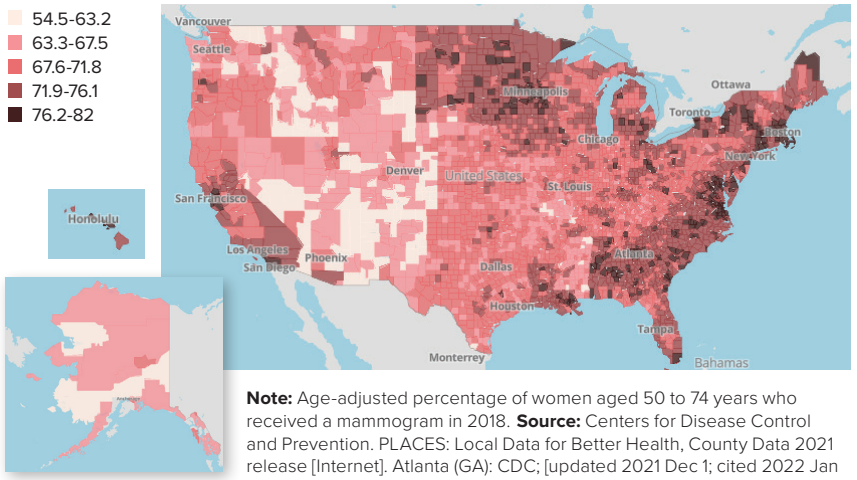
CLOSING GAPS IN CANCER SCREENING:
Connecting People, Communities, and Systems to Improve Equity and Access

Breast Cancer Companion Brief

In 2020–2021, the President's Cancer Panel held a series of meetings on the uptake of cancer screening, with a focus on breast, cervical, colorectal, and lung cancers. Cancer screening saves lives; however, gaps in screening uptake and timely receipt of follow-up care after an abnormal screening test result mean too many people are unnecessarily enduring aggressive treatment or dying from cancers that could have been prevented or detected at earlier stages. The Panel's report, *Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access*, identifies four critical goals and related recommendations to ensure the benefits of cancer screening reach all populations. Many challenges and opportunities are common across cancer types. This companion brief summarizes issues and recommendations that are highly relevant to breast cancer.

FACTS & FIGURES

U.S. Breast Cancer Screening Rates by County



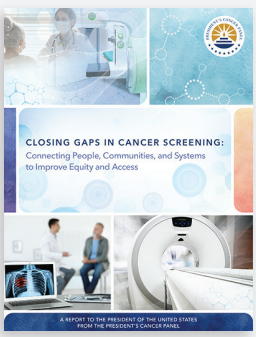
Note: Age-adjusted percentage of women aged 50 to 74 years who received a mammogram in 2018. **Source:** Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, County Data 2021 release [Internet]. Atlanta (GA): CDC; [updated 2021 Dec 1; cited 2022 Jan 4]. Available from: https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb

There were an estimated **281,550 cases** of breast cancer and **43,600 deaths** from the disease in the United States in 2021.

Black women are more likely than women of other racial/ethnic groups to die from breast cancer.

In 2019, **76.4%** of age-eligible U.S. women were screened for breast cancer. Breast cancer screening rates vary across the country and are lower among people with **no health insurance, no usual source of care, low educational achievement**, or **low income**.

Many eligible patients do not receive appropriate breast cancer screening and/or follow-up care due to a **lack of provider recommendation, fear** of testing, **lack of knowledge** of screening guidelines, difficulties **accessing** and **navigating** healthcare systems, and **logistical challenges** such as transportation and time.



ACCESS THE FULL PRESIDENT'S CANCER PANEL REPORT AT:
https://PresCancerPanel.cancer.gov/report/cancerscreening

Sources: National Cancer Institute. Cancer stat facts: female breast cancer [Internet]. Bethesda (MD): NCI; [cited 2021 Dec 7]. Available from: https://seer.cancer.gov/statfacts/html/breast.html; National Cancer Institute. Cancer Trends Progress Report: early detection [Internet]. Bethesda (MD): NCI; [cited 2021 March 9]. Available from: https://progressreport.cancer.gov/detection; Sabatino SA, et al. MMWR Morb Mortal Wkly Rep. 2021;70(2):29-35. Available from: https://www.ncbi.nlm.nih.gov/pubmed/33444294; Orji CC, et al. J Natl Med Assoc. 2020;112(6):578-92. Available from: https://www.ncbi.nlm.nih.gov/pubmed/32641257; Tejeda S, et al. J Womens Health. 2013;22(6):507-17. Available from: https://pubmed.ncbi.nlm.nih.gov/23672296

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PRESIDENT'S CANCER PANEL

Breast Cancer Companion Brief

GOAL 1: IMPROVE AND ALIGN CANCER SCREENING COMMUNICATION

Communications campaigns for breast cancer screening are needed. These campaigns should raise awareness, increase understanding, and empower people to be screened. Key messages should address common knowledge gaps or misperceptions about breast cancer screening, including the importance of early risk assessment based on family and personal health history. They also should be tailored to different populations and designed to help individuals overcome identified barriers to optimal cancer screening. Commonalities among the different breast cancer screening guidelines should be emphasized.

A National Roundtable with a focus on breast cancer screening should be created to increase coordination and promotion of high-quality breast cancer screening. Membership should include organizations and individuals across numerous sectors and should represent the geographic, socioeconomic, and racial/ethnic diversity of the United States. The Roundtable should include a focus on alignment of messaging about breast cancer screening guidelines to address confusion among providers and the public about differences between major guidelines.

KEY MESSAGES

- Breast cancer screening in accordance with any major guideline is effective.
- Women at high risk of breast cancer may benefit from additional screening.

GOAL 2: FACILITATE EQUITABLE ACCESS TO CANCER SCREENING

Community-oriented outreach and support services are needed to promote appropriate screening and follow-up care. Community health workers (CHWs), who have a deep understanding of the culture and life experiences of their communities, can help address various barriers to breast cancer screening, particularly those experienced by populations less likely to be screened. This could include connecting patients with resources to overcome logistical barriers (e.g., transportation) or coordinating appropriate follow-up care in the event of an abnormal mammography result. Sustainable funding, institutional commitment, and training are essential to establish effective CHW programs.

GOAL 3: STRENGTHEN WORKFORCE COLLABORATIONS TO SUPPORT CANCER SCREENING AND RISK ASSESSMENT

Systems and processes that support team-based care should be established. . Involving multiple members of the healthcare team—including physicians, nurses, office staff, and others—can help practices and healthcare systems collect family and medical history to inform possible referral for genetic testing, identify people due for breast cancer screening, provide information about screening, and ensure appropriate follow-up for abnormal screening test results. All team members should receive education and training to ensure they have the knowledge and skills to support cancer screening.

Access to genetic testing should be expanded. People who harbor mutations in some cancer susceptibility genes—such as the *BRCA* genes—may benefit from earlier, more frequent, or enhanced breast cancer screening; however, most people with these mutations are not identified until after they are diagnosed with cancer. Providers should regularly collect thorough family and personal health histories and be enabled to offer genetic testing to eligible patients with informed consent. Coverage for genetic testing should not depend on pretest counseling by a certified genetic counselor or medical geneticist. Many providers likely would benefit from education and training about genetics, genetic testing, and interpretation of genetic testing results. Providers should collaborate with genetic counselors to ensure all patients—particularly those with complex test results or questions—receive the information and support they need. The Centers for Medicare & Medicaid Services should recognize genetic counselors as healthcare providers so they can be reimbursed appropriately for their role.

GOAL 4: CREATE HEALTH INFORMATION TECHNOLOGY THAT PROMOTES APPROPRIATE CANCER RISK ASSESSMENT AND SCREENING

Computable guidelines for breast cancer screening should be created. The availability of guidelines in a format that can be fully interpreted and executed by a computer would facilitate creation of health information technology that promotes broader, more consistent, and faster guideline implementation.

Effective clinical decision support (CDS) for breast cancer risk assessment, screening, and follow-up care should be created and deployed. Computable guidelines can be used to create CDS that help providers and healthcare systems comprehensively and equitably deliver evidence-based cancer screening. To be optimally effective, CDS should be included in standard electronic health record systems and integrated into clinical workflows. They also should connect team members to ensure seamless delivery of care across providers and sites. For breast cancer risk assessment and screening, CDS can help providers and healthcare systems collect information on cancer risk factors (e.g., family history, personal health history), evaluate eligibility for genetic testing; interpret genetic testing results, identify patients due for screening, recommend the most appropriate screening schedule and modality based on patient risk factors, and ensure all patients have received recommended follow-up care in the case of an abnormal screening test result.