Cancer Screening Gaps Highlight Urgent Need to Address Health Inequities

"I am living proof that early detection can save lives," Tigerlily CEO Maimah Karmo said at the NCCN cancer policy summit.

September 19, 2022 By National Comprehensive Cancer Network

On Friday, September 16, the National Comprehensive Cancer Network (NCCN) hosted a policy summit to examine practice changes and trends in legislative and regulatory efforts that affect patient access to cancer screening and risk reduction. Speakers included Danielle Carnival, PhD, Coordinator, White House Moonshot Initiative; Lisa Richardson, MD, MPH, Director, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (CDC); Philip Castle, PhD, MPH, Director, Division of Cancer Prevention, Senior Investigator, Division of Cancer Epidemiology and Genetics, National Cancer Institute (NCI); and Carol M. Mangione, MD, Chair, United States Preventive Services Task Force (USPSTF), Barbara A. Levey & Gerald S. Levey Distinguished Professor of Medicine and Public Health, University of California, Los Angeles (UCLA).

During the summit, speakers and panelists explored the current landscape for cancer screening and early detection, along with the continued evolution of risk identification and risk-reduction strategies. The conversations were dominated by several hot topics in health care, including:

- COVID-19 Pandemic Impact on Screening Access
- Equity and Disparities
- Social Determinants of Health
- Personal, Practice, and Population-Level Interventions (e.g. smoking cessation, human papillomavirus vaccination)

- Lifestyle Factors (e.g. exercise and nutrition)

- Potential Benefits and Harms of Novel Technology (e.g. multi-cancer early detection)

- Digital User Experience (e.g. telehealth)

- Updated Screening Guidelines

- Coverage and Reimbursement

For panel member Maimah Karmo, Founder & CEO, Tigerlily Foundation, the conversation was particularly personal: “I am Black woman who was diagnosed with aggressive, Stage 2B breast cancer at a young age. I am alive today because I had a mother who educated me about my body, breast health, and about the importance of self-advocating. Due to early detection, I found a lump early, and even though I was dismissed by a health care provider, I insisted upon screening and a biopsy, which led to my diagnosis and treatment, and I am alive today. I made a promise to God that I would do everything in my power to ensure young women and women facing disparities had every access to education, screening, and resources that enable them to be proactive with their health, and have a high quality of care and life. This work, Tigerlily, is my living legacy. I am living proof that early detection can save lives.”

“There is significant evidence supporting the fact that screening saves lives,” noted Robert W. Carlson, MD, Chief Executive Officer, NCCN. “Appropriate screening allows us to detect cancer at earlier stages, when there are more options for treatment and a higher likelihood for better outcomes. Sometimes screening can even prevent cancer by identifying pre-cancerous cells. This is why it is so important to address any setbacks in policy, communication, or resources that could result in people missing out on evidence-based, guideline-recommended cancer screenings.”

“We know a great deal about how to advance health and prevent cancer and other chronic diseases; the challenge now is more about implementation than discovery,” said panel member Ernest Hawk, MD, MPH, Vice President and Division Head of Cancer Prevention and Population Sciences, The University of Texas MD Anderson Cancer Center. “Impactful prevention has to be intentionally designed and must consistently reach all, especially those most in need, in order to achieve benefits across the lifespan. Effective implementation begins with communication, but cannot end there. It must be strategically prioritized and implemented through combinations of evidence-based actions operating at multiple levels and motivated by both personal and shared social responsibilities to effectively promote health and wellness.”

Addressing Disparities

The theme of disparities in care and how to address them continued during discussions throughout the day, with a particular focus on communication, outreach, and the allocation of resources.

“Racial and ethnic minorities and other socially- and economically-disadvantaged groups continue to experience a disproportionate share of avoidable deaths from cancer,” pointed out Chyke Doubeni, MBBS, MPH, Chief Health Equity Officer, The Ohio State University Wexner Medical Center. “As we address ongoing public health threats, it is critical to direct resources to under-resourced communities to make evidence-based cancer preventive services accessible to people regardless of individual social or economic circumstances. We should focus on eliminating social and structural barriers that limit access to early detection and treatment and pay attention to how the ‘digital divide’ could deepen inequities. Insurance coverage should be provided for all follow-up tests needed to get the benefits of screening.”

“It’s all about equity. Everyone in every community deserves to be screened for cancer and not have to worry about challenges and barriers getting in the way,” said Nikia Clark, Senior Community Outreach and Engagement Manager, Roswell Park Comprehensive Cancer Center. “Cancer centers must meet people where they are. Start with the basics of providing tailored cancer information to communities most in need, work with community stakeholders and organizations to help champion the effort and prioritize funding and resources for outreach initiatives for community engagement that will lead to earlier detection and lowering cancer risk.”

Looking Toward the Future

Speakers examined how cancer treatment and prevention has become more personalized over time, and where it is headed from here.

“Evolving genetic and genomic testing technologies are allowing individual cancer risks to be more precisely quantified; one-size-fits-all prevention approaches are being replaced by tailored strategies,” explained Michael Hall, MD, MS, Chair, Department of Clinical Genetics, Fox Chase Cancer Center. “Our improving understanding of genetic risks, environmental factors, and social determinants of health, combined with knowing a person’s history of adverse exposure (such as smoking or human papillomavirus) allows us to tailor to individuals and populations. This helps make sure limited public health resources are focused on the greatest needs, while sparing lower-risk individuals from unnecessary medical procedures. Genetic risk stratification is the long game for effective and efficient cancer prevention.”

Lisa Schlager, Vice President, Public Policy for Facing Our Risk of Cancer Empowered (FORCE) agreed: “Prevention and early detection are critical as we strive to reduce the U.S. cancer burden—especially in underserved, underrepresented populations. While we don’t know why many people get cancer, those affected by hereditary cancers are the poster children for prevention and early detection. NCCN has comprehensive guidelines on how to manage individuals with—or at increased risk of—hereditary cancers, who can be identified based on personal or family history of disease. We must be innovative and do more to facilitate effective risk stratification, identifying those at increased risk of cancer and ensuring that they have affordable access to the recommended screening and risk-reducing interventions. Ultimately, this will reduce health disparities and improve health outcomes."

"One of the most important challenges in fighting cancer occurs well before diagnosis—ensuring effective screening," said Eric Gratias, MD, FAAP, Chief Medical Officer, eviCore. "Even though early detection often leads to better outcomes, many patients still don't get the regular screenings that they should. At eviCore, we're focused on working with health plans and providers to break down barriers to care by providing patients with proactive education and hands-on support to make sure they get the right cancer screenings on the right schedule."

The summit featured Clifford Goodman, PhD, The Lewin Group, as moderator. Dr. Carlson introduced the program while NCCN Senior Vice President, Chief Medical Officer Wui-Jin Koh, MD provided closing thoughts. Kate Mevis, Executive Director, U.S. Federal & State Vaccine Policy at Merck, Inc. provided perspective on the role of vaccination in cancer prevention.

The NCCN Policy Program will be hosting its annual Patient Advocacy Summit on December 2, 2022, examining Best Practices and Policies for Addressing the Health Needs of LGBT+ Cancer Patients and Survivors. Visit NCCN.org/summit for more information, and join the conversation with the hashtag #NCCNPolicy.

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