

Cancer Won't Wait For the Pandemic to End: Employer Strategies to Promote Timely Cancer Screening

February 23, 2021



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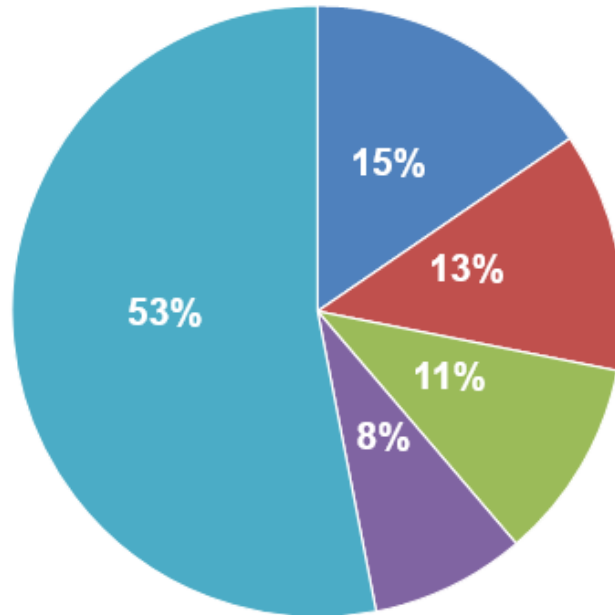
Department of Health

Overview of Today's Session

- Introductory Presentation
 - What are the epidemiology and economics of preventable cancers?
 - What are the current cancer screening recommendations?
 - Why is early cancer detection important for health and economic outcomes?
 - What happened to screening rates during the COVID-19 pandemic?
 - What can employers do to promote cancer screening and a “return to care?”
- Panel Discussion
 - Population Health Perspective
 - Provider/Payer Perspective
 - Employer Perspective

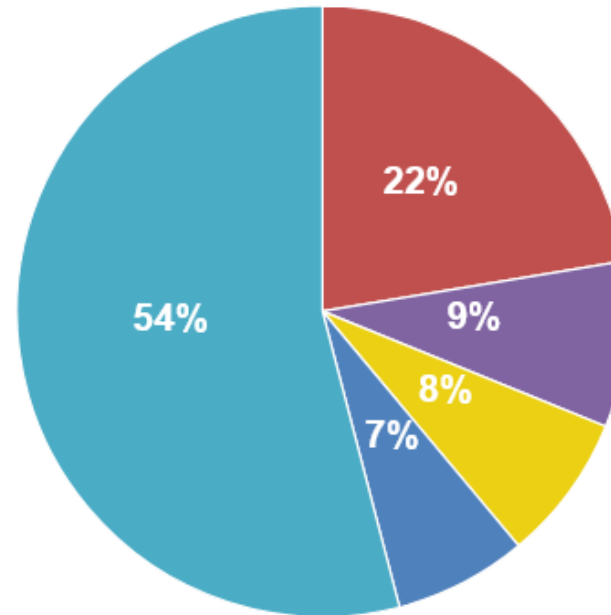
U.S. Cancer Data (SEER, 2020)

New Cancer Cases, 2020



- Breast: 279,100 (15%)
- Lung and bronchus: 228,820 (13%)
- Prostate: 191,930 (11%)
- Colon and rectum: 147,950 (8%)
- Other: 958,790 (53%)

Cancer Deaths, 2020



- Lung and bronchus: 135,720 (22%)
- Colon and rectum: 53,200 (9%)
- Pancreas: 47,050 (8%)
- Breast: 42,690 (7%)
- Other: 327,860 (54%)

More than one-third of all new cancer cases could be prevented or detected at an early stage with screening!

More than 38% of all cancer deaths are from cancers for which a screening test is available!

The Rationale for Early Detection through Promoting Cancer Screening

- Screenings may detect treatable pre-cancerous conditions (e.g. CRC)
- Earlier diagnosis increases likelihood of survival
 - For example, 5-year relative survival for non-small cell lung cancer is 63% vs 7% for late stage diagnosis <https://www.cancer.org/cancer/lung-cancer/detection-diagnosis-staging/survival-rates.html>
- Earlier diagnosis can reduce total treatment costs
 - For example, costs of breast cancer were found to be 32% higher for Stage II, 95% for Stage III, and 109% higher in Stage IV (all compared with Stage I cases) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258130/>

U.S. Preventive Services Task Force Recommendations Breast Cancer Screening

Breast Cancer: Screening: women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. †	B	January 2016 *
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Grade	Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.

D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Cervical Cancer Screening

<p>Cervical Cancer: Screening: women aged 21 to 65 years</p>	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p>	<p>A</p>	<p>August 2018 *</p>
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Colorectal Cancer Screening

Colorectal Cancer: Screening: adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.	A	June 2016 *
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CRC Screening Modalities:

- Direct visualization: Colonoscopy, CT Colonography, Sigmoidoscopy
- Stool-based Tests: FIT (fecal immunochemical test), FOBT (fecal occult blood test), Stool DNA tests (e.g. Cologard)

Lung Cancer Screening

<p>Lung Cancer: Screening: adults aged 55-80, with a history of smoking</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>B</p>	<p>December 2013</p>
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EMPLOYER ACTION BRIEF



Promoting Lung Cancer Screening in the Workplace

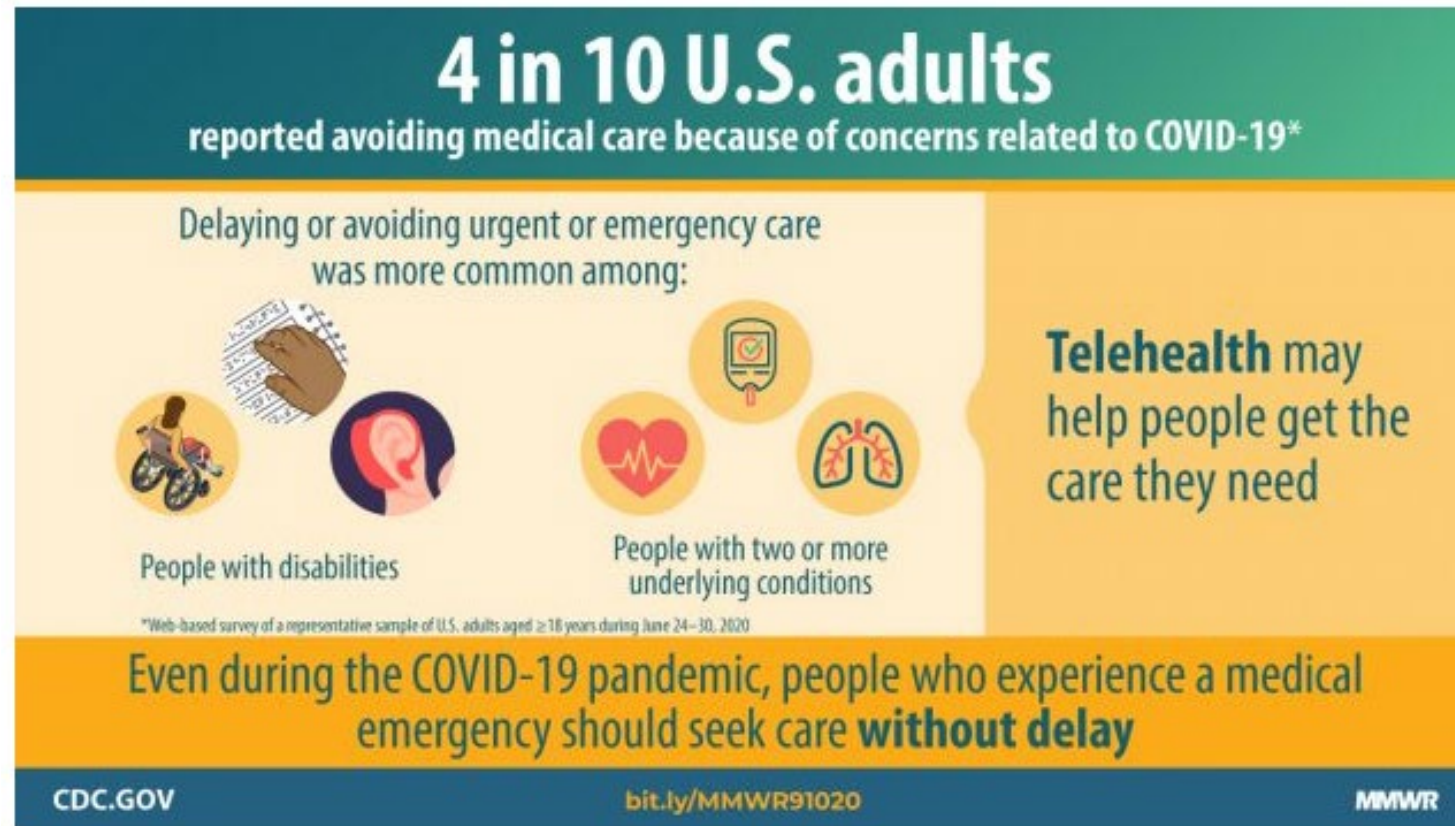
Did you know that there are national recommendations for screening high-risk individuals for lung cancer? In this Action Brief we'll tell you what the recommendations are, why they are important, and what you can do to promote lung cancer screening for your population.

SO...HOW WELL WERE WE DOING WITH CANCER SCREENING PRE-COVID-19?

TABLE 5. Prevalence (%) of Recent Cancer Screening Examinations Among US Adults: National Health Interview Survey, 2015

	PREVALENCE (%)					ABSOLUTE % CHANGE	
	2005 ^a	2008 ^a	2010 ^a	2013 ^a	2015	2015 TO 2005	2015 TO 2013
Colorectal cancer (adults aged ≥50 y)							
Endoscopy ^b	46.8	53.2	56.4	55.9	60.3	13.5	4.4
Stool-based test ^c	12.1	10.0	8.8	7.8	7.2	-4.9	-0.6
Stool-based test or endoscopy ^d	43.1	50.2	59.1	58.6	62.6	19.5	4.0
Breast cancer (women aged ≥40 y)							
Mammogram within the preceding y	51.2	53.0	50.8	51.3	50.2	-1.0	-1.1
Mammogram within the preceding 2 y	66.5	67.1	66.5	65.9	64.3	-2.2	-1.6
Cervical cancer (women aged 21-64 y)							
Pap test ^e	85.4	84.6	83.1	80.9	81.6	-3.8	0.7
Lung cancer							
Low-dose CT ^f	—	—	3.3	—	3.9	0.6	—

CDC report: survey of U.S. adults (June, 2020)



By June 30, 2020, because of concerns about COVID-19, an estimated 41% of U.S. adults had delayed or avoided medical care including urgent or emergency care (12%) and routine care (32%). Avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, persons with underlying medical conditions, Black adults, Hispanic adults, young adults, and persons with disabilities.

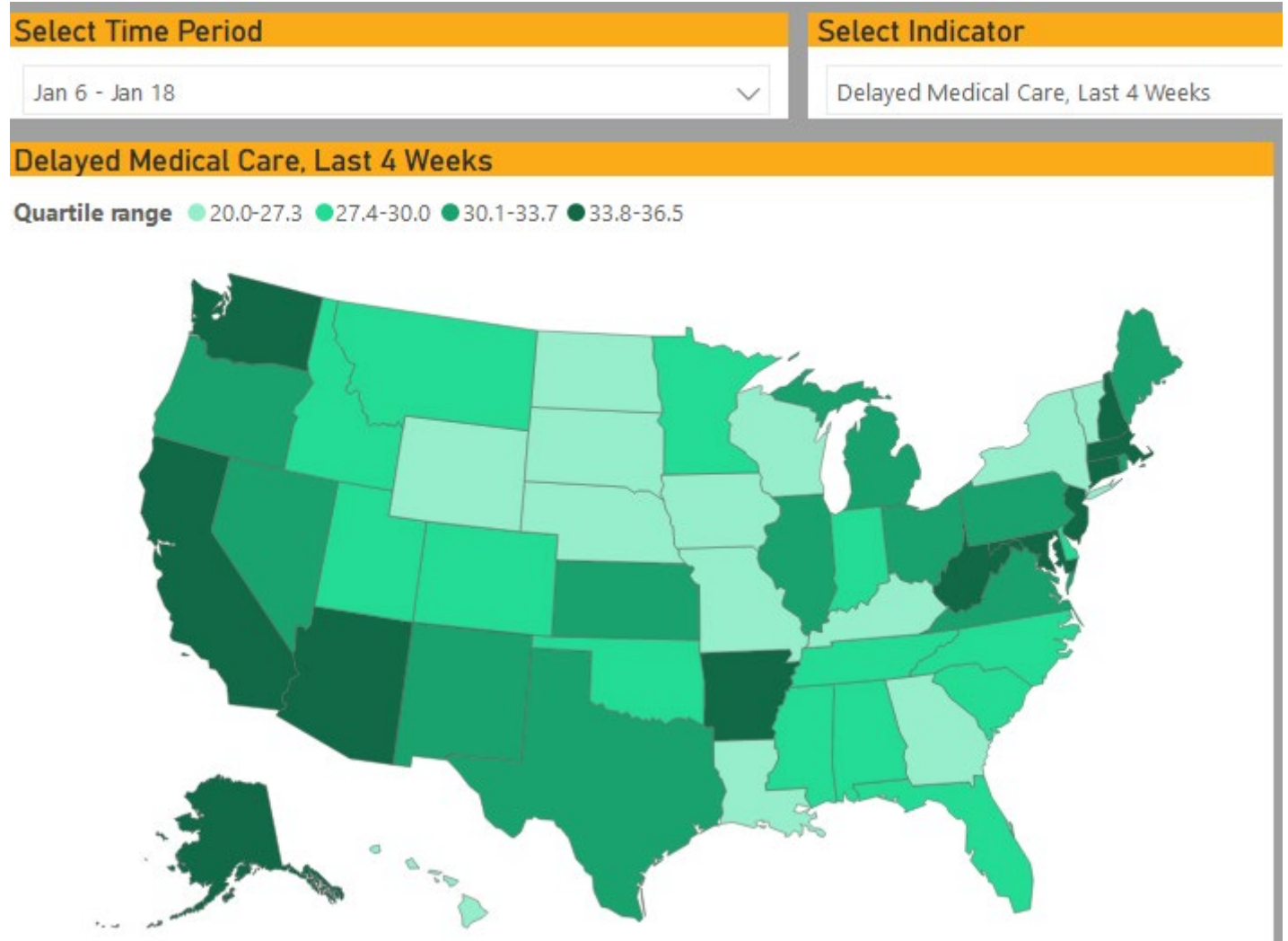
National Center for Health Statistics

CDC > NCHS > COVID-19 Data from NCHS > Health Care Access and Mental Health

Reduced Access to Care

Household Pulse Survey

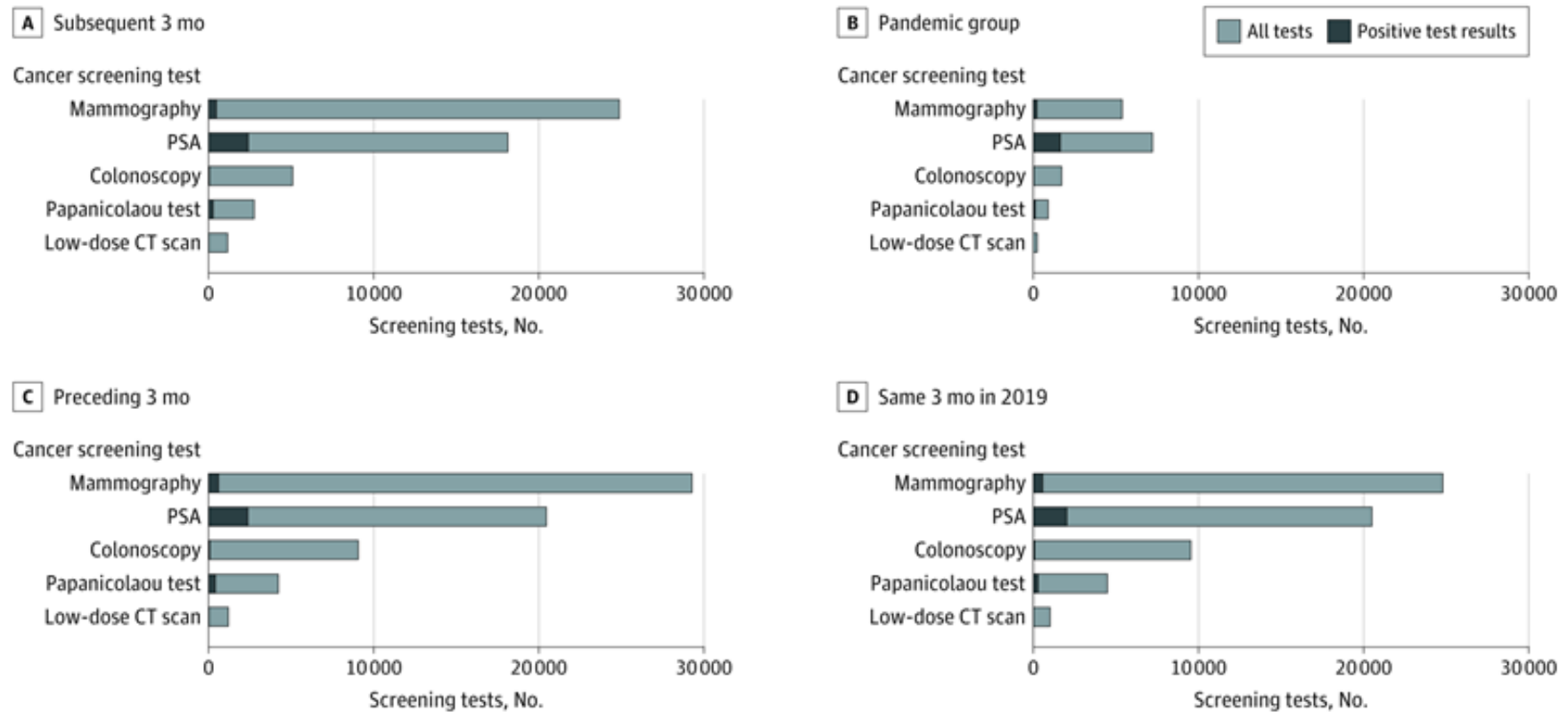
Delaware: 29.2%
Pennsylvania: 30.9%
New Jersey: 34.4%



Estimates on this page are derived from the Household Pulse Survey and show the percentage of U.S. adults who delayed getting medical care in the last four weeks or who needed medical care at any time in the last four weeks for something other than coronavirus but did not get it because of the coronavirus pandemic.

CANCER SCREENING TESTS SIGNIFICANTLY DECREASED DURING THE INITIAL PANDEMIC PERIOD

Figure 1. Changes in the Numbers of Cancer Screening Tests and Ensuing Diagnoses

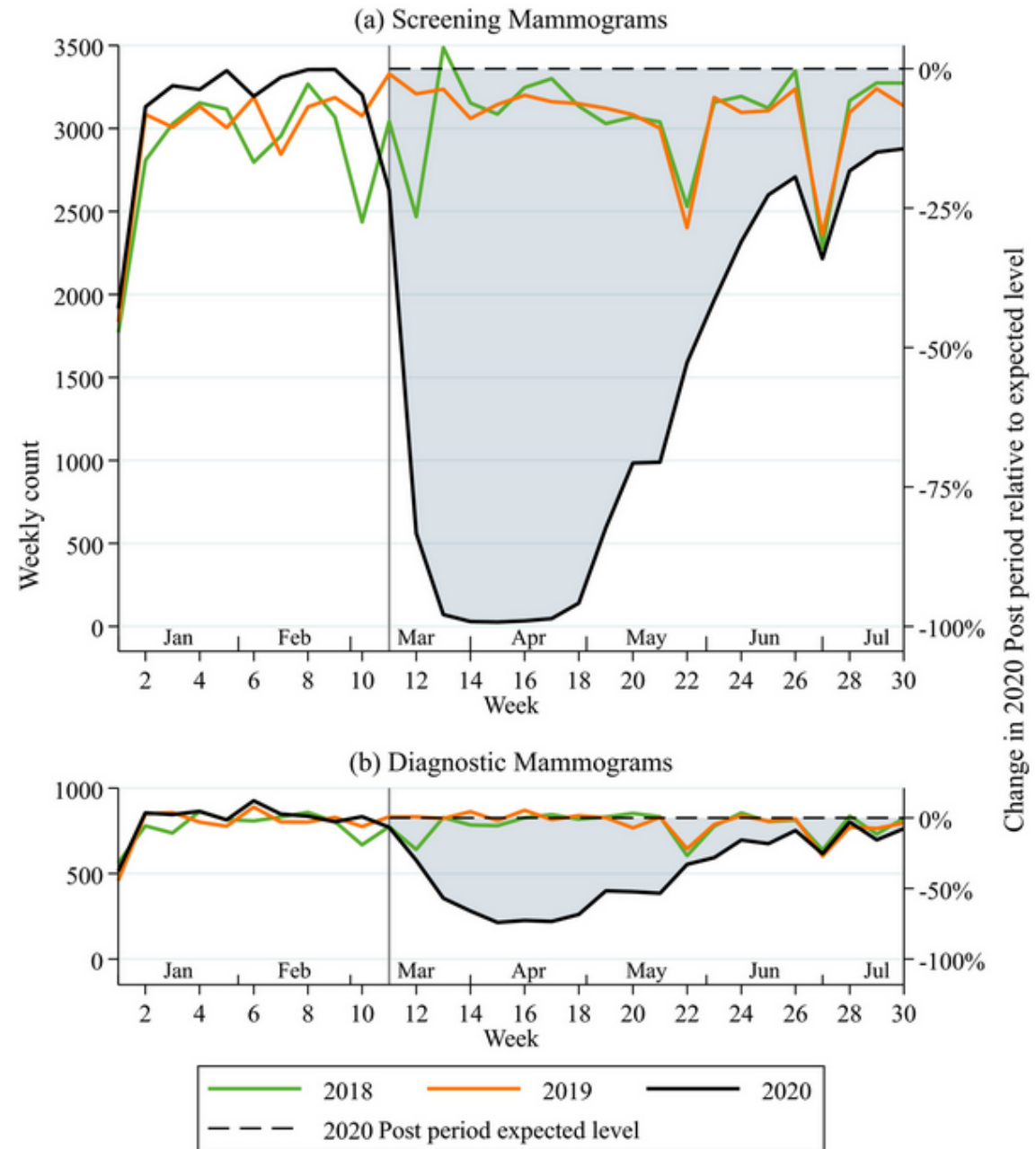


Changes in the numbers of cancer screening tests and ensuing diagnoses by cancer screening test and screening period during the primary pandemic study period compared with 3 control periods (subsequent 3 months, preceding 3 months, and same 3 months in the preceding year). CT indicates computed tomography; PSA, prostate-specific antigen.

Note: Pandemic group = March-June, 2020

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2774867>

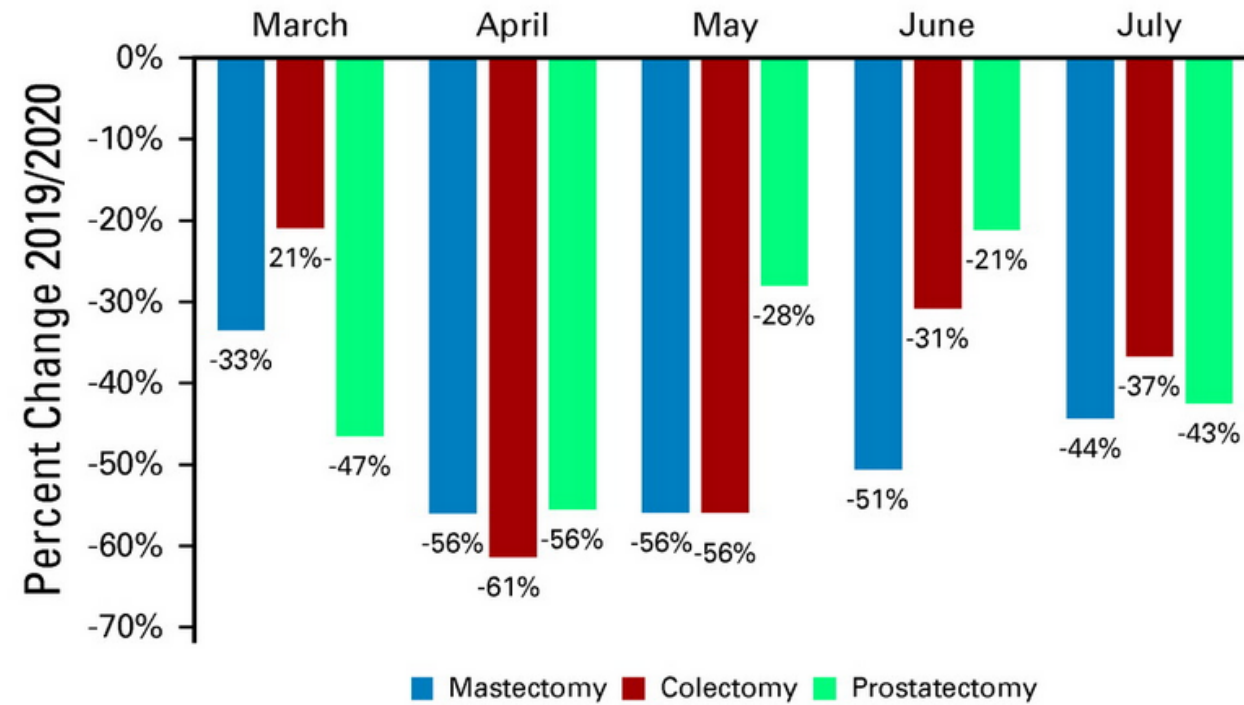
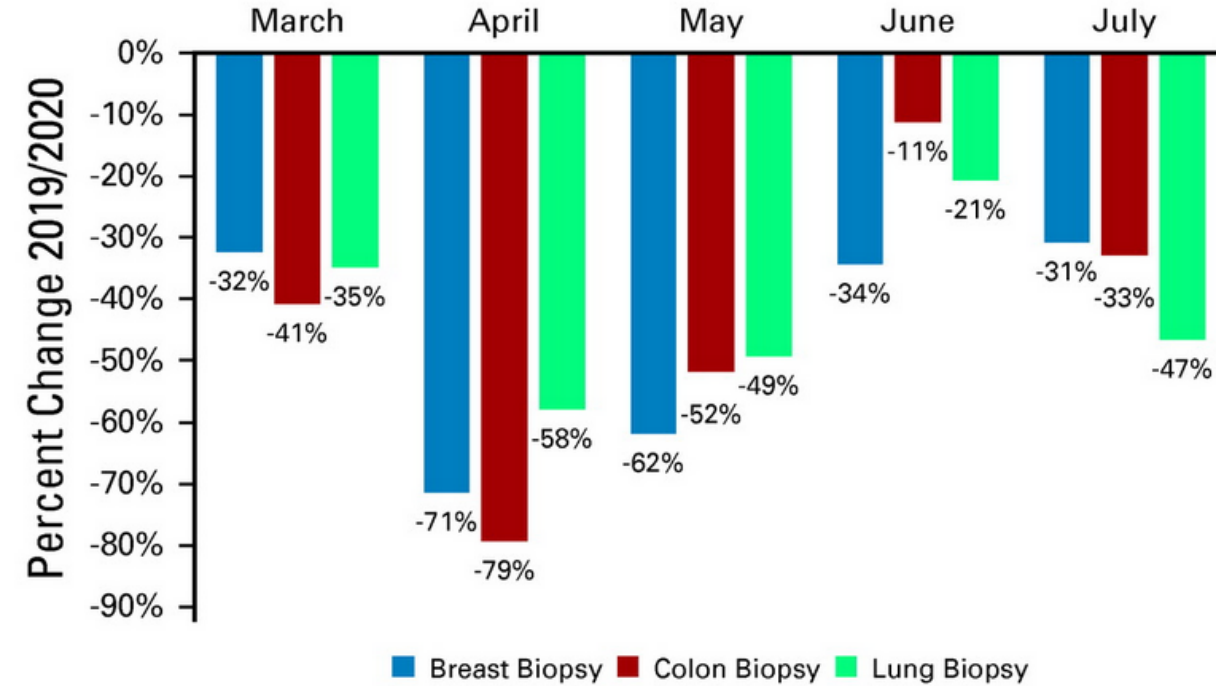
Screening and Diagnostic Mammograms, trends for first 30 weeks of the year, 2018-2020 (Data source: Independence Blue Cross)



Song H, et al. <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13596>

Figure 1. Trends in count of weekly mammograms in weeks 1 to 30 of the year. Source: Song et al., *Health Services Research*, 2020.

CANCER DIAGNOSTIC TESTS THAT RESULT FROM SCREENINGS ALSO FELL SIGNIFICANTLY



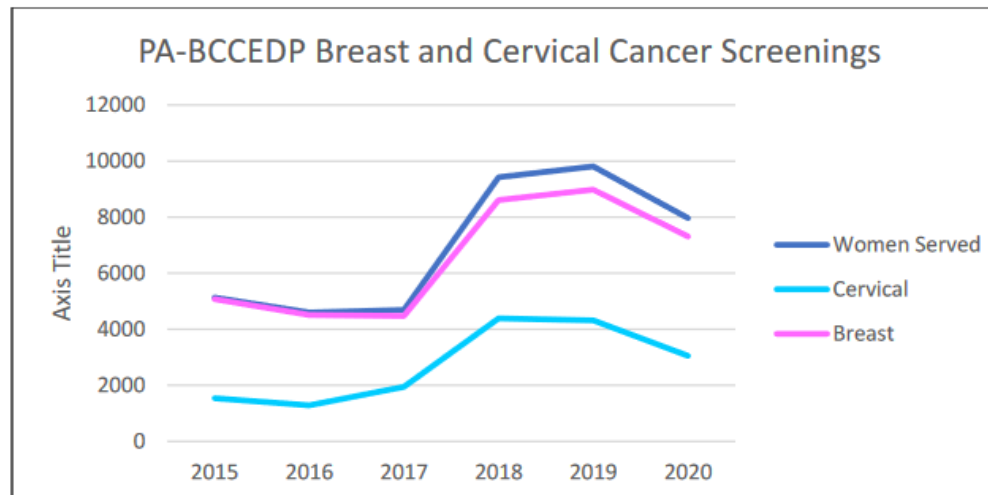
Note: data source Medicare claims data clearinghouse



The Pennsylvania Breast & Cervical Cancer Early Detection Program (PA-BCCEDP) is a free breast and cervical cancer early detection program of the Pennsylvania Department of Health. It is funded by the Department of Health and through a grant the Department receives from the Centers for Disease Control and Prevention.

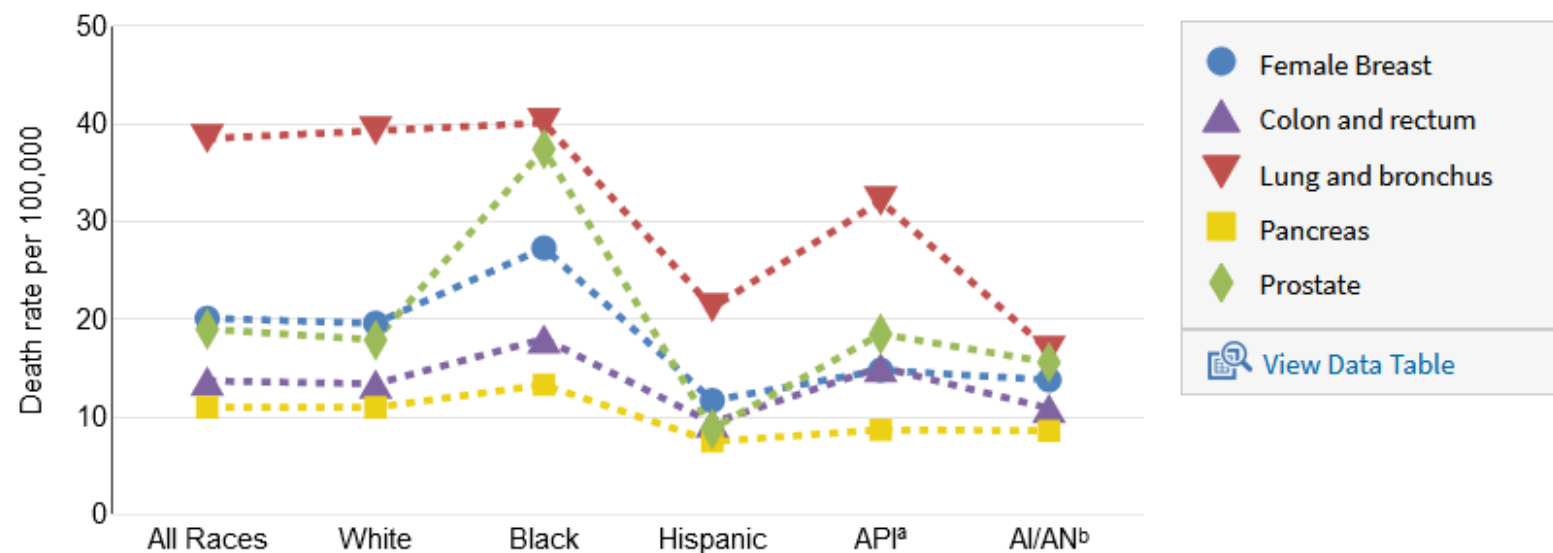
PA Breast and Cervical Cancer Early Detection Program (PA-BCCEDP) Number of Women Screened for Breast and Cervical Cancer*						
	2015	2016	2017	2018	2019	2020
Women Served (Pap test, HPV test, Mammogram, MRI, Clinical Breast Exam, or diagnosis with services funded by NBCCEDP)	5,134	4,599	4,689	9,426	9,811	7,963
Women Who Received Cervical Cancer Services (Pap test, HPV test, or diagnosis with services funded by NBCCEDP)	1,545	1,287	1,951	4,389	4,314	3,058
Women Who Received Breast Cancer Services (Mammogram, MRI, Clinical Breast Exam, or diagnosis with services funded by NBCCEDP)	5,077	4,510	4,476	8,610	8,981	7,312

*Number of women who received PA-BCCEDP-funded services from July 1 through June 30 of each program year.



Equity Concerns

Cancer death rates, or mortality rates, also vary significantly by race and ethnicity. The graph below shows the age-adjusted death rate, by race and ethnicity, for the five most commonly diagnosed cancers.



^a Asian & Pacific Islander, ^b American Indian / Alaska Native
Age-adjusted death rates, U.S., 2014–2018

The Pennsylvania Cancer Rate (per 100,000) is 156.4 for the general population, but 224.3 for Black males (source: PA DoH e-mail communication)

What Can Employers Do to Promote Cancer Screening?

1) Know Your Data

- a) Current screening rates for your eligible population(s)
- b) Subgroup analysis by race/ethnicity, age, and gender (where applicable)

2) Provide Education on the Importance of screening

- a) Safety of screening, with appropriate COVID-19 precautions
- b) Age- and gender-specific screening recommendations
- c) Screening modes (especially important for CRC)
- d) Cost of screening – Usually first-dollar coverage (with caveats)
- e) How to schedule a screening (consider providing assistance)

3) Review benefits plan to eliminate unintended financial penalties

What Can Employers Do to Promote Cancer Screening? (continued)

4) Provide Targeted Reminders

5) Provide Incentives (e.g. wellness points, financial incentives, PTO for preventive care activities)

6) On-site Screenings (where possible)

7) Engage health plans, benefits consultants, service vendors

Select Resources for Consumer Education

COLORECTAL

https://www.cdc.gov/cancer/colorectal/pdf/sfl_inserts_screening.pdf

https://www.cdc.gov/cancer/colorectal/pdf/basic_fs_eng_color.pdf

<https://www.genentech-forum.com/program-tools/love-your-colon-colorectal-cancer-screening-program.html>

<https://www.ccalliance.org/patient-family-support/resource-guides>

BREAST

<https://www.cdc.gov/cancer/breast/pdf/breast-cancer-fact-sheet-508.pdf>

<https://www.genentech-forum.com/program-tools/reason-for-mammogram.html>

<https://www.komen.org/support-resources/tools/komen-education-materials/>

CERVICAL

https://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf

<https://www.nccc-online.org/understanding-cervical-cancer-screening/>

LUNG

https://www.cdc.gov/cancer/lung/basic_info/mortality-infographic.htm

<https://www.genentech-forum.com/program-tools/think-screen-know.html>

Tie-in Activities with National Observances

- January: Cervical Health Awareness Month <https://www.nccc-online.org/hpvcervical-cancer/cervical-health-awareness-month/>
- February: National Cancer Prevention Month <https://www.preventcancer.org/event/national-cancer-prevention-month-2021/>
- March: National Colorectal Cancer Awareness Month <https://www.ccalliance.org/about/awareness-month>
- April: National Cancer Control Month <https://www.nfcr.org/blog/cancer-control-month-how-you-can-make-a-difference/>
- May: Skin Cancer Awareness Month <https://www.skincancer.org/get-involved/skin-cancer-awareness-month/>
- October: Breast Cancer Awareness Month <https://www.nationalbreastcancer.org/breast-cancer-awareness-month>
- November: Lung Cancer Awareness Month <https://www.lung.org/lung-force/about-lung-force/featured-campaigns/lung-cancer-awareness-month>

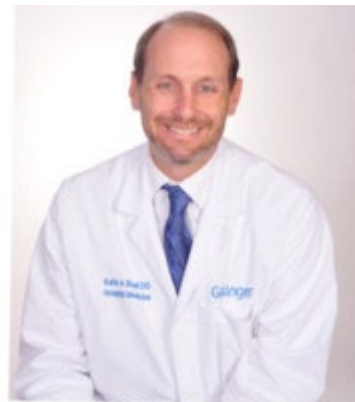
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