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Return to Screening Clinical Study

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No Disclosures

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Introduction
IRB Exemption
Principal Investigator
Q&A

FORM A – REDCap Tool
Screening Data
Calculating Monthly Targets
Q&A

Standards Credits
Logistics
Q&A

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Return to Cancer Screening Quality Improvement

PDSA and Clinical Study

Why is this topic important?

- Cancer screening has been significantly curtailed
- In person screening **events** have been **discouraged** due to safety concerns
- **More cancer deaths** will occur if we cannot make up for screening deficits
- Screening can **resume safely** in most, if not all, facilities
- Now is the time to get back to pre-Covid screening rates

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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

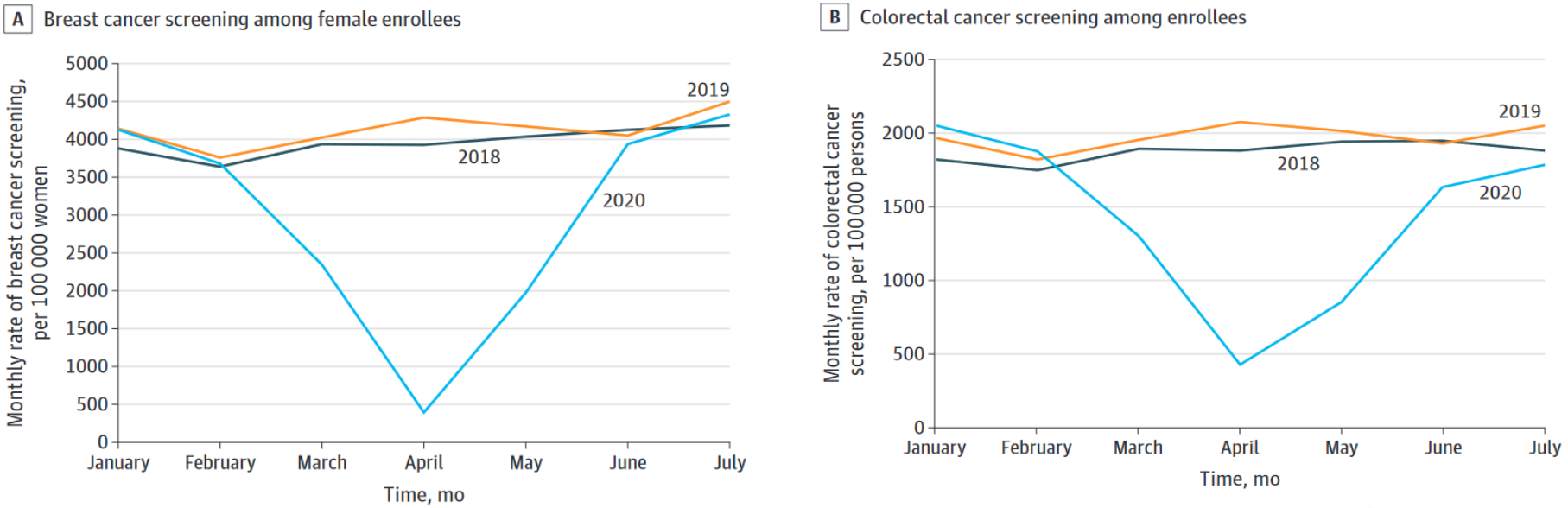

Figure 1. Screening Rates per 100 000 Enrollees per Month in 2018, 2019, and 2020

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Collaboration

Commission on Cancer
American Cancer Society
National Accreditation for Breast Centers

Goal: Accelerate Return To Screening

- These are **elective;** you do not have to participate
- These are intended to **use existing** guidelines, messaging and toolkits to assist programs in getting patients back to screening
- Can fulfill compliance with **CoC Standards 8.3; 7.3; and 9.1**
- Can fulfill compliance with **NAPBC Standards 6.1; 3.2; 4.1**

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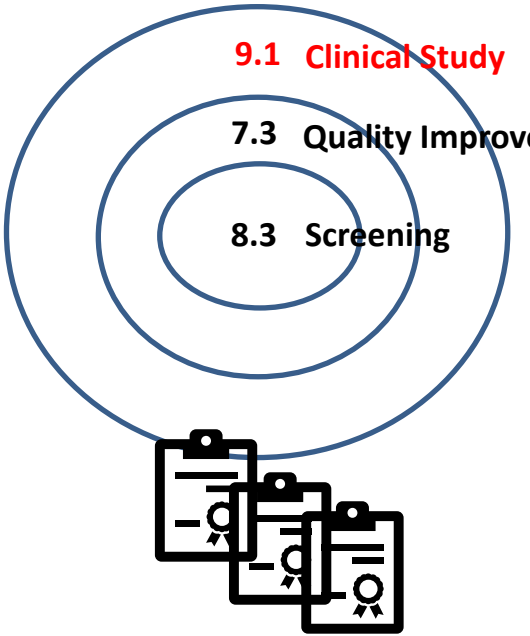
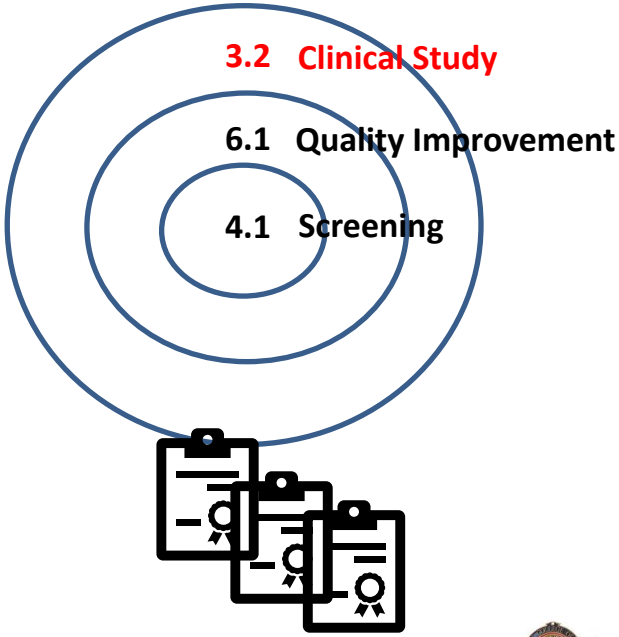
CoC Standards



OR

NAPBC Standards



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Who can participate?

- Any CoC- or NAPBC- accredited program (or associated screening facility)

How do I get started?

- Read the PDSA and/or Clinical Study materials:
  - ✓ Project and Clinical Study Details
- Decide on whether you want to participate in the:
  - ✓ Screening Interventions
  - ✓ PDSA
  - ✓ Clinical Study

- Follow the Instructions and Complete the three FORMS as you do your work
  - ✓ For the PDSA – Keep on hand and file with PRQ for future accreditation
  - ✓ Submit Forms for the Clinical Study (IRB and REDCap survey are pending)

Where do I turn for FAQs?

- ✓ FAQ on Return to Screening PDSA/Clinical Research Study

Proposed Interventions for Return to Screening

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- **Patient Reminders**
  - Individual patient outreach by healthcare providers
  - Hospital-wide patient outreach
- **Patient Education**
  - One-on-One Education
  - Group Education
- **Small Media**
  - Dissemination of guideline and messaging information to patients across hospital system
  - Dissemination of guideline and messaging information across community sites
  - Social media posts and/or press releases
  - Collaboration with local community group leaders to reach vulnerable populations at risk for screening disparities
- **Provider Awareness & Education**
  - Dissemination of guideline and messaging information to **primary care practitioners** (defined by institution)
  - Dissemination guideline and messaging information to **specialists** (defined by institution)
- **Provider Reminder/Recall**
  - Reminders sent to health care providers
- **Provider Assessment/Feedback**
  - Interventions aimed at evaluating provider performance in delivering or offering screening to patients
- **Increase Community Access**
  - Reduce Socioeconomic Barriers
  - Reduce Structural Barriers
  - Reduce Economic Barriers
- **Other interventions**: Evidence-Based Interventions for Cancer Screening from the Community Guide

IRB Approval and Logistics

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Study protocol reviewed by a third-party institutional review board (IRB)

- Determined to be **exempt from IRB oversight**

Why is this the case?

- This study does not involve experimentation on human subjects, but rather dissemination and implementation of institutional best practices
- No individual or identifiable patient data is collected
- Therefore the risk to patients is negligible

IRB Approval and Logistics

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What does this mean for my site?

Typically, no additional review is necessary; follow local research practices

Although this study is IRB-exempt, data collection and storage is still safe and secure

- REDCap is a secure data entry portal
- All data will be maintained on secured ACS servers
- Data access will be limited to the study team

Principal Investigator

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Each site must identify a principal investigator (PI)

- Responsible for leading the project at your site
- Ensures collection of accurate data
- Each site PI will be receive authorship credit on eventual publication of study data

Principal Investigator

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Who can be a PI?

- Cancer liaison physician
- Cancer committee member or chair
- Research coordinator
- Other

This is an IRB-exempt study and the PI will not be involved in consenting patients or conducting human subjects research. Following your local institutional research practices is advised.

PI Expectations

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The site PI is expected to be engaged in the project

- Organizing the site's study team
- Ensuring that efforts are made to successfully implement interventions
- Determining how to obtain the necessary data at their institution
- Ensuring that data is accurate and is submitted in a timely fashion

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Questions?

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Breast: https://redcap.link/breastscreening

Colorectal: https://redcap.link/colonscreening

Lung: https://redcap.link/lungscreening

Cervical: https://redcap.link/cervicalcancerscreening

Please double check whether you are filling out the correct form (specific to disease site)

Resize font:

Returning?

Form A: Breast Cancer Screening Enrollment and Baseline Data Collection

For clinical research study participation, complete this form and submit no later than **May 31st**. *Fill out separate **Form A** for each cancer screening target* if your facility has more than one target screening focus.

Note: This study is IRB exempt. This study does not require submission of any individual patient information. The only information required is aggregate institutional-level screening rates.

Please refer to this document for detailed instructions

Attachment: Return_to_Screening_PDSA_and_Clinical_Study.pdf (0.37 MB)

Contact Information

Name of Individual Completing this Form
* must provide value

Email of Individual Completing this Form
* must provide value

Phone Number of Individual Completing this Form

Name of Local Study PI (as it should appear on authorship byline for final manuscript)
* must provide value

Email of Local Study PI
* must provide value

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Institution Information

Select the Accreditation Program for which you want Standards Credit (select only one per form)
* must provide value

- (•) CoC
- ( ) NAPBC

reset

Name of CoC Institution
* must provide value

CoC Facility Identification Number (FIN #)
* must provide value

State
* must provide value

Select State

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Type of CoC Institution

* must provide value

Breast Cancer Screening Focus and Baseline Data

Number of Interventions Selected for June 1 Implementation

* must provide value

Check all that apply

* must provide value

- Academic Comprehensive Cancer Program
- Comprehensive Community Cancer Program
- Freestanding Cancer Center Program
- Hospital Associate Cancer Program
- Integrated Network Cancer Program
- NCI Designated Network
- NCI Designated Comprehensive Cancer Program
- Pediatric Cancer Program
- Veterans Affairs Cancer Program
- Community Cancer Program

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Institution Information

Select the Accreditation Program for which you want Standards Credit (select only one per form)
* must provide value

- ( ) CoC
- (•) NAPBC

reset

Name of Breast Center
* must provide value

Breast Center ID #
* must provide value

State
* must provide value

Select State

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Breast Cancer Screening Focus and Baseline Data

Number of Interventions Selected for June 1 Implementation

* must provide value

Check all that apply

* must provide value

- [ ] Individual patient reminder/outreach by healthcare providers
- [ ] Hospital-wide patient reminder/outreach
- [ ] One-on-one patient education
- [ ] Group patient education
- [ ] Dissemination of guideline and messaging information to patients across hospital system
- [ ] Dissemination of guideline and messaging information across community sites
- [ ] Social media posts and/or press releases
- [ ] Collaboration with local community group leaders to reach vulnerable populations at risk for screening disparities
- [ ] Dissemination of guideline and messaging information to primary care practitioners (defined by institution)
- [ ] Dissemination of guideline and messaging information to specialists (defined by institution)
- [ ] Provider Reminder/Recall
- [ ] Provider Assessment/Feedback
- [ ] Reducing Socioeconomic Barriers
- [ ] Reducing Structural Barriers
- [ ] Reducing Economic Barriers
- [ ] Other Interventions

Scenario 1: Screening Gap > 10%

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Pre-Pandemic Rate of Breast Cancer Screening * must provide value	100 Average monthly pre-pandemic rate (September '19 + January '20 rates/2)
Pandemic Rate of Breast Cancer Screening * must provide value	50 Average monthly pandemic rate (September '20 + January '21 rates/2)
Pandemic Screening Gap	50 Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates
10% Increase in Screening	5 10% Increase calculated for you as: 10% over the Pandemic Screening Rate
Post-Intervention Monthly Breast Cancer Screening Target	100 Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%)

Scenario 2: Screening Gap < 10%

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Pre-Pandemic Rate of Breast Cancer Screening * must provide value	100 Average monthly pre-pandemic rate (September '19 + January '20 rates/2)
Pandemic Rate of Breast Cancer Screening * must provide value	99 Average monthly pandemic rate (September '20 + January '21 rates/2)
Pandemic Screening Gap	1 Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates
10% Increase in Screening	9.9 10% Increase calculated for you as: 10% over the Pandemic Screening Rate
Post-Intervention Monthly Breast Cancer Screening Target	108.9 Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%)

Scenario 3: Pandemic Rate > Pre-Pandemic

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Pre-Pandemic Rate of Breast Cancer Screening * must provide value	100 Average monthly pre-pandemic rate (September '19 + January '20 rates/2)
Pandemic Rate of Breast Cancer Screening * must provide value	200 Average monthly pandemic rate (September '20 + January '21 rates/2)
Pandemic Screening Gap	-100 Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates
10% Increase in Screening	20 10% Increase calculated for you as: 10% over the Pandemic Screening Rate
Post-Intervention Monthly Breast Cancer Screening Target	220.000000000000 Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%)

Scenario 4: Pandemic Rate = Pre-Pandemic

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Pre-Pandemic Rate of Breast Cancer Screening * must provide value	100 Average monthly pre-pandemic rate (September '19 + January '20 rates/2)
Pandemic Rate of Breast Cancer Screening * must provide value	100 Average monthly pandemic rate (September '20 + January '21 rates/2)
Pandemic Screening Gap	0 Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates
10% Increase in Screening	10 10% Increase calculated for you as: 10% over the Pandemic Screening Rate
Post-Intervention Monthly Breast Cancer Screening Target	110.000000000000 Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%)

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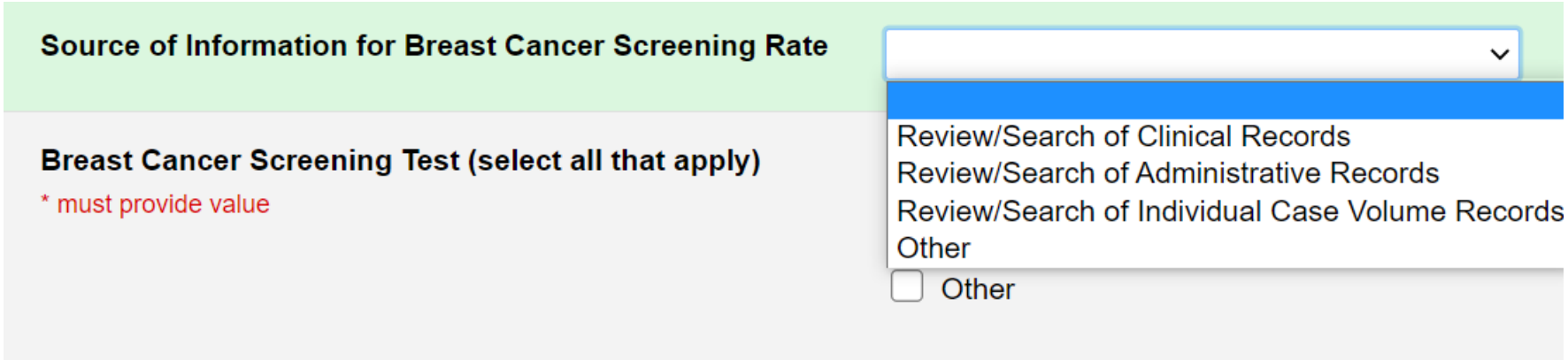

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Breast Cancer Screening Test (select all that apply)

* must provide value

- [ ] Screening Mammograms
- [ ] Screening MRIs (for high-risk women)
- [x] Other

If other, please describe

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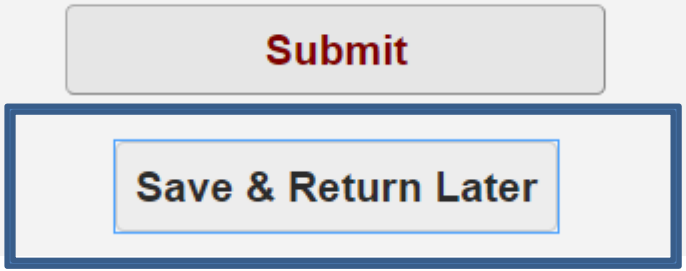


Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code

A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code 99MDW3FT

* The return code will NOT be included in the email below.

2.) Survey link for returning

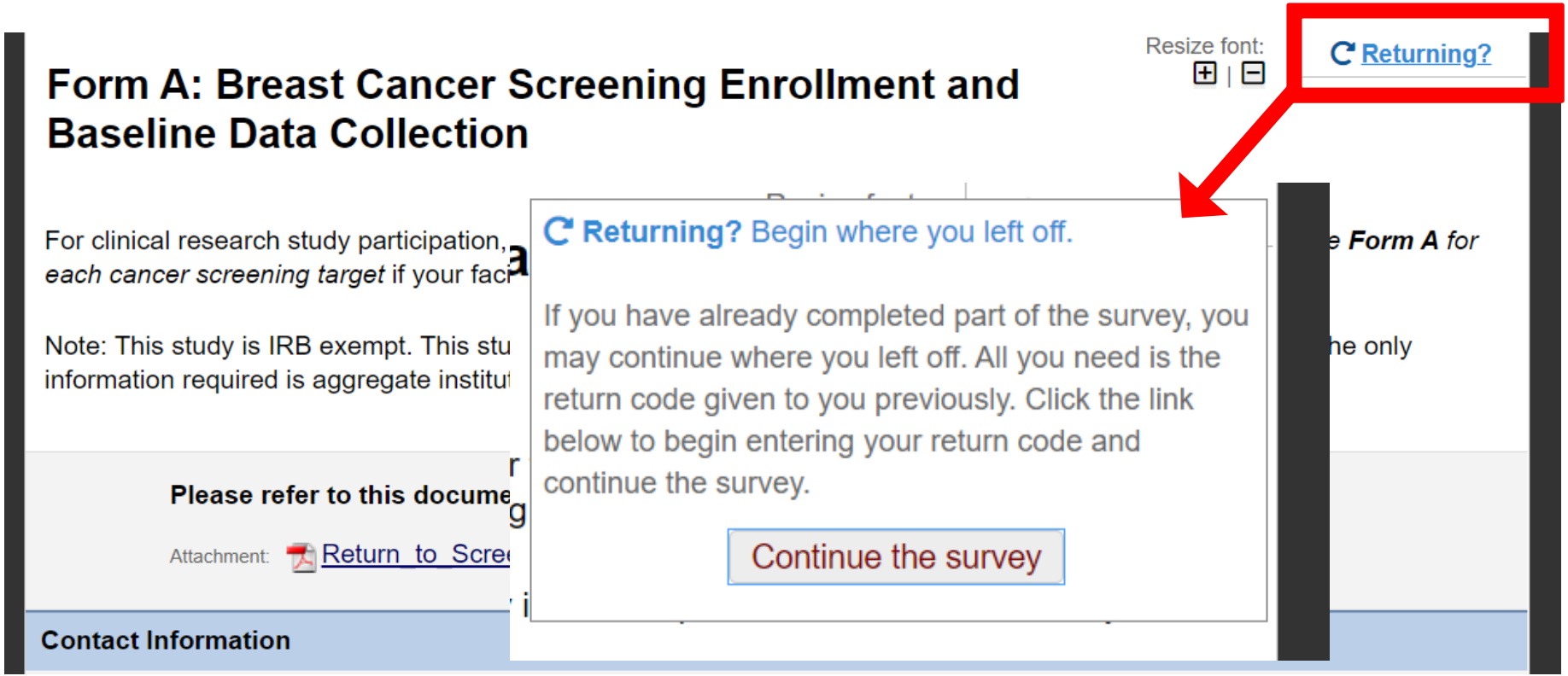
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

Enter email address | Send Survey Link

* Your email address will not be stored

Or if you wish, you may continue with this survey again now.

Continue Survey Now



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Form A: Breast Cancer Screening Enrollment and Baseline Data Collection

To continue the survey, please enter the RETURN CODE that was auto-generated for you when you left the survey. Please note that the return code is *not* case sensitive.

Submit your Return Code

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

eTable 3. Screening rates per 100,000 enrollees by month

	January	February	March	April	May	June	July	Jan-July
Breast								
2019	4,142	3,760	4,024	4,287	4,170	4,050	4,500	4,133
2020	4,127	3,680	2,343	394	1,975	3,936	4,329	2,971
% change	-0.3%	-2.1%	-41.8%	-90.8%	-52.6%	-2.8%	-3.8%	-28.1%
Colorectal								
2019	1,962	1,821	1,950	2,073	2,013	19,302	2,048	2,262
2020	2,050	1,875	1,300	430	852	1,631	1,781	1,417
% change	4.5%	2.9%	-33.3%	-79.3%	-57.7%	-15.4%	-13.1%	-37.3%

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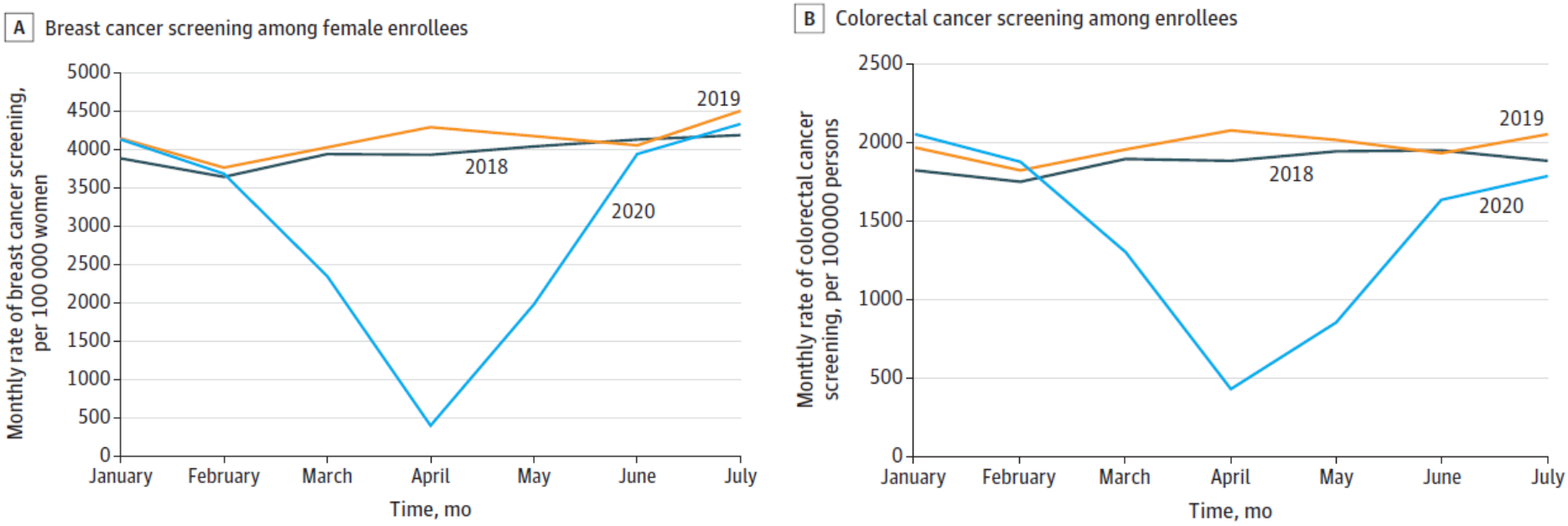
Figure 1. Screening Rates per 100 000 Enrollees per Month in 2018, 2019, and 2020



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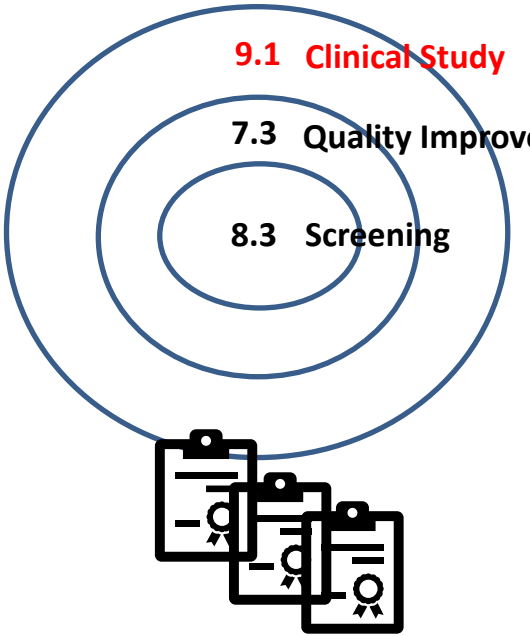
CoC Standards



OR

NAPBC Standards