**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 colorectalcancers.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 yrsBaseline: 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 colorectalcancers.Current Strategies:(see breast) | Source: BRFSS Pap in the last 3 yearsBaseline: 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 colorectalcancers.Current Strategies:(see breast) | Source: BRFSS USPSTF recommendationBaseline: 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: BRFSSBaseline: TBDTarget: TBD2024: 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