cancer Program – Digital Version

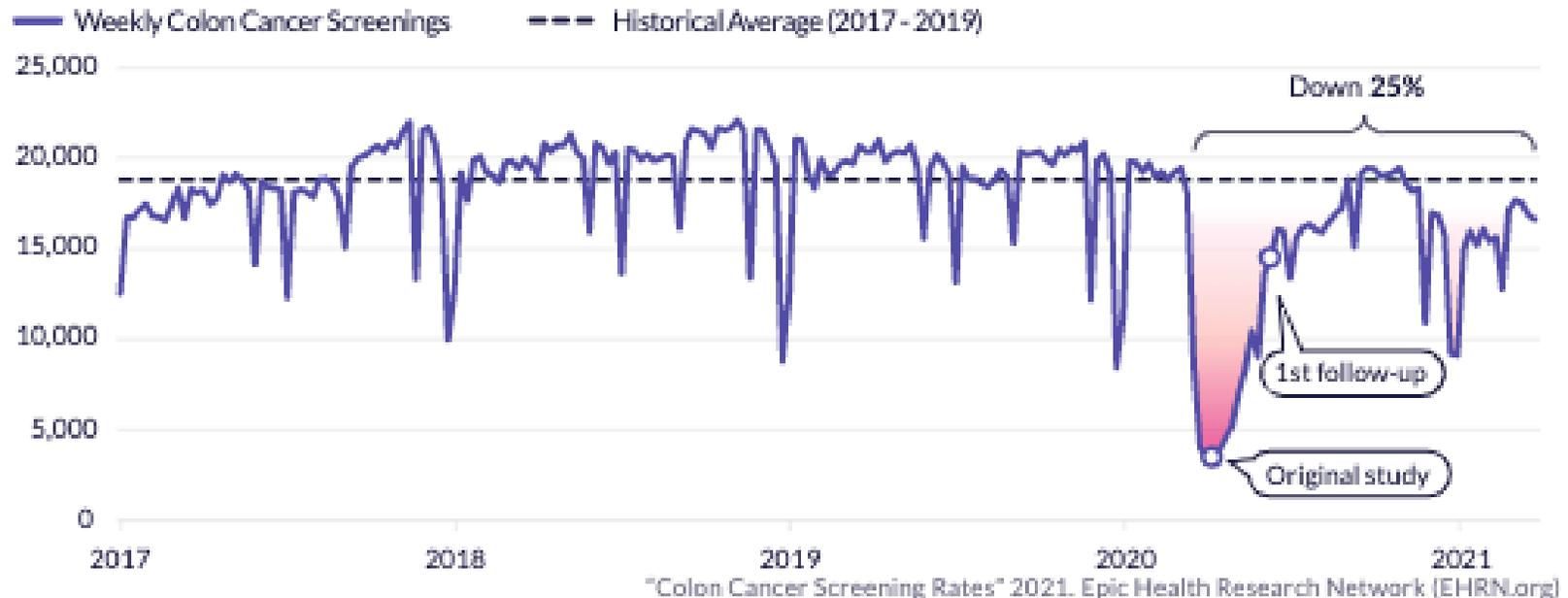




# COVID-19 Pandemic: Colorectal Cancer Screening Rates Plummet

- At one point a 90-percent reduction of cancer screenings
- Long-term impact of missed or delayed screenings will result in increased morbidity and mortality from cancer

Colon Cancer Screening Rates





# 2020-2021 Meeting Series

## *Cancer Screening During the COVID-19 Era*

- The PCP convened a series of public meetings bringing together over 160 stakeholders
- Fall 2020: Public meeting series focused on barriers and opportunities to **breast, cervical, colorectal, and lung cancer** screening

### **Colorectal Cancer Screening**



Dr. Richard Wender, Univ of Penn  
Dr. Al B. Benson III, Northwestern



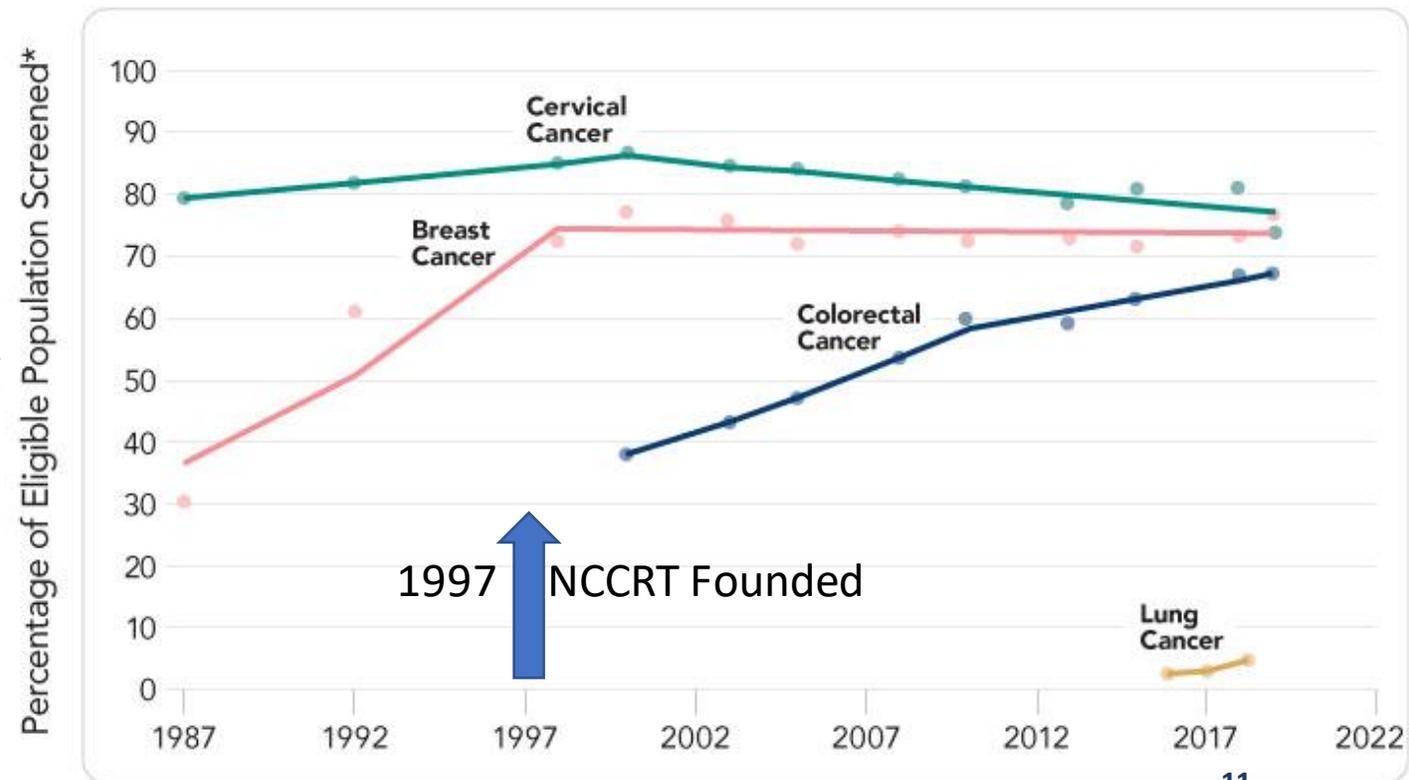
# Colorectal Cancer Screening Stakeholder Panel

- ❖ Carolyn R. Aldigé
- ❖ Al B. Benson, III, MD
- ❖ Durado Brooks, MD, MPH
- ❖ Christian Cable, MD
- ❖ Gloria D. Coronado, PhD
- ❖ Anjee Davis, MPPA
- ❖ Samir Gupta, MD
- ❖ Heather Hampel, MS
- ❖ Todd Hartley
- ❖ Ernest T. Hawk, MD
- ❖ Candace Henley, CPN
- ❖ James Holtz, MD
- ❖ Thomas Imperiale, MD
- ❖ Rachel Issaka, MD
- ❖ Steven Itzkowitz, MD
- ❖ Djenaba Joseph, MD
- ❖ David Lieberman, MD
- ❖ Jennifer Malin, MD, PhD
- ❖ Elena Martinez, PhD
- ❖ Folasade May, MD, PhD
- ❖ Rebecca Miksad, MD
- ❖ Stacy Potts, MD
- ❖ Diana Redwood, PhD, MPH
- ❖ Michael Sapienza
- ❖ Kevin Weiss MD
- ❖ Richard Wender, MD
- ❖ Keith Winfrey, MD



# Cancer Screening Uptake is Incomplete and Uneven

- Significant gaps between recommended cancer screening and uptake, and lack of timely follow-up after an abnormal test result
  - Many communities of color
  - Low educational achievement
  - Residence (rural/urban)
- Barriers include
  - Lack of awareness or understanding
  - Lack of provider recommendation
  - Logistical challenges
  - Fear and stigma
  - Cost





# “INNOVATION & IMPLEMENTATION” NCCRT- “A Trailblazer”

- Motivated leaders – Inspiring PCP & Others
  - Rich Wender
  - Bob Smith
  - Lisa Richardson
- The First National Cancer Roundtable
- First to launch at the White House in 1998
- First successful campaign – “80% by 2018”
- Prioritizing Equitable Outcomes



# Health Equity = Addressing Disparities

## Equality



## Equity

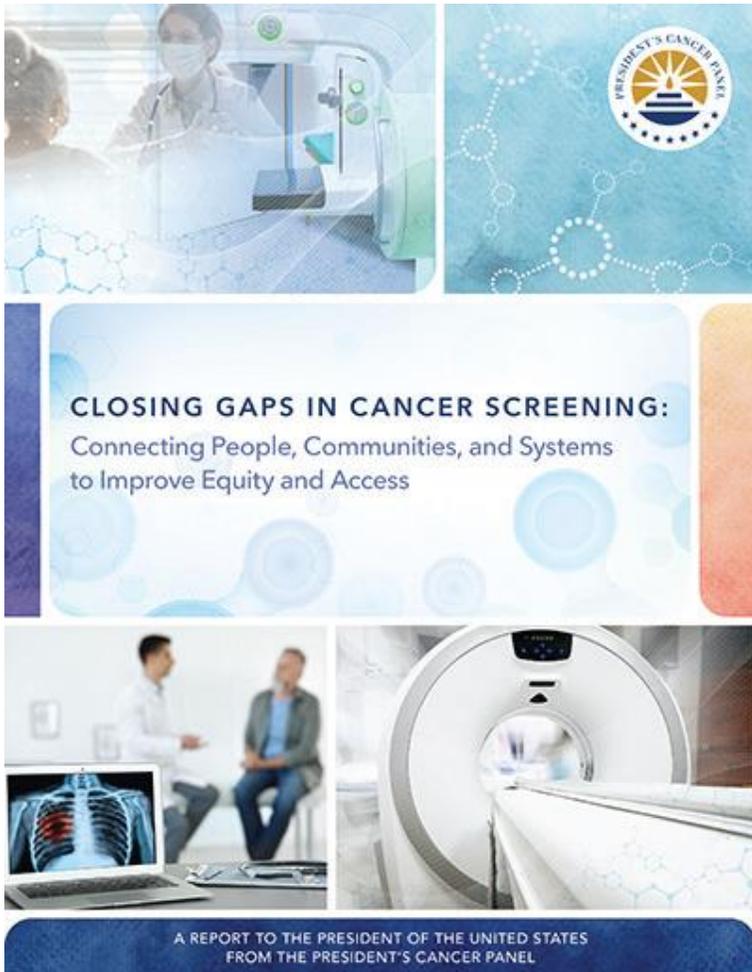


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# “Closing Gaps in Cancer Screening” (Goals & Actionable Recommendations)



## Improve and align communication

- Conduct large- and small-scale communications campaigns
- Create and expand National Cancer Roundtables



## Facilitate equitable access

- Provide and fund community-oriented outreach and support
- Increase access to self-sampling



## Strengthen workforce collaborations

- Empower healthcare team members
- Expand access to genetic testing and counseling



## Create effective health IT

- Create computable guidelines
- Create and deploy clinical decision support tools



# 1. Improve and Align Communications

- Develop effective communications that reach all populations
  - Develop and disseminate information that empowers people to make decisions and take action
- Leverage National Cancer Roundtables
  - *“Increase funding for CRC and lung cancer roundtables”*
  - Create roundtables for breast and cervical cancer
  - Prioritize equitable outcomes

## ACCESS

**Make it easy** for people to find or be exposed to information about screening. Disseminate information through **outlets that are used and trusted** by target populations. **Multiple outlets** should be used to maximize reach (e.g., radio, television, social media, newspaper, pamphlets, healthcare settings).

## UNDERSTAND

Use **plain language** that is easy to comprehend across a range of literacy levels. **Address common concerns and misconceptions** directly and concisely. Materials should be available in **different languages**. Members of the target community should be involved in authoring and translating communications to ensure they are accurate.

## APPRAISE

Frame information in ways that allow people to **evaluate** how it applies to them. Create messages that **align with the culture and values** of the target population. Engage members of the community in development of materials and messages to ensure they are culturally appropriate.

## APPLY

Empower people to take action by **clearly defining the next step** and **making it as easy as possible** to take that step.



## 2. Facilitate Equitable Access

- “High touch” to reach the “under-screened”
  - Sustainable funding for community-oriented outreach and support
  - Community Health Workers
- Increase access to self-sampling
  - Stool-based testing for CRC screening

Build relationships with community



Provide information



Promote screening and follow-up care



Identify and address barriers



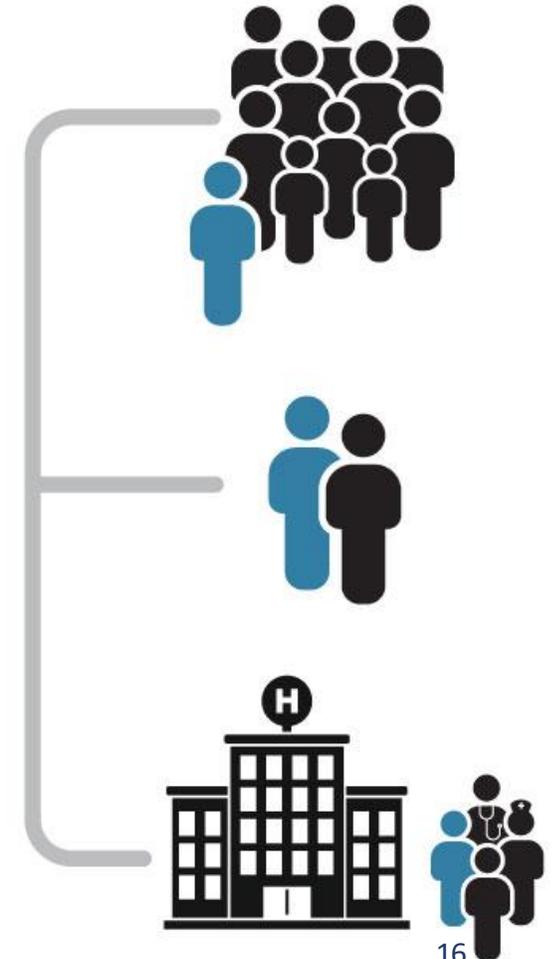
Facilitate access to resources and services



Coordinate care



Advocate for communities





### 3. Strengthen Workforce Collaborations



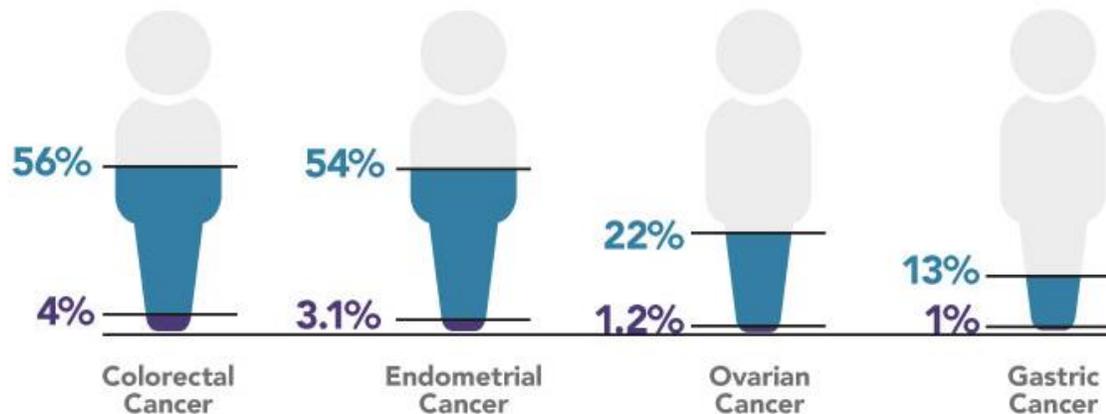
- Providers have competing demands that make it difficult to thoroughly address all needs during short visit
- Empower all members of the healthcare team to support cancer Colorectal Cancer screening
  - Supportive policies and systems to team-based approaches
  - Education and training



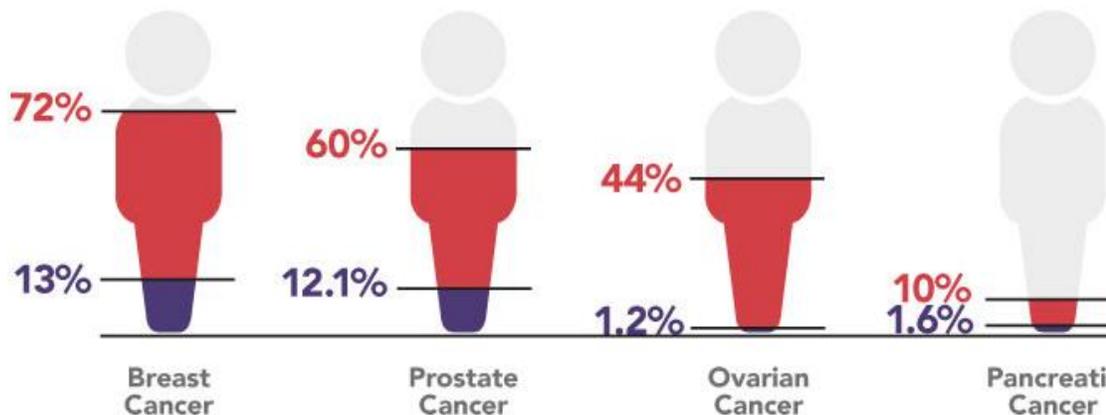
### 3. Expand Germline Genetic Testing: (Strengthen Workforce Collaborations 2/2)

- Many eligible are not offered genetic testing for cancer risk assessment
- Expand access to genetic testing for risk assessment
  - Providers should be able to offer genetic testing with “informed consent”
  - Genetic counselors should be recognized as healthcare providers

Lynch Syndrome



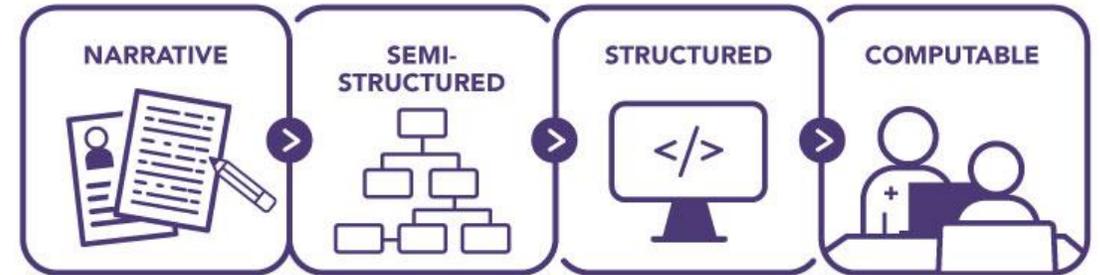
BRCA Gene Mutation





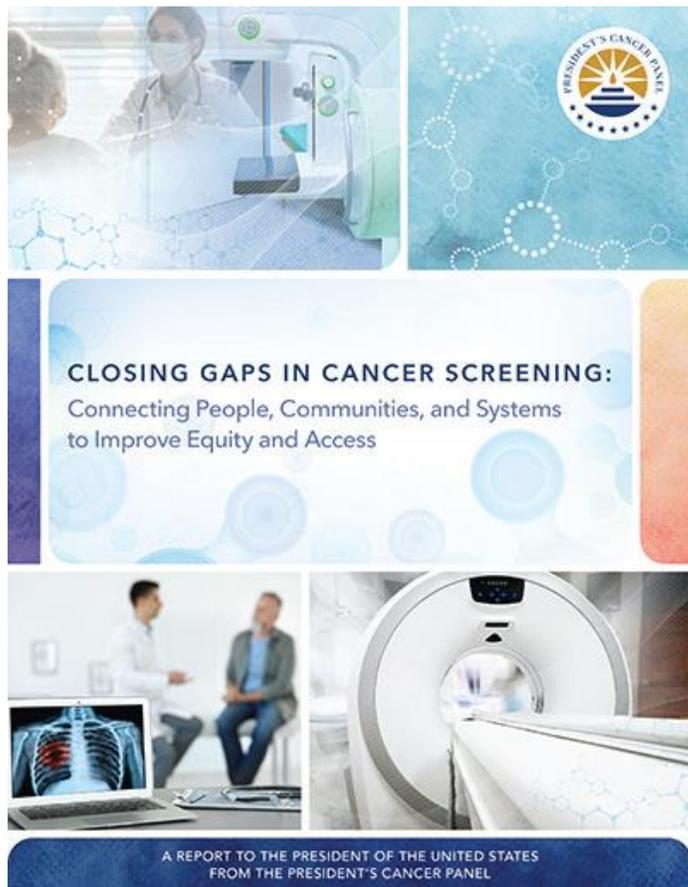
## 4. Create Effective Health IT

- Large amounts of constantly changing information to process for cancer screening and follow-up
- Effective health IT has the potential to support providers and healthcare systems efficiently access clinical knowledge and patient data
  - Create of computable guidelines
  - Create and deploy effective clinical decision support tools





# PCP Report & Cancer Moonshot (released together February 2, 2022)





# PCP Report & Cancer Moonshot (released together February 2, 2022)

WH.GOV



Report release coincided with President Biden's recommitment to the Cancer Moonshot and year of action for cancer screening.

BRIEFING ROOM

## Fact Sheet: President Biden Reignites Cancer Moonshot to End Cancer as We Know It

FEBRUARY 02, 2022 • STATEMENTS AND RELEASES

*Biden-Harris Administration Sets Goal of Reducing Cancer Death Rate by at least 50 Percent Over the Next 25 Years, and Improving the Experience of Living with and Surviving Cancer*





# Roundtables are Critical to Close the Gap

- We can make a difference NOW by effective and equitable **implementation of existing cancer screening guidelines**
- American Cancer Society & National Cancer Roundtable
  - Immediate Action
  - Sophisticated & Balanced



# The First Cancer Roundtable

- Groundbreaking
- Innovative Initiatives
- Inspired New RT Creations
  - Breast Cancer Roundtable
  - Cervical Cancer Roundtable
- ❖ Lead us...the New Roundtables





# The First WH Roundtable Launch

## 1998 NCCRT Launch



## 2022 NBCRT & NRTCC Launch





# Innovative Communication Campaigns

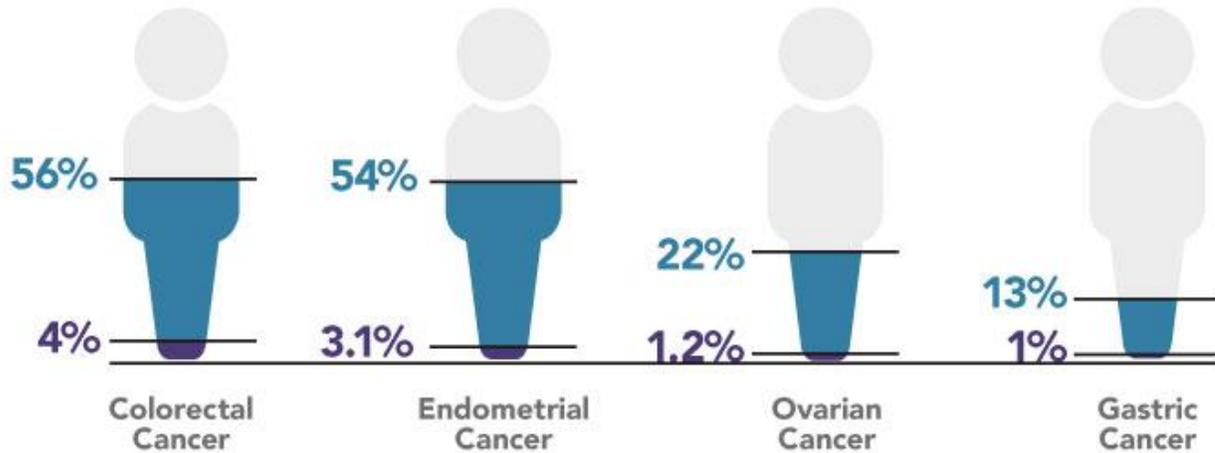




# The Next Frontier... Innovation & Implementation

## Expand Genetic Testing

### Lynch Syndrome



## Expand Stool Based Screening





# A Good Message Lowers All Barriers

**Touch Others with Kindness**



**Transparency Builds Trust**





# A President's Cancer Panel Challenge

- Expand Funding
  - ACS is the convener
  - Member organizations might consider fundraising
- Consensus = Healthcare Policy = Power
  - Utilize the “80% - 20% Rule” – and move forward
- Innovative Priorities
- More Visible Organization
  - “Innovation begins at the edge of your comfort zone.”



# The Roundtable “ETHOS”

*“When like-minded people  
get together with a common purpose,  
amazing things happen.”*

Robert Smith, PhD  
American Cancer Society



# TODAY: Opportunity Like Never Before

- NCCRT has been Elevated
- Success has been Validated
- Capitalize on your success



20  
22

NCCRT Annual Meeting



# President's Cancer Panel & NCI





# Read the full report of recommendations

[PresCancerPanel.cancer.gov/report/cancerscreening](https://PresCancerPanel.cancer.gov/report/cancerscreening)





Thank You!





# Q&A

# Thank You!



[nccrt.org](https://nccrt.org) #NCCRT2022 @NCCRTnews #80inEveryCommunity