**EARLY DETECTION & SCREENING**

**GOAL: Increase early detection of cancers to reduce late-stage diagnosis.**

* Revise

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|  | ***Objectives & Strategies*** | ***Indicators*** | ***Stakeholder Notes*** |
| * Keep * Revise * Delete | **Breast:** Increase the percentage of adults screened for breast, cervical, and colorectal  cancers.  Current Strategies:   * Promote public awareness of risk factors for cancer, including family history, genetics, race/ethnicity, breast density, lifestyle, and disparities in screening and diagnosis. * Collaborate statewide on consistent public messaging for cancer-screening guidelines based on the latest scientific evidence. * Work with community organizations to promote culturally tailored messaging about early detection. * Work with stakeholders to increase access to cancer-screening for low-income, uninsured, and other medically underserved populations. * Support providers in implementing evidence-based interventions, including navigation, patient reminder systems, one-on-one education, and in-office tools, including decision aids. * Enhance the statewide health information exchange (HealthHIE) efforts to increase provider participation and sharing of screening information. * Support efforts to implement reimbursement for navigation and community health worker services. * Continue and expand state funding for breast and cervical cancer early detection, and seek funding for colorectal cancer early detection.   New Strategies: | Source: BRFSS, 40+ in last 2 yrs  Baseline: 66.4%  Target: 69%  2024:  New Baseline:  New Target:  Equity Indicator? | * Add screening navigation |
| * Keep * Revise * Delete | **Cervical:** Increase the percentage of adults screened for breast, cervical, and colorectal  cancers.  Current Strategies:  (see breast) | Source: BRFSS Pap in the last 3 years  Baseline: 78.9%  Target: 82.9%  2024:  New Baseline:  New Target:  Equity Indicator? | * Add screening navigation |
| * Keep * Revise * Delete | **Colorectal:** Increase the percentage of adults screened for breast, cervical, and colorectal  cancers.  Current Strategies:  (see breast) | Source: BRFSS USPSTF recommendation  Baseline: 60.6%  Target: 73.7%  2024:  New Baseline:  New Target:  Equity Indicator? | * + Increase access to colonoscopy after stool-based/non-invasive testing   + Reduce time from positive stool test to colonoscopy   + Increase education for 45-49-year-old average-risk patients   + Add screening navigation |
| * Keep * Revise * Delete | **Lung:** Increase the percentage of identified smokers who report having been screened for lung cancer.  Current Strategies   * Identify at-risk populations throughout Nevada, and provide tailored information on lung cancer risk and low-dose computed tomography (LDCT) screening. * Educate primary care providers on the benefits of LDCT screening, and encourage best practices for screening program implementation. * Support policy to ensure payers cover lung cancer screening for the recommended population with no cost sharing. | Source: BRFSS  Baseline: TBD  Target: TBD  2024:  New Baseline:  New Target:  Equity Indicator? | * + Increase # of LDCT locations   + Statewide lung cancer screening policy   + Reduce time from screening to diagnosis   + Research/focus on increase in adenocarcinoma among non-smoking women   + Better education and outreach to current/former smokers eligible for screening   + Add screening navigation |
| * Keep * Delete | **Melanoma:** | Source:  New Baseline:  New Target:  Equity Indicator? | * Increase early diagnosis of melanoma – more timely screening, annual derm visits |
| * Keep * Delete | **Prostate:** | Source:  New Baseline:  New Target:  Equity Indicator? | * + Clarify/promote 2023 screening recommendation   + Increase screening rates |

**Additional Stakeholder Notes:**

* Add head & neck cancer screening?
* Outreach
  + Community engagement with hairdressers, masseurs, etc.
  + Increase peer to peer education opportunities
  + Meet people where they’re at – small pockets of community rather than mass efforts, and in locations that are meaningful – churches, grocery stores, community events
  + Screening campaigns year-round, not just awareness months
  + Increase outreach to underserved communities
  + More education to overcome cultural barriers
  + Increase program awareness for low-cost, free screening
* Develop Tribal Cancer Collaborative, work with health centers and IHS (Indian Health Service)
* Innovations
  + Multi-cancer early detection (MCED) tests are coming
  + Liquid biopsy screening covered by insurance