

Goal 3: Increase Screening and Early Detection of Cancer

Priority Areas:

1. Breast cancer screening and early detection
2. Colorectal cancer screening and early detection
3. Lung cancer screening and early detection
4. Cervical cancer screening and early detection
5. Prostate screening, based on shared decision-making

HIGHLIGHT:

ALIGNING WITH NATIONAL CANCER SCREENING OBJECTIVES FROM HEALTHY PEOPLE 2030⁶⁵

Every ten years since 1980, the Healthy People initiative, a project of the U.S. Department of Health and Human Services through its Office of Health Promotion and Disease Prevention, sets measurable objectives to improve the health and well-being of people nationwide. The interventions cited here from Healthy People 2030 pertain to evidence-based cancer screening using recommended guidelines to reduce new cases of cancer and cancer-related illness, disability, and death for high-burden cancers.



Healthy People 2030 Objectives

Breast Cancer Screening: Increase the proportion of females ages 50 to 74 who receive a breast cancer screening from 72.8% to 77.1%

Colorectal Screening: Increase the proportion of adults ages 50 to 75 who receive colorectal cancer screening based on the most recent guidelines from 65.2% to 74.4%

Lung Cancer: Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines from 4.5% to 7.5% (Note: USPSTF guidelines changed in March 2021, lowering the recommended starting age for lung cancer screening from 55 to 50)

Cervical Cancer Screening: Increase the proportion of females ages 21 to 65 who receive cervical cancer screening based on the most recent guidelines from 80.5% to 84.3%

Prostate Cancer: Reduce the prostate cancer death rate from 18.8 prostate cancer deaths per 100,000 males in 2018 to 16.9 per 100,000 (Note: Healthy People 2030 provides a death rate reduction objective, since screening is not recommended as an evidence-based strategy)

*Note that the target date for all objectives in the Connecticut Cancer Plan, 2021-2026 is 2026.

DISPARITIES ALERT

- Please note that the Healthy People 2030 Objectives apply to the American population as a whole. Connecticut fares well overall relative to U.S. rates but suffers from disparities within racial and ethnic and LGBTQ groups. The overall focus of this plan is to address inequities, and many of this Plan's objectives reflect that focus
- An example of a disparities issue that merits consideration is that since Black women disproportionately experience breast cancer at younger ages, the American Cancer Society guideline of beginning screening at age 45, with the option to begin at age 40, may be a strategy that can reduce cancer outcome disparities



G-3, Priority Area 1: Breast Cancer Screening

Breast cancer screening objectives

- Increase the percentage of all women ages 50 – 74 in Connecticut who are up to date with USPSTF⁶⁶ recommended breast cancer screening from 83% to 85% (2018 BRFSS Report)
- Increase the percentage of lower-income women who are up to date with USPSTF recommended breast cancer screening from 76.2% to 85% (2016 BRFSS Report)
- Decrease the age-adjusted late-stage female breast cancer incidence rate in Connecticut from 41 to 39 per 100,000 women. (Baseline: State Cancer Profiles 2013-2017. Update available)



STRATEGIES

- Maintain and promote goals and objectives of the Connecticut Early Detection and Prevention Program (CEDPP), which consists of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) and the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)
- Advocate for inclusion of optional breast cancer screening module in state BRFSS
- Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminders, provider assessment and feedback, and provider reminder and recall systems
- Promote increasing the capacity for and use of lay navigators⁶⁷ or community health workers for outreach to populations of focus for dissemination of appropriate information regarding breast cancer risk factors, benefits of screening and early detection, and improved equitable and affordable access to cancer screenings
- Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic counseling services
- Develop continuity, recovery, and resiliency plans to maintain cancer screenings during public health emergencies, with appropriate messaging, providing capacity to offer alternative modalities and delivery methods
- Encourage health systems, providers, and community health centers to combine screening reminders with vaccination clinics or other health promotion events, such as other cancer screenings
- Promote workplace wellness programs with focus on screening education and access to mobile mammography if available
- Adopt innovative outreach programs to engage women in screening, such as that piloted through pharmacists' identification and referral of cash-paying clients to refer women eligible for the Connecticut Early Detection and Prevention Program (CEDPP)
- Encourage and support screening education programs through dissemination of information at churches, bodegas, hair and nail salons, food distribution sites, community and hospital wellness events, and vaccination clinics

G-3, Priority Area 2: Colorectal Cancer (CRC) Screening

DISPARITIES ALERT

- Disparities in **colorectal cancer incidence** in Connecticut from 2013 – 2017 highlight the need to increase screening among specific groups. The rate of colorectal cancer among Hispanic men is 49.4 per 100,000, and the rate among Black men is 46.1, compared to 40.8% for non-Hispanic white men
- The mortality rates for colorectal cancer in Connecticut also show unsettling disparities between white (13.0 per 100,000) and Black men (16.7 per 100,000)
- In 2018, 78% of all CT adults 50 – 75 years old reported they ever had a sigmoidoscopy or colonoscopy, while the rate for Hispanic adults was significantly lower at 70.2%^{68 69}



Colorectal screening objectives. (2018 BRFSS data)

Please note: Screening guidelines from USPSTF and ACS now recommend that colorectal screening begin at age 45. Improvement targets provided below are given with the 2018 baselines for comparison purposes (starting age of 50). As BRFSS baselines incorporate the new recommended age of initiation of screening, these targets will be modified.

- Increase the percentage of adults ages 50–75 in Connecticut who are up to date with USPSTF recommended colorectal cancer screening from 78% to 80.0%
- Increase the percentage of Black adults ages 50–75 in Connecticut who are up to date with USPSTF recommended colorectal cancer screening from 75.5% to 80%
- Increase the percentage of Hispanic adults ages 50–75 in Connecticut who are up to date with USPSTF recommended colorectal cancer screening from 70.2% to 80%

STRATEGIES

- Monitor and track the rates of cancer screenings (fecal immunochemical test (FIT) kits and colonoscopies) and track disparities
- Monitor provider referrals and screening uptake in age groups that are now recommended to begin screening at age 45
- Promote low or no-cost screening programs, including FIT kit utilization, to improve screening affordability and acceptability. Provide education on how to use kits and telephone support to enhance completion and return rate. Provide specific messaging around test type and frequency of test since they differ in that FIT is recommended for annual testing and colonoscopy is every 10 years for average risk
- Promote public awareness of new guidelines lowering recommended starting age of CRC screening to 45
- Encourage systems, providers, community health centers to reach out annually to members starting at age 45 with information about colorectal cancer testing, including colonoscopy. Provide FIT kits and instructions for those not choosing colonoscopy
- Encourage health systems, providers, and community health centers to screen for social determinant of health barriers and offer navigation when colonoscopies are indicated
- Promote systems changes to increase the capacity for and use of community health workers or health navigators for outreach to populations of focus for health education and improved utilization of cancer screenings
- Implement evidence-based physician and employer reminder systems and incentives for routine cancer screenings.
- Establish commitments from organizations to offer annual colorectal screening in a trusted setting identified by populations of focus
- Develop continuity, recovery, and resiliency plans to maintain cancer screenings during public health emergencies, with appropriate messaging, providing capacity to offer alternative modalities and delivery methods
- Encourage health systems, providers, and community health centers to combine CRC screening reminders with vaccination clinics or other health promotion events, such as other cancer screenings, assuring that screening recipients are linked with providers for appropriate follow-up
- Promote workplace wellness programs, with focus on screening education
- Advocate for continued inclusion of optional colorectal cancer screening module in state BRFSS

G-3, Priority Area 3: Lung Cancer Screening

DISPARITIES ALERT

- Screening for lung cancer with annual low-dose CT (LDCT) scans among those at high risk can reduce the lung cancer death rate by up to 20% by detecting tumors at early stages when they are more likely to be curable. In Connecticut, 7.6% of those at high risk were screened, which was significantly higher than the national rate of 5.7%
- The early lung cancer diagnosis rate is 23.5% among Blacks in Connecticut, and while higher than the rate of 19.7% among Black Americans nationally, it is significantly lower than the rate of 27.6% among whites in Connecticut⁷⁰



Lung cancer objectives

- Increase the percentage of Connecticut adults at risk who are screened from 7.6% to 10%^{71 72} (North American Association of Central Cancer Registries (NAACCR 2019))
- Monitor the results of the 2022 BRFSS survey question on lung cancer screening
- Decrease the state age-adjusted rate of lung cancer cases diagnosed at the distant stage from 41 to 39 per 100,000 persons (Baseline: State Cancer Profiles, 2013–2017)
- Decrease the age-adjusted lung cancer mortality rate in Connecticut from 30 to 28 per 100,000 persons (Baseline: State Cancer Profiles, 2018)

*In 2021, USPSTF changed the recommended starting age range from 55 – 80 years of age to 50 – 80 years of age and changed the smoking history from 30 pack years to 20 pack years.

STRATEGIES

- Identify and address barriers to annual screening referrals by primary care clinicians
- Develop outreach to referring providers and patients that addresses the importance of **annual** screening for those eligible
- Send automated letter to qualifying smokers and ex-smokers
- Support comprehensive lung cancer screening programs across the state, encompassing these elements: individualized lung cancer risk evaluation, shared decision-making conversation on the risks and benefits of screening, smoking cessation counseling and treatment, LDCT scan or other tests, if indicated management recommendations of any findings, continuity of care, and ongoing monitoring
- Reduce structural barriers, such as financial and transportation issues, to improve equitable and affordable access to screening for populations of focus
- Recognize and address stigma associated with lung cancer risk
- Create a paper and digital (app/website) educational tool
- Provide education surrounding lung cancer risks (smoking, radon, radiation) focusing on risk reduction through tobacco cessation and home radon testing (ensure that underserved populations are addressed)
- Promote the use of culturally appropriate public education, patient and lay navigation, and health equity strategies
- Encourage referral to tobacco cessation for smokers and users of vaping products
- Encourage use of public services announcements to play on closed loop TV in physicians' offices
- Partner with Connecticut Quitline to include addition of information on lung cancer screening in Welcome Kit information⁷³
- Encourage provision of radon testing information to all residents, with additional risk information to be provided to current or past smokers
- Endorse physician practice staffing model that can make screening checklists less time consuming for the physician, such as the use of a practice care coordinator or health coach
 - Provide toolkits to primary care clinicians with guidance on the shared decision-making process and insurance codes and billing for the decision support appointment
 - Provide templates for patient education materials in English and Spanish, explaining current screening recommendations and how to use the USPSTF guidelines' "pack-history calculation"⁷⁴
 - Promote professional education about lung cancer screening indications and shared decision-making
 - Advocate for EHR (electronic health record) automated reminder system to identify patients who might qualify for lung cancer screening
- Advocate for continued inclusion of lung cancer screening module in state BRFS⁷⁵

G- 3, Priority Area 4: Cervical Cancer Screening

Cervical cancer screening objectives

- Increase the percentage of women ages 21 – 65 from populations of focus in Connecticut who are up to date with USPSTF recommended cervical cancer screening to 84%. The uninsured and lower income populations have rates of 69% and 77.6% respectively, while Connecticut's overall rate is 84%
- Decrease the age-adjusted invasive cervical cancer incidence rate in Connecticut from 4.5 to 4.3 per 100,000 women (State Cancer Profiles, 2018)



STRATEGIES

- Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminders, provider assessment and feedback, and provider reminder and recall systems
- Monitor and promote professional education and the use of current screening guidelines regarding those persons fully HPV-vaccinated
- Promote the use of culturally appropriate public education, community health workers, lay navigation, messaging, and health equity strategies
- Reduce structural barriers, such as financial and transportation issues, to improve equitable and affordable access to screening for populations of focus
- Advocate for continued inclusion of cervical cancer screening module in state BRFSS

G-3, Priority Area 5: Prostate Screening

Prostate cancer screening objectives⁷⁶

- Reduce the prostate cancer death rate from 17 to 16 per 100,000 men (State Cancer Profiles, 2018)
- Reduce gap in stage at diagnosis between Black and white men

Note: Prostate cancer screening has not been recommended by the USPSTF, which determined overall benefits do not outweigh potential harms.⁷⁷ Therefore, the recommendation is that men have a conversation, using a shared decision-making approach, with their provider specific to their own risk factors. Shared decision-making (SDM) is a collaborative discussion between patient and clinician to assess risks and benefits associated with an intervention for which there may be no clear evidence basis of benefit. The American Cancer Society suggests that discussion about screening should take place at:⁷⁸

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65)
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age)



STRATEGIES

- Disseminate results from community-based, culturally appropriate shared decision-making education programs addressing prostate cancer risks and the risks and benefits associated with prostate screening methods
- Promote use of shared decision-making aids, including information on the effectiveness of close monitoring of prostate cancer to reduce the prostate cancer death rate in men who are diagnosed early^{79,80}
- Focus information on the higher risks faced by Black and Hispanic men and the benefits and risks of testing and the use of culturally appropriate shared decision-making aids, including information on the effectiveness of close monitoring of prostate cancer, to reduce the prostate cancer death rate in men who are diagnosed early⁸¹
- Monitor and promote professional education and the use of current screening guidelines
- Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services
- Advocate for continued inclusion of prostate cancer screening module in state BRFSS
- Advocate for inclusion of prostate cancer decision-making module in state BRFSS

General Early Detection Resources

- State Cancer Profiles. NIH. Quick Profile: Connecticut. <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?tabSelected=4&statename=connecticut#t=1>

Colon Cancer Resources

- Colorectal Cancer Facts & Figures 2020-2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>
- Colorectal Cancer Screening: A State-By State Snapshot. NCCRT. https://nccrt.org/index.php?gf-download=2020%2F10%2FState-CRC-Screening-Landscape_NCCRT.pdf&form-id=12&field-id=23&hash=e650bd5d04da96258fcef913ca437570c6a5445c185936b77ef32277ed4760d7
- Quick Facts: Colorectal Cancer Screening in Connecticut. <https://www.cdc.gov/cancer/ncccp/screening-rates/pdf/colorectal-cancer-screening-connecticut-508.pdf>
- What Can Comprehensive Cancer Control Coalitions Do to Advance 80% In Every Community? What Can Comprehensive Cancer Control Coalitions Do to ...

Lung Cancer Resources for Consumers

- Can Lung Cancer Be Found Early? American Cancer Society. <https://www.cancer.org/cancer/lung-cancer/detection-diagnosis-staging/detection.html>
- Is Lung Cancer Screening Right for Me? (Agency for Healthcare Research and Quality)
- Lung Cancer Screening Resources: Saved By The Scan. American Lung Association. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/resources>
- Lung Cancer Screening (National Cancer Institute)
- Lung Cancer Screening. American Thoracic Society. <https://www.thoracic.org/patients/patient-resources/lung-cancer-screening.php>
- Risk and Early Detection. Cancer Alliance: www.lungcanceralliance.org/risk-early-detection/
- Screening for Lung Cancer (JAMA)
- Who Should be Screened for Lung Cancer? CDC. https://www.cdc.gov/cancer/lung/basic_info/screening.htm
- <https://www.screenyourlungs.org/>
- National Lung Cancer Roundtable. <https://nlcrt.org/about/task-groups/state-based-initiatives-task-group/>

Lung Cancer Resources for Health Care Providers

- Implementation of Lung Cancer Screening: Proceedings of a Workshop (The National Academies of Sciences, Engineering, and Medicine)
- Lung Cancer Screening Resources. American Lung Association. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/resources/state-lung-cancer-screening>
- Lung Cancer Screening: A Clinician's Checklist (Agency for Healthcare Research and Quality)
- Lung Cancer Screening: A Summary Guide for Primary Care Clinicians(Agency for Healthcare Research and Quality)
- Management of lung nodules and lung cancer screening during the COVID-19 pandemic. Mazzone PJ, Gould MK, Arenberg DA, Chen AC, Choi HK, Detterbeck FC, et al. CHEST Expert Panel Report. Chest 2020;158(1):406–415. DOI
- Screening for lung cancer: CHEST guideline and expert panel report. Mazzone PJ, Silvestri GA, Patel S, Kanne JP, Kinsinger LS, Wiener RS, Soo Hoo G, Detterbeck FC. Chest 2018;153(4):954–985. DOI: 10.1016/j.chest.2018.01.016. external icon
- Reducing the Risk from Radon: Information and Interventions. http://www.radonleaders.org/resources/reducingtheriskfromradon?utm_source=Widget2018
- USPSTF Final Recommendation Statement Lung Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>