

## **Conversation 1: On the Frontiers of Cancer Screening Technologies: Implications for Physician Practices and Public Health Programs**

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### **Practical actions to use new screening technologies effectively**

- More data needed on who isn't being screened.
- Consider using texting and social media as the future – “forget print.”
  - Negative messages have gotten some people to take action.
  - Personal stories make an impact.
- The screening rate increases when patients have a choice of different screening modalities.

### **Survivor involvement in facilitating the implementation and effective use of new screening technologies**

- Involve survivors through advocacy group organizations.
- Raise awareness and open the conversation to cancer screening.
- Conduct a program or chat where participants receive education, a survivor shares their story and, at the conclusion of the program, participants are prompted to sign up for screening.
- Create a scrapbook with survivor stories to start a conversation around cancer screening.

### **Current Colorectal Cancer Screening Technologies**

- FIT test
  - Advancing technology should be user friendly for example, with fit cards the program participant just have to drop a sample in the mail.
  - Challenges
    - No payment until specimen has been processed.
    - Incentive needed for navigators and administrators to do follow up.
  - Return rate in the mid-80% range.
  - Prep patient navigators.
- CT colonography
  - Less risky than colonoscopy
  - Can be very uncomfortable.
  - Relatively non-invasive.
  - Data shows it is safe and sensitive.
  - Hope that it will rapidly increase in popularity.
  - Not controversial but less enthusiasm than you might think in radiology.
  - Incomplete colonoscopy is approved in some states.
  - Endoscopy on stand-by for incomplete colonoscopy.
- Pill cam (just received FDA approval)
  - One study comparing CT to pill cam to date

- Need for more studies
- Correlation between length of time to do colonoscopy and sensitivity.
- Operator dependent outside of metro area.
- Must make sure it is a complete exam.
- How it works: swallow capsule, take boost suppository 4-12 hour procedure that can be done anywhere and video can be transmitted anywhere.
  - Prep is the biggest complaint.
- Two large trials have been conducted.
- Degree of interpretation on how large a polyp is 60-88% accuracy, 80-90% specificity.

**Share experiences in adopting new cancer screening technologies in workplaces or public health programs.**

- Lung Cancer Screening
  - Technology varies.
- Challenge: Is it a money loser or maker?
  - Example: CT colonography is not a huge moneymaker.
- Cervical Cancer: guidelines changing but physicians aren't changing as quickly.
  - Guidelines can be hard to keep up with and must be adopted by insurance companies.
  - Guidelines have to be drafted, approved and then get to clinicians – IT Challenge.
  - Final steps to create a system are most complicated, not easily adaptable.
  - Women in childbearing years tend to get good care; we need a shift in mindset.
  - Self-administered STD testing on the horizon.
  - Need to differentiate how often to visit the doctor from how often to get a pap smear – the pelvic exam has a difficult future ahead.
  - HPV test recommended as primary test within the next 5 years or so.
    - HPV test has high sensitivity.
  - People often don't understand prevention (colonoscopy and HPV) vs. detection.
- Colonoscopy Quality
  - Minnesota publically reported a set of measures for online reporting.
- Solutions will come from smaller companies.

**What has made implementation of new screening technologies easier? Harder?**

- Lack of knowledge on who is not getting screened for targeted outreach.
- Texting/Social Media is the new medium.
  - Negative messages have gotten some people to take action.
- Correlation between lack of screening and lack of primary care provider visit.
- Shared decision-making – acknowledge that the doctor is the expert.
- Personal stories inspire people to get screened.

**What impact might new technologies have on health disparities?**

- Choices in modalities leads to higher screening rates.
- Mailing tests help to overcome logistical barriers (e.g. HPV).
- [Fliptheclinic.org](http://Fliptheclinic.org) provides resources and innovative ideas to make the visit effective.