

#### **CCAI** Annual Meeting

November 16, 2021

#### Welcome

Introductions

**Mission Moment** 

Annual Update on Data Measures

Update on Cancer Research

Cancer Exercise Rx

**Cancer Policy Update** 

Screening and COVID Update

Closing



## CCAI Board of Directors



## Meet the CCAI Board of Directors





- Tina Turpin Board President American Cancer Society
- Emily Richards Board Vice President
- Ben Stein Board Secretary Cancer Exercise RX
- Chris Johnson Board Treasurer Idaho Hospital Association
- Becky Creighton Idaho Department of Health and Welfare







#### Meet the CCAI Board of Directors

- Shelly Gorman Saint Alphonsus
- Vicky Jekich St. Luke's
- Randy Johnson American Cancer Society Cancer Action Network
- Elizabeth Barber Saint Alphonsus







#### Mission Moment

Shelly Gorman
Saint Alphonsus





# Annual Update on Data Measures

Chris Johnson

Epidemiologist

Cancer Data Registry of Idaho





# Update on Cancer Research

Ian Qureshi, DO, PhD Saint Alphonsus





"I became a physician in order to help other people. It is with this in mind that I offer my patients everything within my power to provide the best care based on the most current understanding of biomedical science. I tailor decisions in a patient focused manner which encompasses their individual circumstances with the utmost respect for their cultural traditions. Beyond anything, I pride myself on going above and beyond for all persons I have the pleasure of seeing and am dedicated to their continued health and wellness."

#### Cancer Exercise Rx



Ben Stein, MS, EP-C, EIM2 Cancer Exercise Rx





### Policy Update

Kristin Page-Nei Director ACS CAN



# Screening During COVID

Tina Turpin

**American Cancer Society** 

**Becky Creighton** 

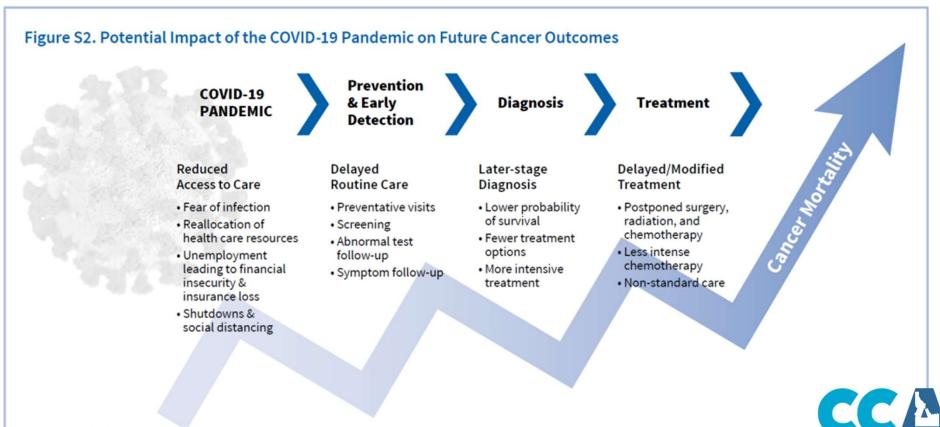
ID Dept. of Health & Welfare





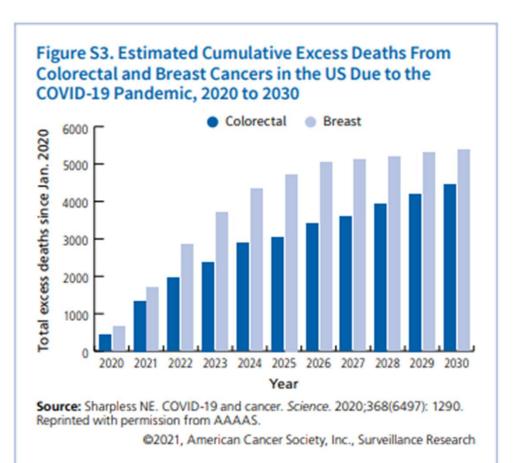


## Why is talking about cancer screening in the time of COVID important?



Coronavirus image courtesy of CDC.

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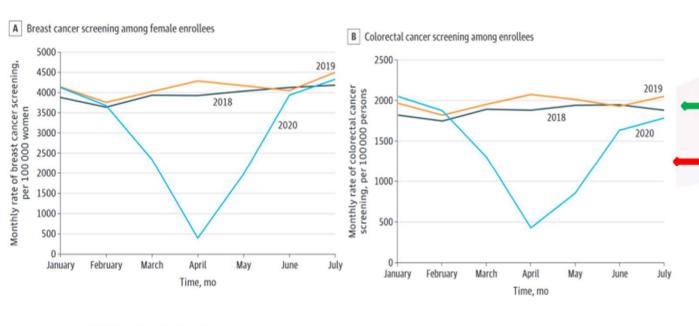




COVID-19 & CANCER NCI DIRECTOR'S REPORT

### Sharpless: COVID-19 expected to increase mortality by at least 10,000 deaths from breast and colorectal cancers over 10 years





**Screening Gaps** 

2020 Screening Deficit = 9 million

JAMA Oncology | Original Investigation

Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic

Ronald C. Chen, MD, MPH; Kevin Haynes, PharmD, MSCE; Simo Du, MBBS, MHS; John Barron, PharmD; Aaron J. Katz, PharmD, PhD



#### Colorectal Cancer Screening

#### **2020 NCCRT Partner Survey Findings**

- Impacts to organizations:
  - · 68% have taken on new work or new staff
  - · 45% have experienced budget reductions
  - · 37% have experienced staff cuts or freezes
- Impacts to screening activities:
  - · 77% have been limited or decreased
- Impacts to screening rates:
  - · 78% rates have declined

Participants: NCCRT membership and 80% Pledge partners
Survey Period: Responses collected December 2020-January 2021

#### IMPLICATIONS OF COVID-19 ON COLORECTAL CANCER SCREENING



- An estimated 90% drop in colonoscopies and biopsies in March through mid-April compared to same period in 2019
- 1.7 million missed colonoscopies estimated from March to June 5.
- 18,000 missed or delayed diagnoses of colorectal cancer from mid-March through early June
- 4,500+ excess deaths from CRC over next decade



#### **2018 Colorectal Cancer Screening Guideline** for men and women at average risk



#### Ages 45 - 75

Get screened. Several types of tests can be used. Talk to your doctor about which option is best for you.



Ages 76 - 85

Talk to your doctor about whether you should continue screening. When deciding, take into account your own preferences, overall health, and past screening history.



Age 85 +

People should no longer get colorectal cancer screening.

#### **TESTING OPTIONS**

- Stool-based tests look for signs of cancer in a person's stool.
- Visual exams such as colonoscopy or CT colonography, look at the inside of the colon and rectum for polyps or cancer.
- No matter which test you choose, the most important thing is to get tested.

Visit cancer.org/colonguidelines to learn more.

All positive results on non-colonoscopy screening tests should be followed up with a timely colonoscopy to complete the screening process.

Talk to your doctor about screening, and contact your insurance provider about insurance coverage for screening.

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#### Breast Cancer Screening



#### **New Breast Cancer Screening Guideline** for women with average risk











**AGE 40** 

Talk with your doctor about when to begin screening. Women should have the opportunity to begin screening if they choose. **AGE 45** 

Begin **yearly mammograms** by age 45. **AGE 55** 

Transition to mammograms every other year at age 55 or continue with annual mammography, depending on your preferences. AGE 55 +

Continue to have regular mammograms for as long as you're in good health.

#### WHAT ARE THE IMPLICATIONS OF COVID-19 ON BREAST CANCER SCREENING?



- An estimated 87% drop in mammography screening from the end of February to early April 2020.
- Estimated missed or delayed diagnoses of about <u>36,000 women</u> for the period of March to early June 2020.



# Cervical Cancer Screening & HPV Vaccination

#### WHAT ARE THE IMPLICATIONS OF COVID-19 ON HPV VACCINATION?

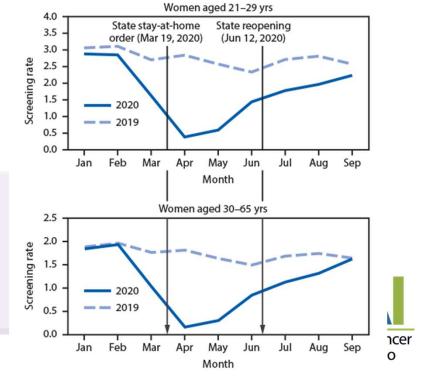


- >80% drop in weekly HPV vaccine provider orders in March compared to orders in March 2019.
- 73% drop in HPV vaccination in early April compared to mid-February of 2020.
- Although wellness visits and vaccinations for younger children have recovered, visits and vaccinations for preteens and teens have not.

#### WHAT ARE THE IMPLICATIONS OF COVID-19 ON CERVICAL CANCER SCREENING?



- An estimated 94% drop in weekly cervical cancer screening appointments in March compared to appointments made from 2017 to 2019.
- 2,500 missed or delayed diagnoses of cervical cancer from early March through early June.



# How do we increase screening during COVID?

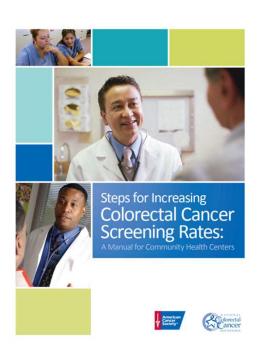
- Being Proactive in educating patients about measures being taken to protect their health
- Talking about the importance of screening and communicating options

#### Strategies Include:

- Implement new approaches to recommend and complete screenings
  - Addressing missed screenings
  - Prioritizing patients
  - Expanding screening capacity
- Address Barriers to Care
  - Effective utilization of telehealth
  - Easing payment policies
  - Improving access
- Advance policy solutions to address the growth of the uninsured population
- Advocating for the nation's primary care infrastructure



#### Resources to help increase screening



- ACS Comprehensive Cancer Control Resource Page
- National Colorectal Cancer Roundtable Resource Page
- National Lung Cancer Roundtable Resource Page
- National HPV Vaccination Roundtable Resource Page
- NCI Evidence-Based Cancer Control Programs



Comprehensive Cancer Alliance for Idaho

#### Closing

Emily Richards
CCAI Board Vice President

Coming together is a **beginning**, staying together is **progress**, and working together is **success**.

- Henry Ford





Visit the website:

<a href="mailto:www.ccaidaho.org">www.ccaidaho.org</a>
Interested in Joining the Board of Directors?

Email Tina:

<a href="mailto:christina.turpin@cancer.org">christina.turpin@cancer.org</a>

#### Questions?



