American Cancer Society | NATIONAL BREAST CANCER ROUNDTABLE

Strategic Plan (2024–2029)

Established in October 2022, the **American Cancer Society National Breast Cancer Roundtable** (ACS NBCRT) is a national coalition of organizational members and corporate partners dedicated to improving breast cancer outcomes by inspiring and leading collective action across the nation. It is the mission of the ACS NBCRT that every person and their support systems will know and understand breast cancer risk and screening needs, and can access the timely, high-quality, and compassionate screening, diagnosis, treatment, and supportive care needed to improve their survival and quality of life.

To coordinate, communicate, and ultimately, catalyze action of the ACS NBCRT, its members, and a broader collection of partners across the nation, the ACS NBCRT created a national roadmap and strategic plan for advancing critical breast cancer priorities. The strategic planning process took nearly 10 months of planning, engagement, and collaboration with the expectation to release a consensus-built and informed plan of action that is audacious in scope, yet actionable in implementation.

The strategic plan's problem statement, vision, and priority areas are defined below. The following pages provide our guiding theories of change, our health equity statement, and further details our priority areas along with strategic approaches and recommended activities that are required to achieve our desired goals.

Working Together

946
Voices heard via interviews, community conversations, & surveys

14
Virtual Work Group Meetings

110+
Individual Work Group Collaborators

65
Organizations Represented

Problem Statement

Every person from every community, especially those from communities that are underrepresented, face barriers that contribute to poorer breast cancer outcomes and ongoing disparities.

Our Vision

Transform breast cancer across the continuum of care to achieve optimal outcomes for every person.

Focus Areas

- Risk Assessment, Screening, and Early Diagnosis
- Access to Treatment
- Clinical Trials
- Support and Wellness Services

Guiding Principles

Fundamental Theories of Change

Every decision and action within the ACS NBCRT strategic plan is rooted in our theories of change. The comprehensive and lasting change we desire will only be achieved through instilling these core theories of change in all that we do together.

- Address the root causes of disparities to eliminate barriers to timely, high-quality screening, diagnosis and/or treatment to improve breast cancer outcomes.
- Create culturally appropriate communications to be delivered by trusted members of communities to reach every person and ensure they understand the need for breast cancer screening and have access to high-quality screening and management across the continuum of care.
- Provide the physical, financial, and emotional well-being support for every person and their support systems that enable all persons at risk to obtain high-quality screening and follow-up to appropriate diagnostics and cancer care to maintain health and well-being.

Health Equity Statement

The ACS NBCRT believes that every person should have a fair and just opportunity to prevent, find, treat, and survive breast cancer, regardless of income, ethnicity, skin color, sexual orientation, gender identity, disability status, language, or zip code. Therefore, the ACS NBCRT commits to centering health equity in all that we do. We agree to work toward fairness and justice by assessing systematic disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions.

To achieve this, we will:
- Ground our work in data and context, creating innovative solutions;
- Focus on policy and systems changes, in addition to programs and services;
- Amplify community voices to co-creating sustainable solutions and shared decision-making tools;
- Listen to and engage with all cultures and communities; and,
- Build equity in leadership, accountability, and representation.

Defining Terms

Fundamental Theories of Change
The essential, enduring, and guiding tenets that all stakeholders adhere to in implementing this plan.

Priority Area
Overarching topic of focus where change will be driven. Addressing these priority areas together will improve experiences for patients and lead to sustainable change.

Goals
The long-term change we want to achieve.

Strategies
The evidence-based, best practice, or otherwise emerging/promising approaches that will systematically improve conditions for patients and allow us to fully realize our goals. (3 to 5 years)

Activities
Specific actions, aligned to strategies, that will improve/change conditions, systems, and attitudes. (1 to 2 years)

Risk Assessment, Screening, & Early Diagnosis

Priority Statement: Increasing risk reduction and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.

Goal 1: Risk Assessment: Every person is assessed for risk and receives timely and appropriate risk-based screening and risk reduction options.

Strategies	Activities
Promote high-risk-specific evidence-based recommendations to clinicians, patients, and communities.	• Develop a guidebook that identifies evidence-based interventions (EBIs) and promising practices from case studies. • Develop a clinical decision support tool for EMRs to provide real-time recommendations for clinicians and that communicates the recommendations to the patient portal. • Develop a tool for electronic medical records (EMRs) that will allow providers to track population health registries, allowing easy tracking and outreach to their patients with care gaps. • Highlight the significance of addressing population-based health inequities in both the initial design and further utilization of risk assessment tools. • Collaborate with primary care organizations to develop education opportunities to increase awareness among clinicians of current evidence-based recommendations for high-risk individuals.
Increase the utilization of evidence-based practices for breast cancer risk assessment and screening guidelines for high-risk populations.	• Collaborate with the Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) to incorporate EMR data elements to identify individuals at increased risk for having inherited genetic mutations associated with breast cancer. • Develop and/or promote a risk assessment tool with Application Programming Interfaces (API) integration for app developers, clinicians, and health systems to ensure widest dissemination and adoption. • Develop a tool in the EMR for easy utilization of risk assessments. • Advocate for and promote the integration of common validated risk assessment tools within EMRs of primary care practices. • Advocate for payment reform incentivizing clinicians/practices for screening and risk reduction.
Improve access to genetic testing and counseling services for individuals with a family history of cancer-related risk factors.	• Identify family members of individuals with known hereditary cancer history so they can be offered genetic testing as part of risk assessment actions. • Educate and partner with clinicians, patients, and community leaders about the importance of genetic testing.

Risk Assessment, Screening, & Early Diagnosis

Priority Statement: Increasing risk reduction and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.

Goal 2: Early Detection/ Screening: Every person has access to early detection strategies and high-quality, guideline-concordant screening, awareness, and continuity of care.

Strategies	Activities
Promote screening guidelines to specific populations experiencing greater disparities in cancer screening.	• Promote the use of patient navigators to navigate screening processes and address barriers such as (transportation, insurance, etc.). • Collaborate with and provide high-traffic businesses (supermarkets, beauty salons, churches, etc.) with literature about the screening recommendations and how individuals can be screened at no cost.
Educate clinicians and leading community members on screening guidelines and suspicious findings that require further work-up.	• Advocate for Medicaid expansion and ensure the protection of the Affordable Care Act that mandates coverage without copay of preventive care, including breast cancer screening; reduce cost barriers (e.g., cost sharing, high deductibles). • Advocate for broad policy changes that improve health care access/reduce barriers among lower socioeconomic status (SES) uninsured populations.
Improve accessibility to new technologies and innovations that bridge gaps and enhance inclusivity in screening and early detection.	• Build a dialogue with regulators of the Food and Drug Administration (FDA) and payers (insurance companies) to ensure all persons have access to improved technologies and innovations.

Risk Assessment, Screening, & Early Diagnosis

Priority Statement: Increasing risk reduction and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.

Goal 3: Risk Reduction: Risk reduction guidelines are adapted and implemented in equitable ways for every person.

Strategies	Activities
Educate patients, clinicians, and community-based organizations around risk reduction guideline implementation and adaptability.	• Collaborate with professional societies to incorporate continuing medical education (CME) programs. • Build a free-of-charge, interactive tool (web-based, mobile app, etc.) for clinician outreach to patients with care gaps. • Educate clinicians on legislation enabling earlier breast cancer assessment for Veterans exposed to carcinogens based on location and date in service.
Implement population-based risk factor reduction educational/health promotional efforts.	• Create and coordinate media messaging linking healthy lifestyle behaviors to reduce breast cancer risk in system and provider education.
Navigate individuals through their options for risk reduction.	• Prepare intervention and support plans with community-based organizations to support patients through understanding of findings and care in appropriate languages. • Create an app or a resource that highlights (consolidates) equitable resources (free or reduced) in a single repository for ease of use by individuals.

Risk Assessment, Screening, & Early Diagnosis

Priority Statement: Increasing risk reduction and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.

Goal 4: Early Diagnosis / Access to Diagnostics: Every person who presents with symptoms or abnormal screening receives timely access to and appropriate diagnostic testing.

Strategies	Activities
Address protocols and policies that create barriers to access, testing, and treatment.	• Create a clinical decision tool to communicate recommendations to the patient portal in the patient's preferred language. • Identify what resources are available for those unable to afford proper screening. • Provide workforce recommendations to navigation professionals regarding shortening the time from abnormal imaging to biopsy and diagnostic workup.
Advocate for and ensure that payers cover follow-up testing after positive screening results, removing cost barriers for individuals.	• Identify and disseminate an inclusive, evidence-based tool to screen individuals starting at age 25 for high risk, provide this at no cost to providers/imaging centers, and incentivize them to use it. • Create a simplified evidence-based tool translated in multiple languages for use by individuals and organizations.

ACS NBCRT Strategic Plan (2024-2029)

Access to Treatment

Priority Statement: Providing all patients access to compassionate, timely, and high-quality breast cancer care will improve patient quality of life and survival.

Goal 1: Establish, validate, and promote implementation of patient-provider communication measures as a factor of quality care in diverse populations.

Strategies	Activities
Identify and assess existing measures of patient-provider communication.	• Complete a landscape review and assessment of patient-reported outcomes measures and accreditation requirements related to patient-provider communications. • Assess which patient-reported outcomes evaluating patient-provider communication have validation in diverse patient populations. • Identify measures of patient-provider communication with translations in languages other than English. • Identify successful deployment strategies for collecting measures across diverse patient groups. • Assess if any accreditation or payment programs utilize measures of patient-provider communication.
Build consensus around patient-provider communication measures as a factor of quality care.	• Share results of landscape assessment with broader scientific community. • Conduct meetings with key partners to gain consensus on appropriate measures. • Identify partners for validation of measure in diverse populations.
Validate the measure in diverse populations and report on findings.	• Validate measure in key patient populations. • Validate measure in languages other than English. • Report on validation findings in press, at scientific conferences, and patient advocacy events.
Identify key partners for adoption and implementation.	• Promote use of measure for quality evaluation. • Advocate for inclusion of measure in accreditation and payment. • Identify key partners interested in broadly implementing the measure.

Access to Treatment

Priority Statement: Providing all patients access to compassionate, timely, and high-quality breast cancer care will improve patient quality of life and survival**.**

Goal 2: Barriers to initiation and completion of high-quality, affordable care are reduced.

Strategies	Activities
Identify evidence-based practices for reducing time between breast cancer diagnosis and initiation of treatment.	• Complete a landscape review of the appropriate evidence-based strategies and practices that improve time to treatment. • Prioritize evidence-based strategies and practices based on effectiveness at improving time to treatment and focus on health equity.
Promote evidence-based practices for reducing time between breast cancer diagnosis and initiation of treatment.	• Publish a White Paper on best practices for improving time to initiation of breast cancer treatment. • Develop ACS NBCRT content and deliver through webinars and other different communication mediums to highlight/teach evidence-based interventions to clinicians. Inventory screening assessments for financial need and advocate for financial support of supportive care components (including navigation). Advocate for insurance coverage of navigation services by communicating the ACS CAN consensus letter to ACS NBCRT member organizations.
Identify and promote navigation services to increase patient support for initial follow-up and continuity of care.	• Advocate for insurance coverage of navigation services by communicating the ACS CAN consensus letter to ACS NBCRT members organizations. • Disseminate and collaborate with relevant partners (e.g., ACS National Navigation Roundtable) on the Centers for Medicare & Medicaid Services (CMS) proposed rule and other Cancer Moonshot initiatives. • Identify, promote, and disseminate model navigation training, programs, and resources via various communication mediums.

Clinical Trials

Priority Statement: Advancing equity in clinical trials through rapid, drastic, and intentional improvements in diversity in participation, expansion of research, and targeted trials will result in measurable improved outcomes for all populations.

Goal 1: The offering, enrolling, and retaining of persons on clinical trials is a recognized standard of care reflective of the demographics of people with cancer in the U.S.

Strategies	Activities
Support the Food and Drug Administration's diversity plan guidelines to increase enrollment and retention of underrepresented populations in clinical trials through the development and promotion of trial access strategies for health professionals, clinicians, and systems.	• Educate health care professionals, patients, and other partners engaged in the outcomes of patients about Food and Drug Administration (FDA) diversity guidelines and the role it has in clinical trials. • Establish partnerships with the FDA to co-create a scorecard to determine if funded clinical trials include a diversity plan addressing recruitment and retention requirements. • Create a resource for subtype demographics of people with cancer in the U.S. to provide a benchmark for target trial enrollment goals.
Improve existing clinical trial education materials for persons in the U.S.	• Promote and catalog programs, resources, and initiatives at the national and grassroots level around clinical trials that enhance patient education on active involvement, support services, and decision-making throughout the clinical trial process. • Drive patient education and trial recruiting, retention, and support services by promoting proven resources, programs, and initiatives. • Work with culturally trusted platforms, personalities, and partners for education and promotions. • Amplify the impact of the education tools, tactics, and partnerships via proven culturally agile media platforms, personalities, and partners. • Build an online tool kit of proven resources, programs, and initiatives to leverage the strengths and communication assets of ACS NBCRT members to share and activate.

Clinical Trials

Priority Statement: Advancing equity in clinical trials through rapid, drastic, and intentional improvements in diversity in participation, expansion of research, and targeted trials will result in measurable improved outcomes for all populations.

Goal 2: The drivers that impact inclusive clinical trial participation are addressed.

Strategies	Activities
Identify and promote evidence-based best practices to help health care professionals clinicians address any drivers of health that impact clinical trial participation.	• Educate health care professionals on best practices in addressing implicit bias and structural and systemic racism related to clinical trial recruitment and retention. • Create a toolkit of proven trial programs for replications and scaling. • Develop a resource to actively engage and motivate clinicians to understand and address patient barriers to encourage clinical trial participation. • Collaborate and catalog services with pertinent local/regional/national supportive service referral clinicians/networks so no program/clinician is without resources if/when a social driver of health is observed.
Identify and institute a plan to reduce systemic barriers (workforce, medical bias, health literacy, patient navigation, cultural issues, microaggressions, etc.) that impact clinical trial participation.	• Provide clinical trial navigation to work one-on-one to help identify and address individual patients' possible barriers to participation. • Support ACS CAN pilot of automated clinical trials matching that looks for trials regionally. • Develop a layperson education and outreach leveraging the proven patient-based tools to be distributed, dispelling myths and misinformation around clinical trials and expectations for cancer care.

Clinical Trials

Priority Statement: Advancing equity in clinical trials through rapid, drastic, and intentional improvements in diversity in participation, expansion of research, and targeted trials will result in measurable improved outcomes for all populations.

Goal 3: A policy landscape is created that drives more equitable participation in clinical trials.

Strategies	Activities
Leverage the Moonshot National Cancer Plan and ACS NBCRT member organizations' programs and best practices to improve the enrollment of underserved populations in clinical trials.	• Extend the clinical trial diversity plan to other trials currently not required to submit plans under the current law. • Leverage platforms of professional organizations to request sessions for patient stakeholders to be engaged in lobbying efforts. • Advocate that research sponsors/sites should routinely collect and analyze data by patient demographic characteristics (including race and ethnicity) regarding clinical trial screening, participation, reasons for not qualifying or participating, and retention on trials. • Create grant programs to fund community programs in underrepresented communities and have important conversations about clinical trials. Ask how we can help you get more diversity in trials. Talk to grassroots organizations and all partners about trials.
Shield patients from out-of-pocket ancillary costs of trial participation, including both clinical and nonclinical costs.	• Develop a list of issues and potential solutions regarding costs, funding, reimbursements, Medicaid, Institutional Review Board (IRB) guidelines, and financial burdens for patients to build a legislative platform/communication tool for roundtable members to use for local and national advocacy. • Develop a list of frequent costs or actions causing loss of funds that could be covered/reimbursed for the patients on clinical trials. • Build a coalition of partners to engage on best practices from proven tools and support the FDA diversity plan requirements. • Support the DIVERSE Trials Act legislation, which would enable sponsor support of patient copays and non-medical costs incurred as part of trial participation. • Submit comments to the annual solicitation for new anti-kickback safe harbors that would include financial support of patients on trials. • Explore policy recommendations through the promotion of evidence-based reimbursement practices for patients.

Support & Wellness Services

Priority Statement: Early identification and integration of support and wellness services for every patient and their caregiver(s) through the continuum of care will improve treatment, recovery, and quality of life.

Goal 1: Well-defined standards for evidence-based and promising supportive services for patients and their caregivers are established.

Strategies	Activities
Assist clinicians, patient support service professionals, etc., in determining the support and wellness needs of their patients and caregivers.	• Identify and catalog innovative, evidence-based support and wellness needs assessment tools for dissemination to clinicians, patients, and caregivers. • Provide training for clinicians and support service professionals on the needs of their patients and caregivers.
Expand the utilization of resources ed by clinicians, providers, patient support service professionals, etc.	• Provide training for clinicians and support service professionals on resources to meet specific needs to improve resource utilization and referrals. • Provide training for patients, caregivers, clinicians, and support service professionals on palliative care. • Curate and promote an easily accessible checklist of essential evidence-based support and wellness services resources for every patient, caregiver, and health care system. • Develop a 'filter' system to easily look for resources that understand and work with different populations, regions of the U.S., types of wellness services, etc. • Establish partnerships with accreditation programs, such as the National Accreditation Program for Breast Centers and others, to promote the implementation of support and wellness services in their programs.

Support & Wellness Services

Priority Statement: Early identification and integration of support and wellness services for every patient and their caregiver(s) through the continuum of care will improve treatment, recovery, and quality of life.

Goal 2: There is uniform insurance coverage for all evidence-based supportive services for patients and their caregivers.

Strategies	Activities
Identify gaps in support and wellness services and engage ACS NBCRT networks for innovative solutions.	• Identify and share existing insurance coverage for essential support and wellness services and identify areas to improve coverage to address gaps in access. • Invite support and wellness-leading organizations to join and participate as NBCRT member organizations. • Engage member organizations to assist in the dissemination of possible solutions to address the gaps in support and wellness services. • Engage community-based organizations to help identify barriers to access and needs that are not being met to incorporate into a guidance document that the ACS NBCRT supports.

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