



# AMERICAN CANCER SOCIETY NATIONAL BREAST CANCER ROUNDTABLE

## STRATEGIC PLAN

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

The American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) Strategic Plan is dedicated to Edith Mitchell, MD, MACP, FCPP, FRCP, for her leadership on the President's Cancer Panel and commitment to the American Cancer Society and the American Cancer Society National Roundtables.

Dr. Mitchell recognized the need to not just work in but with communities, and in doing so, dramatically increased access to cancer prevention, cancer screening, and cancer cures in her own home city of Philadelphia, and beyond. She partnered with the American Cancer Society to develop and implement the Health Equity Ambassador (HEA) program, which went on to train almost 4,000 ambassadors to provide outreach and cancer education in local communities to help prevent cancer and find cancer early. Countless thousands have directly benefited from the work of Dr. Mitchell, and many more indirectly through her example.

She was also a steadfast champion of convening thought leaders and stakeholders in an effort to address gaps in cancer screening and follow-up care, such as by participating in the American Cancer Society National Roundtables. She was an inaugural steering committee member of the ACS NBCRT and delivered the keynote address at the 2022 National Lung Cancer Roundtable Annual Meeting.



**EDITH MITCHELL, MD, MACP, FCPP, FRCP**

Dr. Edith Mitchell was often called on to do a lot for our country and she never failed to answer. A giant in the field of oncology, her commitment to excellence in all facets of life endeared her to young physicians who, like I, dreamed of becoming leaders in the field of cancer research. At a time when there were few women in medicine and fewer Black leaders in cancer research, Dr. Mitchell was the trailblazer who opened doors of opportunities for the next generation of scholars.

A disciplined physician with extensive training in the United States Air Force, Dr. Mitchell practiced compassionate patient-centered care, long before it became fashionable. As a member of the President's Cancer Panel from 2019 to 2023, she was influential in moving the panel to make strong recommendations about closing the gaps in cancer care and cancer mortality that exist in America between those with adequate health care and medically underserved populations. Her goal was to accelerate progress in cancer risk assessment and prevention so that every American will have the opportunity for early diagnosis and prompt treatment in their own communities. Throughout her illustrious career, Dr. Mitchell never failed to promote fairness and justice for marginalized populations, both in the U.S. and around the globe. An astute medical oncologist, whose career was focused on expanding patient access to clinical trials, she brought not only her professional background but also her lived experience to her work as a member of the steering committee for the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT).

At the ACS NBCRT, we believed that Dr. Mitchell's background, expertise, leadership, and commitment to service would steer the Roundtable in the direction of equity in health care. The NBCRT is a national coalition of organizations working through strategic partnerships to accelerate progress in eliminating disparities and reducing mortality across the breast cancer continuum. It works to ensure all persons have access to quality screening and treatment, including Black women and women in other historically excluded communities; also, to address the social and emotional needs of patients and their families.



The ACS NBCRT has the opportunity to convene thought leaders to steer the national dialogue on breast cancer. Our last gathering was in September in Houston, Texas, and Dr. Mitchell was there paying full attention as we worked diligently on the strategic plan. In her usual fashion, Dr. Mitchell shared entertaining anecdotes, while displaying her formidable intellectual abilities in guiding our strategy. Then, in her humble manner, she danced the evening away with patient advocates and her junior colleagues.

On a personal note, I first met Dr. Mitchell as a postdoctoral trainee at the University of Chicago during one of our national meetings. I was most impressed by her deep knowledge of medical oncology, especially in her area of focused practice and research. Her reputation in breast and gastrointestinal oncology and vast experience leading clinical trials at ECOG-ACRIN were truly inspirational for young investigators. She demystified academic oncology practice. When it came time for me to assemble an External Advisory Committee for our National Cancer Institute-funded T32 grant at the University of Chicago, I called on Dr. Mitchell to help me for two reasons. First, I told her that she was one of the most impressive women in medical oncology I knew, and I wanted every trainee at the University of Chicago to have the opportunity to interact with her as a visiting scholar. Second, I wanted her to teach us how to recruit and retain diverse trainees by investing in exceptional community engaged research in our cancer center catchment area. All of us in the training program benefitted from her wisdom and we will continue to build on her legacy to train a diverse workforce for 21st century oncology care.

Dr. Mitchell left us too soon, but she transitioned from this life while still fully engaged in doing what she did best. She will forever be missed by all of us.

Sincerely,

**Olufunmilayo Olopade, MBBS, FACP, FAACR, FASCO**  
**ACS NBCRT TRI-CHAIR**







**WORTA J. MCCASKILL-STEVENS, MD**

“I am going to do my best—I am not at 100% as you know.”

Those were Dr. Worta J. McCaskill-Stevens’ words when asked to join the ACS National Breast Cancer Round Table (NBCRT). The NBCRT benefitted from her deep knowledge of breast cancer biology, community engaged research and cancer control across the continuum of care. Throughout her illustrious career as a medical oncologist and clinical researcher focused on community oncology, Dr. McCaskill-Stevens raised the quality of oncology clinical trials and inspired everyone around her to raise their performance to the level of excellence. Her enduring contribution to the field was recognized by the establishment of the National Cancer Institute (NCI) Worta McCaskill-Stevens Career Development Award for Community Oncology and Prevention Research. This new career development award promises to provide a multitude of opportunities to diversify the cancer research workforce and increase participation of understudied and underserved populations in oncology clinical trials.

A life-long learner, Dr. McCaskill-Stevens’ rigorous education at Georgetown University and then at Mayo Clinic prepared her for a successful career at the NCI. She brought her lived experience to her job and service on many committees and working groups. She was my go-to person and sounding board as I navigated the highly competitive field of breast cancer research.

I often called her to help me with grant applications or to jointly mentor my trainees who were interested in prevention research. Focusing her attention on women and community oncology, she was instrumental in developing the infrastructure to improve the quality of breast cancer screening in diverse populations as exemplified by the Tomosynthesis Mammographic Imaging Screening Trial (TMIST), an ongoing international trial comprising nearly 130,000 women aged 45 to 74. As a participant in TMIST, Dr. McCaskill-Stevens, in her own words “walked the talk” and broadened access for Black women to participate in a screening clinical trial within their own communities.



# Tribute Message

Dr. McCaskill-Stevens gave her all as a member of the ACS NBCRT Steering Committee. She retired from the NCI on October 31, 2023, to take care of her personal affairs. On behalf of the NBCRT, I was glad to spend quality time with her in early November when she was in hospice care. We very much enjoyed talking to one another about chocolate, French croissants, and most importantly about the big fights to make sure that the NCI Community Oncology Research Program will continue to thrive long into the future. She fought cancer with all her strength and now is at peace. She leaves a legacy of inclusive cancer research for us to defend in every community. We are comforted knowing hers was a life well lived in service of others.

Sincerely,

**Olufunmilayo Olopade, MBBS, FACP, FAACR, FASCO**  
**ACS NBCRT TRI-CHAIR**

# ACS NBCRT Timeline

February 2022  
**President Biden Relaunches Cancer Moonshot Calling for Additional Cancer Roundtables**



February 2022  
**ACS Announces Plans to Launch Two New Roundtables Focused on Breast and Cervical Cancers**



January - March 2022  
**Planning Cohorts and Listening Sessions**



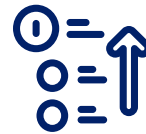
October 2022  
**Official Launch of the ACS National Breast Cancer Roundtable at the White House**



August 2022 - February 2023  
**Formative Research**



February 2023  
**Finalize Priorities**



March - April 2023  
**Workgroup Recruitment**



May - August 2023  
**Convene Workgroups**



September 2023  
**Inaugural Strategic Plan Meeting**



October - December 2023  
**Strategic Plan Open for Public Comment and Final Revisions**



2024  
**Implementation and Priority Task Groups**





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 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 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, Risk Reduction, & Early Diagnosis



Access to Treatment



Clinical Trials



Support & Wellness Services

## 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 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.
- Work toward ensuring the physical, financial, and emotional well-being 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 age, 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-create sustainable solutions and shared decision-making tools
- Listen to and engage with all cultures and communities
- 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)

## The ACS NBCRT Position Statement on Guidelines

The ACS NBCRT supports member organizations in advancing their missions around breast cancer no matter which breast cancer screening or treatment guideline they choose to follow.

The ACS NBCRT continues to create an environment in which organizations with varying missions and policies can be heard, where differences of opinion are respected, where all organizations benefit from their membership in the ACS NBCRT, and where the guiding philosophy emphasizes working toward the same end goal to save lives from this disease.

The ACS NBCRT will continue to provide resources that meet the needs of all members, serve as an information clearinghouse, address disparities issues, and identify opportunities to save lives from this disease, including those who are being diagnosed at younger ages.





Below is a list of proposed actions from the September 2023 Strategic Plan Meeting. These actions are subject to change or evolve as we convene the ACS NBCRT Strategic Priority Task Groups in 2024.



## Risk Assessment, Screening, Risk Reduction & Early Diagnosis

- Develop a guidebook that identifies evidence-based interventions (EBIs) and promising practices.
- Identify and disseminate an inclusive evidence-based tool to screen high-risk individuals (starting at age 25), provide this at no cost to providers/imaging centers, and incentivize them to use it.
- Create a simplified tool translated in multiple languages for use by individuals and organizations.



## Access to Treatment

- Build consensus around patient-provider communication measures as a factor of quality care.
- Inventory screening assessments for financial need and advocate for financial support of supportive care components (including navigation).
- Promote evidence-based practices for reducing time between breast cancer diagnosis and initiation of treatment.

**\*Please note these are strategies not actions.**



## Clinical Trials

- Educate health care professionals on best practices in addressing implicit bias and structural and systemic racism related to clinical trial recruitment and retention.
- Identify, assess, and amplify current ACS NBCRT Member Organization's clinical trials initiatives.



## Support & Wellness Services

- Curate and promote an easily accessible checklist of essential evidence-based support and wellness services resources for every patient, caregiver, health care system, etc.



**RISK ASSESSMENT, SCREENING,  
RISK REDUCTION & EARLY DIAGNOSIS  
PRIORITY SECTION**

# Risk Assessment, Screening, Risk Reduction & Early Diagnosis



**Priority Statement:** Increasing risk assessment, 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

**Highlight the importance of early and regular risk assessment and the importance of ensuring population-based health equity in both the initial design and further utilization of risk assessment tools.**

**Promote specific evidence-based recommendations for high-risk individuals to patients, clinicians, and communities.**

**Increase the utilization of evidence-based practices for breast cancer risk assessment and screening guidelines for high-risk populations.**

### Activities

- Develop a guide for electronic health records (EHRs) that will allow providers to track population health registries, allowing easy tracking and outreach to patients with care gaps.
- Develop a guidebook that identifies evidence-based interventions (EBIs) and promising practices.
- Work with leading EHR vendors to develop a clinical decision support tool to provide real-time recommendations for clinicians and communicate the recommendations to the patient portal.
- Collaborate with primary care organizations to develop education opportunities to increase awareness among clinicians of current evidence-based recommendations for high-risk individuals.
- Educate and partner with patients, clinicians, and communities about the importance of genetic testing.
- Identify and disseminate an inclusive evidence-based tool to screen high-risk individuals, provide this at no cost to providers/imaging centers, and incentivize them to use it.
- Collaborate with the Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) to incorporate EHR data elements to identify individuals at increased risk for having inherited genetic mutations associated with breast cancer.
- Identify and promote a validated 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 EHR for easy utilization of risk assessments.
- Advocate for payment reform incentivizing clinicians/practices for screening, risk assessment, and risk reduction.



# Risk Assessment, Screening, Risk Reduction & Early Diagnosis



**Priority Statement:** Increasing risk assessment, 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

**Improve access to genetic testing and counseling services for individuals with a family history of cancer-related risk factors.**

### Activities

- Identify family members of individuals with known or suspected hereditary cancer history so they can be offered genetic testing as part of risk assessment actions.

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



## Goal 2: Screening

**Every person has access to appropriate early detection strategies and high-quality, guideline-concordant tailored screening, education, and continuity of care.**

Strategies	Activities
<p><b>Promote screening guidelines to professional organizations, clinicians, and specific populations experiencing greater disparities in cancer screening.</b></p>	<ul style="list-style-type: none"><li>• Promote the use of patient navigators to navigate screening processes and barriers (e.g., transportation, insurance).</li><li>• Collaborate with and provide high-traffic businesses (supermarkets, beauty salons, churches, etc.) literature about the screening recommendations and how individuals can be screened at no cost.</li><li>• Educate clinicians and leading community members on screening guidelines and suspicious findings that require further work-up.</li></ul>
<p><b>Improve accessibility to new technologies and innovations that bridge gaps and enhance inclusivity in screening and early detection.</b></p>	<ul style="list-style-type: none"><li>• 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.</li></ul>

**Priority Statement:** Increasing risk assessment, 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
<b>Educate patients, clinicians, and community-based organizations around risk reduction guideline implementation and adaptability.</b>	<ul style="list-style-type: none"><li>• Collaborate with professional societies to incorporate continuing medical education (CME) programs.</li><li>• Build a free-of-charge, interactive tool (web-based, mobile app, etc.) for clinician outreach to patients with care gaps.</li><li>• Educate clinicians on legislation enabling earlier breast cancer assessment for Veterans exposed to carcinogens based on location and date in service and return of medical records and biopsy specimens to the Veteran Affairs.</li></ul>
<b>Implement population-based risk factor reduction educational/health promotional efforts.</b>	<ul style="list-style-type: none"><li>• Create and coordinate media messaging linking weight management, physical activity, diet, and alcohol abstinence/limitation to reduce breast cancer risk in system and provider education.</li><li>• Create a simplified tool translated into multiple languages for use by individuals and organizations.</li></ul>
<b>Navigate individuals through their options for risk reduction.</b>	<ul style="list-style-type: none"><li>• Prepare intervention and support plans with community-based organizations to support patients through understanding of findings and care in appropriate languages.</li><li>• Promote resources that highlight and/or consolidate equitable resources (free or reduced) in a single repository for ease of use by individuals.</li></ul>



**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 findings receives timely access to and appropriate diagnostic testing.**

### Strategies

**Address protocols and policies that create barriers to access, testing, and treatment.**

**Advocate for and ensure that payers cover all follow-up testing after positive screening results, removing cost barriers for individuals.**

**Institute various navigation professionals and services to assist in shortening the time from abnormal imaging to biopsy and diagnostic workup.**

### Activities

- 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.
- Define a national standard for patient wait times for diagnostic breast imaging.
- Advocate for Medicaid expansion.
- Promote the ACS policy that defines screening as the continuum of care to determine the presence or absence of cancer, with no out-of-pocket costs for any testing after a positive screening test.
- Advocate for broad policy changes that improve health care access/reduce barriers among lower socioeconomic status (SES) uninsured populations.
- Identify what resources are available for those unable to afford proper screening.



# ACCESS TO TREATMENT PRIORITY SECTION

**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 the implementation of patient-provider communication measures as a factor of quality care in all, and especially diverse, populations.

### Strategies

### Activities

**Identify and assess existing measures of patient-provider communication.**

- Complete a landscape review and assessment of patient-reported patient-provider communications, develop a Dos and Don'ts guide for patients and providers, and provide feedback tools to health care professionals.
- Evaluate patient-provider communications to determine which patient-reported outcomes are valid in diverse patient populations.
- Identify measures of patient-provider communication with translations in languages other than English.
- Identify successful 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.**

- Conduct meetings with key partners to gain consensus on appropriate measures.
- Identify partners for validation of measures in diverse populations.
- Share results of landscape assessment with the broader clinical/scientific community.

**Validate the measure in diverse populations and report on findings.**

- Validate measures in key patient populations.
- Validate measures in languages other than English.
- Report on validation findings in the press, at scientific conferences, and at patient advocacy events.

**Identify key partners for adoption and implementation.**

- Promote the use of measures for quality evaluation.
- Advocate for inclusion of measures in accreditation and payment.
- Identify key partners interested in broadly implementing the measure.



**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 the first indication of the possibility of cancer, breast cancer diagnosis, and initiation of treatment.**

- Complete a landscape review of the evidence on delay in diagnosis, and identify appropriate evidence-based strategies and practices that improve time to diagnosis and time from diagnosis to treatment.
- Prioritize evidence-based strategies and practices based on effectiveness at improving time to diagnosis and from diagnosis 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 diagnosis and from diagnosis to treatment.
- Develop ACS NBCRT content and deliver through webinars and other 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 critical adjunct services to support comprehensive breast cancer care.**

- Identify and promote strategies to address employment-related concerns for patients and caregivers to achieve optimal outcomes during and following treatment.
- Research evidence-based screening tools for social determinants of health (SDOH) and identify and address the gaps and other barriers to care in routine practice.
- Provide education and training to health care professionals on leveraging tools to enhance patient engagement to ensure optimal patient outcomes.



**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

**Identify and promote navigation services to increase patient support for initial follow-up and continuity of care.**

**Leverage health care (e.g., telehealth, virtual, artificial intelligence) to improve the accessibility of quality cancer care.**

### Activities

- Continue to promote and advocate for reimbursement of navigation services.
- Identify, promote, and disseminate model navigation training, programs, and resources via various communication mediums.
- Identify and catalog current technology that includes low literacy materials, and provides translation in multiple languages.
- Identify key barriers to quality internet/technology access for those living in rural areas and prioritize solutions.
- Share best practices to improve accessibility of quality cancer care.



# CLINICAL TRIALS PRIORITY SECTION

**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 breast cancer in the U.S.**

### Strategies

**Support the FDA’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 care professionals, clinicians, and systems.**

**Improve existing clinical trial education materials for persons in the U.S.**

### Activities

- Educate health care professionals, patients, and other partners engaged in the outcomes of patients about FDA diversity guidelines and the role it has in clinical trials.
- Work with member organizations to co-create accountability measures to assess if funded clinical trials include and implement a diversity plan addressing recruitment and retention requirements.
- Create a resource based on the racial and ethnic subtypes of people with cancer in the U.S. to provide a benchmark for target trial enrollment goals.
- 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.

**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

**Identify and promote evidence-based best practices to help health care professionals/clinicians address drivers of health that impact clinical trial participation.**

**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.**

### Activities

- 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 EBIs for replication 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 identified.
- 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 layperson education and outreach leveraging proven patient-based tools to dispel myths and misinformation around clinical trials, expectations for cancer care, decentralized approaches, and expectations for cancer care.

**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

**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.**

**Shield patients from out-of-pocket ancillary costs of trial participation, including both clinical and nonclinical costs.**

#### Activities

- Extend the clinical trial diversity plan to other trials 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 opportunities in underrepresented communities and have important conversations about clinical trials to identify ways to increase diversity.
  - Develop an educational campaign at trial sites and for providers that would promote and support individuals with Medicaid.
  - Identify, assess, and amplify current ACS NBCRT Member Organization's clinical trials initiatives.
- 
- 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 nonmedical 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 SECTION**

**Priority Statement:** Early identification and integration of support and wellness services for breast cancer patients 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

**Assist clinicians, patient support service professionals, etc., in determining the support and wellness needs of their patients and caregivers.**

**Expand the utilization of resources used by clinicians, providers, patient support service professionals, etc.**

## Activities

- Identify and catalog innovative, evidence-based support and wellness needs assessment tools for dissemination to patients, clinicians, and caregivers.
- Provide training for clinicians and support service professionals on the needs of their patients and caregivers.
- Provide training for clinicians and support service professionals on resources to meet specific needs to improve resource utilization and referrals.
- Provide training for patients, clinicians, caregivers, 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, health care system, etc.
- 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.

**Priority Statement:** Early identification and integration of support and wellness services for breast cancer patients 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

**Identify gaps in support and wellness services and engage ACS NBCRT networks for innovative solutions.**

## Activities

- 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 ACS NBCRT member organizations.
- Engage member organizations to help disseminate 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.





# ACKNOWLEDGMENTS

## THANK YOU TO OUR 2022–2023 ACS NBCRT STEERING COMMITTEE

**Olufunmilayo F. Olopade, MBBS, FAACR, FASCO**

*The University of Chicago Medicine Comprehensive Cancer Center*

**ACS NBCRT Tri-Chair**

**John Williams, MD, FACS**

*Breast Cancer School for Patients*

**ACS NBCRT Tri-Chair**

**Arif Kamal, MD, MDA, MHS, FAAHPM, FASCO**

*American Cancer Society*

**ACS NBCRT Tri-Chair**

**Susan Domcheck, MD**

*Basser Center for BRCA*

**Ysabel Duron**

*The Latino Cancer Institute*

**Ricki Fairley, MBA**

*Touch, The Black Breast Cancer Alliance*

**Maimah Karmo**

*Tigerlily Foundation*

**Adjoa Kyerematen, MS**

*National Minority Quality Forum*

**In Memoriam**

**Worta McCaskill-Stevens, MD, MS**

*National Cancer Institute*

**CAPT Jacqueline Miller, MD, FACS**

*Centers for Disease Control and Prevention*

**In Memoriam**

**Edith Mitchell, MD, MACP, FCPP, FRCP**

*National Medical Association*

**Victoria Wolodzko Smart**

*Susan G. Komen Foundation*

**Cheryl Modica, PhD, MPH, BSN**

*National Association of Community Health Centers, Inc.*

**Gabrielle Rocque, MD**

*University of Alabama at Birmingham, UAB Medicine*

**We'd also like to thank the following ACS NBCRT team members for their leadership, contribution, and development of the ACS NBCRT Strategic Plan.**

**Theresa Petee, MA**

Program Manager  
National Breast Cancer Roundtable

**Megan Burns**

Program Manager  
National Roundtables & Coalitions

**Ashley Dedmon, MPH, CHES**

Director  
National Breast Cancer Roundtable

**Caleb Levell, MA**

Strategic Director  
National Roundtables & Coalitions

**Robert Smith, PhD**

Senior Vice President  
Cancer Screening

**Sarah Shafir, MPH**

Vice President  
National Roundtables and Coalitions



## THANK YOU TO OUR 2023 ACS NBCRT STRATEGIC PLAN WORKGROUP MEMBERS

### Risk Assessment, Screening, Risk Reduction, & Early Diagnosis

**Work Group Leads:** Jacqueline Miller, Ysabel Duron, Cheryl Modica, Susan Domchek, Adjoa Kyerematen, and Funmi Olopade (C)

Aditi Hazra  
Amanda Woodworth  
Banu Arun  
Clara Bodelon  
Constance Lehman  
Cristina M. Checka  
Elise Berman  
Heather Mackey  
Jo Freudenheim  
Kathy Baker  
Kellie Goss  
Lindsey Byrne  
Lisa Soltani  
Mia Gaudet

Mihir Shah  
Priti Bandi  
Quratulain Zeeshan  
Rhonda Johnson  
Roxana Cruz  
Sandra Templeton  
Shawn Reilly  
Shirlene Knudtson Smook  
Stephanie Graff  
Steven J. Katz  
Terry Sarantou  
Yoli Origel  
Ysabel Duron

### Access to Treatment

**Work Group Leads:** Gabrielle Rocque, Victoria Wolodzko Smart, Arif Kamal (C)

Anna Jones  
Electra D. Paskett  
Jacqueline Cromity  
Jeannie Kelly  
Julie Galow  
Katherine Ast  
Kathryn J. Ruddy  
Kimberly Irvine  
Kip Cross  
Laurie Hutcheson  
Oluwadamilola "Lola" Fayanju

Mylin A. Torres  
Parul Somani  
Rachel A. Freedman  
Rachel Fournier  
Rachel Jankowitz  
Rick Ngo  
Terlisa Sheppard  
Tiffany Avery  
Tuya Pal  
Xuesong Han

## THANK YOU TO OUR 2023 ACS NBCRT STRATEGIC PLAN WORKGROUP MEMBERS

### Clinical Trials

**Work Group Leads:** Ricki Fairley, Maimah Karmo, Erika Hamilton

Daphne Friedman  
Dorraya El-Ashry  
Nadine Barrett  
Jennifer Glazer  
Josefa Briceno  
Julia Maués  
Karen Peterson  
Larissa Korde  
Laura Crandon  
Lauren Davis Pariani

Leigh Boehmer  
Mark Fleury  
Melissa Davis  
Meresa Stacy  
Rick Ngo  
Sara Horton  
Sarah Colonna  
Shahnjayla Connors  
Sheila Johnson

### Support & Wellness Services

**Work Group Leads:** Tia Newcomer, Edith Mitchell, Wortia McCaskill-Stevens, John Williams (C)

Angela Fuentes  
Ayana Mitchell  
Cati Diamond Stone  
Cheri Ambrose  
Dani Morrow  
Darcie Wells  
Jacqueline Cromity  
Jasmine Souers  
Jay Harness  
Jean Sachs  
Joanna Morales

Joannie Ivory  
Karen Kavanaugh  
Karen Murphy  
Monica Bryant  
Monique Gary  
Sandra Beno  
Valencia Robinson  
Wendy Hartley

## THANK YOU TO OUR SPONSORS!



American Cancer Society

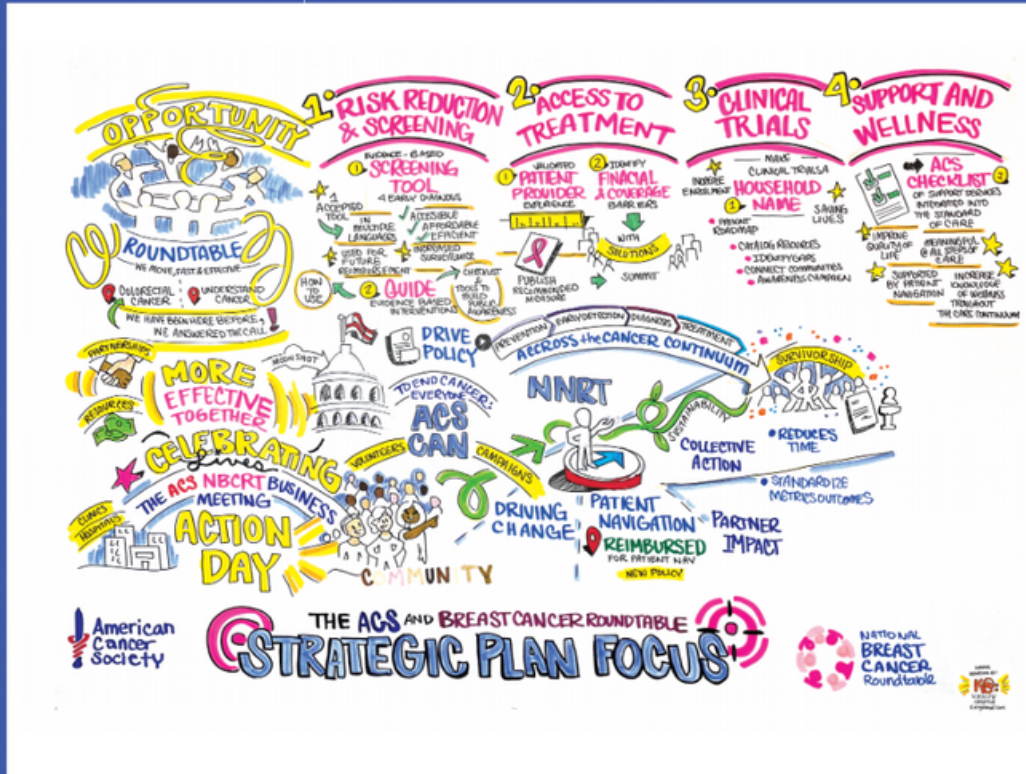
National Breast Cancer Roundtable 2023



Graphic Recording by, Katalyst Creative Consulting

American Cancer Society

National Breast Cancer Roundtable 2023



Graphic Recording by, Katalyst Creative Consulting



## CONNECT WITH THE ACS NBCRT



[www.nbcrt.org](http://www.nbcrt.org)



@BreastCancerRT



American Cancer Society National  
Breast Cancer Roundtable

# #NBCRT

