AMERICAN CANCER SOCIETY

Resuming Cancer Screening and HPV Vaccination During the Covid-19 Pandemic

Marcie Fisher-Borne, PhD, MPH,MSW
Managing Director, Interventions and Implementation
Office of Cancer Research and Implementation

American Cancer Society®

Webinar Focus

- Discuss **the state of cancer screening uptake and vaccination** given the Covid-19 pandemic
- **Review guidelines** for breast, cervical, colorectal screenings, and HPV vaccination
- Review what the American Cancer Society is doing to **resume cancer screening** equitably during the pandemic
- Discuss **key strategies and/or messages** that are recommended to get “back on track” with cancer screening/ HPV vaccination
- Discuss **relevant resources**

Screening Tests For Breast, Lung and Colon Dropped by

Respectively in Spring 2020

While we have seen moderate progress, there is still significant work to be done

Source: National Center for Biotechnology Information
Source: IQVIA Institute, April 2020.

American Cancer Society®

Up to a 90%

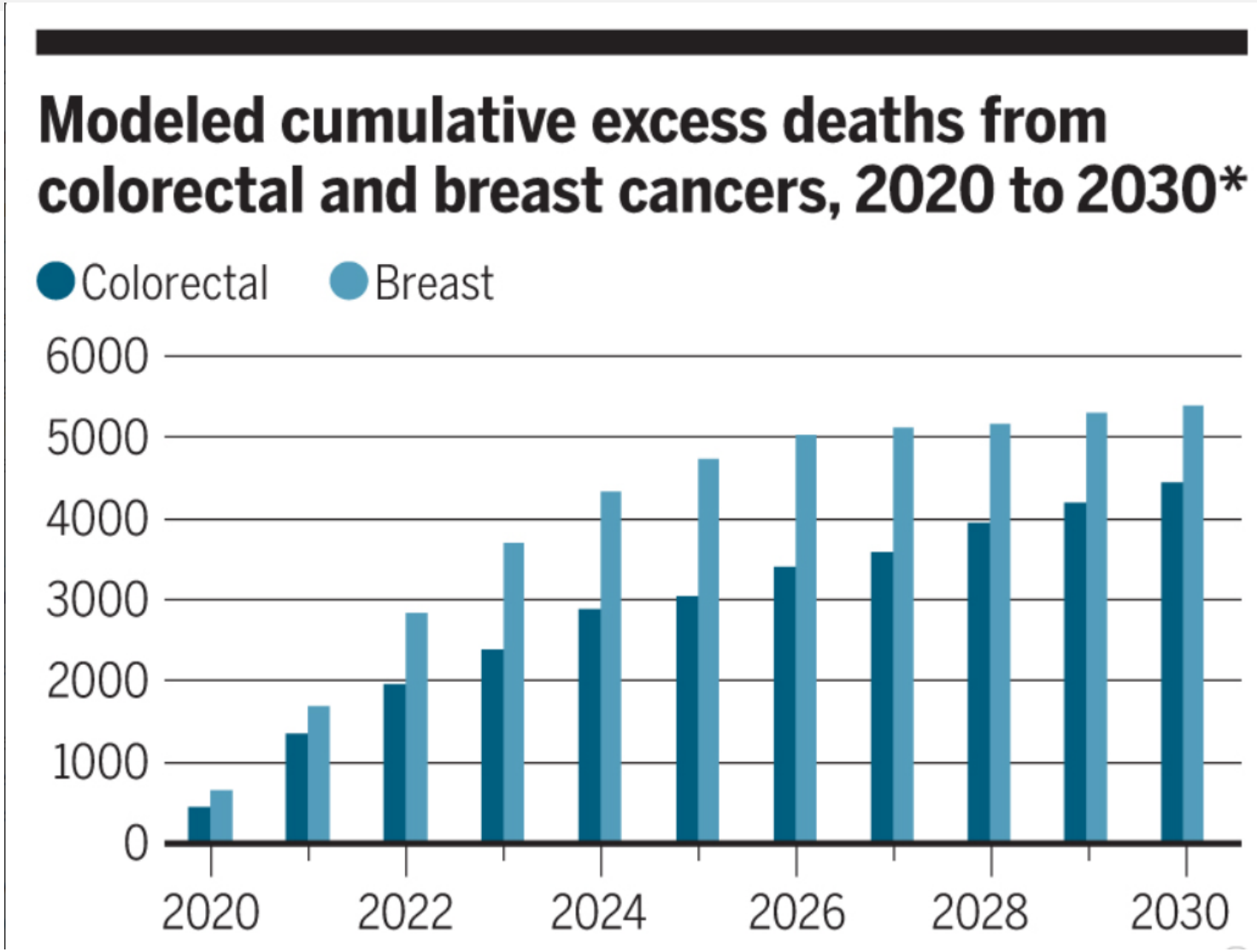
decline in screening-related procedures was experienced this past year, disrupting more than 22 million screening tests.

Months of limited screening tests resulted in nearly 80,000 potential missed or delayed diagnoses, which limit treatment options and increase risk of death in the future. An estimated 10,000 more deaths are estimated from breast and colorectal cancer alone.

Source: IQVIA Institute, April 2020.
Source: National Cancer Institute, 2020.

American Cancer Society®

Modeling the effect of COVID-19 on Cancer Screening and Treatment



https://science.sciencemag.org/content/368/6497/1290

American Cancer Society®

Screening disparities have increased for people with greater social or economic barriers.

It is estimated 5 million Black and Hispanic Americans have lost their healthcare due to the pandemic. Screening rates are typically 40-50% lower for the uninsured. Additional barriers such as medical mistrust, access to care, financial security, and housing and food security impact the likelihood of being screened.

Source: *Avalere Health LLC, September 2020*
Source: *American Cancer Society Cancer Detection and Early Prevention 2019 2020*

System and Social Challenges Will Need to Be Addressed to Increase Screening Rates

- Challenges with new system, process and protocols
- Patient fear, reluctance, and confusion
- Potential decreased primary care capacity
- Loss of employment and employer sponsored health insurance
- Exacerbation of long-standing inequities: racial, economic, access to care

THE ACS SOLUTION

Return to Screening Initiative

The American Cancer Society, with partners, is leading a comprehensive and multi-sector, national movement to dramatically and swiftly change screening rates through local and regional stakeholder engagement and action.


AMERICAN CANCER SOCIETY
Return to Screening Initiative
American Cancer Society®

Building Blocks: Return to Screening

National Consortium

Convene national influencers to identify strategies to best minimize the effects of the pandemic on cancer screening and care and take action

Public Awareness Campaign

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

Research

Understand the impact of the COVID pandemic on cancer screening and outcomes

State and Coalition Leadership

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

Health Systems Screening Interventions

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

Policy

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

THE ACS SOLUTION

Building Block: Health System Screening Interventions

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

ACS is partnering with health systems across the country in 2021 to:

- ✓ Provide technical assistance and resources to rapidly increase breast, cervical and colorectal cancer screening rates
- ✓ Address disparities and reduce barriers to screening exacerbated by the pandemic
- ✓ Implement evidence-based interventions
- ✓ Create learning communities to foster best practice sharing
- ✓ Use data to drive all aspects of the project
- ✓ Execute sustainable and meaningful process improvement

American Cancer Society®

Laying the Groundwork: NFL COVID-19 Screening Projects

NFL CRUCIAL CATCH INTERCEPT CANCER

American Cancer Society

Support FHQCs to get back on track with screening for breast, cervical, and colorectal cancer

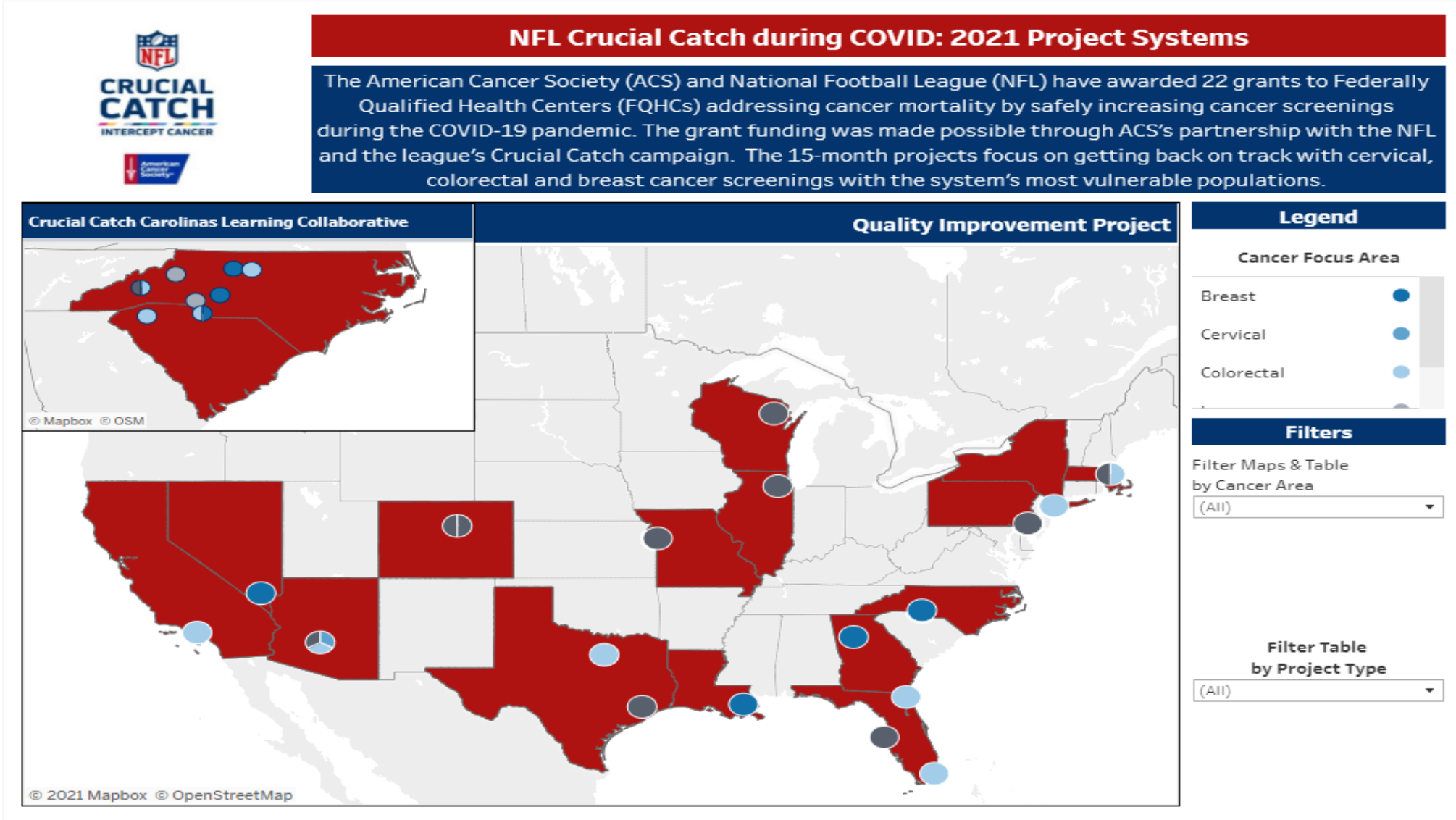
Use quality improvment methods and tools throughout project

Collaborate with local partners for diagnostic testing and treatment

Use the ECHO model to connect grantees and national cancer screening leaders to work through challenges and share promising practices

American Cancer Society

Cancer Screening During COVID-19



Supporting Critical Infrastructure for Screening: NFL COVID-19 Screening Projects

"Previously, we were focused on manual outreach and navigation for patients . . .With the support of the ACS/NFL grant, we have started to build a population health query in our database to identify women in **need of breast and cervical cancer screening services** and bulk text message them reminders for scheduling. We were also able to build the query to send a slightly different message to **our uninsured patients** to let the know about the program we have for free services."

— Adelante Healthcare

American Cancer Society®

THE ACS SOLUTION

NFL COVID-19 Screening Projects: Denver Health Foundation

In early December, the RN Program Manager and project specialist for our NFL project wrote COVID safety protocols for our new Women's Mobile Clinic to be able to resume mobile mammography services.

Resuming mobile mammography services has increased the overall capacity for screening mammography for our patients.

Early Progress and Challenges COVID/ Screening Projects

Wins

- Updating workflows and/or implementation manuals to train staff on cancer screening processes
- Improving data collection processing
- Automating formally manual processes
- On-line patient registration application (increase clinical encounters by 3-7 patients per day)

Challenges

- Fit kit shortage due to plastic shortage (PPE)
- Lab backlogs
- Data challenges (EHR)
- Patient Fear

CANCER SCREENING MESSAGES
CONSUMER TESTING RESULTS

December 2020

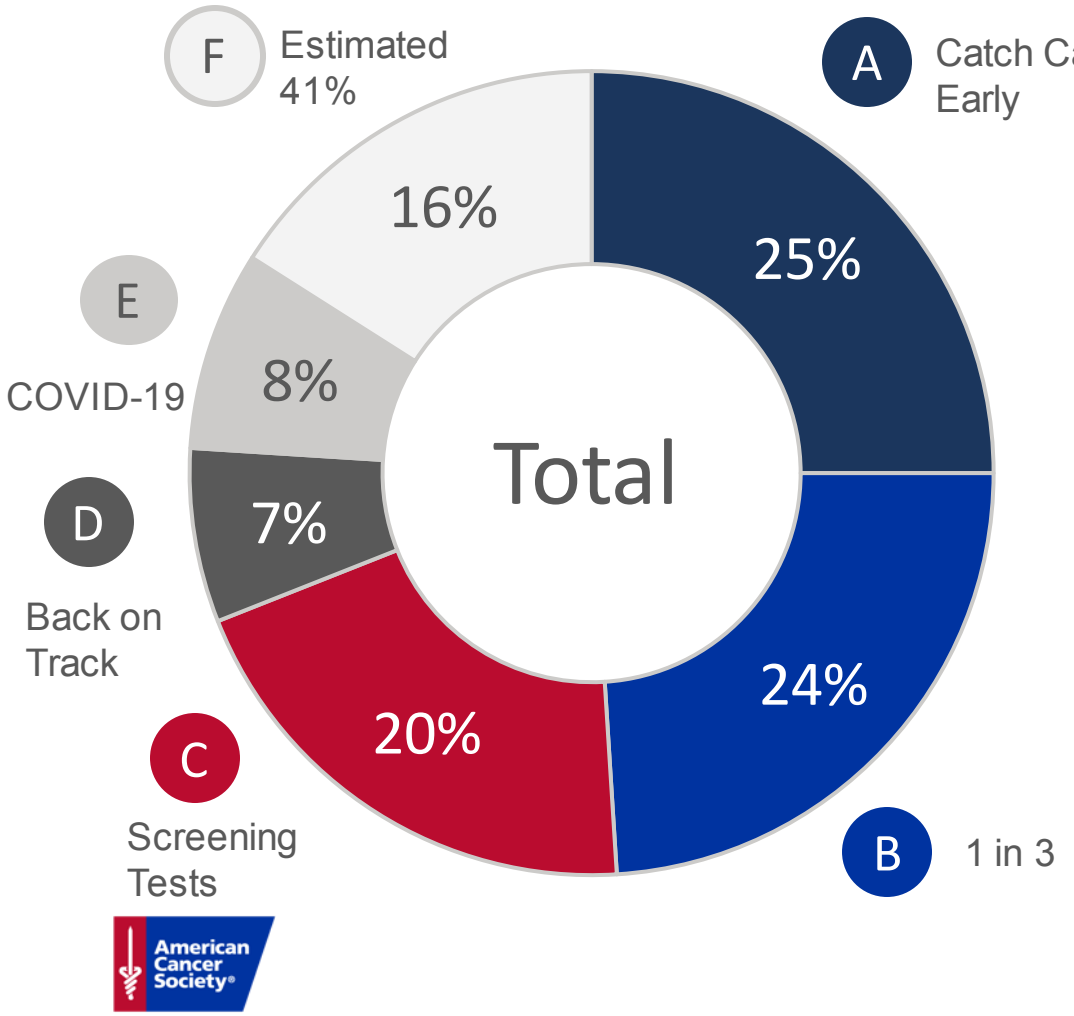
Objectives & Methodology

1. Determine which Cancer Screening messages are most effective to the general public
2. Assess most effective messages across several key attributes
3. Probe for reasons behind messages being selected as most and least effective
4. Look for distinctions in message preference across varied demographic groups
5. Gain perceptions on COVID-19 impact on healthcare activities
6. Explore preferred channels and most trusted sources for cancer screening information
7. Survey data collected via Feedback Loop platform from 12/9 to 12/12 - 690 respondents

American Cancer Society®

Most Effective Message

The “most effective” choice was essentially a tie between Catch Cancer Early (Message A) and 1 in 3 (Message B), followed closely by Screening Tests (Message C). None of the top tier had a COVID-19 focus.



American Cancer Society®

A Catch cancer early when it’s easier to treat. Regular screening tests can improve and save your life.

B 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

C Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

D Has your cancer screening test or that of a loved one been delayed because of the pandemic? Make sure to get back on track. Talk to your doctor about safely resuming care and next steps.

E The COVID-19 pandemic has delayed essential cancer screening tests. These tests can help detect certain types of cancer early, when they may be easier to treat.

F An estimated 41% of U.S. adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

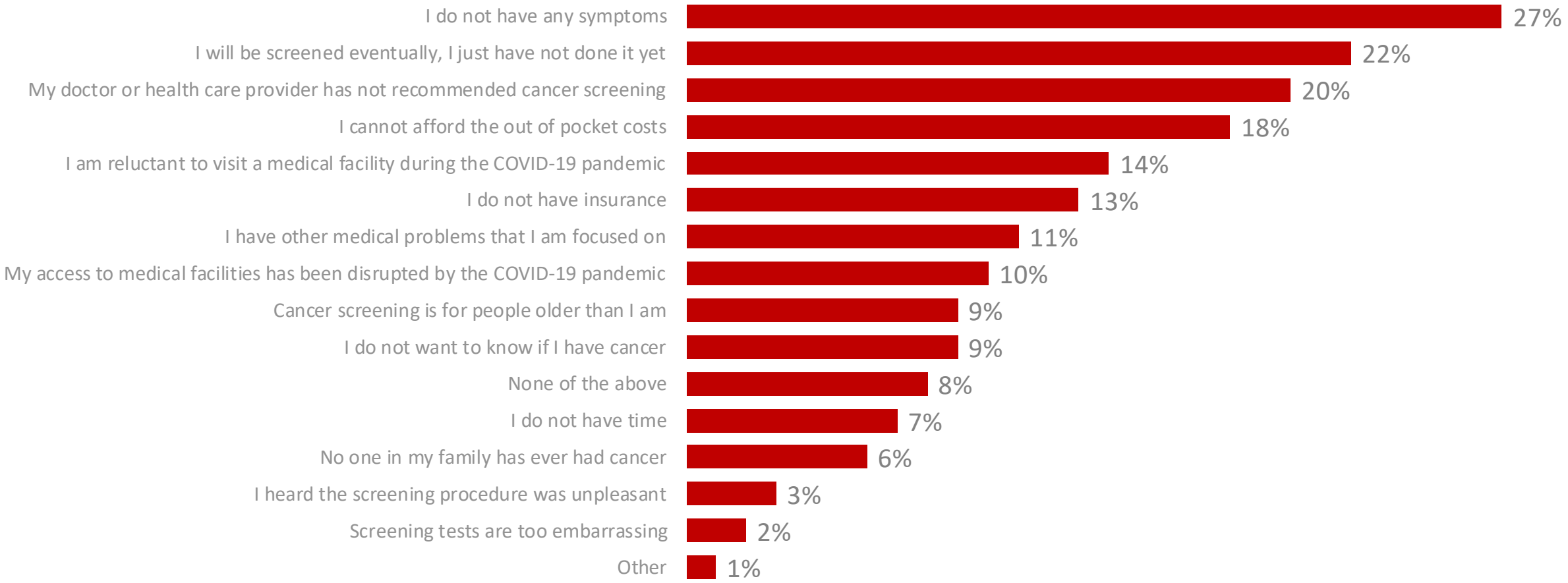
Key Findings

- **There was not a clear-cut winner for "most effective" cancer screening message**
  - All three of the messages focused on a general screening theme ranked closely together in overall preference.
  - COVID-19 focused messages fell to a second tier, perhaps indicating pandemic fatigue.
    - The "Estimated 41%" message performed the best of the three and topped all messages in *Believability*.
- **The message directly referencing COVID-19 was most often selected as "least effective"**
  - Verbatim comments on this message indicate a reticence to combine the subject of COVID-19 with a cancer screening call-to-action.
- **Attribute scores for each message were similar across most of the attributes tested**
  - The "1 in 3" message did post an advantage in *Creates a Sense of Urgency* and *Relevant to Me*.
  - Nearly all messages scored at 90% or above as it relates to *Easy to Understand*.
- **Over half indicated COVID-19 as having a negative impact on healthcare activates**
  - Results were consistent across most analyzed demographic groups.
- **Professional healthcare workers are key to evangelizing cancer screening messages**
  - Personal doctors and other medical care workers were most often cited as being the preferred channel for cancer screening messaging as well as the most trusted source for information.

American Cancer Society®

Top Barriers to Screening

Of the 34% of respondents who stated they had not been screened for cancer previously, being asymptomatic was the top reason, followed by procrastination (just haven't done it yet but will).

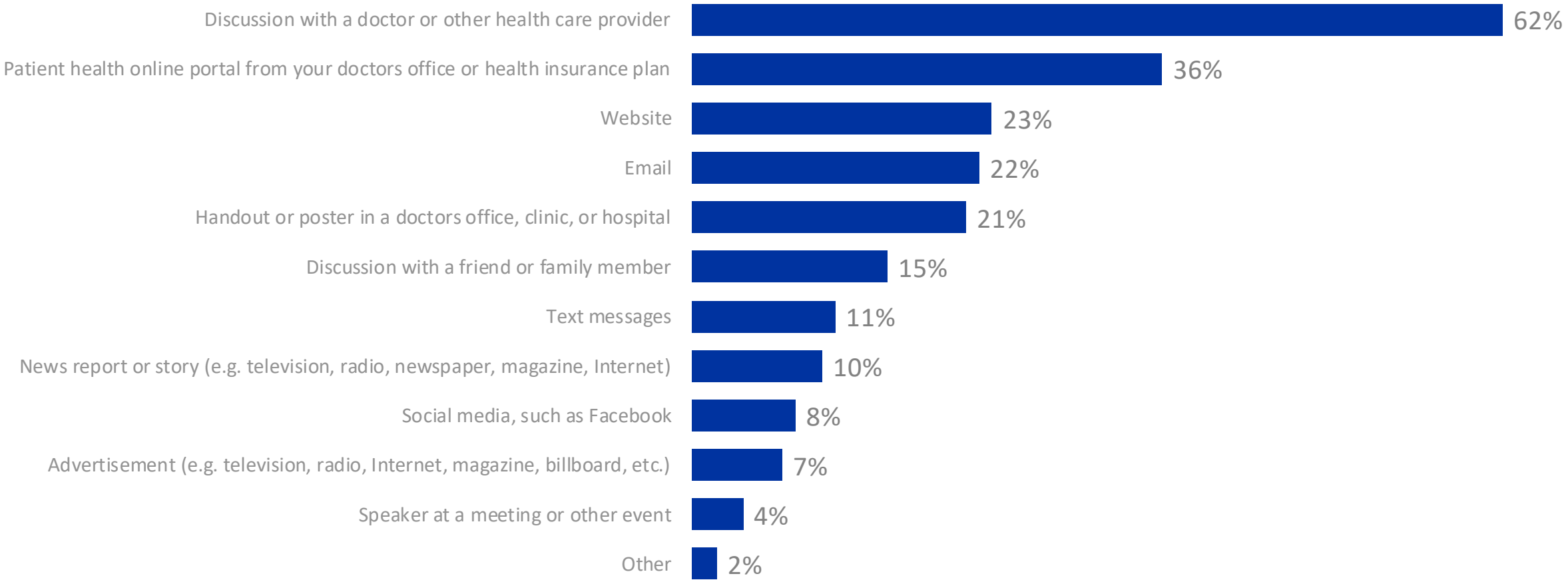


American Cancer Society®

Which of the following reasons, if any, describe why you have not had a cancer screening test?

Preferred Channels for Cancer Screening Info

Overwhelmingly, the most cited channel for receiving cancer screening information was a direct conversation with a doctor, followed by patient health portals online.

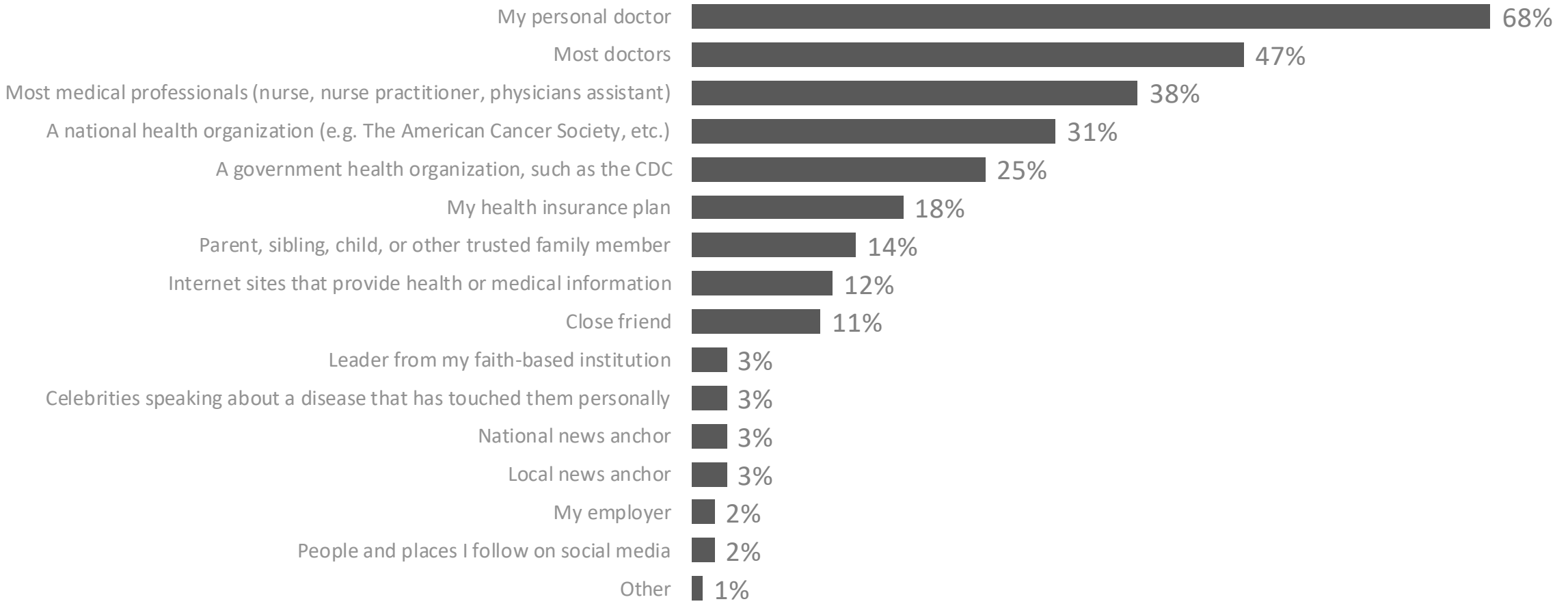


American Cancer Society®

Where or how would you like to receive cancer screening information?

Trusted Sources for Cancer Screening Info

As with preferred information channels, healthcare professionals play a key role on the cancer screening information front, with over two-thirds of respondents citing their personal doctor as most trusted.



Who do you trust to give you cancer screening information?

Screening Guidelines

AMERICAN CANCER SOCIETY

ACS 2018 CRC SCREENING RECOMMENDATIONS FOR **AVERAGE RISK**

The ACS recommends that adults aged 45 years and older with an average risk of colorectal cancer undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) exam, depending on patient preference and test availability.

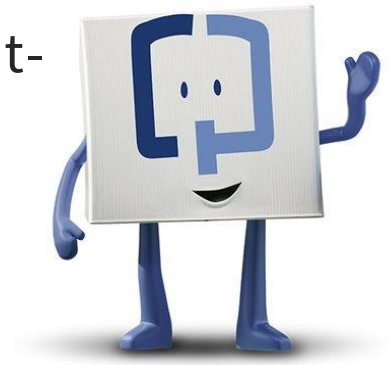
American Cancer Society®

ACS CRC SCREENING RECOMMENDATIONS FOR AVERAGE RISK

Begin screening at age 45, using any of the following options:

Stool-based tests:

- Fecal immunochemical test (FIT) every year
- High sensitivity guaiac-based fecal occult blood test (HS-gFOBT) every year
- Multi-target stool DNA test (mt-sDNA) every 3 years



Structural (visual) exams:

- Colonoscopy every 10 years
- CT Colonography every 5 years
- Flexible sigmoidoscopy every 5 years

HIGH RISK INDIVIDUALS MUST BE RECOGNIZED AND ADDRESSED

Personal history

- Adenomatous Polyps
- Colorectal cancer
- Inflammatory bowel disease
  - Ulcerative colitis
  - Crohn's disease

Family history

- Colorectal cancer or adenomas
- Hereditary syndrome (FAP, Lynch Syndrome)

Individuals with these conditions should:

- Begin screening earlier (10 years before age at diagnosis of index case)
- Be aware that colonoscopy is the only recommended screening test

ACS BREAST CANCER SCREENING GUIDELINE FOR **WOMEN AT AVERAGE RISK**

All women ages 40-44 should be informed about the benefits and drawbacks of screening and have the option to begin annual mammography.

All women should have their first mammogram no later than age 45.

ANNUAL VS EVERY OTHER YEAR

ACS recommends annual screening before age 55

- Proven benefit of annual over every other year screening, particularly in pre-menopausal women

After age 55, a woman can switch to every other year screening or continue to screen annually.

Women with a family history or dense breasts should continue annual screening.

USPSTF recommends every other year screening at all ages.

Women who are at high-risk for breast cancer include:

Women who have a lifetime risk of breast cancer of about 20% to 25% or greater

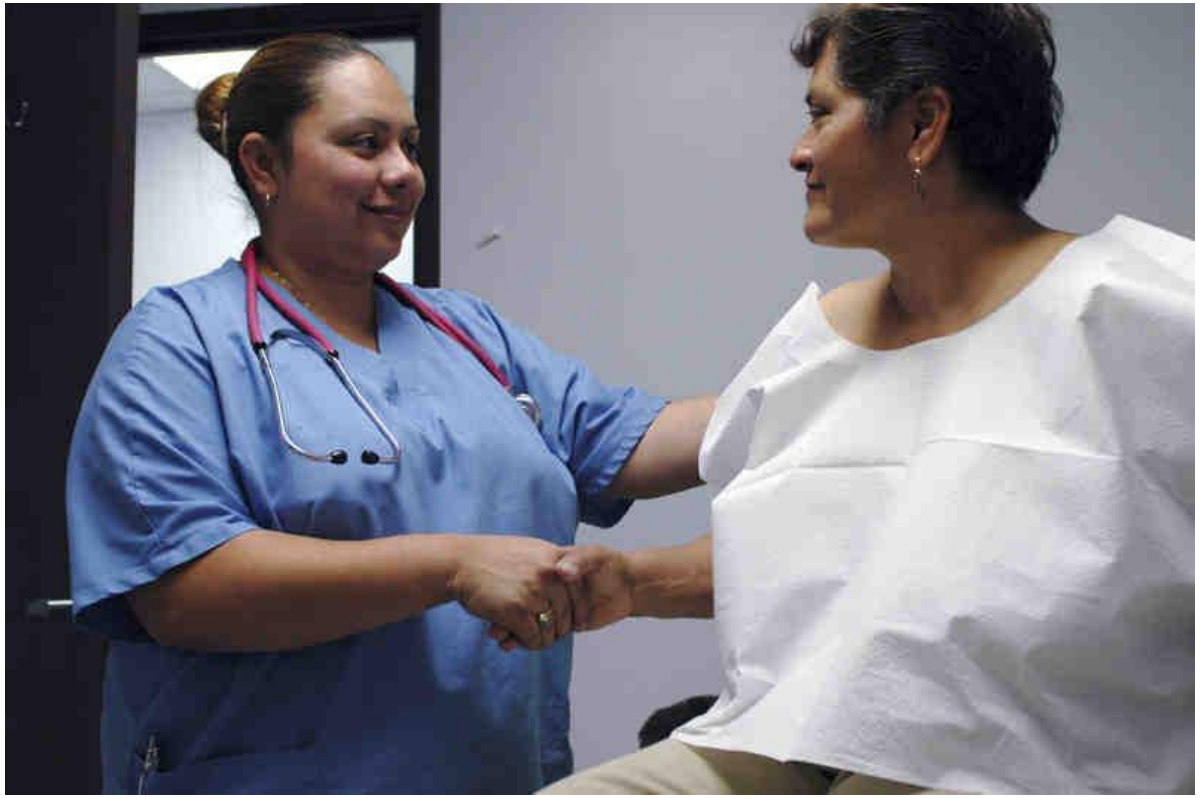
Women who have a known *BRCA1* or *BRCA2* gene mutation (based on having had genetic testing)

Women who have a first-degree relative (with a *BRCA1* or *BRCA2* gene mutation, and have not had genetic testing themselves

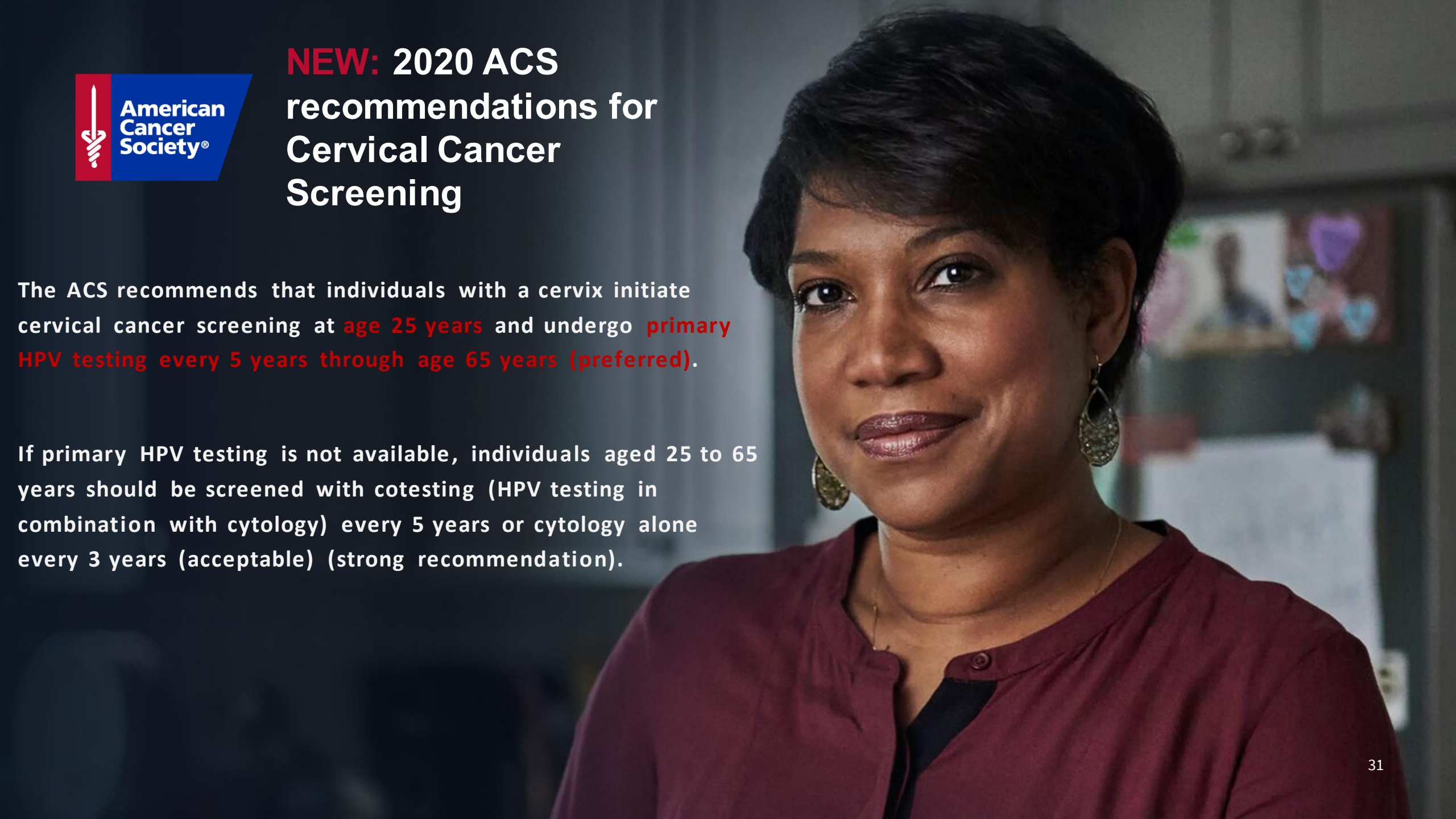
Women who had radiation therapy to the chest when they were between the ages of 10 and 30 years

Women who have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

ACS Recommendations for Cervical Cancer Screening



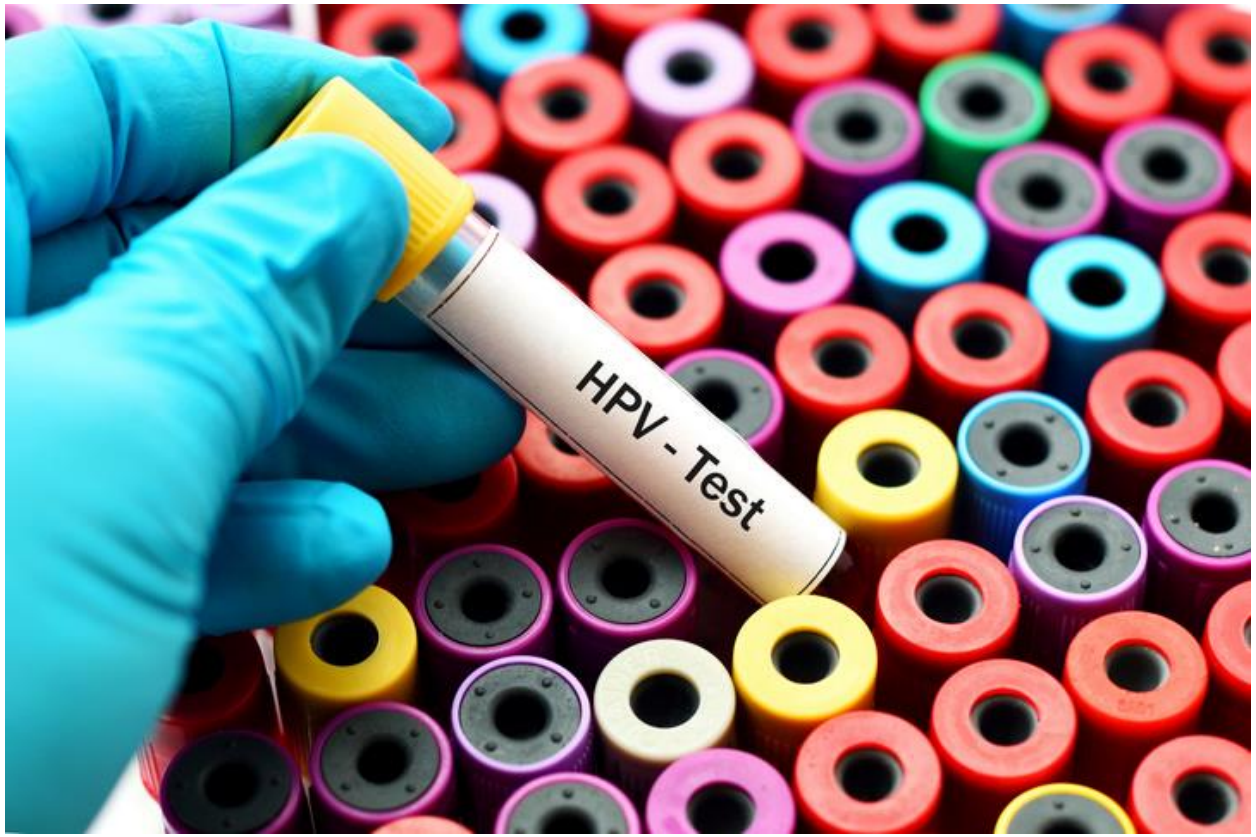
NEW: 2020 ACS recommendations for Cervical Cancer Screening



The ACS recommends that individuals with a cervix initiate cervical cancer screening at age 25 years and undergo primary HPV testing every 5 years through age 65 years (preferred).

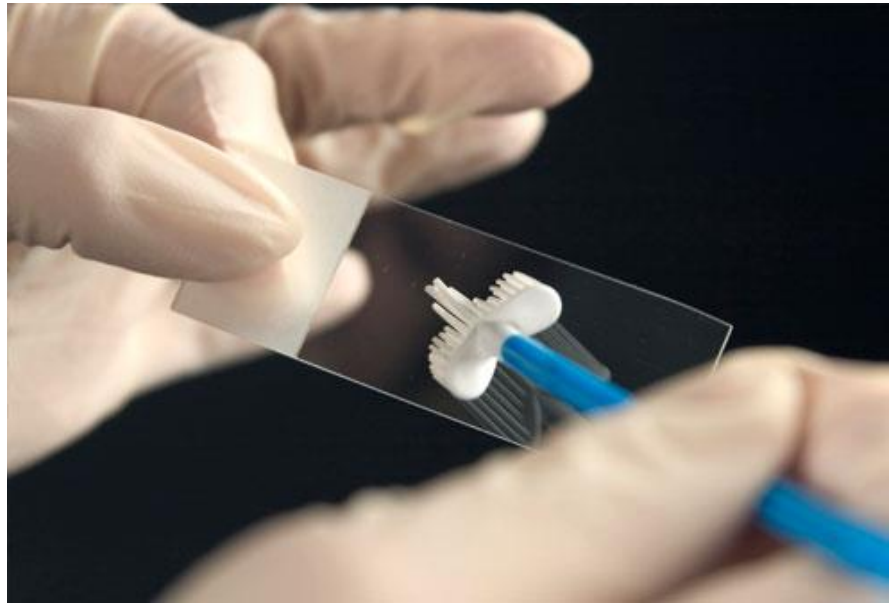
If primary HPV testing is not available, individuals aged 25 to 65 years should be screened with cotesting (HPV testing in combination with cytology) every 5 years or cytology alone every 3 years (acceptable) (strong recommendation).

What Test to Use



HPV Test vs Pap Test

- Pap tests are an inferior test compared to HPV-based screening
- Pap tests are minimally effective in women who have been vaccinated
- Co-testing offers minimal benefit compared to primary HPV screening



How Often to Test

The ACS recommends that individuals with a cervix can discontinue screening at age 65 if:

--They have documented adequate negative prior screening in the 10-y period before age 65 (***qualified recommendation***)

--No history of CIN 2+ within the past 25 y.

ACS 2020 Recommendations for Cervical Cancer Screening

- Individuals older than age 65 y without conditions limiting life expectancy for whom sufficient documentation of prior screening is not available *should be screened until criteria for screening cessation are met.*
- Cervical cancer screening may be discontinued in individuals of any age with limited life expectancy.

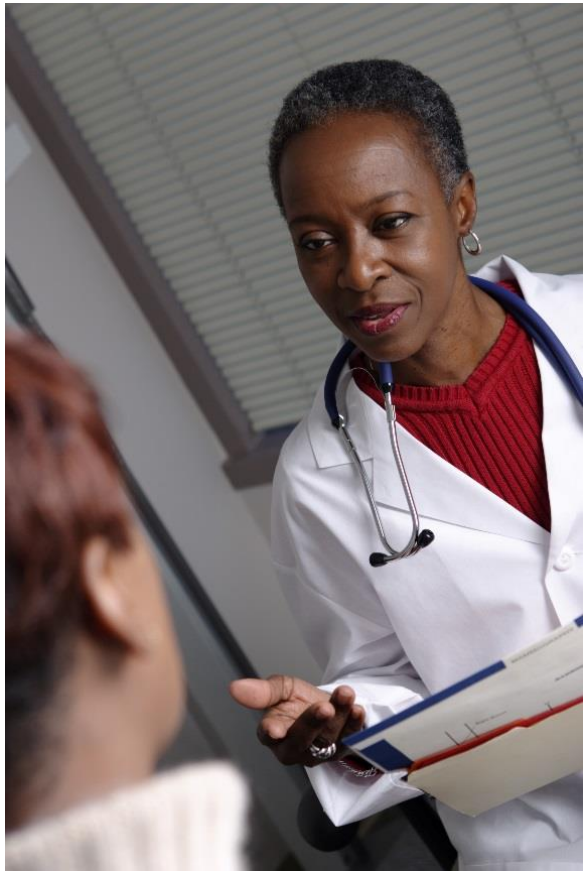
American Cancer Society®

Planning for the Future

Co-testing or cytology testing alone are included as acceptable options for cervical cancer screening because access to primary HPV testing may be limited in some settings. As the US makes the transition to primary HPV testing, the use of cotesting or cytology alone for cervical cancer screening will be eliminated from future guidelines.

Planning for the Future

- Pap tests will be phased out
- Cotesting will be phased out



Planning for the Future

We anticipate that self-sampling will play an increasingly prominent role in cervical cancer screening once regulatory and clinical prerequisites are in place.

American Cancer Society®

Mission: HPV CANCER FREE

BACK ON TRACK: HPV VACCINATION

91%
of cervical & anal cancers

70%
of oropharyngeal cancers

63%
of penile cancers

PROBLEM

- Low HPV vaccination rates
- ~35,000 cases of HPV cancers each year
- Can cause 6 types of cancer and nearly ALL cases of cervical cancer

Why Focus on HPV?

- We have a vaccine that can prevent HPV cancers
- We need to vaccinate more kids
- Success is achievable

Cancer	Routine Screening
Cervical	YES
Vulvar	NO
Vaginal	NO
Anal	NO
Penile	NO
Throat	NO

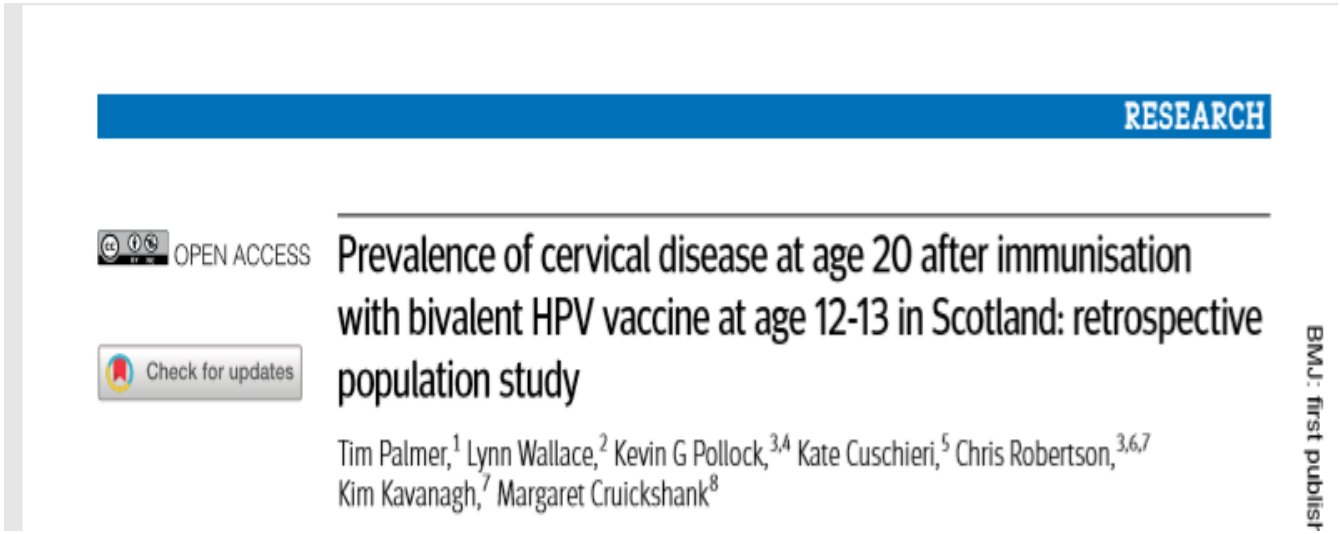
American Cancer Society®

Mission: HPV CANCER FREE

HPV Vaccination Guidelines

- Boys and girls
- Age 9-12 = ON TIME
  Can vaccinate LATE at ages 13 to 26
- ACS: Individuals ages 22 to 26 who were not previously vaccinated should be informed that vaccination at older ages is less effective in lowering cancer risk
- 2 doses*

Impact of Age at Vaccination



RESEARCH

OPEN ACCESS

Check for updates

Prevalence of cervical disease at age 20 after immunisation with bivalent HPV vaccine at age 12-13 in Scotland: retrospective population study

Tim Palmer,[1] Lynn Wallace,[2] Kevin G Pollock,[3,4] Kate Cuschieri,[5] Chris Robertson,[3,6,7] Kim Kavanagh,[7] Margaret Cruickshank[8]

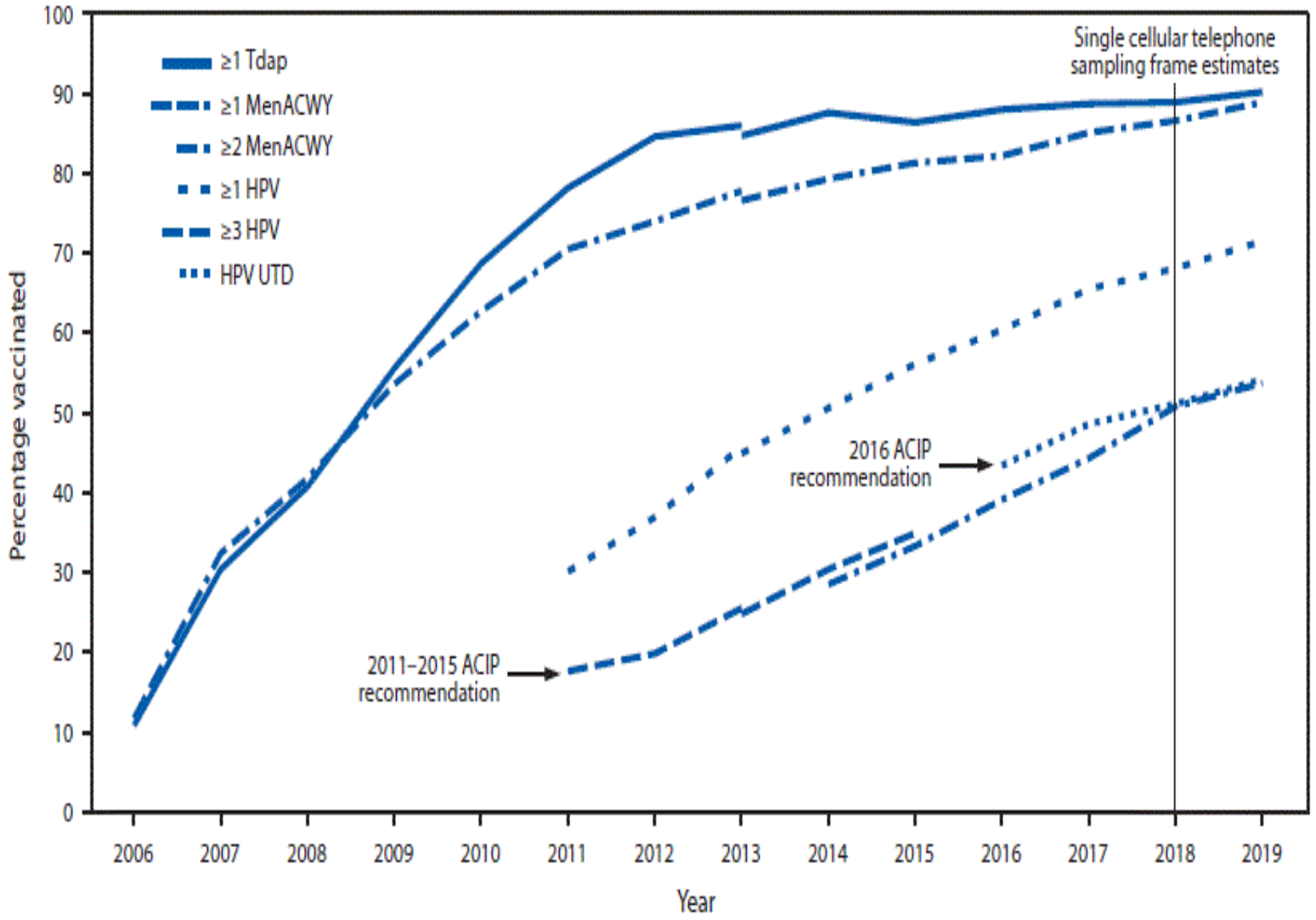
BMJ: first publish

Age at Vaccination	Effectiveness (against CIN3+)
12-13	86%
17	51%
≥18	15%

Mission: HPV CANCER FREE

NIS-teen data 2006-2019

- *71.5% initiated series*
- *54.2% completed series*



American Cancer Society®

Mission: HPV CANCER FREE

ADOLESCENT IMMUNIZATION HAS DROPPED

PRECIPITOUSLY SINCE THE PANDEMIC HIT

Immunizations provided by the Vaccines for Children program in FY20& 21 as compared to FY19

21%

HPV vaccinations
down >1 million doses

22%

TdaP vaccinations
down >685K doses

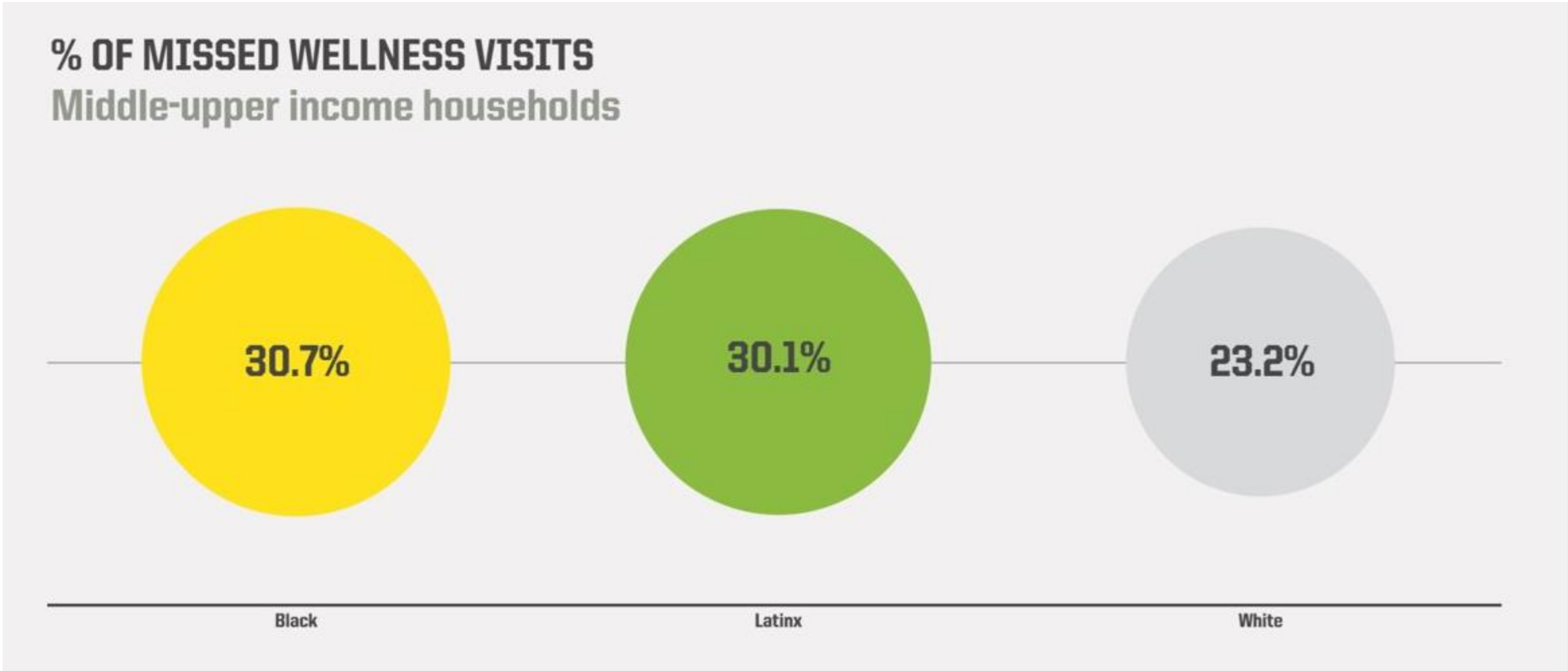
18%

Meningococcal
vaccination down >818K

SOURCE: CDC Communications Jan. 2021

National HPV Vaccination Roundtable

ENSURE YOUR ORGANIZATION HAS A GAME PLAN
TO GET ADOLESCENT VACCINATION BACK ON TRACK.



Center for Translational Neuroscience (2020, October 13). *Medium*. https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8

A Message from CDC: Dr. Melinda Wharton

Director, Immunization Services Division
Centers for Disease Control

The need for catch-up vaccination is urgent as we plan for safe return to in-person school

- Many school-aged children missed recommended vaccines over the last year due to disruptions associated with COVID-19.
  - Especially concerning are gaps for measles vaccine and vaccines routinely recommended at 11-12 years of age
- Schools may not have focused on compliance with school vaccination requirements during the 2020-2021 school year.
- We don't know if or when a COVID-19 vaccine will be available for children, but if it is, we cannot count on being able to administer other vaccines simultaneously or within 2 weeks of COVID-19 vaccination.
- We need to get children caught up ***now*** on vaccine doses they missed so that they can safely return to in-person learning.

IMPLICATIONS OF APPROVAL OF COVID-19 VACCINE

FOR AGES 12 & OLDER

Currently, lack of data on safety and efficacy of COVID-19 vaccines given with other vaccines

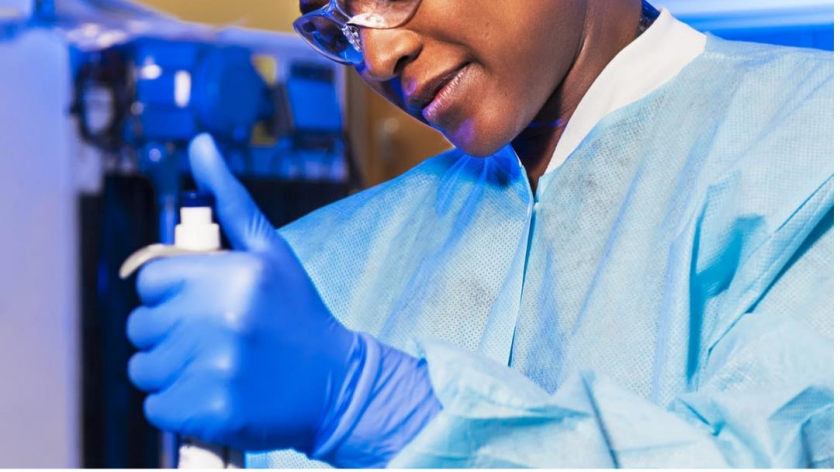
- CDC recommends routine administration alone
- Minimum 14-day interval unless benefits of vaccination outweigh potential risks of vaccine coadministration

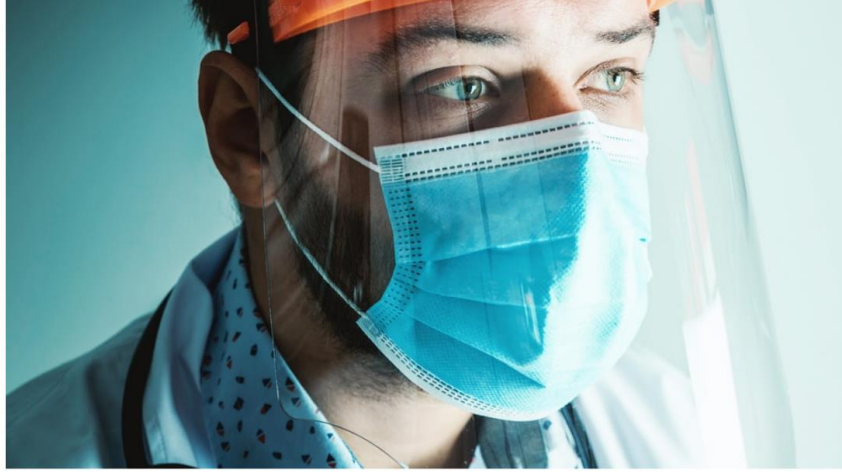
Possibility of a blackout for recommended vaccines during the usual back-to-school season

THE TIME FOR ACTION IS NOW

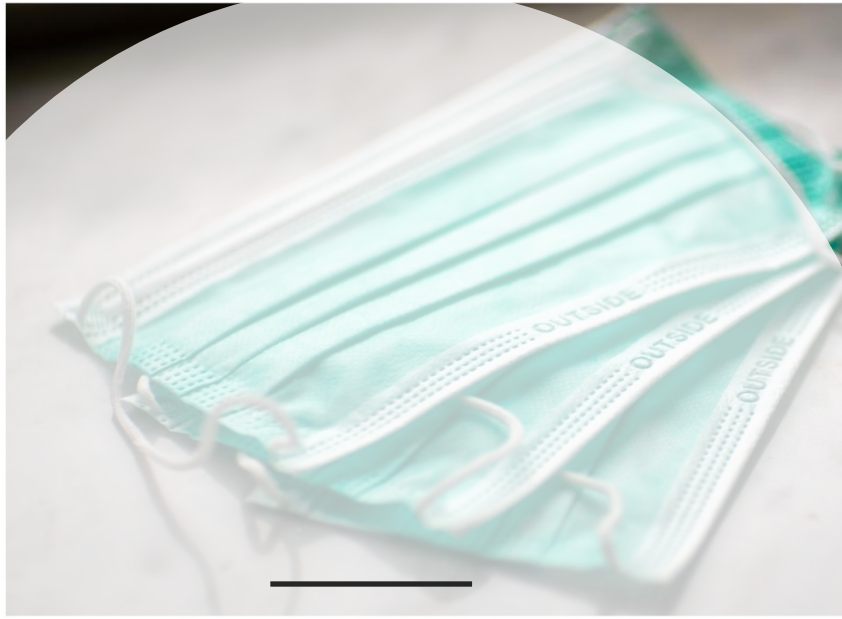
We need your help to close the school-age vaccination gap from March to May.

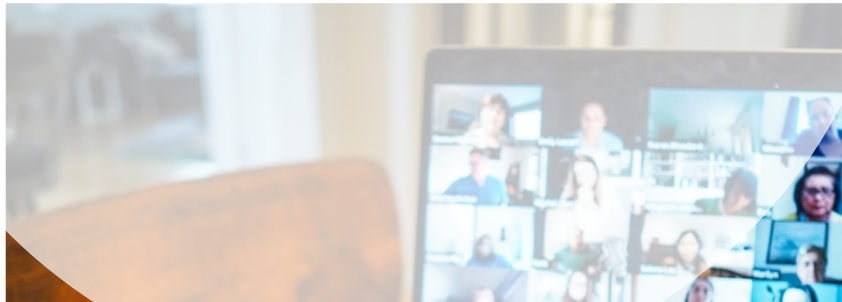
Health Systems and Providers can effectively close the vaccination care gap.





Getting Adolescent Vaccination Back on Track





Start With Data

Review last 12-24 months of data

Assess by geography, age, provider

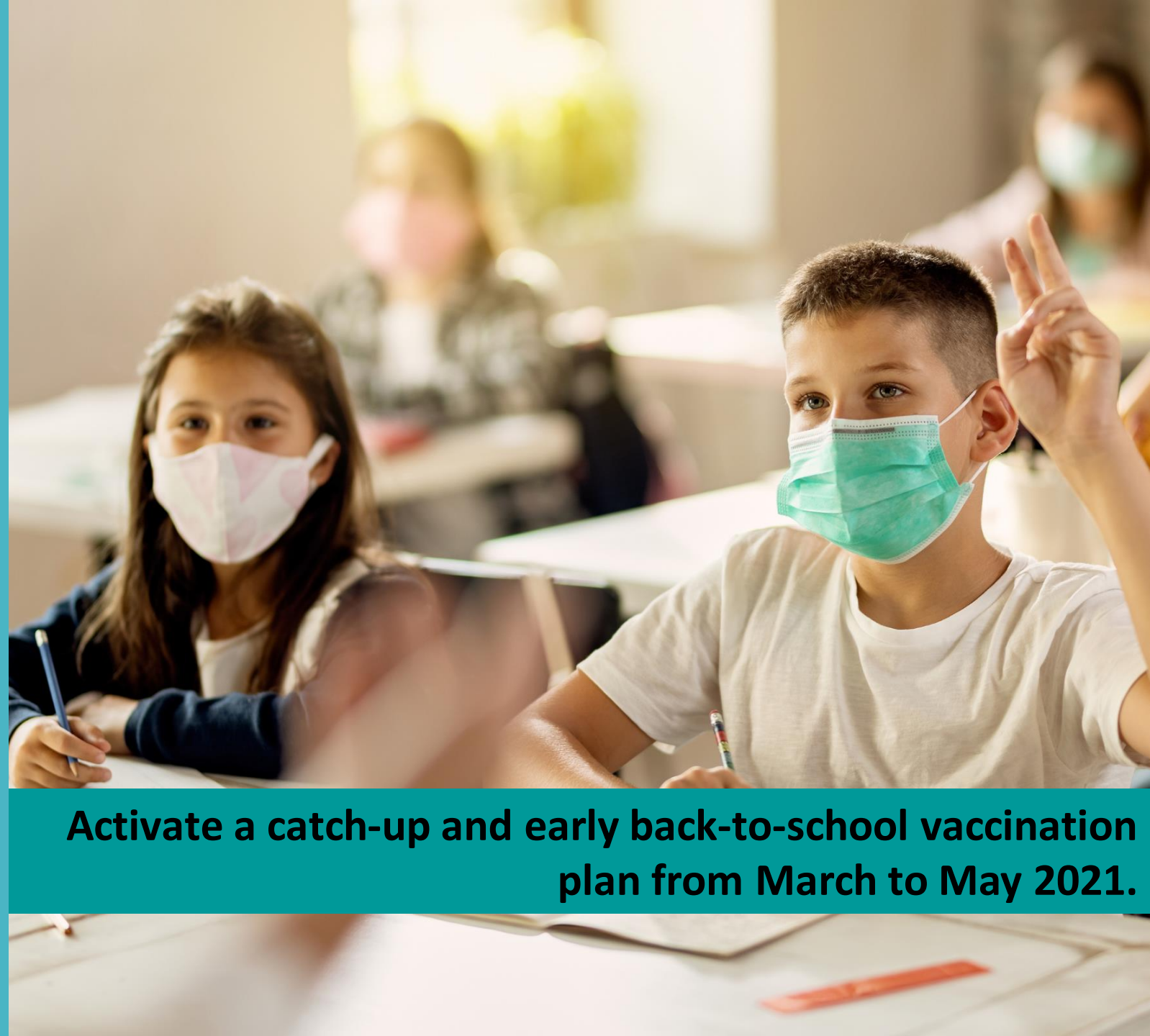
Discuss systems and provider-level data

Consider vaccine registry interoperability

Think about COVID vaccination capture in immunization information systems

Develop a Safe Return to School Immunization Action Plan

- March – May 2021
- Focus on ACIP-recommended adolescent vaccines (HPV, Meningococcal, Tdap)
- Review all opportunities to create consistent messaging and activation
  - Health Systems
  - Providers
  - Payors: Members/Parents



Activate a catch-up and early back-to-school vaccination plan from March to May 2021.

Communicate/Create

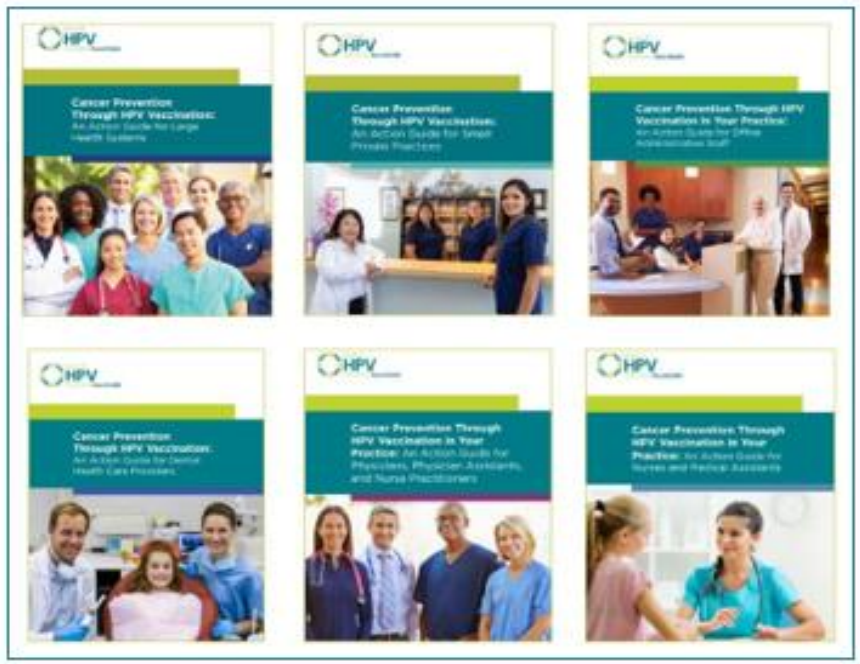
- Communicate urgency of an early back to school immunization initiative
- Increase vaccination opportunities & streamline the process

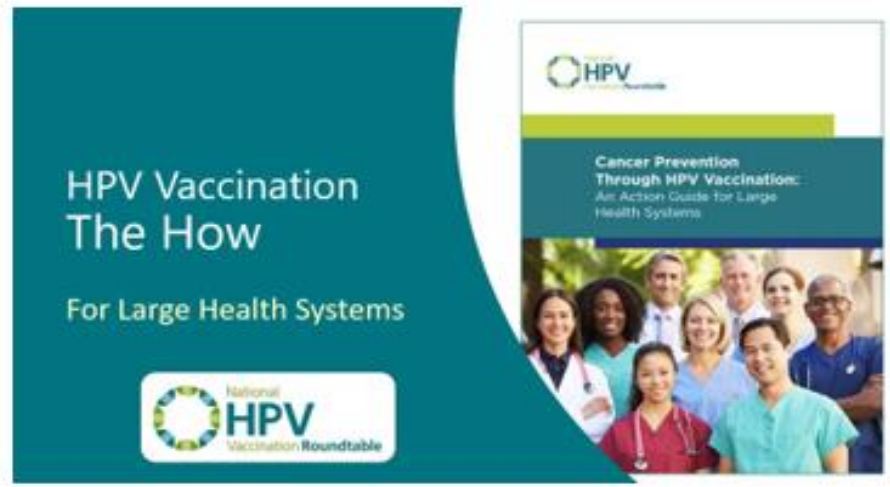
Activate Parents

- Parent Reminders
  - Health System/Payor Portal
  - Email / Text Messages
  - Phone calls
  - Postcards
- Education Campaign(s)
  - Social media campaign
  - Back-to-School campaign
  - Catch-up campaign
  - Education prior to well child visits
- Address social determinants of health

HPV Vaccination Resources

HEALTH SYSTEM RESOURCES

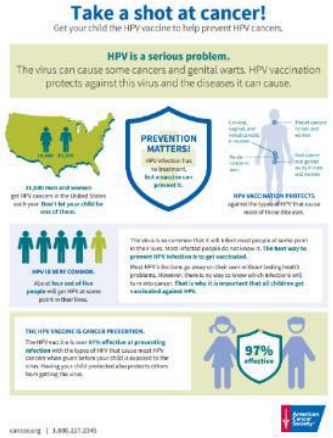


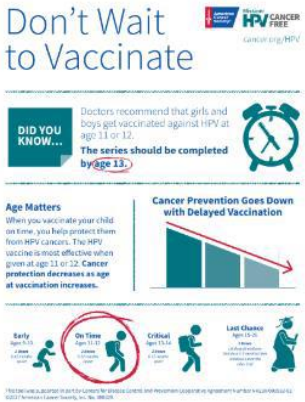


https://hpvroundtable.org/get-involved/health-systems

Resources for Parents and the Public

- Take a Shot at Cancer
- Protecting our Children from HPV Cancers
- Don’t Wait to Vaccinate
- HPV Vaccination: Just the Facts





- All parent documents can be co-branded with a licensing agreement.

American Cancer Society®
Mission: HPV CANCER FREE

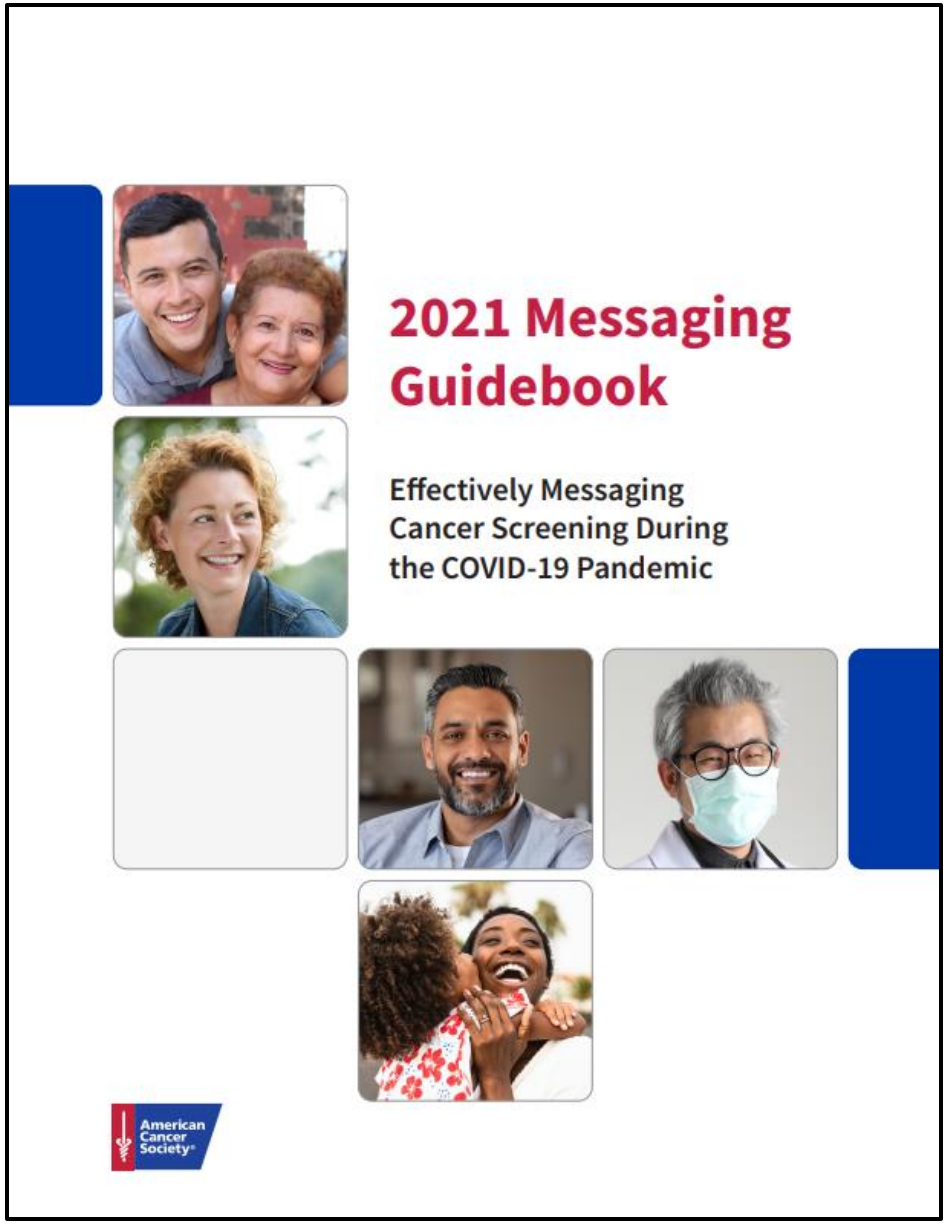
Screening Resources

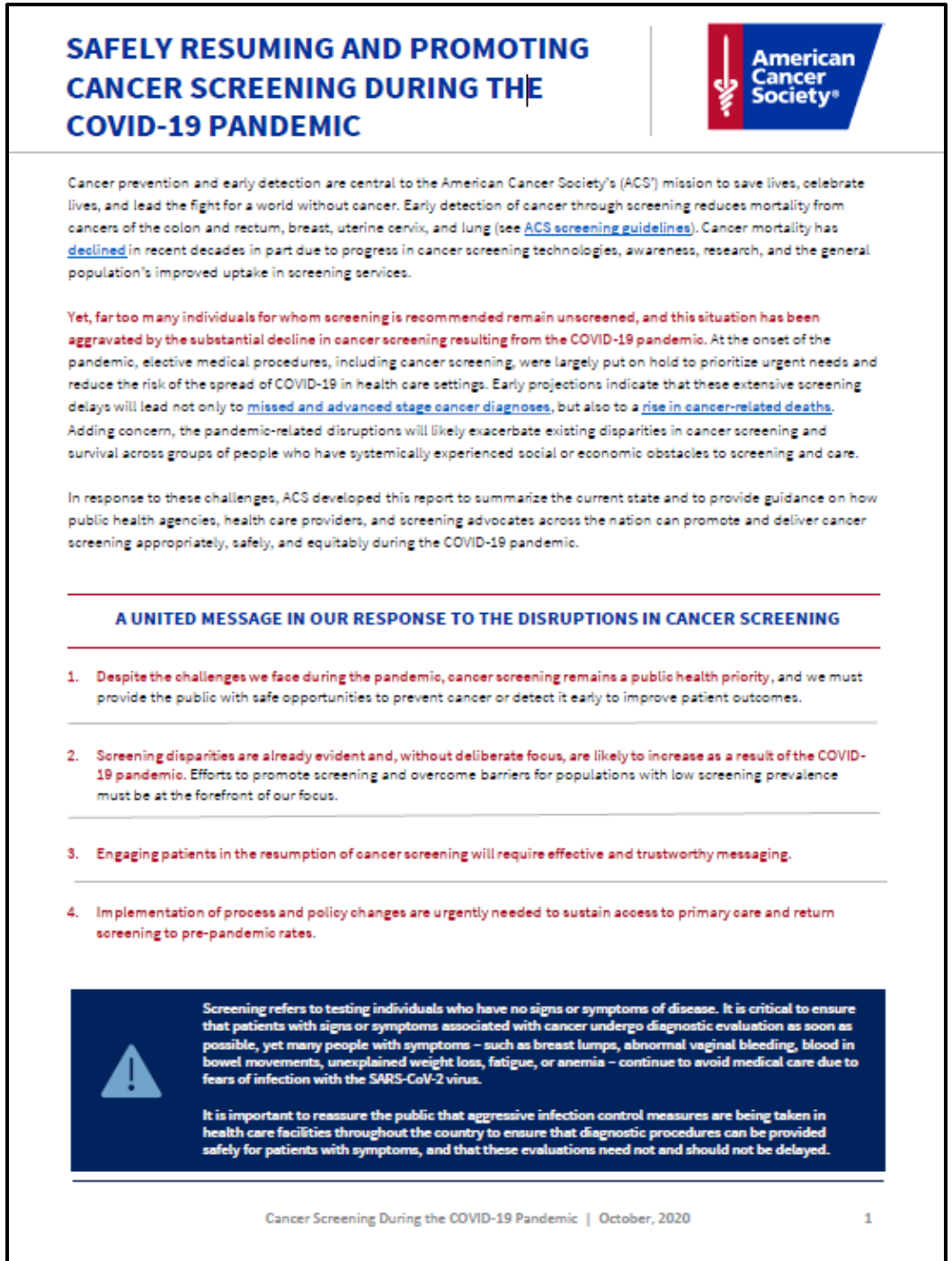
AMERICAN CANCER SOCIETY

Effectively Messaging Cancer Screening During the Pandemic

- 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.
- Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.
- An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

Download @ ACS4CCC.org: https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/





SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC

American Cancer Society

Cancer prevention and early detection are central to the American Cancer Society's (ACS') mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see ACS screening guidelines). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in health care settings. Early projections indicate that these extensive screening delays will lead not only to missed and advanced stage cancer diagnoses, but also to a rise in cancer-related deaths. Adding concern, the pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

1. Despite the challenges we face during the pandemic, cancer screening remains a public health priority, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.
2. Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus.
3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.
4. Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms – such as breast lumps, abnormal vaginal bleeding, blood in bowel movements, unexplained weight loss, fatigue, or anemia – continue to avoid medical care due to fears of infection with the SARS-CoV-2 virus.

It is important to reassure the public that aggressive infection control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.

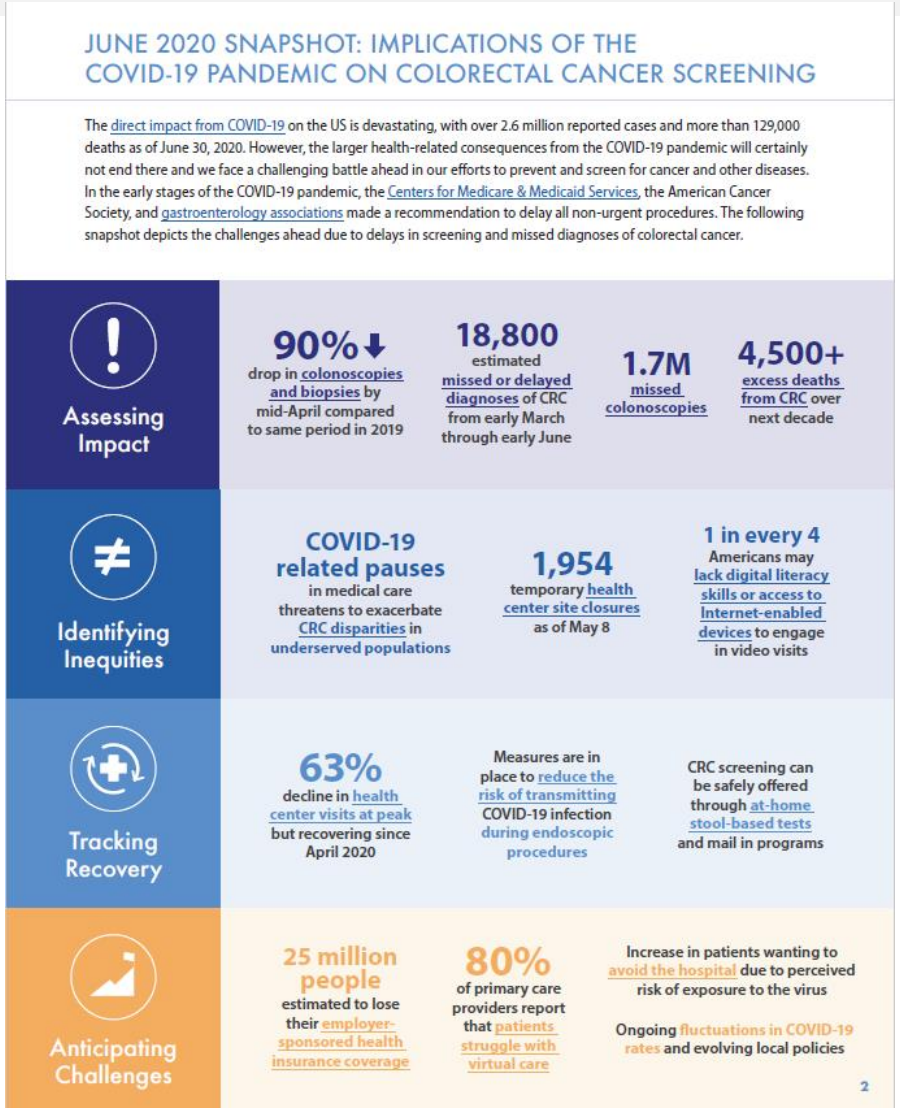
Return to Screening Guide

- Offers four unifying messages for resuming and promoting cancer screening during COVID-19
- Level sets on the most recent data, research, and trends (as of October 2020)
- Explores the strategic steps needed to best aid national efforts in the resumption and prioritization of cancer screening
- Includes one-pagers that dive deeper into the importance of cancer screening during COVID-19 and provides specific recommendations for breast, cervical, colorectal, and lung screening, as well as HPV Vaccination.

Download @ ACS4CCC.org: https://www.acs4ccc.org/acs-ccc-resources/cancer-screening-and-early-detection/

NCCRT Playbook for Reigniting CRC Screening during the Pandemic

- The colorectal cancer community stands prepared and well-positioned to respond to and overcome the difficult task ahead
- This NCCRT playbook reviews data, research, and clinical guidelines available and outlines a path forward for CRC screening and COVID-19.



JUNE 2020 SNAPSHOT: IMPLICATIONS OF THE COVID-19 PANDEMIC ON COLORECTAL CANCER SCREENING

The direct impact from COVID-19 on the US is devastating, with over 2.6 million reported cases and more than 129,000 deaths as of June 30, 2020. However, the larger health-related consequences from the COVID-19 pandemic will certainly not end there and we face a challenging battle ahead in our efforts to prevent and screen for cancer and other diseases. In the early stages of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services, the American Cancer Society, and gastroenterology associations made a recommendation to delay all non-urgent procedures. The following snapshot depicts the challenges ahead due to delays in screening and missed diagnoses of colorectal cancer.

Assessing Impact

- **90%↓** drop in colonoscopies and biopsies by mid-April compared to same period in 2019
- **18,800** estimated missed or delayed diagnoses of CRC from early March through early June
- **1.7M** missed colonoscopies
- **4,500+** excess deaths from CRC over next decade

Identifying Inequities

- **COVID-19 related pauses** in medical care threatens to exacerbate CRC disparities in underserved populations
- **1,954** temporary health center site closures as of May 8
- **1 in every 4** Americans may lack digital literacy skills or access to Internet-enabled devices to engage in video visits

Tracking Recovery

- **63%** decline in health center visits at peak but recovering since April 2020
- Measures are in place to reduce the risk of transmitting COVID-19 infection during endoscopic procedures
- CRC screening can be safely offered through at-home stool-based tests and mail in programs

Anticipating Challenges

- **25 million people** estimated to lose their employer-sponsored health insurance coverage
- **80%** of primary care providers report that patients struggle with virtual care
- Increase in patients wanting to avoid the hospital due to perceived risk of exposure to the virus
- Ongoing fluctuations in COVID-19 rates and evolving local policies

2

https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/

Together We Can Make An Impact

We must act now together, with partners, to address our current public health crisis and transform cancer outcomes for the future. The American Cancer Society is excited to lead with you and organizations from across the medical and health care community to address disparities and ensure a return to cancer prevention among communities nationwide.

American Cancer Society®

Marcie Fisher-Borne|
Marcie.fisherborne@cancer.org

American Cancer Society®