New York State Cancer Consortium

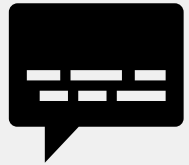
WELCOME!

While we are getting set up....

We would like to get to know our audience.

Please put your answer to the following questions in the chat.

Which organization are you affiliated with and what is your role?



New York State Cancer Consortium

The Consortium recognizes the uncertainty that ongoing changes at the federal level is causing for organizations working in public health and human service. The Consortium remains committed to its mission to reduce the human and economic burden of cancer in New York State (NYS).

It's important to remind ourselves that the Consortium's work is deeply rooted in science and data, and we are dedicated to implementing our mission and the New York State Comprehensive Cancer Control Plan with diligence and care.

The Consortium is also committed to its vision that people concerned about cancer will work collaboratively to implement the Cancer Plan while respecting and embracing the cultural, demographic, and geographic diversity within NYS. In fact, it's the collaborative and diverse nature of this voluntary organization that is our strength.

On behalf of the Consortium's Steering Committee, as New Yorkers let's continue to support and lean on each other.

Health Equity and Cancer:

Inequities in NYS Communities and Actions for Improvement

March 18, 2025 | 11 AM – 12 PM

New York State Cancer Consortium

NYSCC QUARTERLY MEETING SERIES

Housekeeping

Please mute your line.

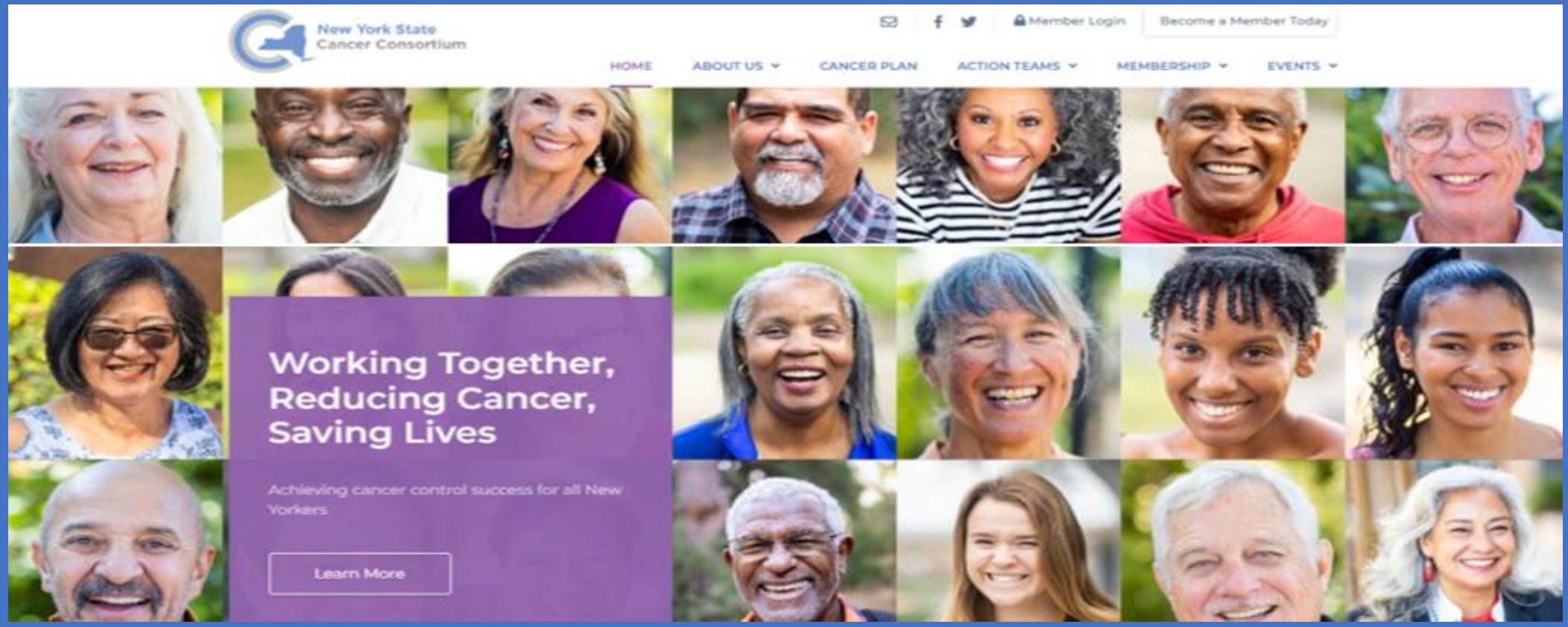
If you have a question, please type it in the Chat Box.

Questions will be answered after the panel discussion.

This meeting is being recorded.

A link to the recording will be e-mailed to everyone who registered.

www.nyscancerconsortium.org



We are New Yorkers from all walks of life who work together to reduce the burden of cancer.

Member Area | New York State Cancer Consortium

NYSCC Quarterly Meeting Series: Health Equity and Cancer

Upcoming Meetings

- **Navigating the Complexities of the Cancer Care Continuum**

  Thursday, May 15th, 11:00 AM to 12:00 PM

- **Survivorship (Part 1)**

  Tuesday, September 16th, 11:00 AM to 12:00 PM

[Events | New York State Cancer Consortium]

First session of the series: January 16th Recap

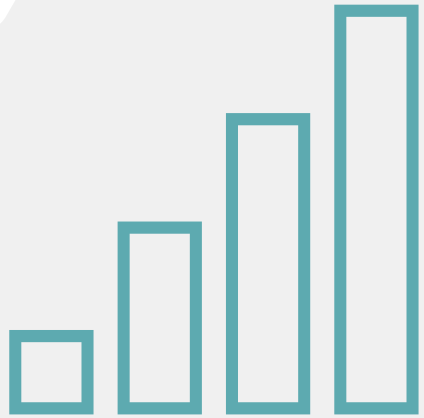
Goal: Growing our knowledge and evidence to achieve the goal of greater health equity and better outcomes in cancer prevention, detection, and care through data

- **Populations and demographics**
  US Census (e.g., health insurance status)
  Public Opinion Polls
- **Population behaviors**
  BRFSS- Behavioral Risk Factor Surveillance System
- **Population-based surveys - Outcomes**
  NYS Cancer Registry
  Death data: Vital Statistics

Quarterly Member Meeting Series | New York State Cancer Consortium

Pre-Meeting Poll

Before the webinar, please rate your knowledge of inequities in New York State communities and actions for improvement.



Health Equity and Cancer:

Inequities in NYS Communities and Actions for Improvement

Session Objective:

- After participating in this session, participants will be able to identify the various actions each New Yorker can undertake to promote health equity and address the challenges posed by cancer throughout the state by analyzing specific strategies and opportunities for collaboration, education, and resource allocation.

Meet Our Speakers

Phoenix Matthews, PhD

Clinical Psychologist and Professor

Columbia University School of Nursing

They are a NIH-funded researcher specializing in LGBTQ+ health disparities, tobacco cessation, and behavioral interventions. Dr. Matthews is the Co-Director of the Community Outreach and Engagement Program at the Herbert Irving Comprehensive Cancer Center, where they work to advance culturally tailored, community-based interventions to reduce cancer and tobacco-related health disparities. A dedicated advocate and mentor, Dr. Matthews is committed to bridging research and practice to improve healthcare access for marginalized populations.

Elizabeth Bouchard, PhD

Senior Vice President for Community Outreach and Engagement and Professor of Oncology

Roswell Park Comprehensive Cancer Center

Dr. Bouchard's work focuses on health care improvement and enhancing access, quality, and outcomes throughout the cancer care continuum.

Charles Kamen, PhD, MPH

Associate Professor in the Department of Surgery and Psychiatry in the Division of Supportive Care in Cancer

University of Rochester

Charles also serves as Associate Director for Community Outreach and Engagement at the Wilmot Cancer Institute and Chair of Health Equity Research for the University of Rochester Cancer Center NCI Community Oncology Research Program Research Base. He is a clinical psychologist by training, and his program of research focuses on cancer-related health disparities affecting sexual and gender minority and other minoritized cancer survivors. He has over 120 peer-reviewed publications. He has also contributed to the development of a range of behavioral interventions with the goal of improving the health and well-being of cancer patients, survivors, and their caregivers

COLUMBIA | SCHOOL OF NURSING

THE ROLE OF CANCER SCREENING IN CANCER PREVENTION AND CONTROL

Phoenix A. Matthews, Ph.D.

Bobbie Berkowitz Chair and Clinical Psychologist

Columbia University School of Nursing

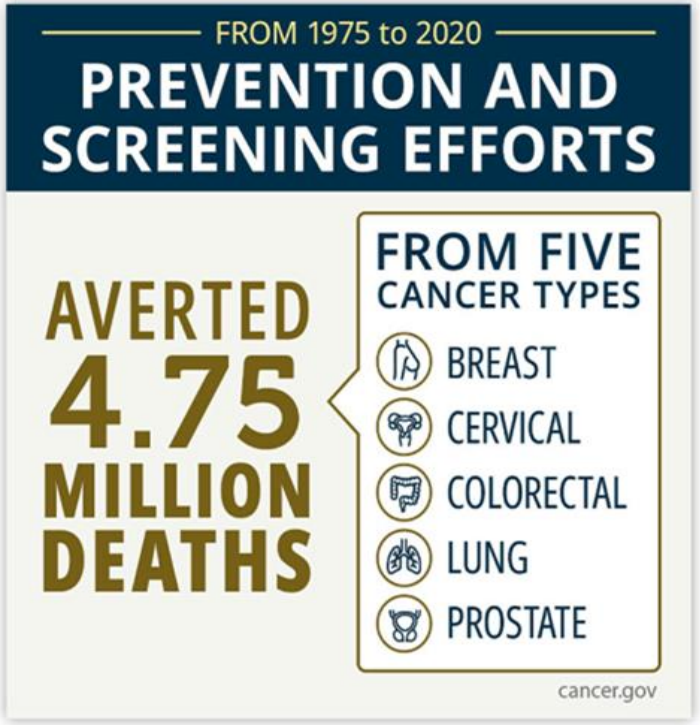
Co-Director Community Engagement and Outreach Program of the Herbert Irving Comprehensive Cancer Center

Professor Emeritus, University of Illinois Chicago

Why Cancer Screening Matters

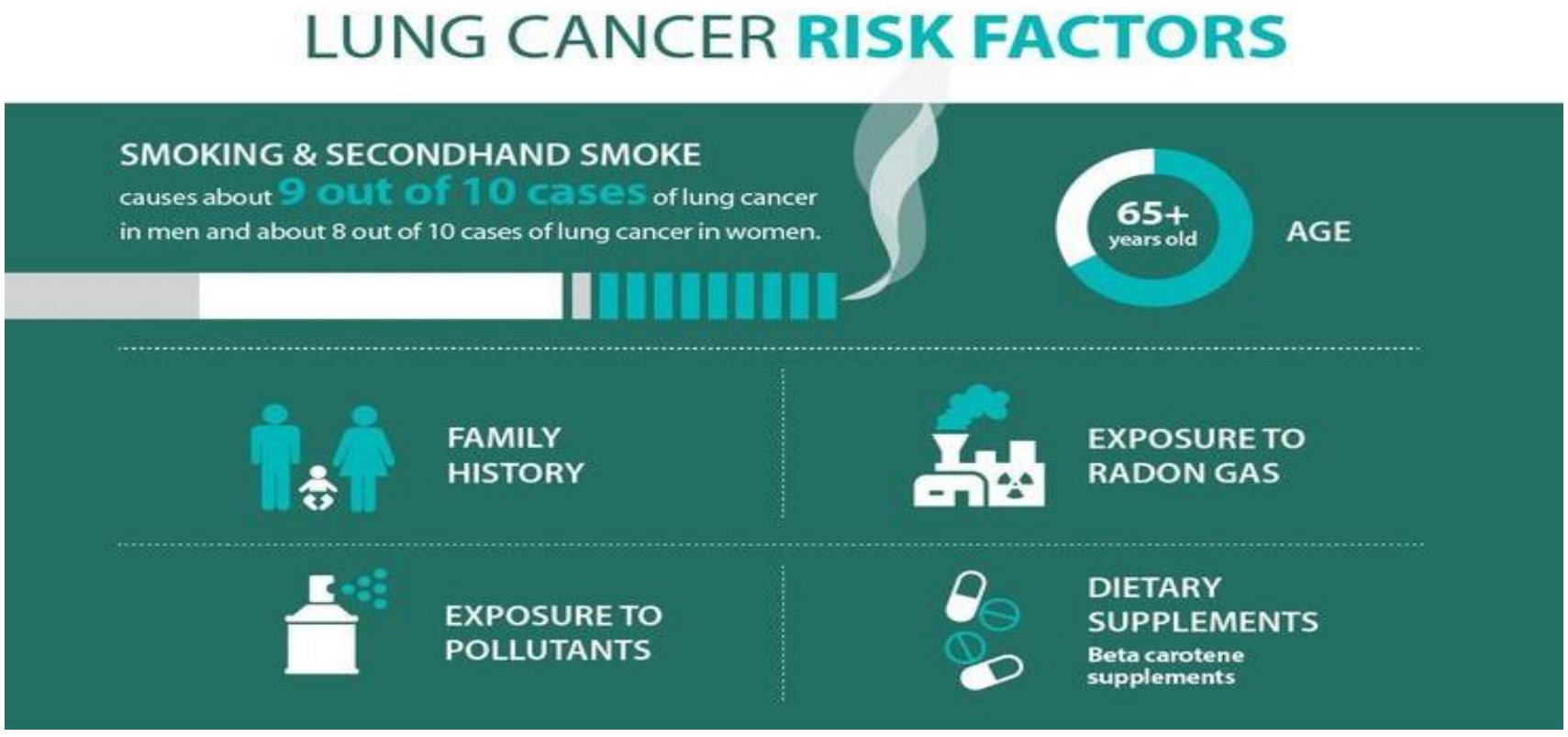
- **Early detection saves lives** – Screening identifies **precancerous changes** and early-stage cancers before symptoms appear.

  Many cancers are preventable – Screening allows for **early intervention**, reducing the risk of **disease progression and mortality**.
- Significant **reductions in mortality** for major cancers



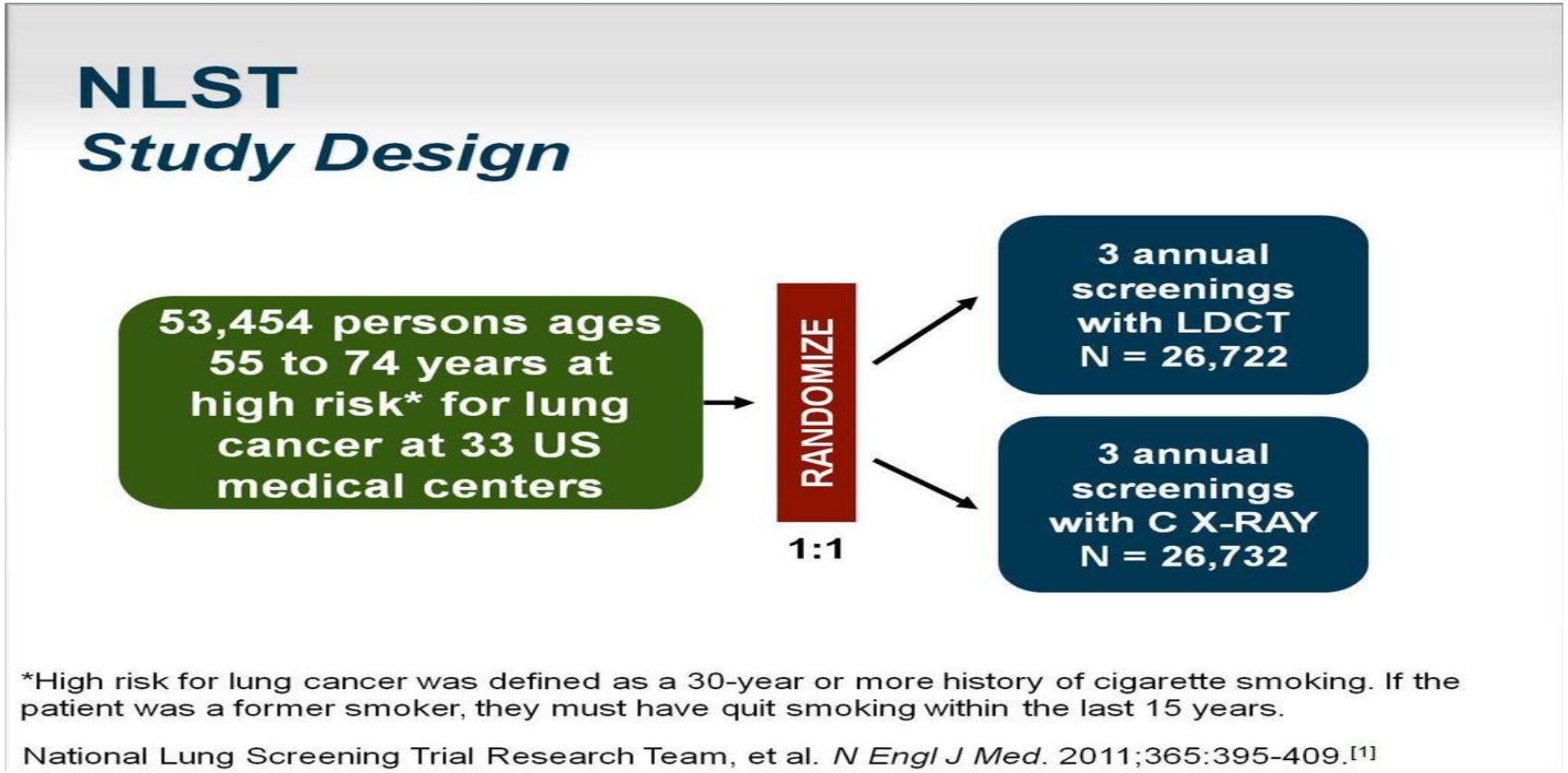
LUNG CANCER

- Lung cancer is the second most common cancer and the leading cause of cancer death among U.S. adults - **25% of all cancer-related deaths**
- The overall 5-year survival rate for lung cancer is only **17.4%**
- Survival rates substantially improve with early detection



National Lung Screening Trial (NLST)

- National Cancer Institute funded a randomized clinical trial in 2002
  - *Does screening with low-dose CT, as compared with chest radiography, reduce mortality from lung cancer among high-risk persons?*

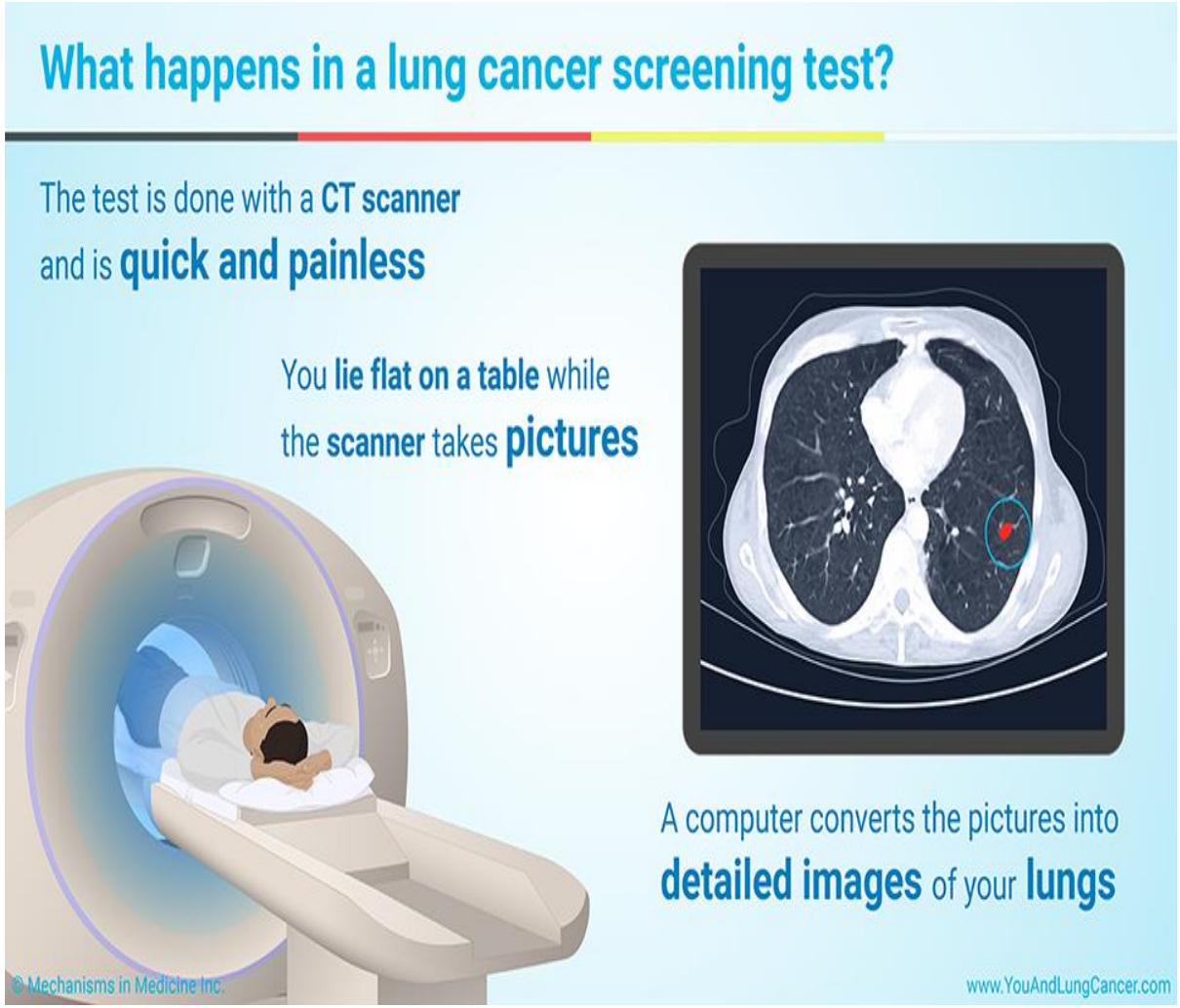


- Lung cancer mortality was reduced by 20% in the LDCT group compared with the chest X-ray group.

Original Guidelines for Lung Cancer Screening

Former USPSTF Guideline[7]

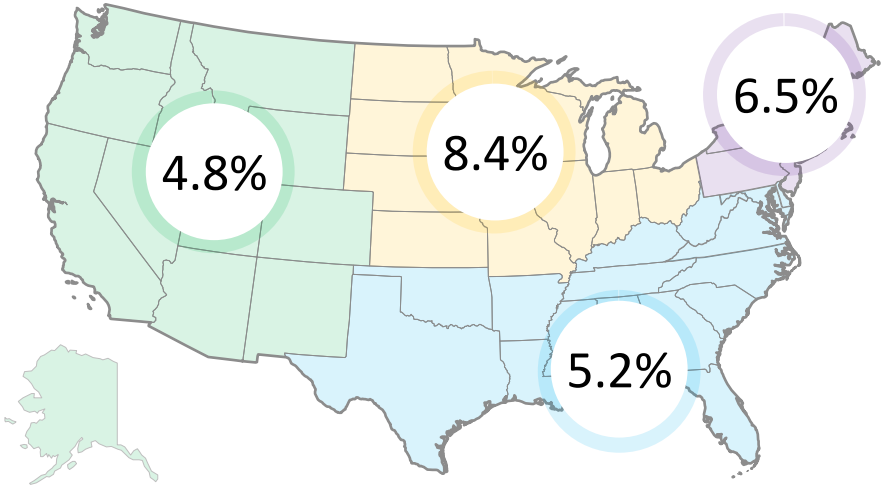
- Ages 55-80
- ≥30 pack-year history
- Current smoker or quit within past 15 years



Lung Cancer Early Detection Screening

- **Insurance plans** cover LDCT for eligible smokers.
- Only **10-15% of eligible smokers** have undergone at least one LDCT scan (ACS, 2024).
- Only **5-6% undergo annual screening** as recommended by USPSTF (Zhang et al., 2024).
- Screening **rates vary** significantly (Akinyemiju et al., 2024):
  - Region
  - Socioeconomic status
  - Race/ethnicity

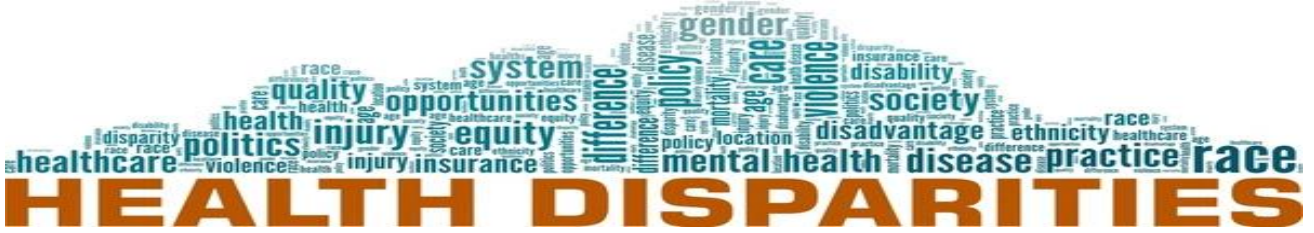
Screening Utilization Rates (2024)



Barriers to Screening

- **Provider level barriers:**
  - Lack of knowledge about screening guidelines
  - Skepticism about evidence base
  - Time constraints (e.g., shared decision-making)
- **Patient level barriers:**
  - Fear related to lung cancer
  - Lack of awareness
  - Negative attitudes about screening
  - Mistrust
  - Health literacy
  - Travel and other logistics

- **Disparities in eligibility**
  - Black smokers are less likely to qualify for LDCT screening
    - Li et al., 2024
    - Sosa et al., 2021
    - Narayan et al., 2021
- **Disparities in screening**
  - Black patients are less likely to receive LDCT screening.
    - Richmond et al. 2020
    - Lake et al., 2020
    - Tailor et al., 2020



Racial Disparities in LDCT Eligibility

Brief report | Published: 30 October 2018

Racial disparities in eligibility for low-dose computed tomography lung cancer screening among older adults with a history of smoking

Chien-Ching Li, Alicia K. Matthews, Mantle M. Rywant, Emily Hallgren & Raj C. Shah

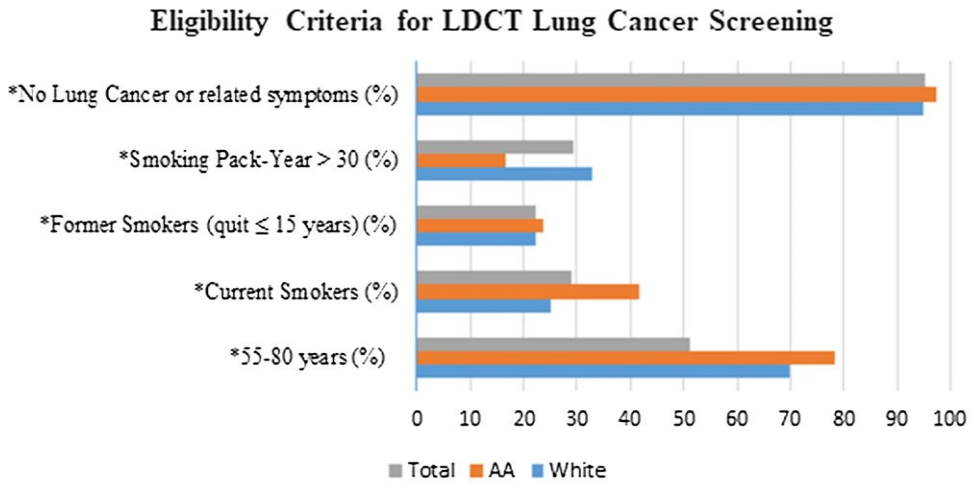
Cancer Causes & Control **30**, 235–240 (2019) | Cite this article

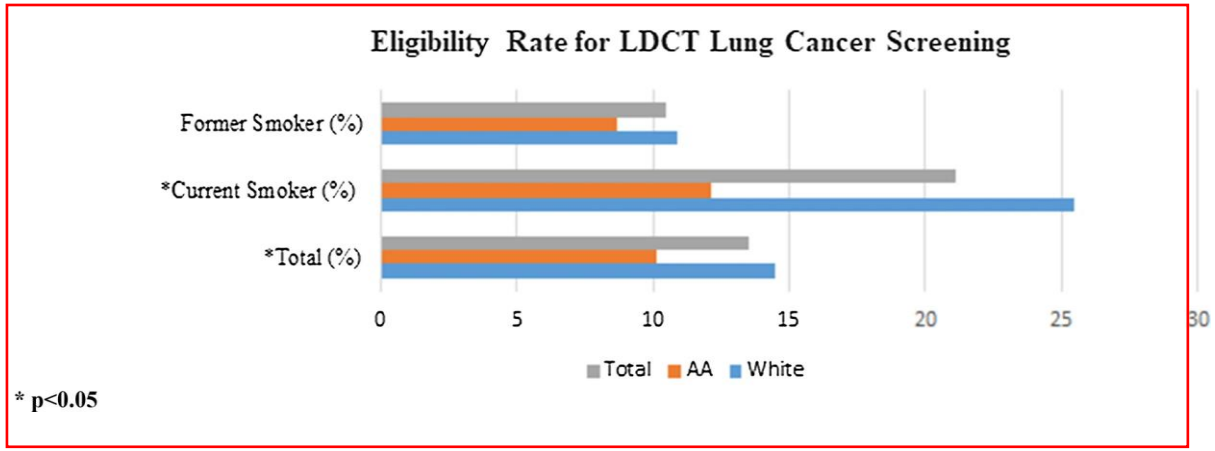
830 Accesses | **14** Citations | **1** Altmetric | Metrics

Abstract

Purpose

Lung cancer early detection screening has been demonstrated to decrease lung cancer mortality among high-risk smokers. This study aimed to examine whether current screening guidelines may disproportionately exclude African American smokers who are at higher overall risk for lung cancer.





Updated USPSFT LDCT Screening Guidelines

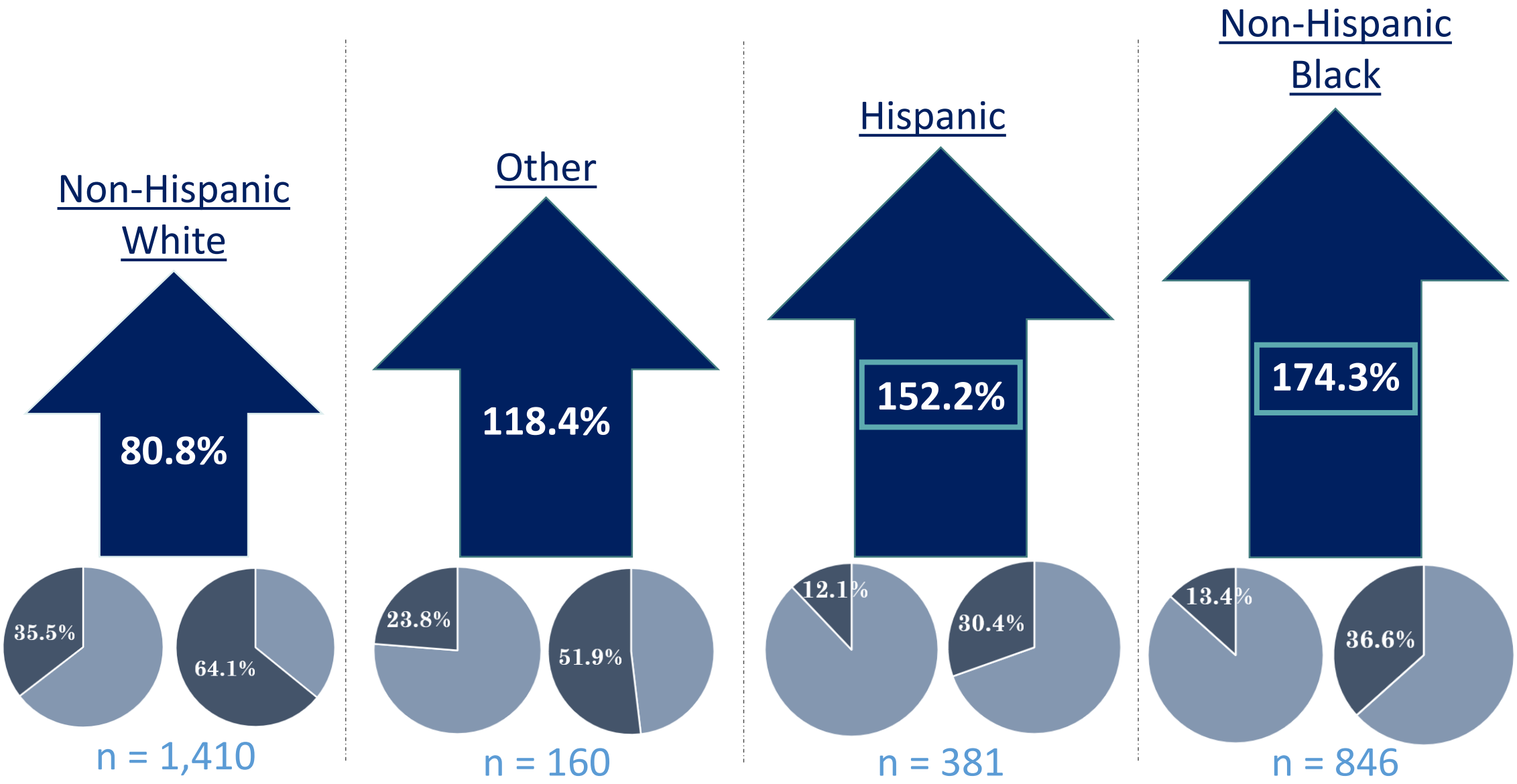
Former USPSTF Guideline[7]

- Ages 55-80
- ≥30 pack-year history
- Current smoker or quit within past 15 years

New USPSTF Guideline[9]

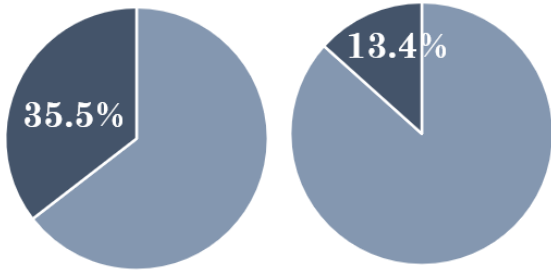
- Ages 50-80
- ≥20 pack-year history
- Current smoker or quit within past 15 years

Updated Guidelines Increased Eligibility



New Guidelines Increased Disparities in Screening Eligibility

Old Guidelines



Whites Blacks

Difference = 22.1%

ELSEVIER

Journal of the National Medical Association

Available online 20 January 2024

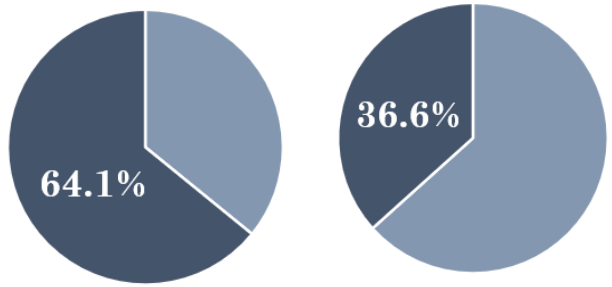
In Press, Corrected Proof ? What's this?

Research Paper

Does the revised LDCT lung cancer screening guideline bridge the racial disparities gap: Results from the health and retirement study

Chien-Ching Li [a], Jason Manella [b], Safa El Kefi [c], Alicia K. Matthews [c]

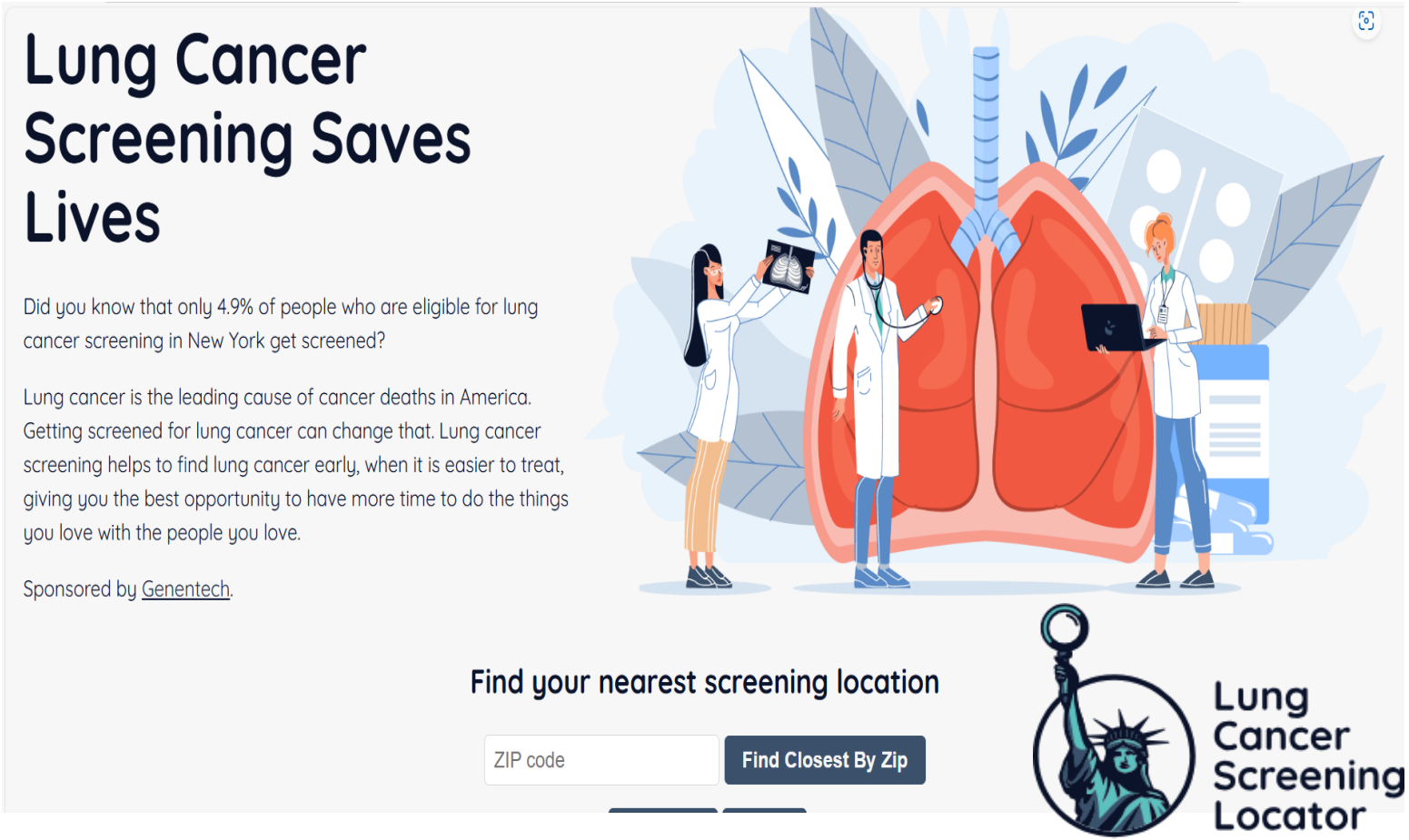
New Guidelines



Whites Blacks

Difference = 27.5%

Key New York State Resources



New York State Cancer Consortium

Lung Cancer Action Team Mission

- To combat lung cancer's effects on New York State, the NYS Lung Cancer Screening Task Force will mobilize multi-level resources to decrease lung cancer mortality by increasing lung cancer screening using guideline-driven, evidence-based strategies.

NY Lung Cancer Screening Locator

Conclusion

- Regular screenings = Reduced cancer burden
- The low update of lung cancer screening highlights the urgent need for:
  - Targeted outreach efforts to high-risk
  - Continuing education for health care providers
  - Improved healthcare policies regarding insurance coverage
  - Patient education to increase lung cancer screening uptake nationwide
- Additional research is needed to:
  - Establish lung cancer screening guidelines that do not systematically exclude low-frequency smokers such as Black and Latine smokers
  - Identify causes of disparities in screening rates among eligible Black smokers


THANK
YOU

HEALTH EQUITY AND CANCER TREATMENT

CANCER TREATMENT CONTINUUM

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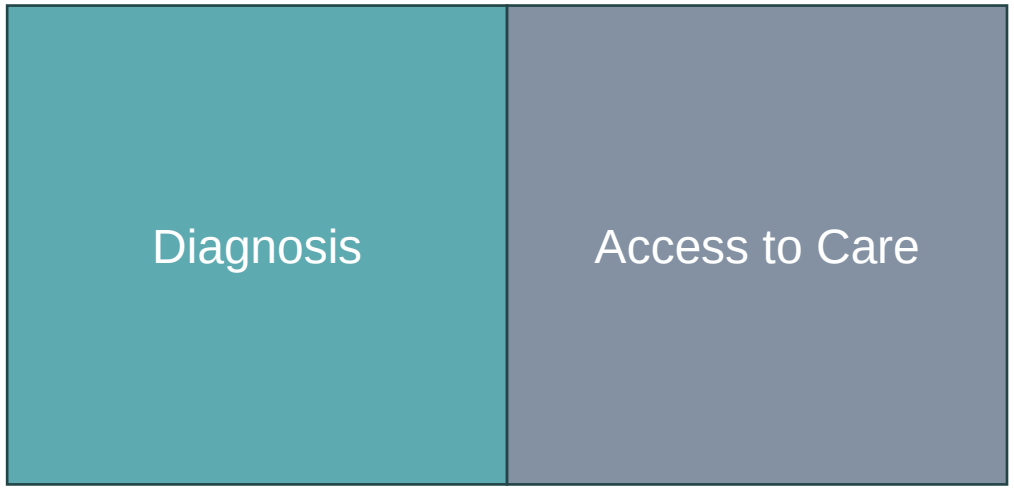


CANCER TREATMENT CONTINUUM

CANCER TREATMENT CONTINUUM

SUPPORTING TREATMENT ADHERENCES

MedSupport

ROSWELL PARK COMPREHENSIVE CANCER CENTER

Nonadherence is a leading cause of treatment failure in pediatrics

Elizabeth Bouchard, PhD

Kara Kelly, MD

SUPPORTING TREATMENT ADHERENCES

ROSWELL PARK COMPREHENSIVE CANCER CENTER

MedSupport

Nonadherence is a leading cause of treatment failure in pediatrics

Caregivers report numerous barriers to giving medicine at home

Elizabeth Bouchard, PhD

Kara Kelly, MD

SUPPORTING TREATMENT ADHERENCES

MedSupport

ROSWELL PARK COMPREHENSIVE CANCER CENTER

Nonadherence is a leading cause of treatment failure in pediatrics

Caregivers report numerous barriers to giving medicine at home

Often the healthcare team does not know about these barriers

Elizabeth Bouchard, PhD

Kara Kelly, MD

SUPPORTING TREATMENT ADHERENCES

MedSupport

ROSWELL PARK COMPREHENSIVE CANCER CENTER

Elizabeth Bouchard, PhD

Kara Kelly, MD

Nonadherence is a leading cause of treatment failure in pediatrics

Caregivers report numerous barriers to giving medicine at home

Often the healthcare team does not know about these barriers

Healthcare teams have resources that could help overcome barriers

SUPPORTING TREAMENT ADHERENCES

MedSupport

ROSWELL PARK COMPREHENSIVE CANCER CENTER

1. Universal Screening for Adherence Barriers
2. Tailored Virtual Education Enhancement
3. Communication of Barriers to Activate Multidisciplinary Healthcare Teams

Elizabeth Bouchard, PhD

Kara Kelly, MD

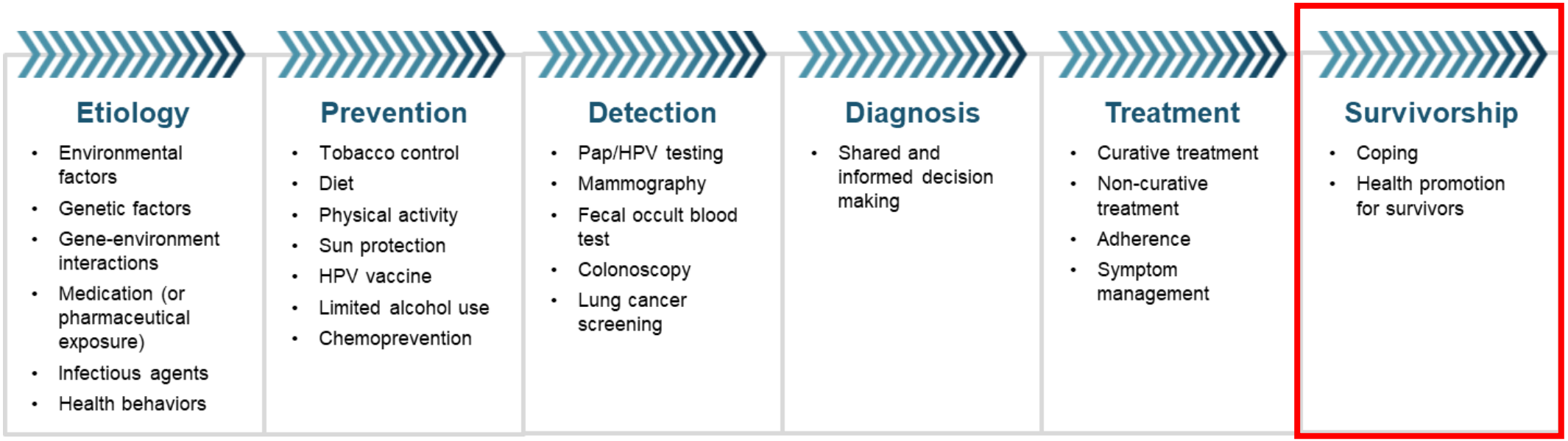
HEALTH EQUITY IN CANCER SURVIVORSHIP

Charles Kamen, PhD, MPH (he/him)

Associate Professor of Surgery and Psychiatry, University of Rochester
Associate Director of Community Engagement, Wilmot Cancer Institute
Chair of Health Equity Research, URCC NCORP Research Base

UR MEDICINE | WILMOT CANCER INSTITUTE

Survivorship Disparities



National Cancer Institute, 2020


Will I ever feel like my old self again? (Did my doctors know who my old self was?)
What if the cancer comes back? (On top of everything else…)
Will I be able to take care of my family? (Which I chose, rather than being born into…)
How will I pay for medical care? (In the face of discrimination and bias…)
How long will my treatment side effects last? (Do the doctors understand my needs?)

Unique Health Equity Issues in Survivorship

- Disparities in psychological distress
- Impact of intersecting identities
- Unique long-term side effects and toxicities
- Relationships and caregiving

Psychological Distress in Survivorship

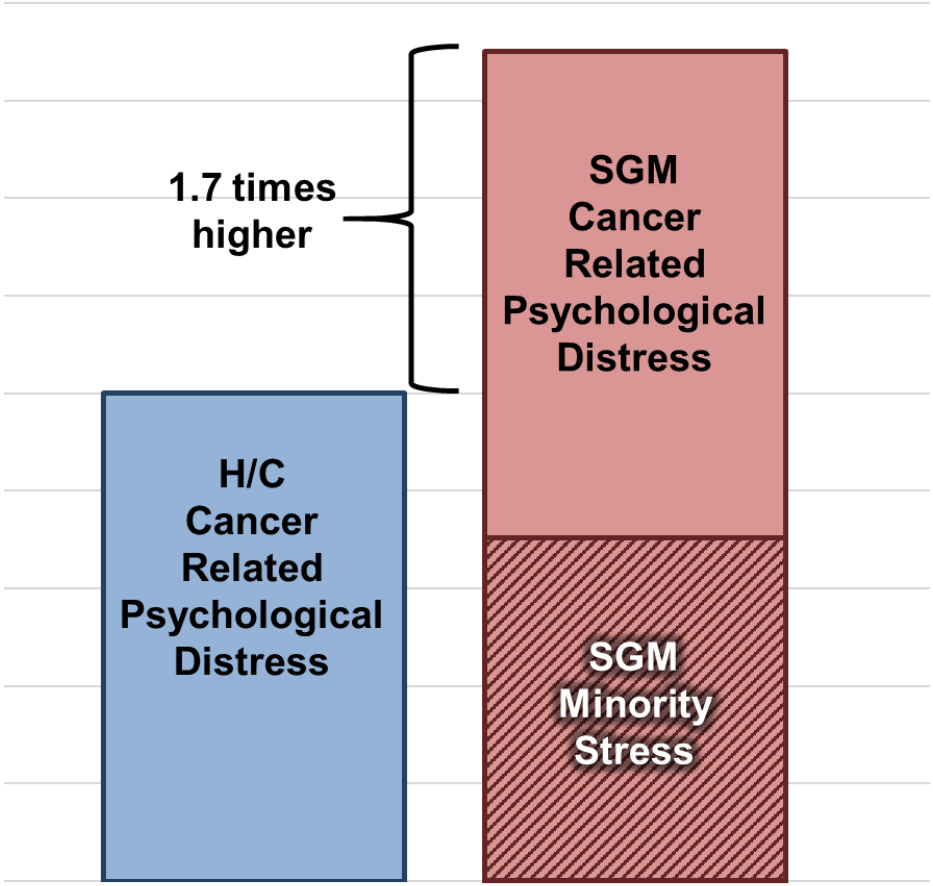
- The majority of survivors adjust well post-treatment
- Between 15% and 40% of survivors experience lasting distress
  - Fear of recurrence
  - Anxiety and depression
  - Post-traumatic stress
  - Guilt and spiritual concerns
- Typically less severe, acute, or sub-clinical issues

Stanton, 2012; Syrjala & Yi, 2016

Minority Stress and Distress

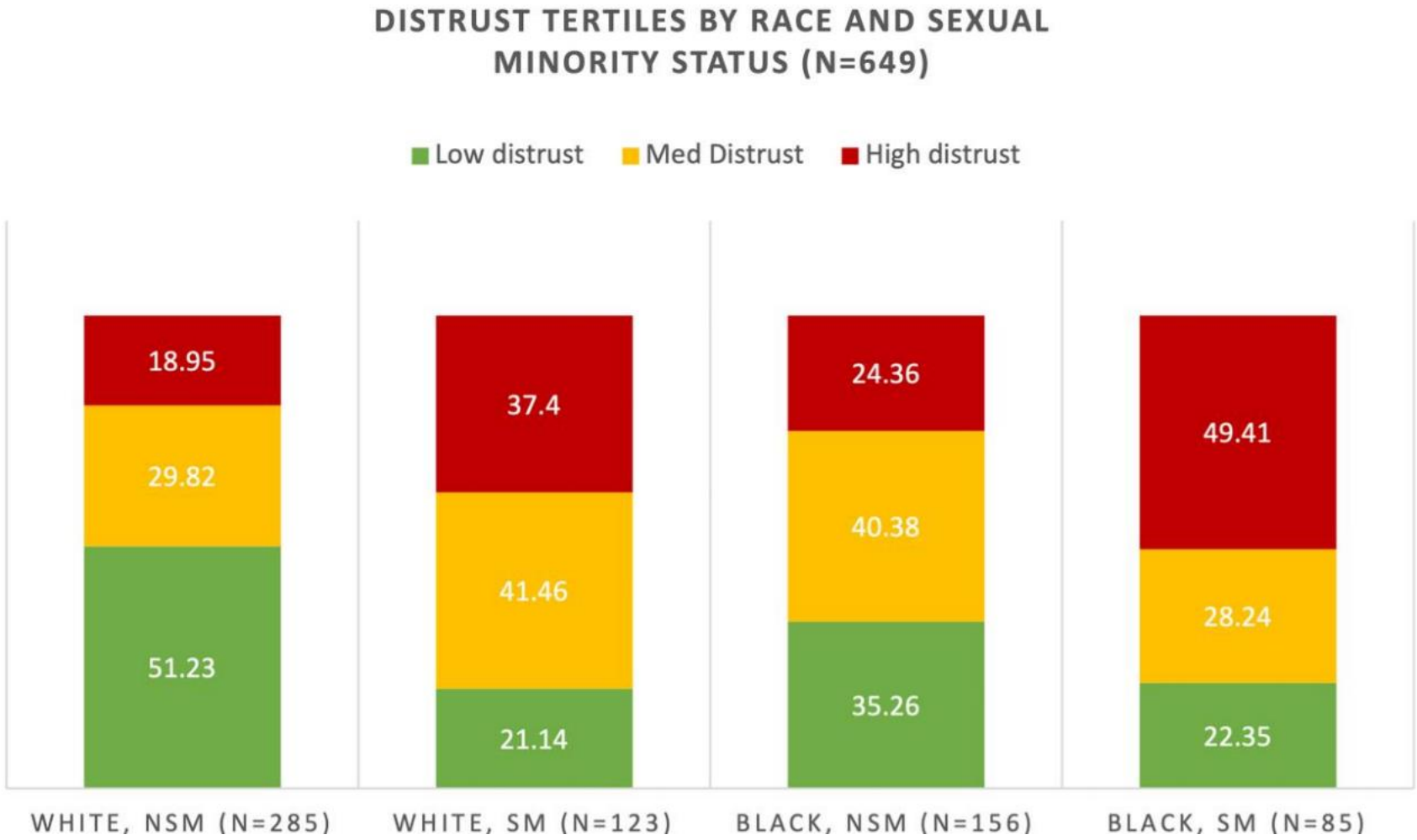
"Although my doctor knew all about me, each encounter with new people—with blood draws, ultrasound, breast x-ray, etc.—had the basic anxiety of the procedure and layered on to that, the possibility of homophobia and having to watch out for myself."

(Cis white lesbian, breast cancer)



Kamen, Alpert, et al., 2018

The Impact of Identities in Survivorship



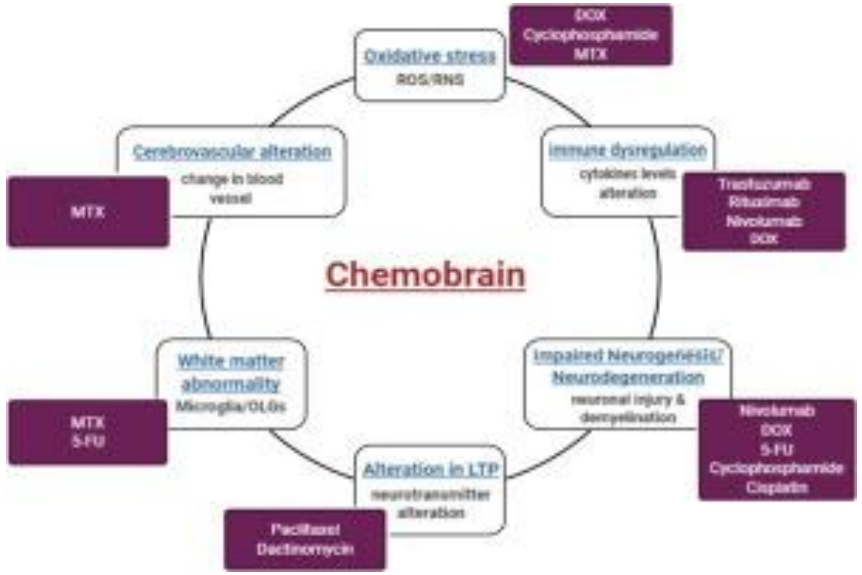
Dean, Greene, et al., 2021

Assessing Identities is Key

“It would be nice, I think, if they would've asked first…Because I think people…just think, is this your sister? Or, is this…a relative?

I don't think they really got the picture…because when we went back, even though [the provider] knew us, I was with someone different …and they would not let [C7] in. I literally went through everything, and she was furious… We were like, how do you not have her in our records?”
(S7, cis white lesbian, 56, breast cancer)

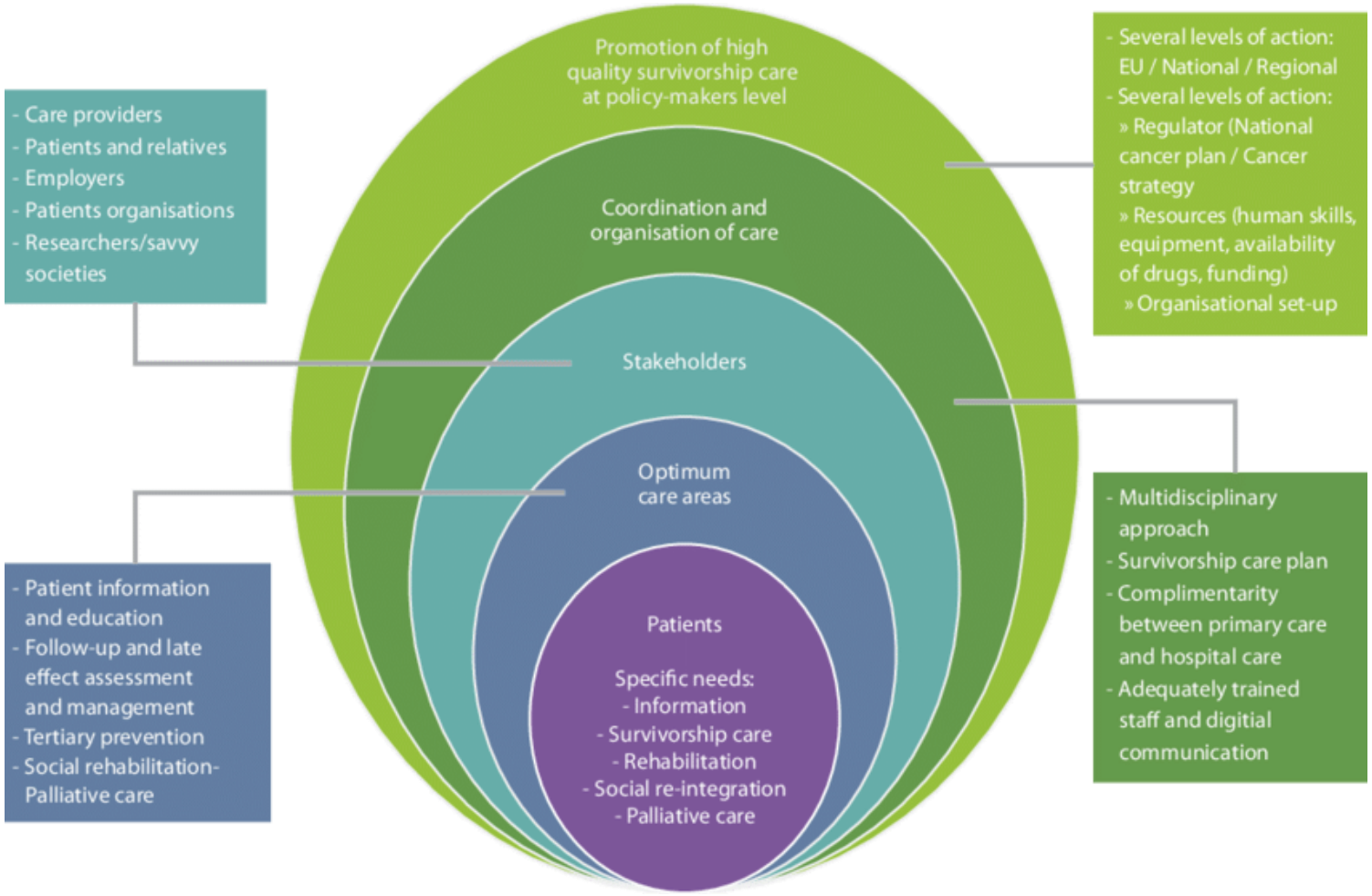
Toxicities Can Last Years After Treatment



Unique Impact of Toxicities

"I never like, you know, asked my doctors, you know like, is it okay to still have sex. I…kind of struggled with that a little bit. I love [my providers] and I would ask them, but I mean... They're both straight men... So its a little bit like uncomfortable to ask, you know. ...If my doctors were a little bit more versed in those things, would they be able to bring up those things in conversation…versus me having to ask?" (S3, cis white gay man, 40, colon cancer)

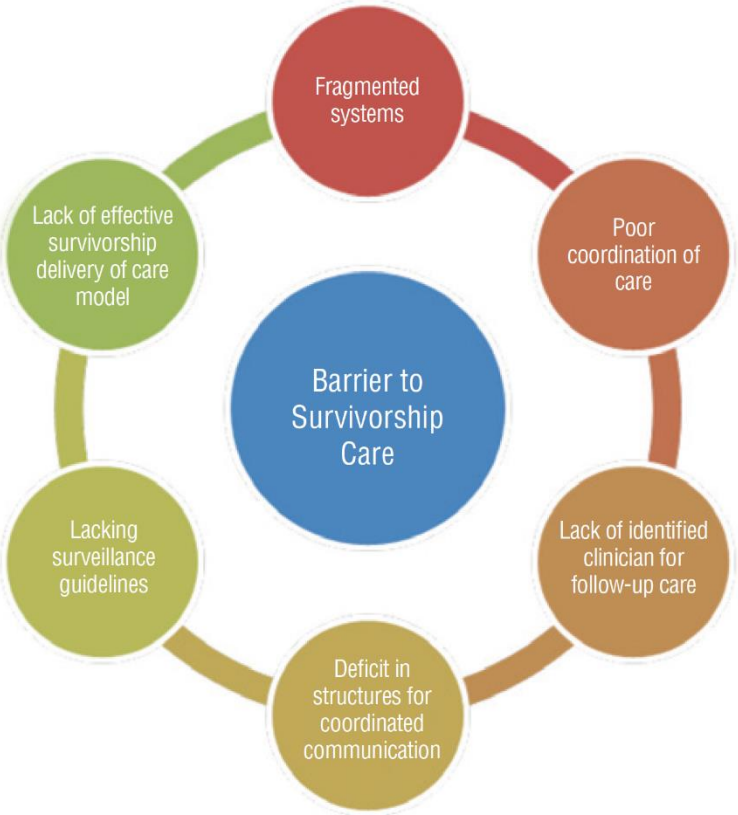
Caregiving in Cancer Survivorship



Caregiving in Cancer Survivorship

Caregiving in Cancer Survivorship

Figure 1 Barriers to cancer survivorship care as identified by the Institute of Medicine[18]



Impact of Survivorship on Caregiving

Peter: I didn't want to feel...him to feel like he was a prisoner of my disease, you know? I wanted him to have absolutely every opportunity to-to leave gracefully and, you know, go on with his life.

Richard: I said, “Peter, I don't think it is going change anything, you know. It's not going to change anything," and it hasn't changed one thing.

Tailored Survivorship Care Works!

Richard: It has just been absolutely wonderful you know. It is...I want to say, true intimacy versus you know, the act of just doing it.

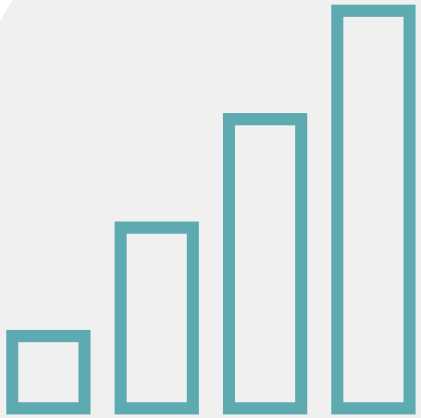
Peter: I wanna say it's stronger, but it was strong from day 1, so, something about a near-death experience, for lack of a better term, a cancer diagnosis is often perceived as like, oh my God, your days are numbered…I guess that we're...we're cemented. You know, we have a strong foundation as a result of this.

THANK YOU!

charles_kamen@urmc.rochester.edu

Post-Meeting Poll

- Will you use what you learned in this webinar in your work?
- What factors will keep you from using the content of this webinar in your work? Select all that apply.
- After the webinar, please rate your knowledge of inequities in New York State communities and actions for improvement.



Question & Answer

Q: When speaking of smokers, are we speaking specifically about tobacco smokers? I am thinking of cannabis smokers, vape users, etc. Does insurance cover screening for these smokers?

A: Yes, the clinical guidelines for lung cancer screening are very specific to "regular" combustible cigarettes. Given the shifts in smoking behaviors away from regular cigarettes to vaping and e-cigarettes, determining screening guidelines for these additional products will be critical.

Q: How much focus is being placed on primary prevention, diet, exercise, etc., especially among children and preventing behaviors that eventually result in cancer?

A: For tobacco and some other topics, we mainly see national campaigns about associated risks of the behavior, but we do still need to focus on primary prevention.

It is hard to show the direct impact of prevention, and this topic has not been as attention-grabbing. We should think about health and life in the lens of prevention, think about health holistically, and educate across risk factors and across categories, with an emphasis on wellness.

There is some exciting activity in this space driven by partner organizations – cancer prevention can play a more supportive role and tap into the excellent work happening out of other chronic disease programs, like diabetes prevention and promoting healthy communities.

Q: Can you comment more on symptom appraisal (leading to delayed diagnosis) and health inequities? Are the issues more on the patient or health care provider side (or both)?

A: Both, per research, it depends on the specific context. We hear anecdotally, and it plays out in literature, that patients have frustration. They seek care for an issue, feel they are not taken seriously, then find out they have cancer.

The Consortium can help increase awareness of early signs and symptoms of cancer and connect with appropriate care for different signs and symptoms and enhance outreach and education to increase awareness.

Q: There has been a lot of conversation about decentralizing clinical trials - do you think decentralization could help with compliance or even interest in cancer clinical trials?

A: For those in cancer centers, decentralizing is important, the question becomes how to run trials simply through such a model. There are barriers such as the need for regular blood draws, some are looking into remote blood sampling to address that, but other barriers still need solutions to make this feasible on a large scale.

A: One interesting idea is engaging Federally Qualified Healthcare Centers (FQHCs). FQHCs play an important role in community health, especially for low-income, uninsured and under-insured populations. FQHCs could be part of the solution - acting as external hubs for not only clinical trials, but advanced cancer care, engaging in the community, and getting into communities to provide care instead of requiring people to come to central institutions.

Q: Given cuts in Federal funding for DEI and healthcare, what strategies would you suggest for maintaining community education about cancer screening and access?

A: The bottom line is that equitable cancer care/healthcare is good cancer care. Policies and processes to help the least advantaged will help everyone. If we think about equity, we get our processes to help everyone. If people can talk about LGBTQ sexual relationships, will be better equipped to talk about all sexual health.

A: Times when things like the Consortium can become powerful and have so many resources (members) and representation. Might have to think in different ways about how to maintain this work but power of collaboration is vital.

A: Continue to do the work. Continue to do outreach and education for cancer prevention and control, then decide where we can allocate funds, Not DEI or a violation to provide community education, continue with our work and use our data to keep us evidence based as to who is most in need, then everything we do is under that.

Join the Consortium! and look out for upcoming meetings

Events | New York State Cancer Consortium

Thank you for Attending

cancerconsortium@health.ny.gov

New York State Cancer Consortium