

EARLY DETECTION AND DIAGNOSIS

Early Detection and Diagnosis Goal: Detect cancer in its earliest stage through early detection and a timely, definitive diagnosis

Regularly scheduled cancer screening helps detect the disease at its earliest stages. This is important because premalignant abnormalities may be removed or treated, and treatment may be more effective, halting or slowing progression of disease. Thus, early detection can improve survival and decrease mortality. Not all cancers are preventable, but in some cancers that are more common in the Kansas population, early detection and treatment per recommended guidelines may help save lives.

Screening barriers include confusion about screening guidelines and knowledge gaps regarding recent advances in early detection. For example, prostate cancer screening guidelines are changing, and lung cancer screening is now recommended for high risk populations. In addition, some Kansans have limited financial resources to pay for early detection services, deductibles, or co-payments. At the time this plan was developed, not all health insurance policies covered screening tests, and programs designed to fill unmet need did not have enough funds to provide early detection services for all eligible Kansans.

Women Share More than Friendship



Jenny and Patty have shared a 50-year friendship from school days to marriages, births and the ups and downs of everyday life. What they didn't expect to share was breast cancer. Both women are survivors - Patty was diagnosed in June of 2001 and Jenny in March of 2009. Both women found their own lumps in their breasts and both sought immediate diagnosis. As they have supported each others' life journeys, they have discussed the tremendous differences just eight years made in diagnosis, surgery and treatment.

Jenny learned a lot through Patty's prior experience with breast cancer. "She got it first so she could help me on down the line," jokes Jenny. Indeed, Patty became Jenny's advocate, going to appointments with her and answering her questions and concerns. "It's great to have such a close friend who completely understands what you are going through. It has made this whole thing easier for me," Jenny affirmed.

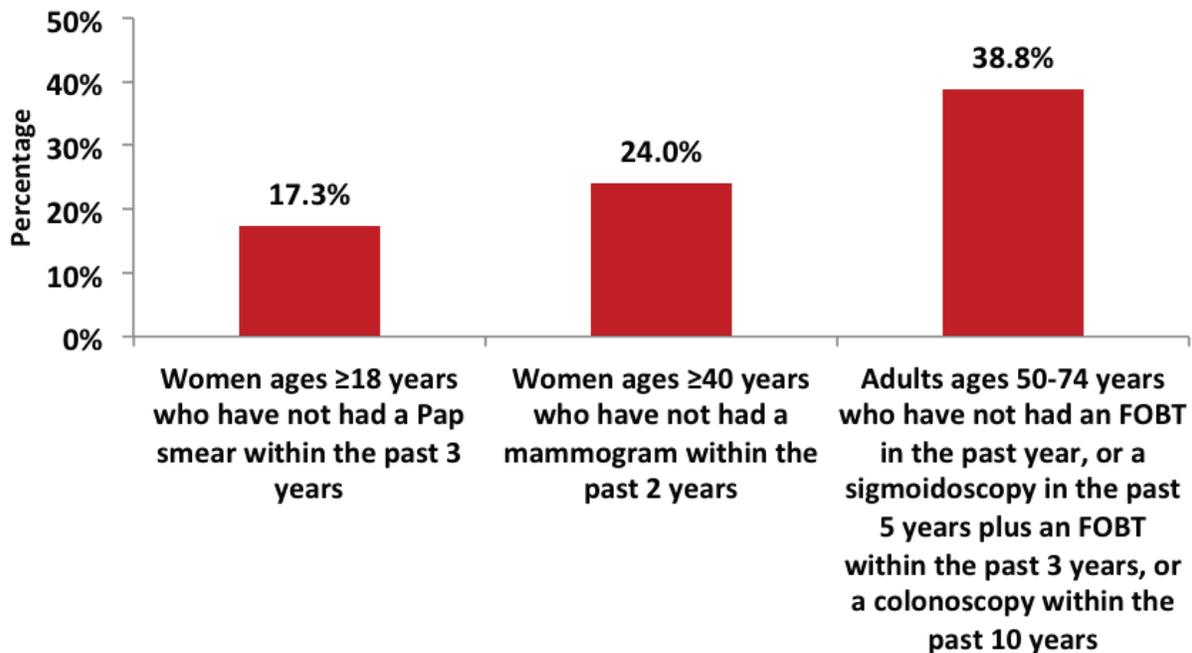
Jenny was diagnosed with Stage II breast cancer. Because cancer was diagnosed through biopsy she was able to have just one surgery in which the tumor and several lymph nodes were removed. Maintaining an active lifestyle was critical to Jenny's quality of life. Chemotherapy was accompanied by anti-nausea and anti-anxiety drugs and treatments were scheduled so that she could fully participate in one son's wedding and another's graduation. She continued to teach school full time.

Jenny was set to begin radiation treatment, but as part of her cancer risk assessment underwent genetic testing. Results revealed that she has the BRCA2 gene, raising her risk of cancer later in life. She was already aware of the risk of cancer recurrence and, based on the genetic testing results, decided to undergo a complete mastectomy and hysterectomy to lower her risk and prolong her life.

Both women lament that their breast cancer treatment brought on early menopause, mood swings, darkening of their fingernails and toenails, swelling in their feet and other annoying side effects. They are aware of their risk of a cancer recurrence especially in their lungs, bones and brains. But both women are determined to not let cancer define their lives. Both are advocates of self breast exams. "If you find a lump, do something about it," Patty said. "And don't wait," added Jenny.

The figure below shows the percentage of adult Kansans who have not had screening for cervical, breast, or colorectal cancer according to nationally recognized guidelines. There are currently no Kansas baseline data for lung cancer screenings. There is also a need to develop data sources regarding prostate cancer and genetic counseling for people with family history of cancer.

Figure 7. Percentage of adults who have not had cancer screenings according to nationally recognized guidelines, Kansas 2010



Source: 2009-2010 Kansas Behavioral Risk Factor Surveillance System (BRFSS), Bureau of Health Promotion, KDHE
FOBT=fecal occult blood test. PSA=prostate specific antigen

In 2006, the Kansas LIFE Project engaged Kansas cancer patients and caregivers in a focus group process called Listen and Learn. Participants shared their personal experiences about their cancer journeys. This information helped the Kansas Cancer Partnership (KCP) develop a model for patient navigation. In addition, KCP piloted a patient navigator project in 2007 at Via Christi Hospital in Wichita.

Information from the focus group and pilot project was used as the basis for a Cancer Patient Navigation Program Toolkit. The toolkit describes patient navigators as health care professionals

Key Accomplishments

- In 2007, the Colorectal Cancer Awareness project began with Centers for Disease Control and Prevention funds. The project strengthened KCP partnerships with local cancer centers and other agencies and health care providers. Media and screening events served to raise awareness of colon cancer screening. The campaign has been repeated annually.
- In 2007, KCP worked with the Washburn School of Nursing to develop a Self-Assessment Cancer Screening Tool for the KCP website. The Tool includes lifestyle and family history questions and was designed to improve communication between physicians and patients. It was updated in 2008 to include questions about radon exposure.
- In 2011, more than 50 professionals attended the inaugural Kansas Patient Navigation conference, *Patient Navigation: Paving the Way in Cancer Care*. National and local presenters provided information and resources to establish and enhance patient navigation programs.

whose primary focus is to assist cancer patients, caregivers, and families in “bridging the gaps” within the health care system and to decrease barriers to care through effective use of resources. Patient navigators can effectively help cancer patients find their way through complex health care systems that often leave patients and their family members feeling confused, lost, or alienated. By early 2012 the KCP Patient Navigation Workgroup Chair identified 19 Cancer Patient Navigation positions in Kansas.

Early Detection and Diagnosis Objective: Colorectal Cancer

1. Increase the percent of Kansas adults using one of the screening options recommended for colorectal cancer based on nationally recognized guidelines

Measure	Baseline	Five Year Target
Percent of Kansas adults aged 50-74 years old have had a Fecal Occult Blood Test (FOBT) in the past year, or a sigmoidoscopy in the past 5 years plus FOBT within the past 3 years, or a colonoscopy within the past 10 years	61.2% (2010 BRFSS)	65%

Strategies

- 1a. Develop messaging for use by the media and providers to increase colorectal cancer screening rates.
- 1b. Develop plans to disseminate information to populations at higher risk for colorectal cancer and the need for early detection.
- 1c. Support community screening days or awareness days.
- 1d. Work with existing programs to breakdown financial barriers, including working with employers for adequate time off to take advantage of screening opportunities in the community.
- 1e. Develop state support for a colorectal screening program through the Early Detection Works (EDW) program in the State Legislature.
- 1f. Incorporate steps to target identified disparate populations (age, income, disability, rural-urban location, and race or ethnic status) when implementing recommended strategies.

Early Detection and Diagnosis Objective: Patient Navigator Support

2. Increase the number of cancer centers that offer patient navigator support services from early detection through treatment and survivorship per American College of Surgeons standards

Measure	Baseline	Five Year Target
Data not available	To be determined	To be determined

Strategies

- 2a. Identify a data source to establish a baseline and five year target for this objective.
- 2b. Build on the success of the previous patient navigation conference and hold additional conferences to encourage development of patient navigation programs in hospitals, community-based organizations, cancer centers, and medical clinics to serve all patients, especially in low-income populations.
- 2c. Collect and analyze data on existing patient navigation programs in order to develop a plan to expand and create more patient navigation programs in Kansas.
- 2d. Work with the Insurance Commissioner’s office to support reimbursement for patient navigation services.

Early Detection and Diagnosis Objective: Breast Cancer

3. Increase the percent of Kansas women who receive breast cancer screening based on nationally recognized guidelines

Measure	Baseline	Five Year Target
Percent of Kansas females aged 40 years and older have had a mammogram within the past two years	76.0% (2010 BRFSS)	80%

Strategies

- 3a. Support increased state funding for the EDW program through the State Legislature.
- 3b. Encourage continued private funding of the EDW program.
- 3c. Develop plan to improve screening behaviors for women with higher probability of developing breast cancer at an early age.
- 3d. Develop messaging for use by the media and providers to increase breast cancer screening rates, incorporating steps to target identified disparate populations (age, income, disability, rural-urban location, and race or ethnic status).
- 3e. Develop community screening days, working with existing programs to break down financial and disability-related barriers, including working with employers for adequate time off to take advantage of screening opportunities in the community.

Early Detection and Diagnosis Objective: Cervical Cancer

4. Increase the percent of Kansas women who receive cervical cancer screening based on nationally recognized guidelines

Measure	Baseline	Five Year Target
Percent of Kansas females aged 18 years and older have had a Pap test within the past three years	82.7% (2010 BRFSS)	87%

Strategies

- 4a. Support increased state funding for the EDW program through the State Legislature.
- 4b. Develop plan to improve screening behaviors for women with higher probability of developing cervical cancer at an early age.
- 4c. Develop messaging for use by the media and providers to increase cervical cancer screening rates, incorporating steps to target identified disparate populations (age, income, disability, rural-urban location, and race or ethnic status).
- 4d. Encourage communities and employers to allow adequate time off to take advantage of screening programs.

Early Detection and Diagnosis Objective: Lung Cancer

5. Increase lung cancer screening for high risk populations, based on the most recent published guidelines

Measure	Baseline	Five Year Target
Data not available	To be determined	To be determined

Strategies

5a. Provide continuing education to health care practitioners, including primary care providers, to increase awareness of screening guidelines and encourages the implementation of evidence-based practice changes to identify high risk individuals who are candidates for screening.

5b. Develop a methodology to measure prevalence of lung screening among at-risk Kansans.

5c. Update educational curricula in schools of medicine, nursing and health professions to include information on evidence-based approach to lung cancer screening along with guidelines for screening of other cancers.

5d. Develop a model 'tool kit' to assist health care systems and nurse navigators in the development of lung cancer screening programs.

5e. Promote the implementation of lung cancer screening programs within health systems throughout Kansas.

5f. Create and implement a media campaign that will serve to inform the public of the new screening standard.

5g. Identify appropriate venues for lung cancer screening education opportunities and provide educational materials that are targeted for smokers considered high risk.

Early Detection and Diagnosis Objective: Prostate Cancer

60.4 percent of African American men ages 40 years and older in Kansas have had a PSA screening within the past two years (2010 BRFSS)

6. Increase the proportion of men who have discussed with their health care provider whether or not to have a prostate-specific antigen (PSA) test to screen for prostate cancer

Measure	Baseline	Five Year Target
Data not available	To be determined	To be determined

Strategies

6a. Develop appropriate messaging for prostate cancer early detection, including messaging for disparate populations (age, income, disability, rural-urban location, and race or ethnic status).

6b. Include question on BRFSS that asks men ages ≥ 40 years if they have discussed with their health care provider whether to have a PSA test to screen for prostate cancer.

Early Detection and Diagnosis Objective: Genomics

7. Increase the percentage of adults with a family history of cancer who have discussed with their health care provider whether or not to receive genetic counseling

Measure	Baseline	Five Year Target
Data not available	To be determined	To be determined

Strategies

7a. Develop appropriate messaging to encourage understanding of family history and how genetic counseling can help plan for early detection of cancer.

7b. Include question on BRFSS that asks adults with a family history of cancer if they have discussed with their health care provider whether or not to receive genetic counseling.

7c. Assess availability of genetic counseling services.

Early Detection and Diagnosis Objective: Cross-Cutting

8. Decrease the time between initial visit with a suspicious finding to a definitive diagnosis and treatment to less than 30 days

Measure	Baseline	Five Year Target
Data not available	To be determined	To be determined

Strategies

8a. Include “amount of time from initial visit with a suspicious finding to diagnosis” and “amount of time from diagnosis to treatment” as part of all quality indicators.

8b. Develop and disseminate provider practice guidelines to ensure appropriate follow up for all abnormal mammograms.

8c. Develop guidelines for critical items which should be included in “diagnosis information” provided to cancer patients.

8d. Monitor other states’ model programs for adding screening to National Program of Cancer Registries data, and potential usefulness of these data for evaluating this objective.

