

2023 AMERICAN CANCER SOCIETY National Breast Cancer Roundtable Strategic Plan Meeting

Joining Hands to Build Bridges and Save Lives

**HOUSTON, TEXAS
HILTON GALLERIA**

SEPTEMBER 7, 2023



Ashley Dedmon, MPH, CHES
Director, ACS NBCRT

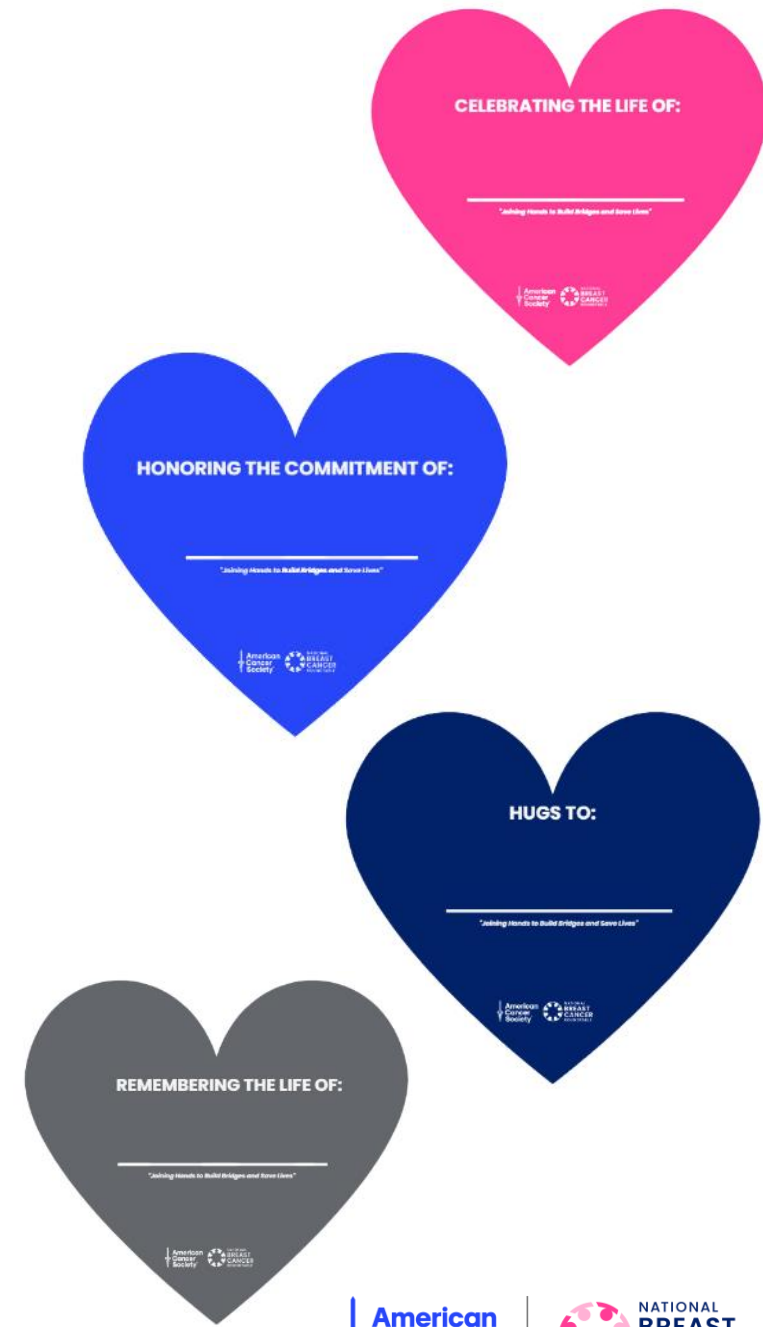




WELCOME

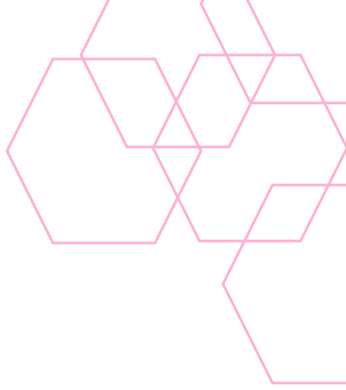
Activity: Share Your Why

- Complete one or two hearts on your table and share with your table your WHY.
- Once you hear from your table, place the hearts in a single pile. An ACS NBCRT Team member will collect them and place them on the wall.
- Feel free to complete additional hearts throughout the meeting and place them on the wall during breaks and between sessions.





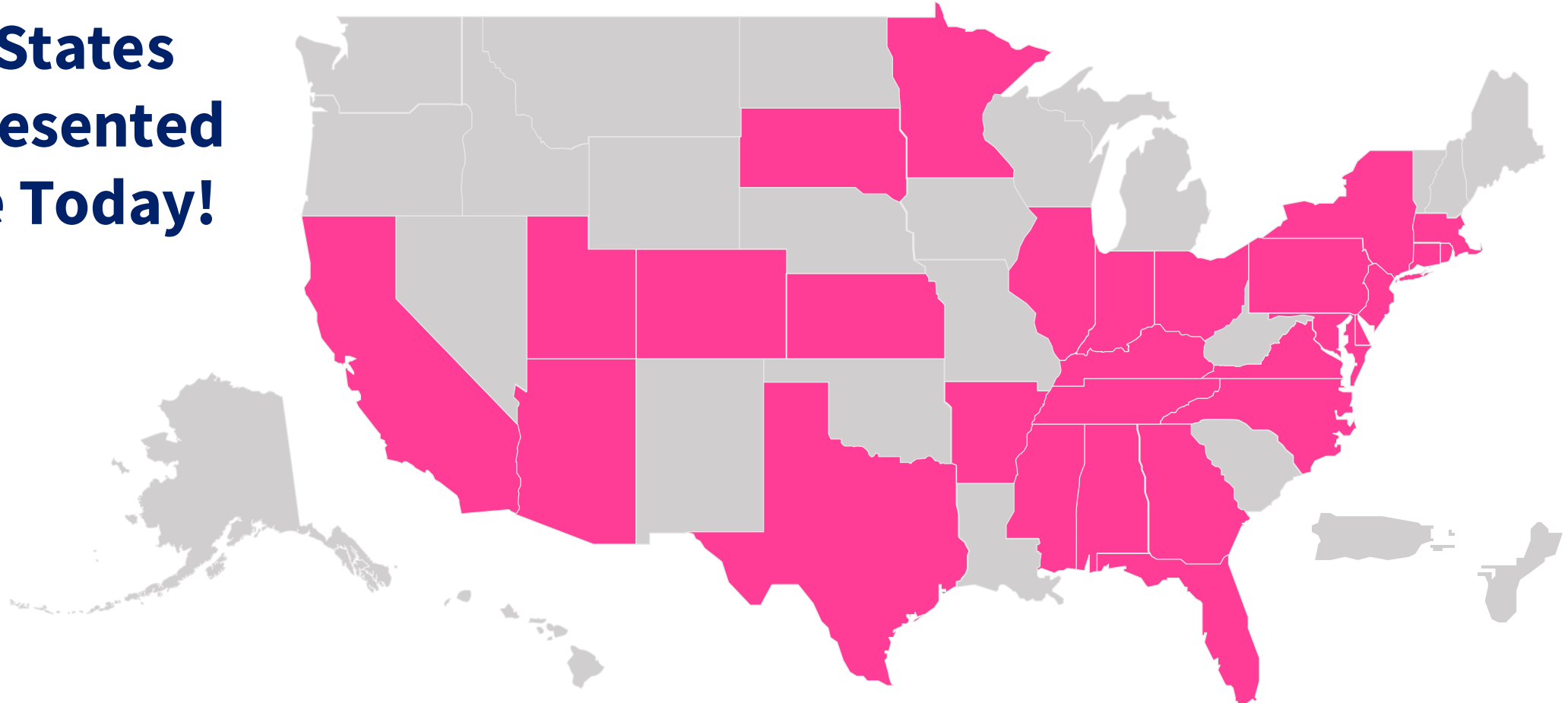
Land Acknowledgment



We would like to acknowledge that this meeting is being held on the traditional land of Indigenous peoples.

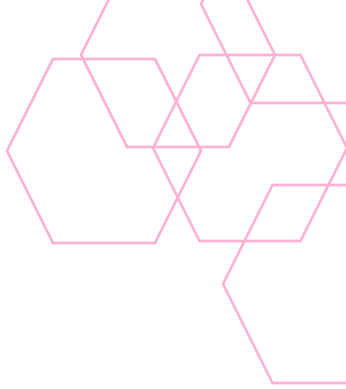
ACS NBCRT Member Representation

**27 States
Represented
Here Today!**



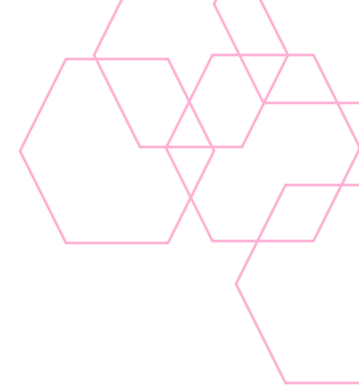


Objectives

- 
1. Improve our collective understanding of the ACS NBCRT's vision, mission, and ultimate goals
 2. Increase engagement and collaboration amongst the ACS NBCRT members
 3. Launch and coordinate around the first iteration of the ACS NBCRT Strategic Plan, exploring the development process, current needs, and next steps.
 4. Inspire action toward our future state by developing aspirational, yet tangible project plans.



Agenda



DAY 1

9:00 am – 9:30 am	Introduction
9:30 am – 10:00 am	Health Equity Keynote
10:00 am – 10:20 am	Break
10:20 am – 10:45 am	Introduction To ACS NBCRT Strategy
10:45 am- 12:00 pm	Introduction To The Draft ACS NBCRT Strategic Plan
12:00 pm- 1:00 pm	Lunch

Agenda

DAY 1

1:00 pm – 2:00 pm	Lived Experience Armchair Conversation
2:00 pm – 2:15 pm	Break
2:15 pm – 3:15 pm	ACS NBCRT Member Showcase
3:15 pm – 3:45 pm	ACS NBCRT Engagement Activity
3:45 pm- 4:20 pm	Health Equity Privilege Walk
4:20 pm- 4:25 pm	Closing
5:30 pm – 7:30 pm	ACS NBCRT Reception

Working Agreements

1. Be curious: Test assumptions and seek to understand
2. Stretch: Be with the discomfort of not having all the answers
3. Share the airspace: Fill some. Leave some for others. Everyone's voice is valued. Please allow others to speak before speaking twice
4. Try not to *be* right, but get it right for the community you're trying to serve

Let's Connect



www.nbcrt.org



[@BreastCancerRT](https://twitter.com/BreastCancerRT)



American Cancer Society National
Breast Cancer Roundtable

#NBCRT2023



ACS NBCRT Launch



**Arif Kamal, MD, MBA, MHS,
FACP, FAAHPM, FASCO**



THANK YOU TO OUR SPONSORS!



ACS NBCRT Launch: October 24, 2022





Who We Are



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

Mission: The ACS NBCRT leads collective action across the nation so that every person and their support systems will know and understand breast cancer risk and screening needs, and can access timely, high-quality, and compassionate screening, diagnosis, treatment, and supportive care needed to improve their survival and quality of life.

ACS NBCRT 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.

ACS NBCRT Tri-Chairs



Olufunmilayo (Funmi) I. Olopade, M.D., FACP, OON
Walter L. Palmer Distinguished Service Professor of Medicine and
Human Genetics Associate Dean for Global Health
Director, Center for Clinical Cancer Genetics



John P. Williams, M.D., F.A.C.S
Founder and Medical Director
Breast Cancer School for Patients
Past Chair, President's Cancer Panel



Arif Kamal, MD, MBA, MHS, FACP, FAAHPM, FASCO
Chief Patient Officer
American Cancer Society

ACS 2022–2023 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

Worta McCaskill-Stevens, MD, MS

National Cancer Institute

CAPT Jacqueline Miller, MD, FACS

Centers for Disease Control and Prevention

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

The ACS NBCRT Strategic Plan

946

Voices Heard via
Interviews, Community
Conversations & Surveys

14

Convened Strategic
Planning Meetings

110

Individuals Engaged
Strategic Planning
Sessions

Focus Areas



Risk Assessment,
Screening, and
Early Diagnosis



Access to
Treatment



Clinical Trials



Support and
Wellness Services



ACS NBCRT Membership

66

Member Organizations

Meeting Participation



ENGAGE

- Ask Questions
- Sign Up
- Reach Out



CONNECT

- Lived Experience Experts
- Member Organizations
- ACS Team Members
- Funding Partners



SHARE

- Best Thinking
- Ideas



HELP & GUIDE

- Refine and Improve Draft Strategic Plan
- Implementation of the Draft Strategic Plan

Celebrating The Life Of



RACHEL FOURNIER





KEYNOTE: CENTERING HEALTH EQUITY

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



Using Innovation to drive Equity in Breast Cancer Care

A stylized globe in a dark blue color, centered on the African continent. The continents are depicted in a slightly lighter shade of blue. The globe is positioned on the right side of the slide, partially behind the title text.

Funmi Olopade

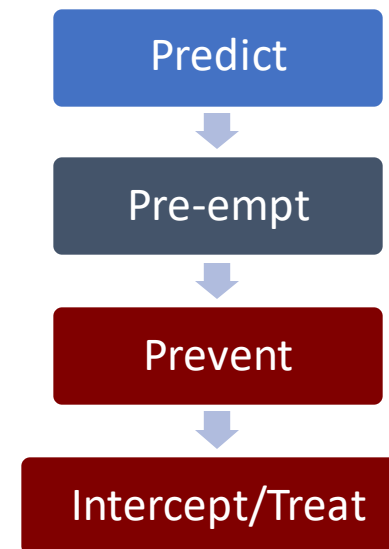
Question: Who is at risk of dying prematurely from breast cancer?

UChicago Cancer Risk Clinic

Est 1992



Are people dying prematurely because we link advancing age with risk of cancer, do not have appropriate tools for risk assessment and have not accelerated progress in cancer control and prevention?

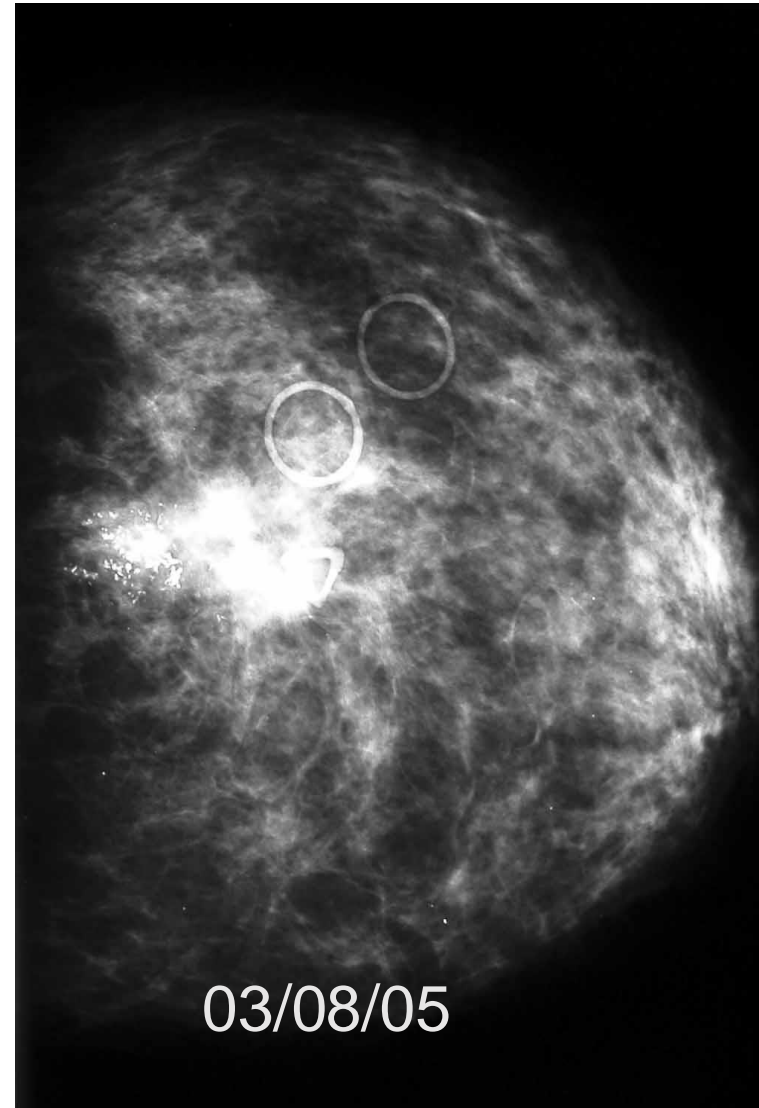
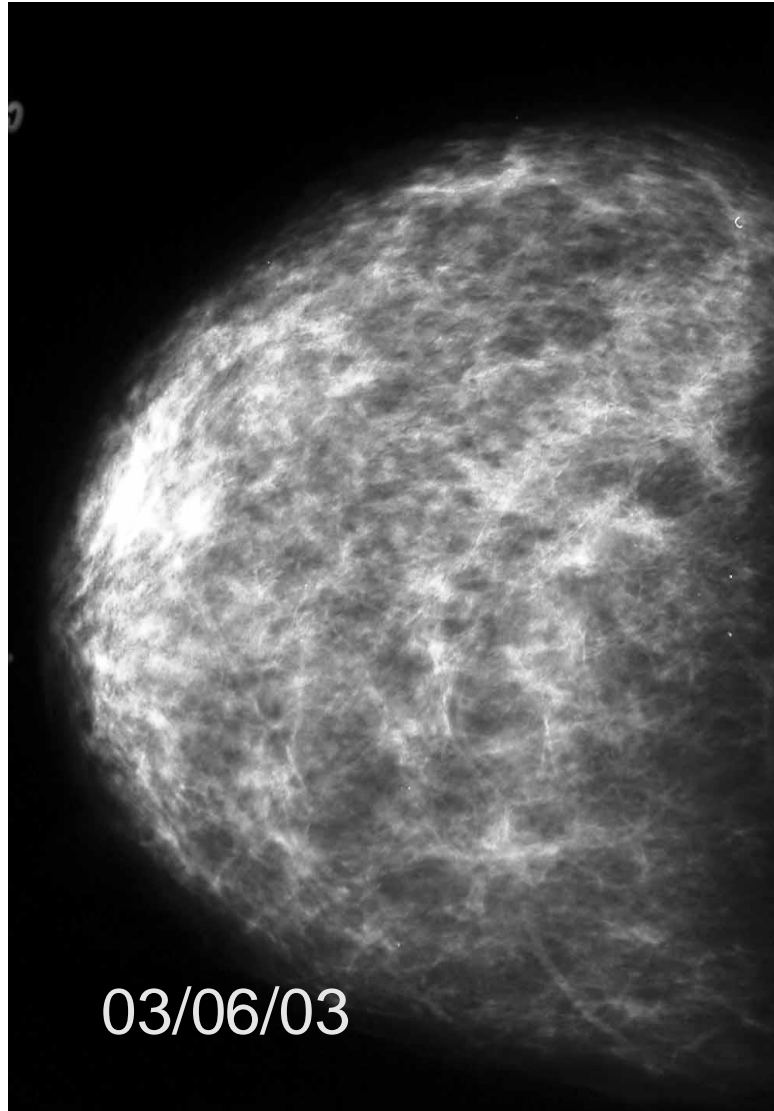


Modified from ASCO Slide Deck

Aggressive Triple Negative Breast Cancer

CASE #1

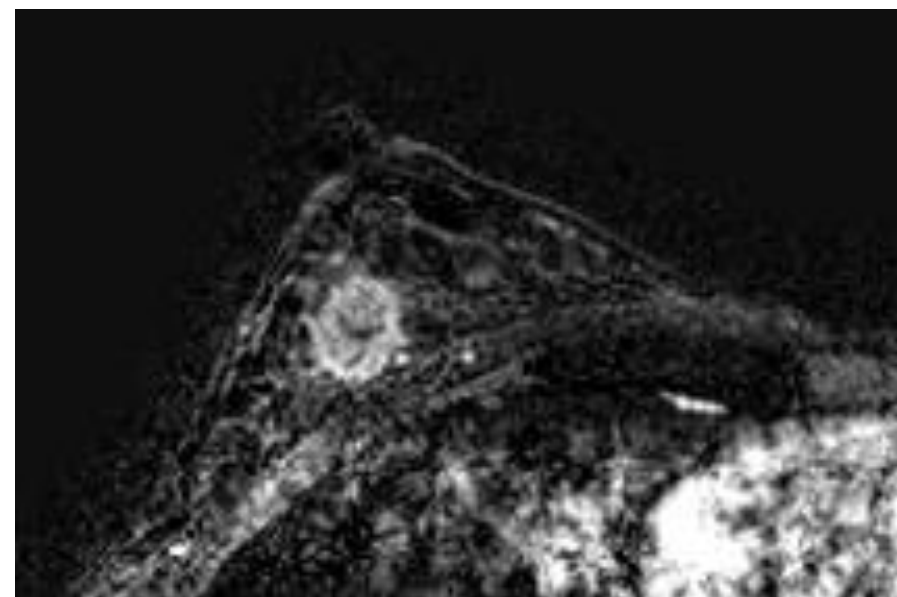
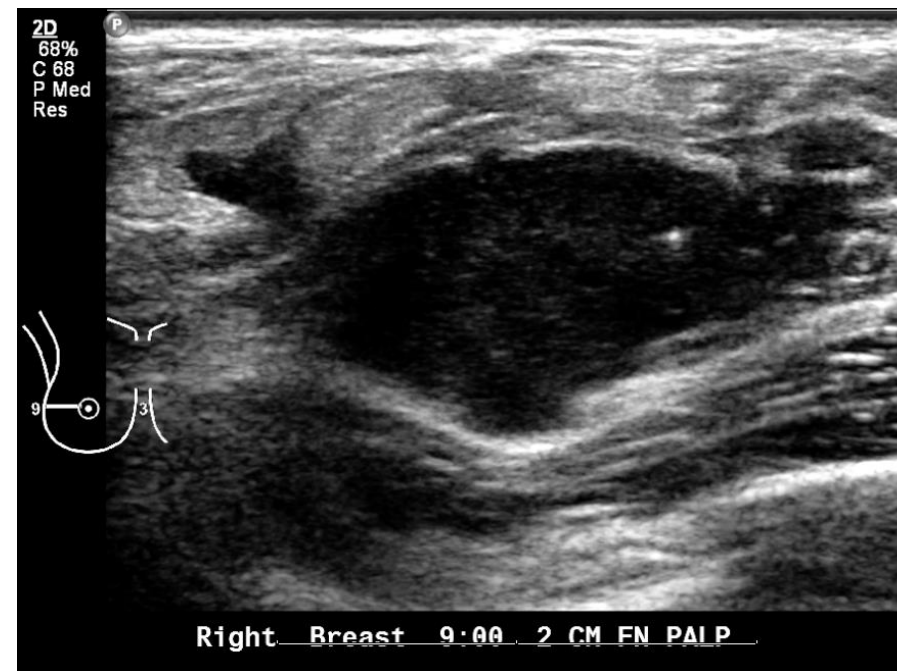
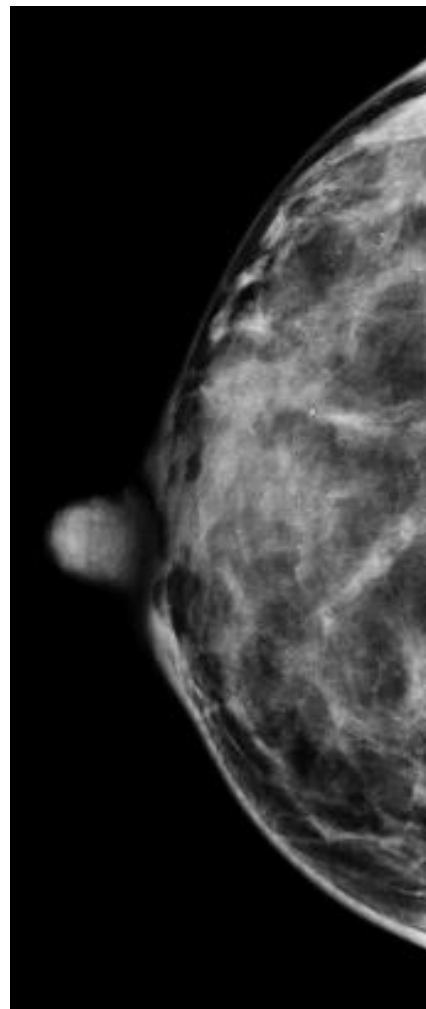
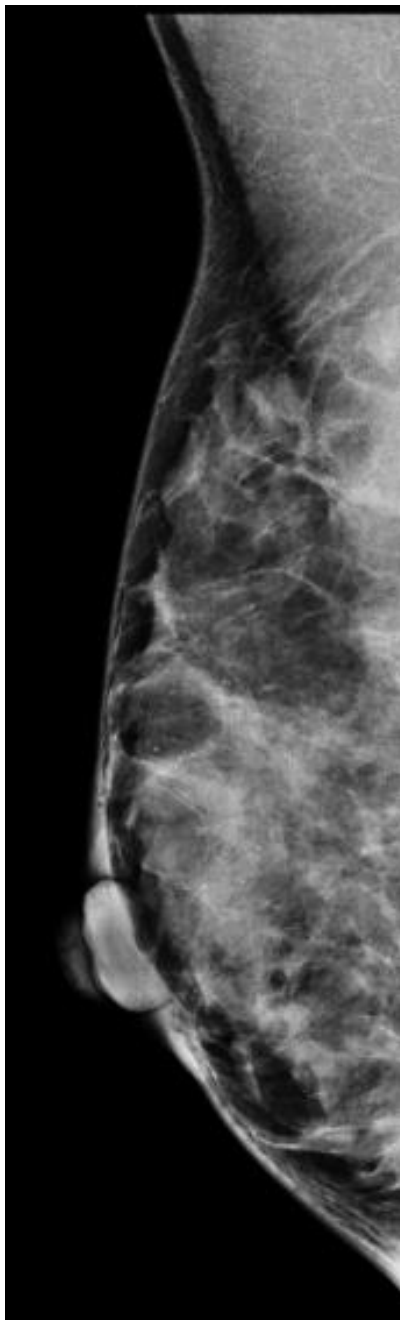
68 yr old white
woman



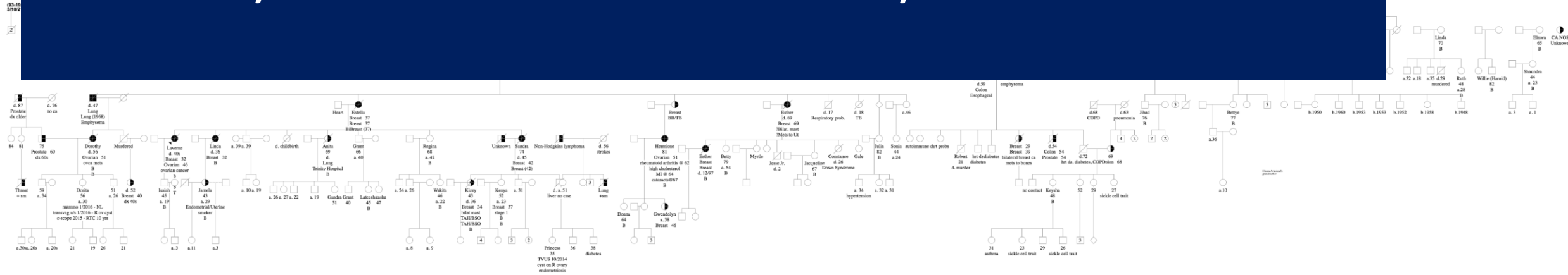
Died 10/06

Case #2

45 year old with
self palpated mass
6 months after
normal MMG



Case Study #3 ---- Extended Black Family ascertained in 1993



- 34 year old Black woman presented with Node Negative Triple Negative Breast Cancer
- Lumpectomy + Radiation Therapy followed by Adriamycin containing adjuvant chemotherapy
- **Family Reunion** followed by extensive interactions with multiple family
- Identified a pathogenic *BRCA1* mutation in the proband and multiple family members
- Our proband developed severe cardiomyopathy from Adriamycin toxicity
- Lost her insurance and could no longer be treated at UChicago
- With co-morbidities, risk reducing removal of uterus and ovaries not feasible
- Developed Ovarian Cancer at the age of 40 years and died within two years
- Need to accelerate progress in precision medicine for cancer

Gao Q, Neuhausen S, Cummings S, Luce M, **Olopade OI** Am J Hum Genet; 1997.

Frank TS, Manley SA, **Olopade OI**, et al. J Clin Oncol. 1998



Courtesy
Gadi
Rennert

Exiles taken from Judah to
Babylon (597 & 586 BC)

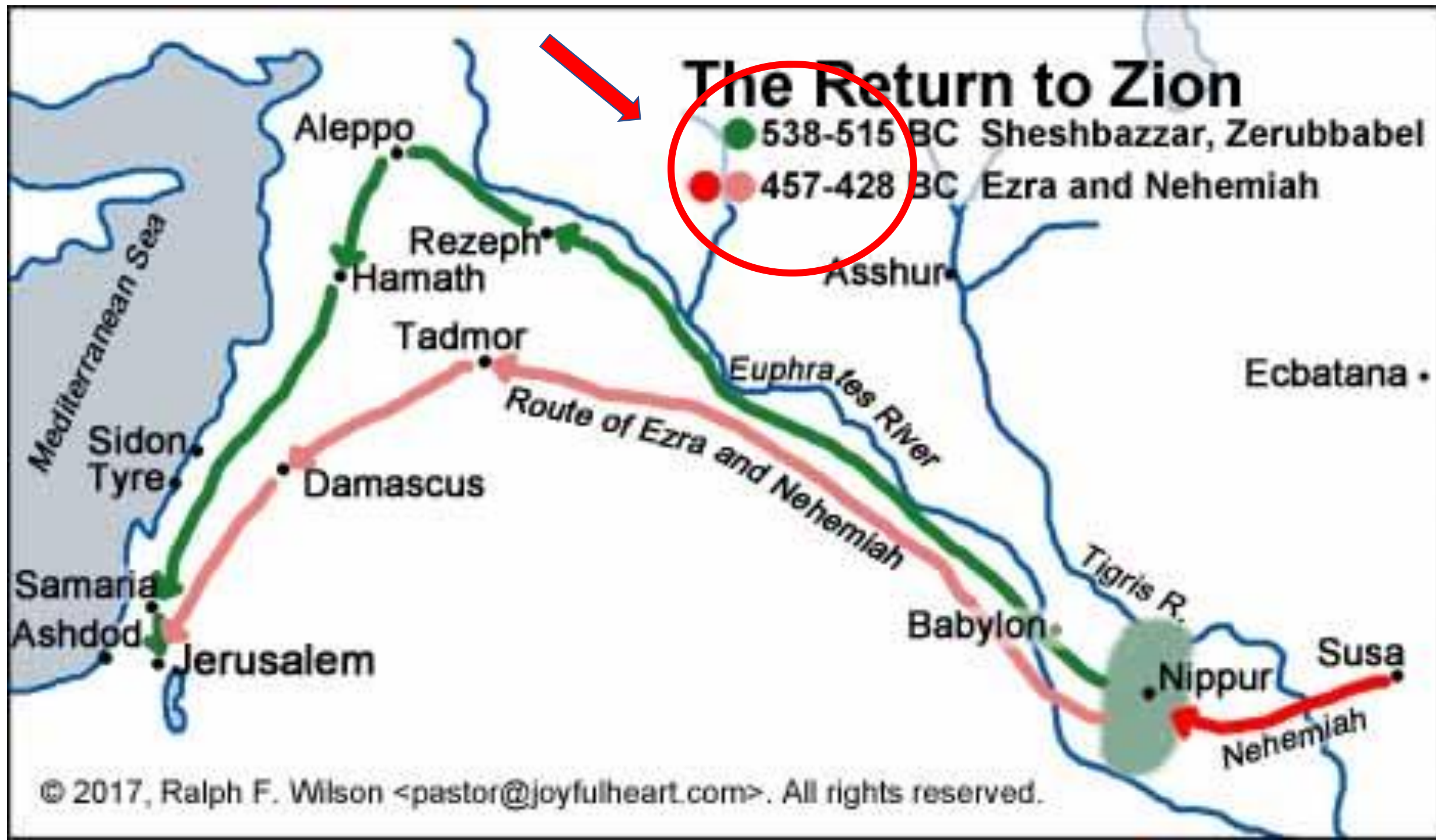
THE BABYLONIAN EMPIRE c. 600 BC

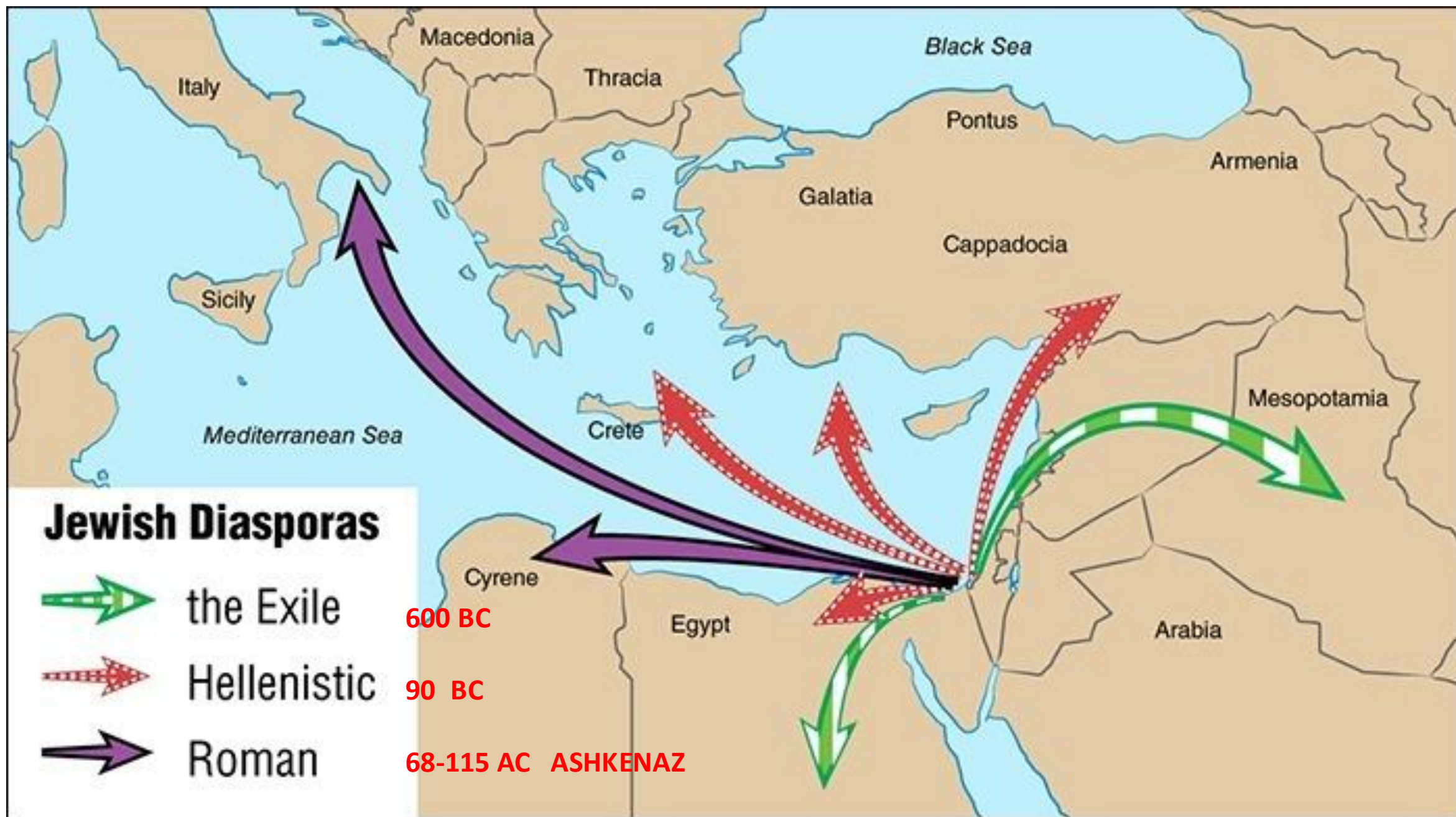
© Mark Barry 2010 | visualunit.me | Please do not republish without permission, but feel free to copy for personal use.

The Return to Zion

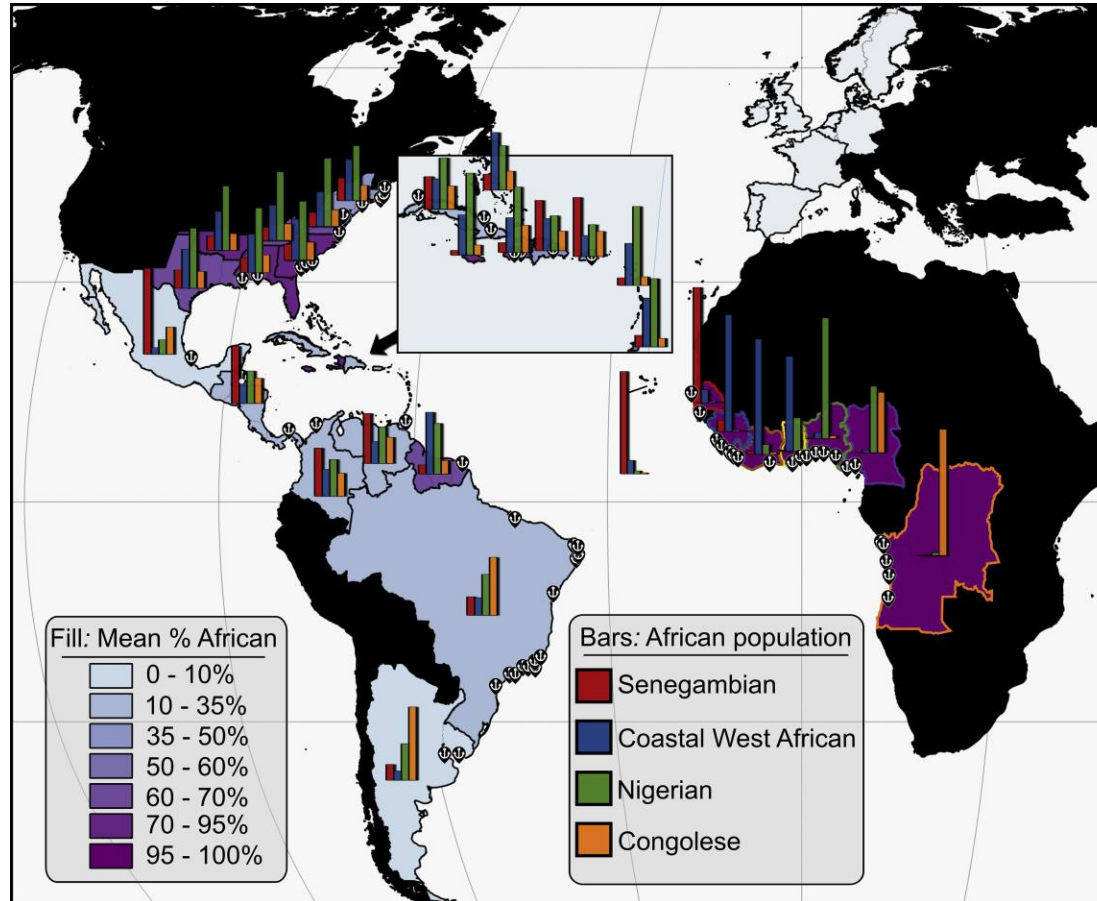
● 538-515 BC Sheshbazzar, Zerubbabel

● 457-428 BC Ezra and Nehemiah



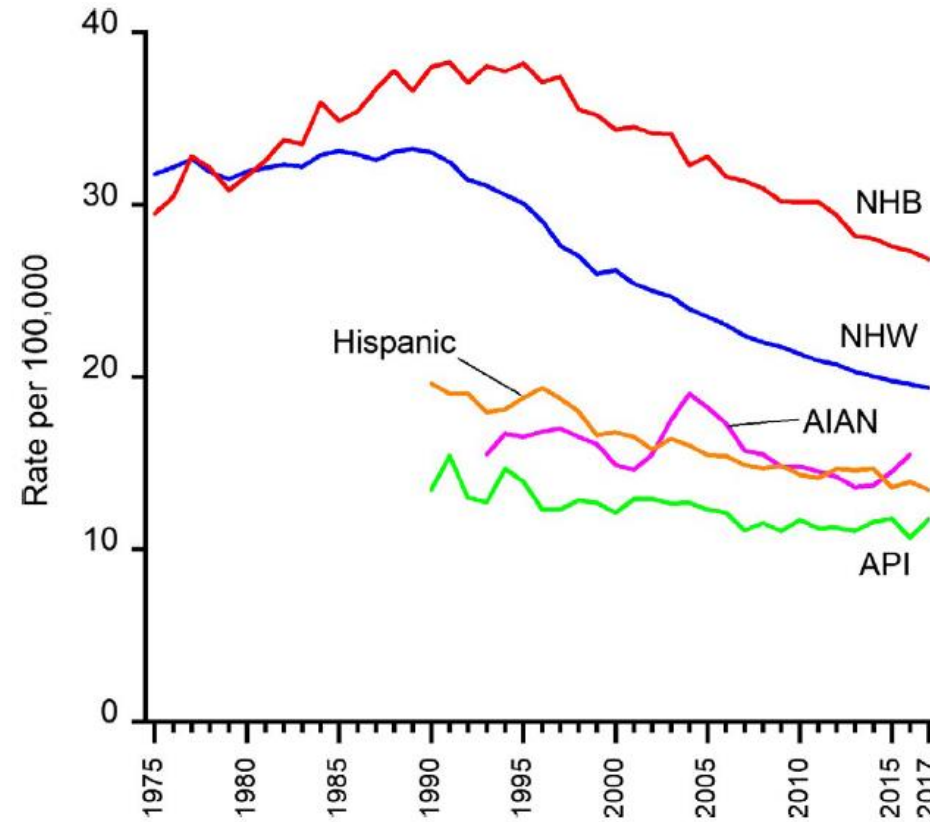
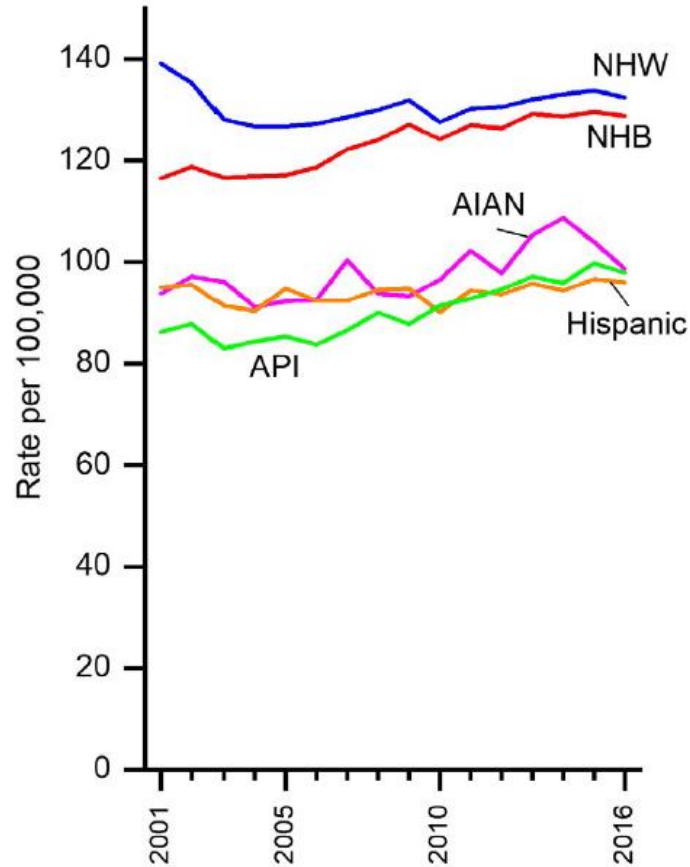


Getting to “The Root” of breast cancer heterogeneity by studying Black women across the African Diaspora



- Forced deportation of nearly 12 million Africans during the transatlantic slave trade.
- Majority of Black women in the US, The Caribbean and Bahia (Brazil) have roots in Nigeria and West Africa based on incomplete records
- Mistreatment of Black people shaped the current genetic landscape of African ancestry in the Americas
- Black women have the highest death rate from breast cancer.
- Since getting an IDEA award from the DOD, my lab has focused on defining the etiology and evolutionary trajectory of breast cancer in populations of African Ancestry – ALL of US!

Breast Cancer mortality rates continue to improve in the US but Black women experience disparities





A PERFECT STORM

How tumor biology, genomics, and health care delivery patterns collide to create a racial survival disparity in breast cancer and proposed interventions for change.

[CA Cancer J Clin.](#) 2015 May-Jun;65(3):221-38. doi: 10.3322/caac.21271.

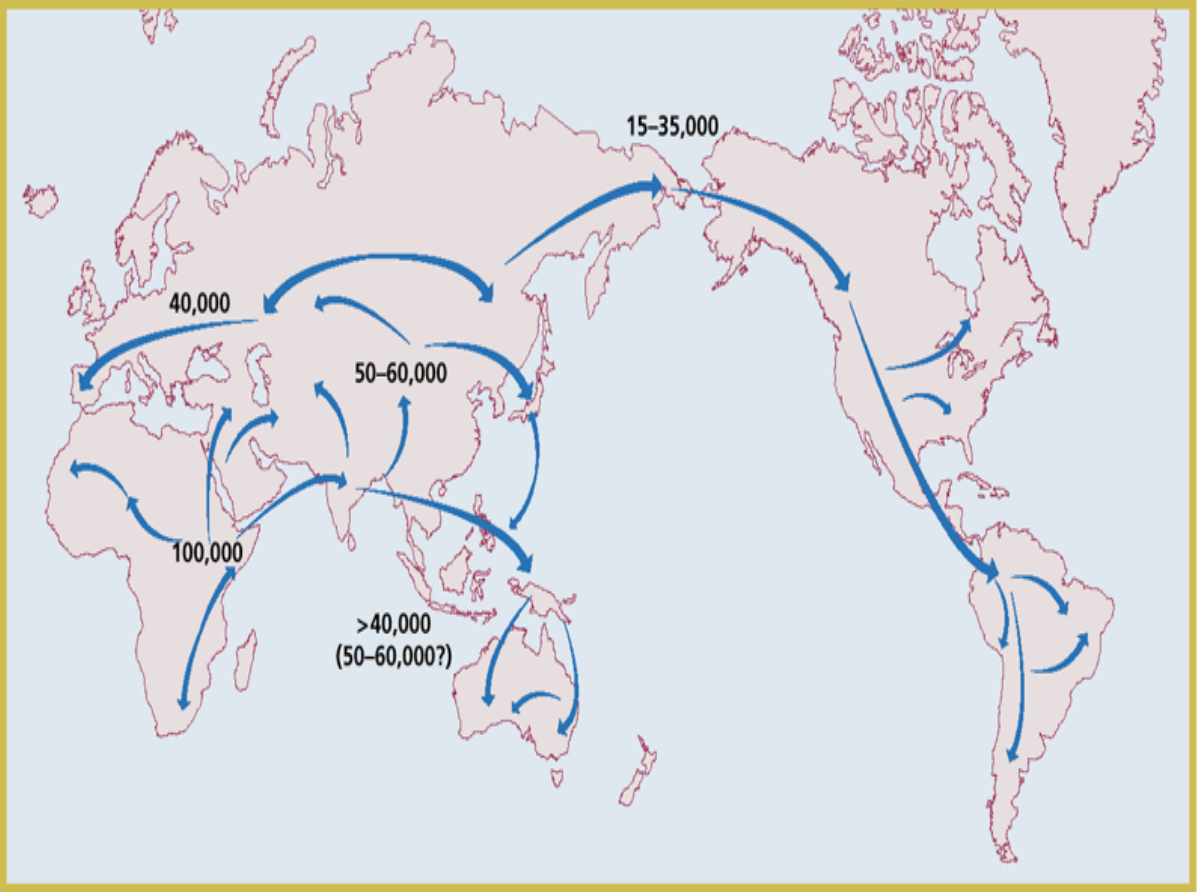
Human Demographic History and Relationship to Genetic Variation

Modern humans **originated from Africa**. Migrated into Middle East and then to Europe, across Asia and from NE Asia to Americas and SE Asia in Pacific Islands

These migration patterns determine modern human population genetic relationships:

In general, African populations have more genetic variation

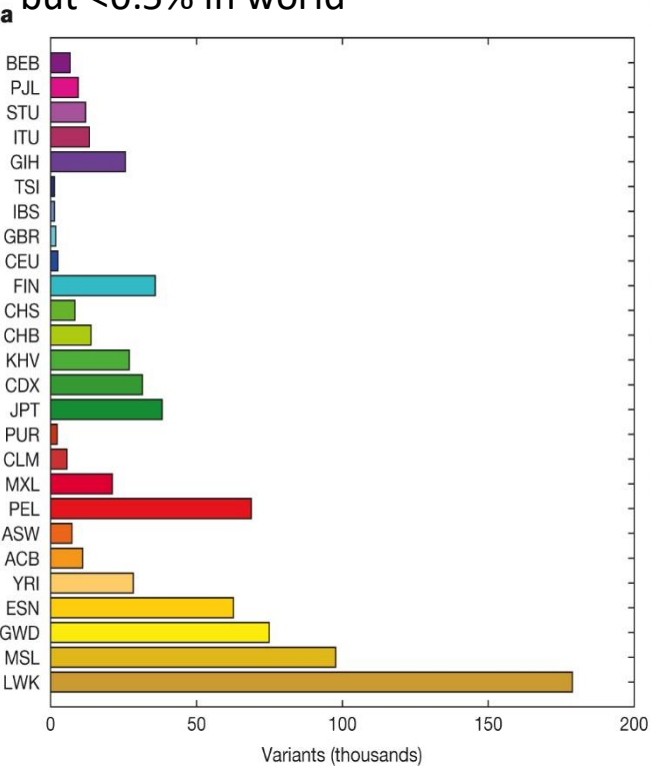
Successive population bottlenecks have led to some allele frequency differences



Numbers = years

Cavalli-Sforza and Feldman *Nat Genetics* 2003

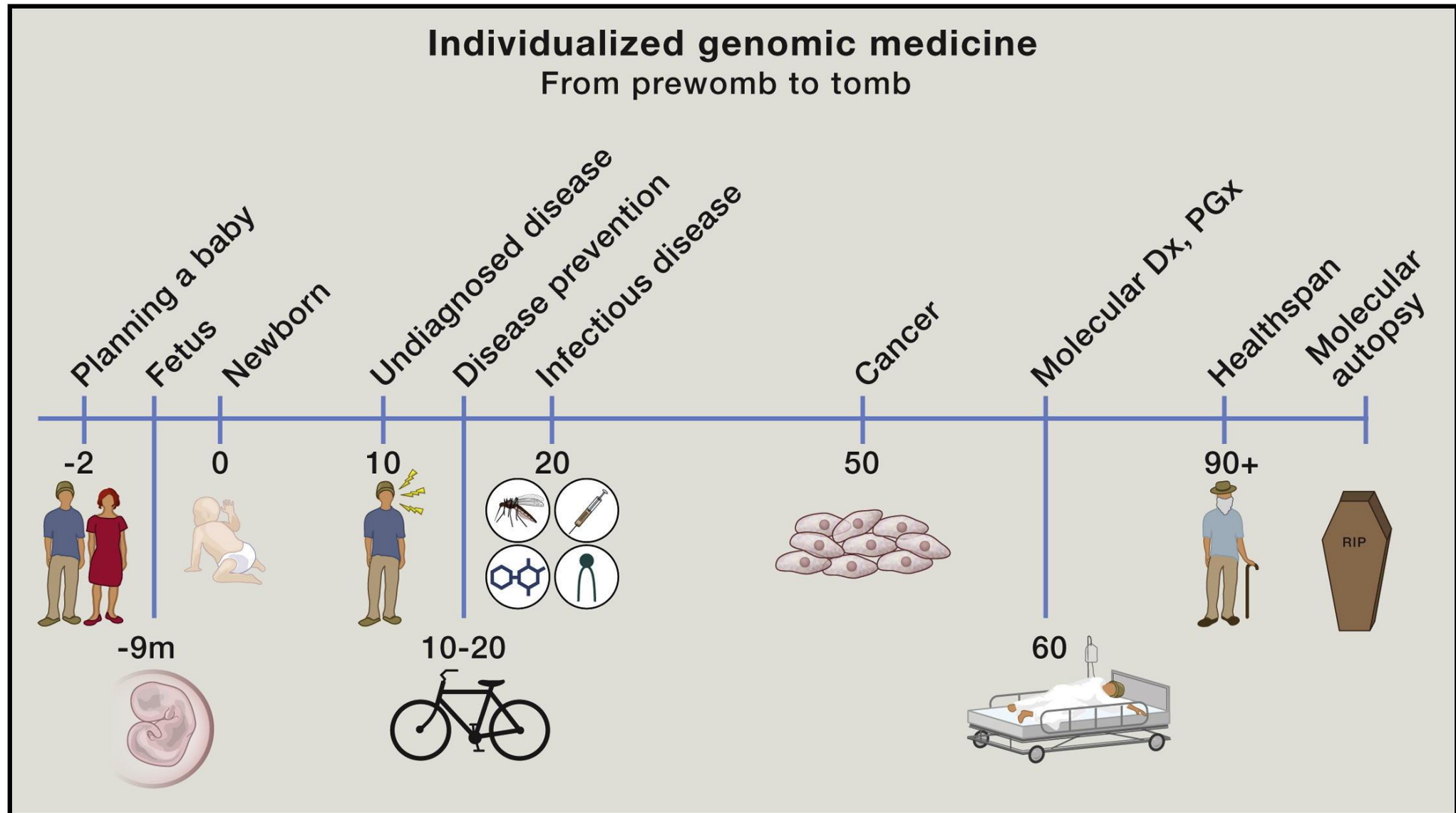
Variants 5% in one population but <0.5% in world



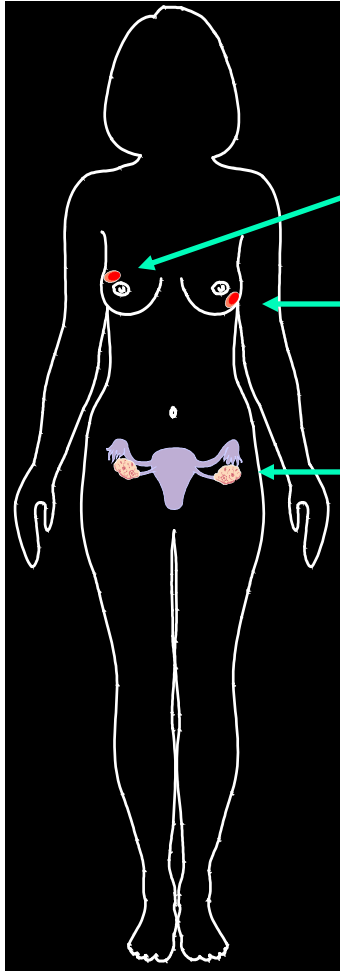
Most variants are shared but there are unique variants in most populations

A Auton *et al. Nature* **526**, 68-74 (2015)

Timeline of DNA Sequencing Applications in Medicine



BRCA1 Lifetime Cancer Risks

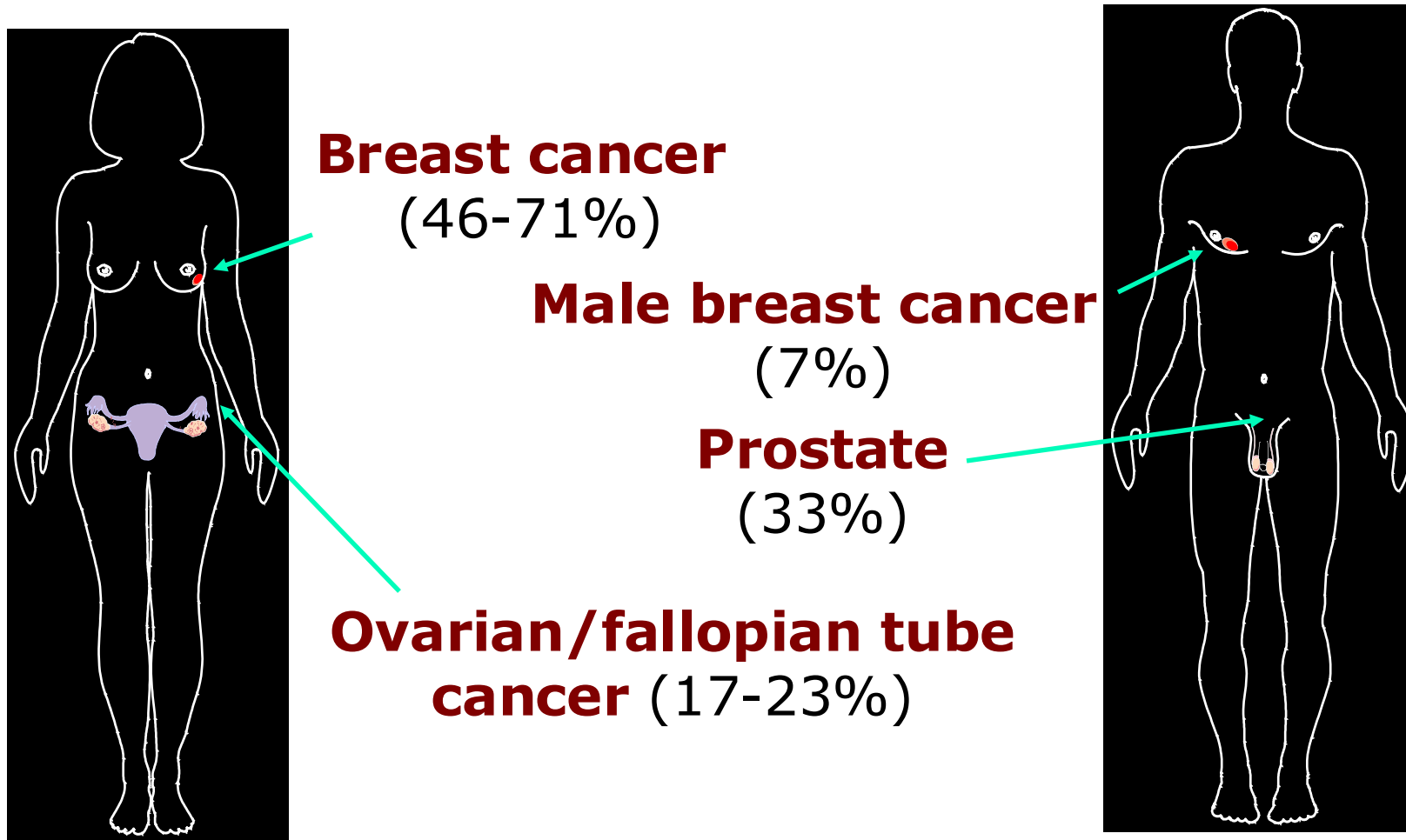


Breast cancer 46-71%
(often early age at onset)

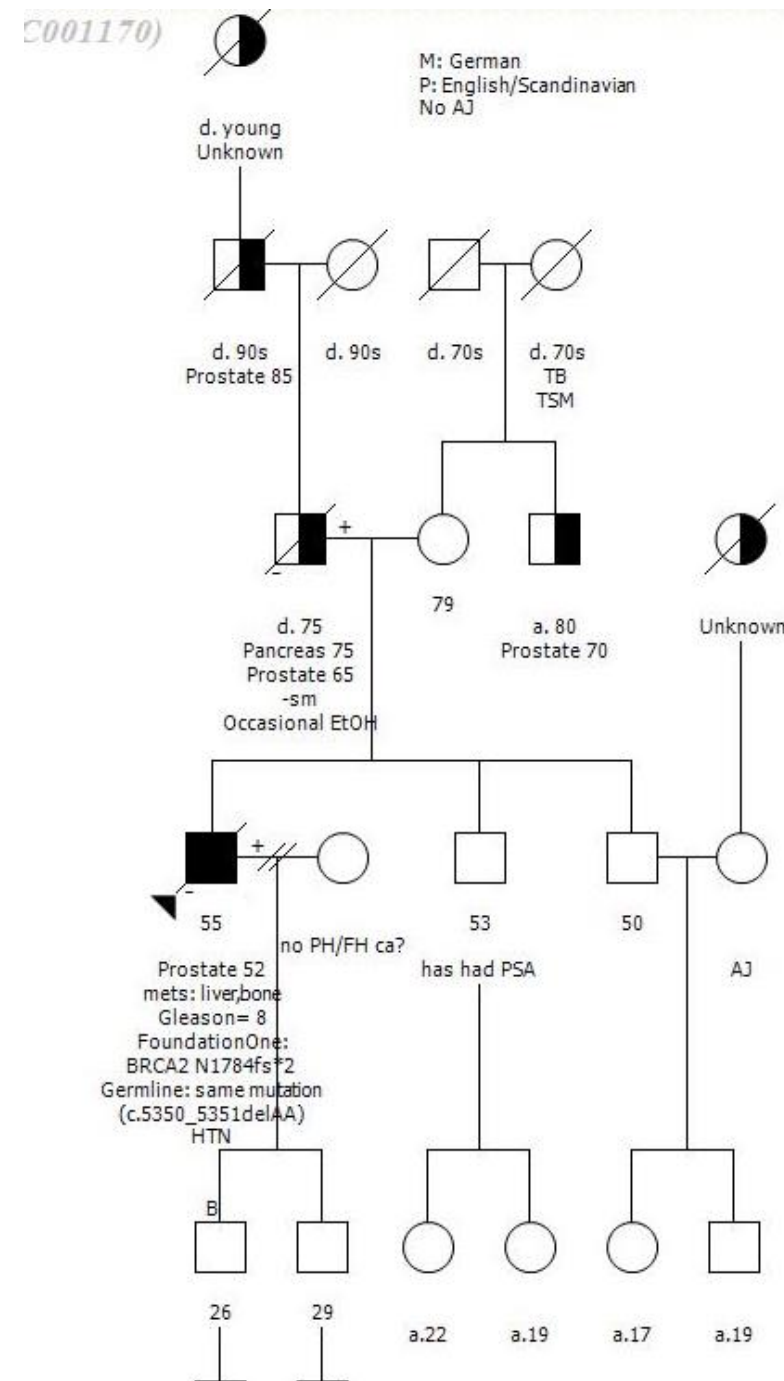
Second primary breast cancer 40%-60%
(5%/year, vs. 1%/year for sporadic BC)

Ovarian/fallopian tube cancer 41-46%

BRCA2 Lifetime Cancer Risks



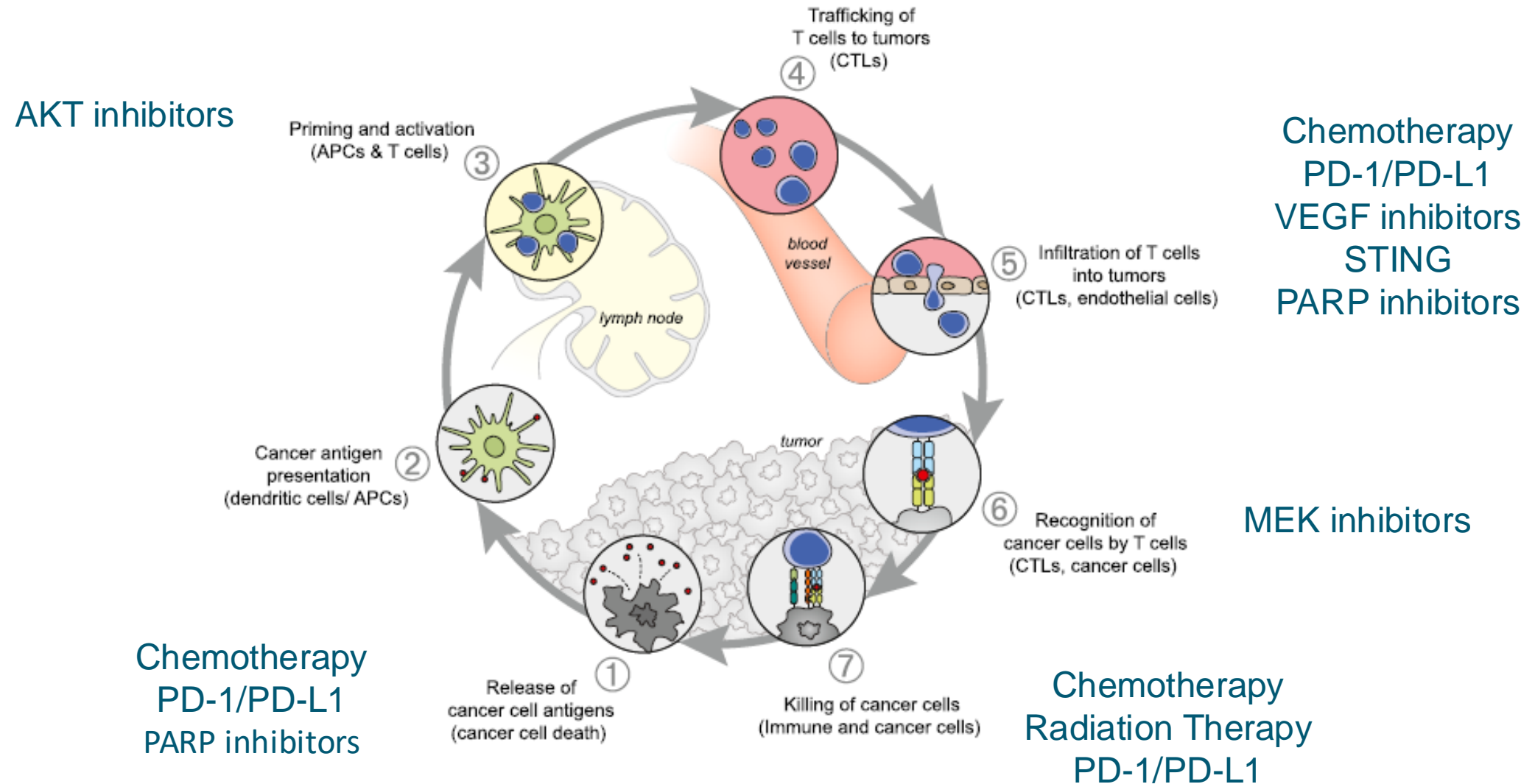
Tumor testing
identifies germline
mutation in a family
with prostate cancer



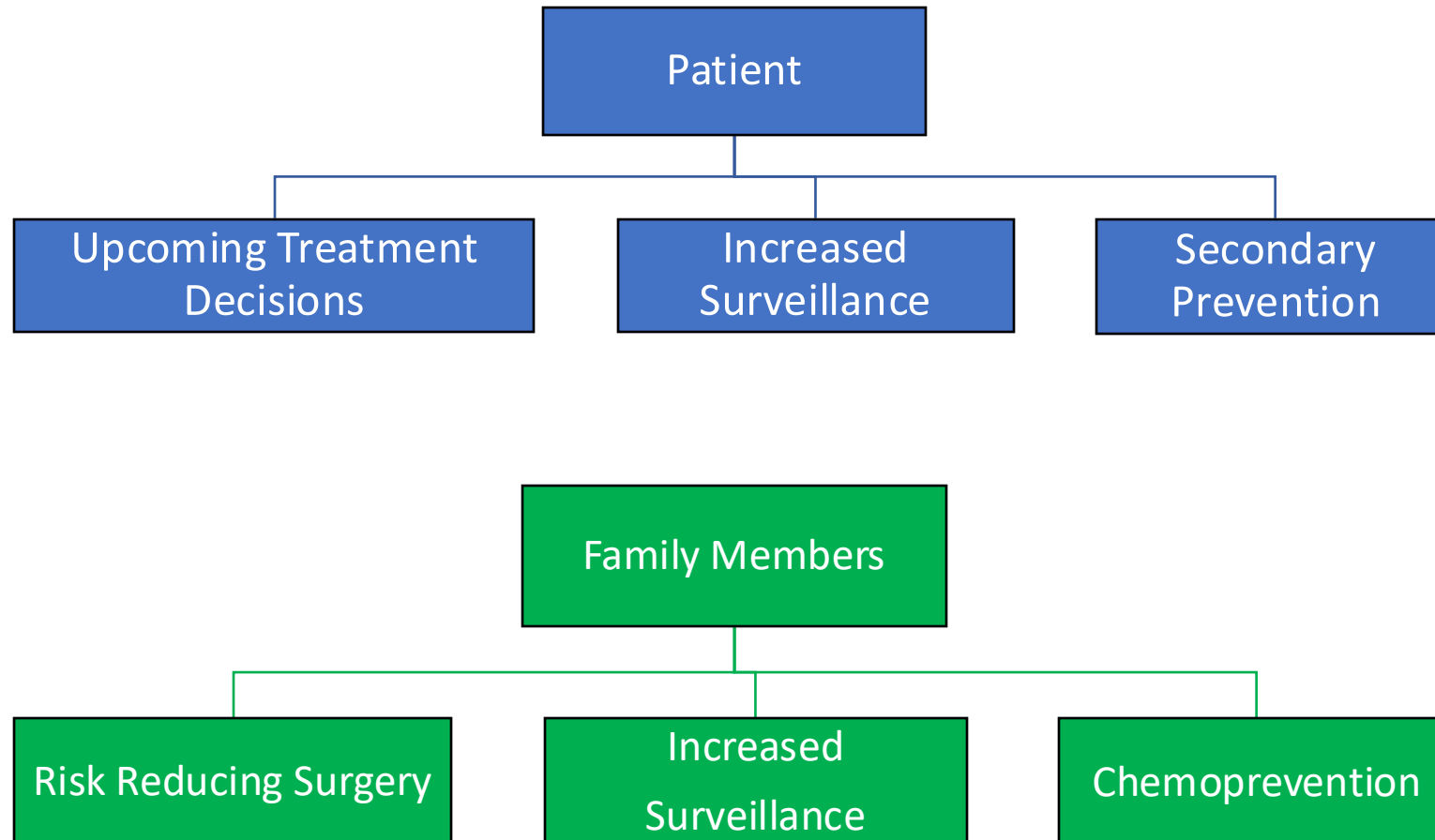
Men can also get *BRCA* associated breast cancer

- Any laboratory can now test for *BRCA1/2*, along with a variety of other cancer-predisposing genes
- Testing across diverse populations with reduced costs now possible
- Population risk stratification will lead to reduced costs and improve breast cancer outcomes for **ALL** patients
- Strong recommendation from President's Cancer Panel

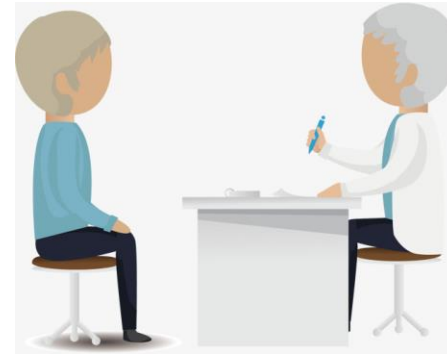
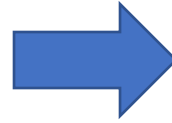
Cancer-Immunity Cycle: Combinations in Breast Cancer



Question: Should every patient with breast cancer discuss genetic testing with their doctor?



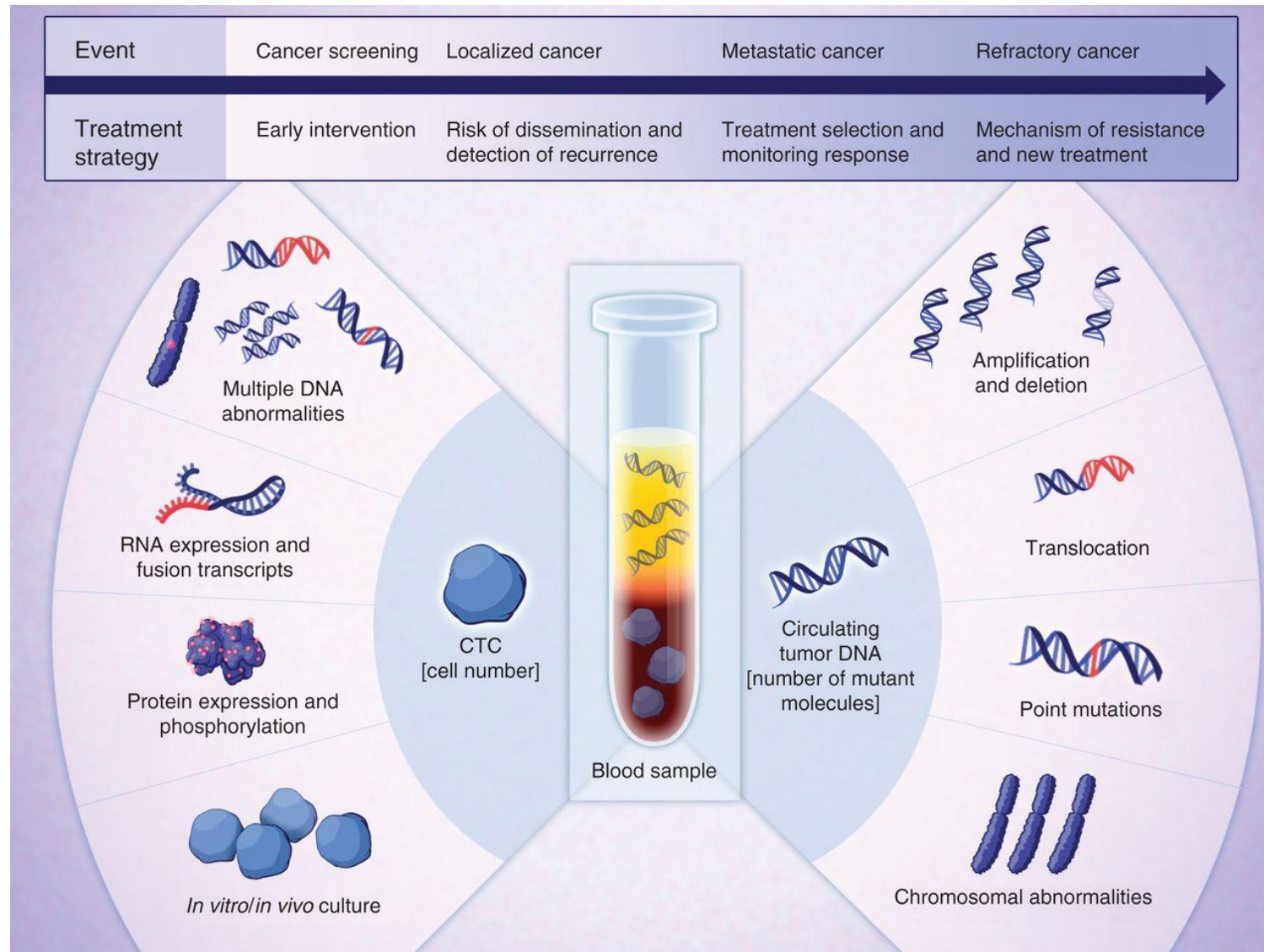
Mainstreaming Genetic Testing



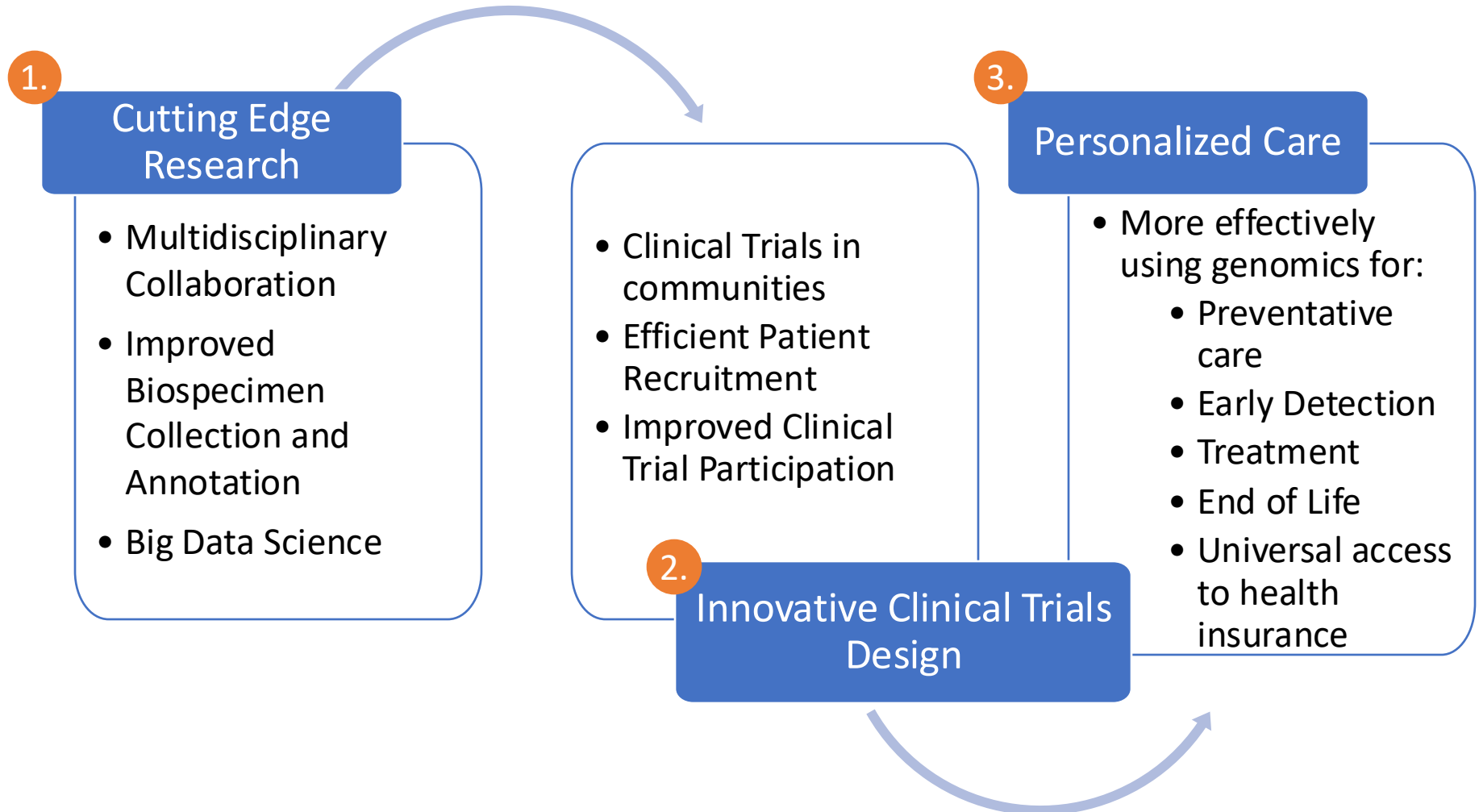
Point A: Screening Sites
Imaging, OB, GI, PCP

Point B: Genetic Specialists
in Every practice

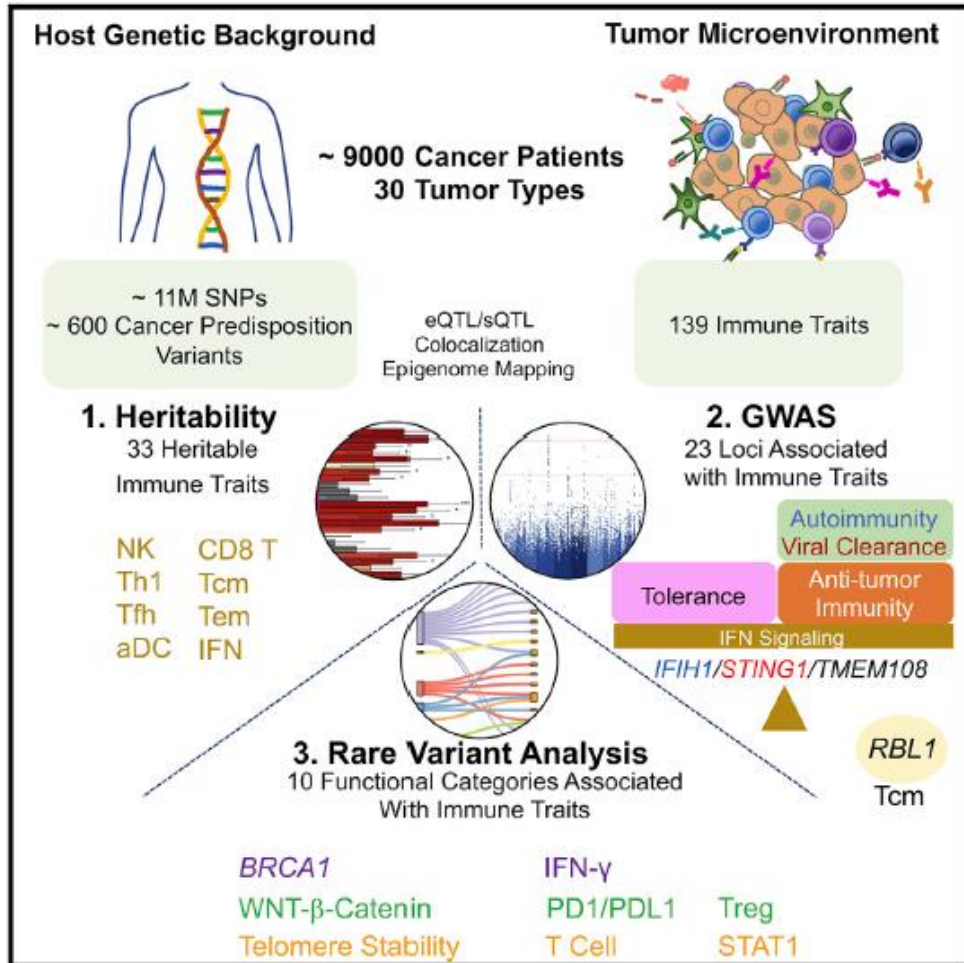
Clinical applications of liquid biopsies in cancer care



Accelerating progress to promote health equity in Breast Cancer across continuum of care



Summary



Sayaman et al..<https://doi.org/10.1016/j.immuni.2021.01.011>

Precision Healthcare

- Telehealth for comprehensive risk assessment and genomic testing
- Actionable germline variants
- Targeted Screening
- Targeted Interventions
- Targeted Prevention – nutrition, vaccines, exercise etc

Precision Oncology Care

- Accelerated biomarker informed Clinical Trials
- Use Real World Data combined with AI and DL tools to deliver right drug to the right patient at the right time

Thanks to all the patients
who teach us to do better!



QUESTIONS?

BREAK





INTRODUCTION TO ACS NBCRT STRATEGY

Scott Wheeler

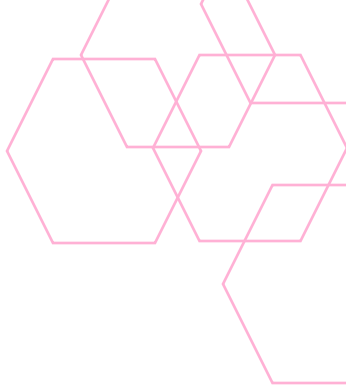
Founder, Strategy Arts





Research Objective

Learn about and assess gaps in breast cancer care and access to that care from sectors either impacted by breast cancer or with an interest in breast cancer care, giving them a voice in setting priorities for the NBCRT



Impacted & Interested Sector Input Process

- 1 Preliminary Listening Sessions
- 2 Sector Mapping
- 3 Sector Focused Key Informant Interviews
- 4 Patient/Lived Experience Focus Groups and Community Conversations
- 5 Gap Analysis
- 6 Gap Validation and Prioritization Surveys

Preliminary Listening Sessions

1

Purpose:

Develop a preliminary understanding of the Breast Cancer landscape and areas a coalition of organizations can best help as a first step towards establishment of the NBCRT

Approach:

Three ACS led listening sessions with those most knowledgeable about the current landscape. Groups consisted of between 11 and 16 individuals.

Output:

Preliminary identification of core themes in three areas, most urgent, most impactful, and most collaborative. These themes supported the sector mapping analysis that mapped those most impacted by or interested in breast cancer and breast cancer care for more in depth research.

Sector Mapping

2

Purpose:

Map the sectors most impacted by or interested in breast cancer and breast cancer care and define the research approach most relevant for each sector

Approach:

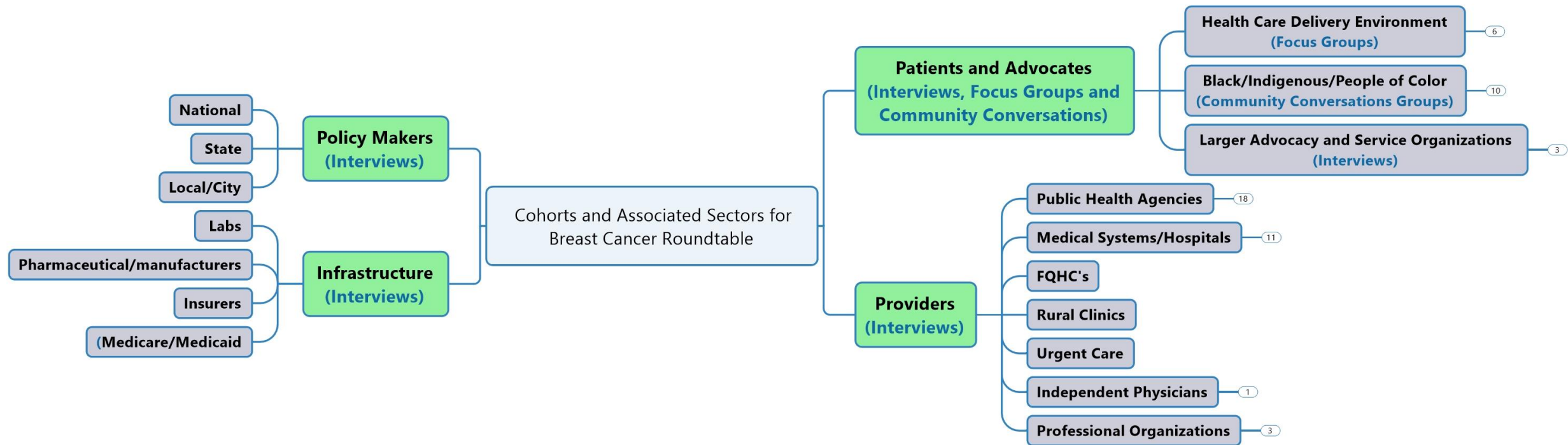
Leveraging the listening session findings and the knowledge of ACS a sector map was created. This was then further refined to identify the research approach most appropriate to get input from each sector.

Output:

A final research plan for all identified sectors was created defining the approach and numbers targeted for the more in-depth research. That research included key informant interviews, focus groups and community conversations

Sector Mapping

2



Sector Focused Key Informant Interviews

3

Purpose:

Conduct one-on-one or group interviews with all professional sectors to identify gaps they saw in breast cancer care and care access.

Approach:

Outreach and scheduling through a wide network of organizations known by ACS or identified during the research to identify the organizations and individuals for the interviews. Each interview conducted online using a standard set of questions to enable analysis and comparison of results

Output:

31 interviews were conducted with individuals from 11 sectors.

Sector Focused Key Informant Interviews

3

Key Informant Interviews Completed		
Sector	# Interviews	Subsector Interviews Completed
Healthcare Providers	21	Public Health Agencies (3), Medical Systems Providers (6), FQHC's (3), Rural Clinics (2), Independent Physicians (1), Professional Organizations (3), Large Advocacy Organizations (3)
Infrastructure Organizations	8	Pharmaceuticals /Manufacturers (6), Insurers (1), Academic (1)
Policy	3	State Legislators (3)

Patient/Lived Experience Focus Groups & Community Conversations™

4

Purpose:

Collect perspectives on what the gaps experienced by community members and patients and those directly supporting patients and what is most important to them.

Approach:

Collect input in groups allowing those with lived experience to have a comfortable space for their discussions surrounded by those with similar experience. Create a safe and supportive space for those from historically underserved communities following a Community Conversations™ approach.

Output:

8 focus groups and 10 Community Conversations™ were held that included over 87 participants with lived experience.

Patient/Lived Experience Focus Groups & Community Conversations™

4

Community Conversations™:

- Community Conversations™, a process developed by ACS's consulting partner, Strategy Arts, were used to collect the perspectives of those who self-identified as having experienced barriers to care and/or historic inequities in the healthcare system.
- Community Conversations™ are lightly facilitated meetings of 5 to 15 participants with deep dialogue that strive to create a safe space for connecting lived experience experts with each other and the organization.
- These guided, authentic conversations hold space for members of marginalized communities without the barriers of “traditional” community engagement. In most cases, participants in the Community Conversations™ joined two sessions

Patient/Lived Experience Focus Groups & Community Conversations™

4

Focus Groups and Community Conversations Participation		
	# Participants	Sessions and Notes
Focus Groups	47	- 8 focus groups (one hour each) between 10-18-22 and 1-11-22 - All participants expressed having lived experience with breast cancer
Community Conversations	40	- 10 community conversations between 10-18-22 and 1-13-23 (5 groups composed of two sessions per group) - 34 participants expressed having lived experience with breast cancer; others worked with individuals who experienced a breast cancer diagnosis

Focus Groups and Community Conversations Demographics					
(Note: No participant was required to disclose race or ethnicity to reduce barriers and respect personal wishes)					
	Black, Indigenous, or Person of Color (Inclusive of different racial and ethnic identities)	White (non-Hispanic)	Did not Indicate	Additional Optional Detail	
				Asian or Asian American	Black or African American
Focus Groups	9	19	12	1	6
Community Conversations	28	5	7		

Gap Analysis

5

Purpose:

Refine the gaps identified within and across all research cohorts

Approach:

A thematic analysis of all data collected from each research cohort was conducted to identify the themes that were important to them. The thematic analysis was further assessed in a cross-cohort analysis to develop a list of potential topics for the NBCRT organized into themes and thematic areas

Output:

The analysis resulted in the identification of 9 thematic areas, 30 topics providing more specifics for the thematic areas and 66 subtopics providing fine details for gaps in the topic most discussed in the research. These were further grouped into two Tiers, Tier one themes were those frequently discussed by all or most cohorts. Tier two thematic areas were those discussed by only a few.

Gap Analysis

5

Key Informant Research	Clinicians & Advocates N=22 interviews	Infrastructure N=8 interviews	Community Conv.	Focus Groups
Green cells indicate highest areas of input	Numbers indicate number of individuals commenting in area		1 to 3 score based on frequency and depth of discussion – 3 is highest	
Tier 1 Thematic Areas				
CI Ed <u>Clinician Education</u> , awareness and messaging	11	3	2	2
Pa Ed <u>Patient Education</u> , awareness and messaging.	12	6	3	1
Acc <u>Access</u> : Addressing healthcare access disparities	19	7	3	3
PCE Safe, supportive and <u>Patient Centered Experience</u>	14	5	3	3
Tier 2 Thematic Areas				
Gen Expanding the use of <u>Genomic and Genetic</u> testing	5	1	1	1
RF Re <u>Research</u> to improve understanding of <u>Risk factors</u>	1	2	1	2
MP Re <u>Research</u> focused on <u>Marginalized Populations</u>	5	1	1	1
Prtn Building committed organizational <u>Partnerships</u>	1	1		1
Tech <u>Novel</u> approaches to screening & treatment		1		

Validation & Prioritization Surveys

6

Purpose:

Validate the findings of the research using surveys to reach a significantly larger portion of those including in the professional interviews and lived experience research to help prioritize the findings for further work by the steering committee to set initial priorities for the NBCRT

Approach:

Conduct and distribute surveys to reach a wider populations focusing on four groups:

Partners (ACS Close Partners)

Clinicians (Those caring for breast cancer patients)

Patients (Those with lived experience)

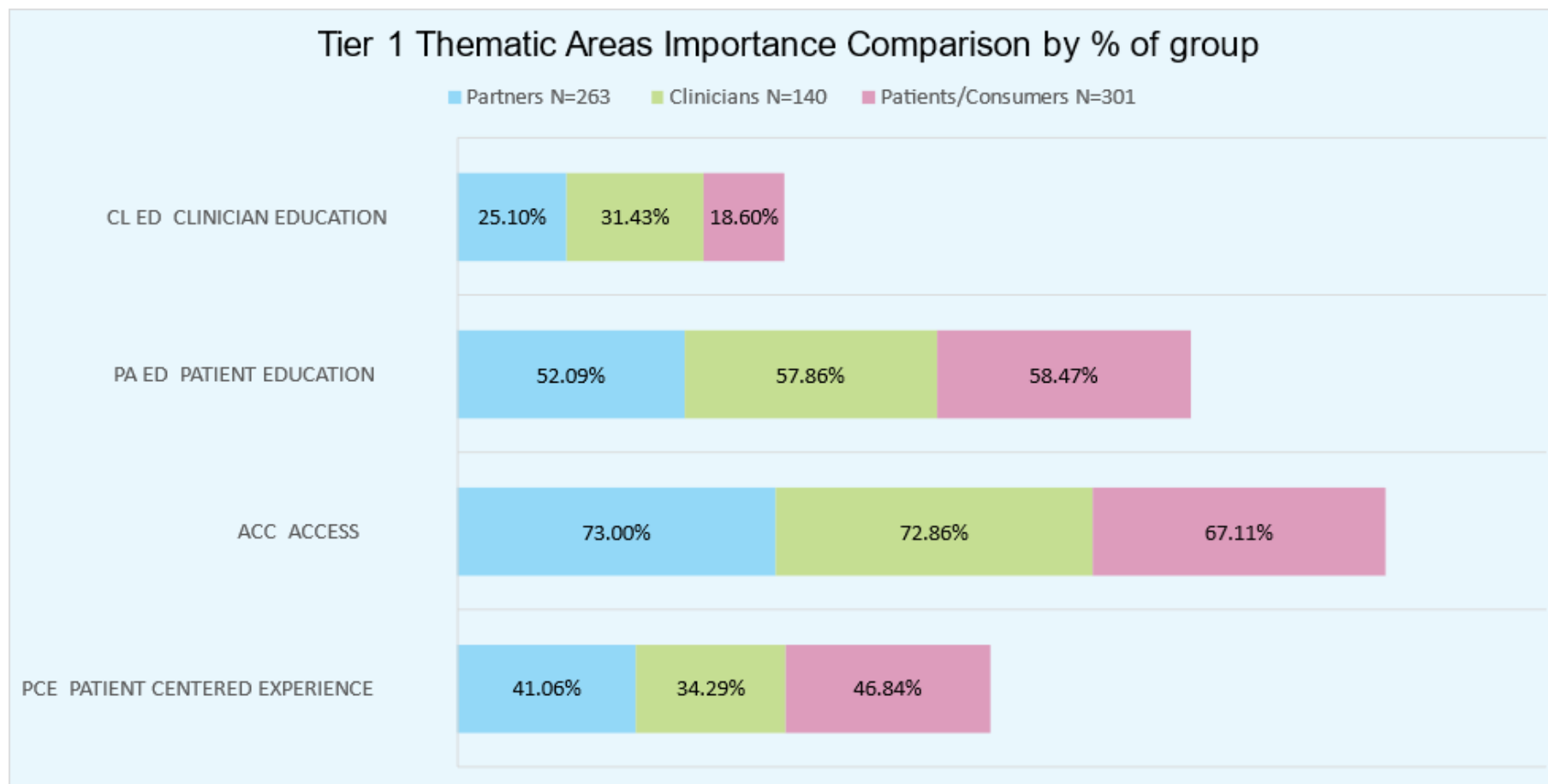
Community (Lived experience from community conversations cohort)

Output:

727 individuals participated in the survey. Results enabled survey cohort comparison across thematic areas and across the topics included in each thematic area.

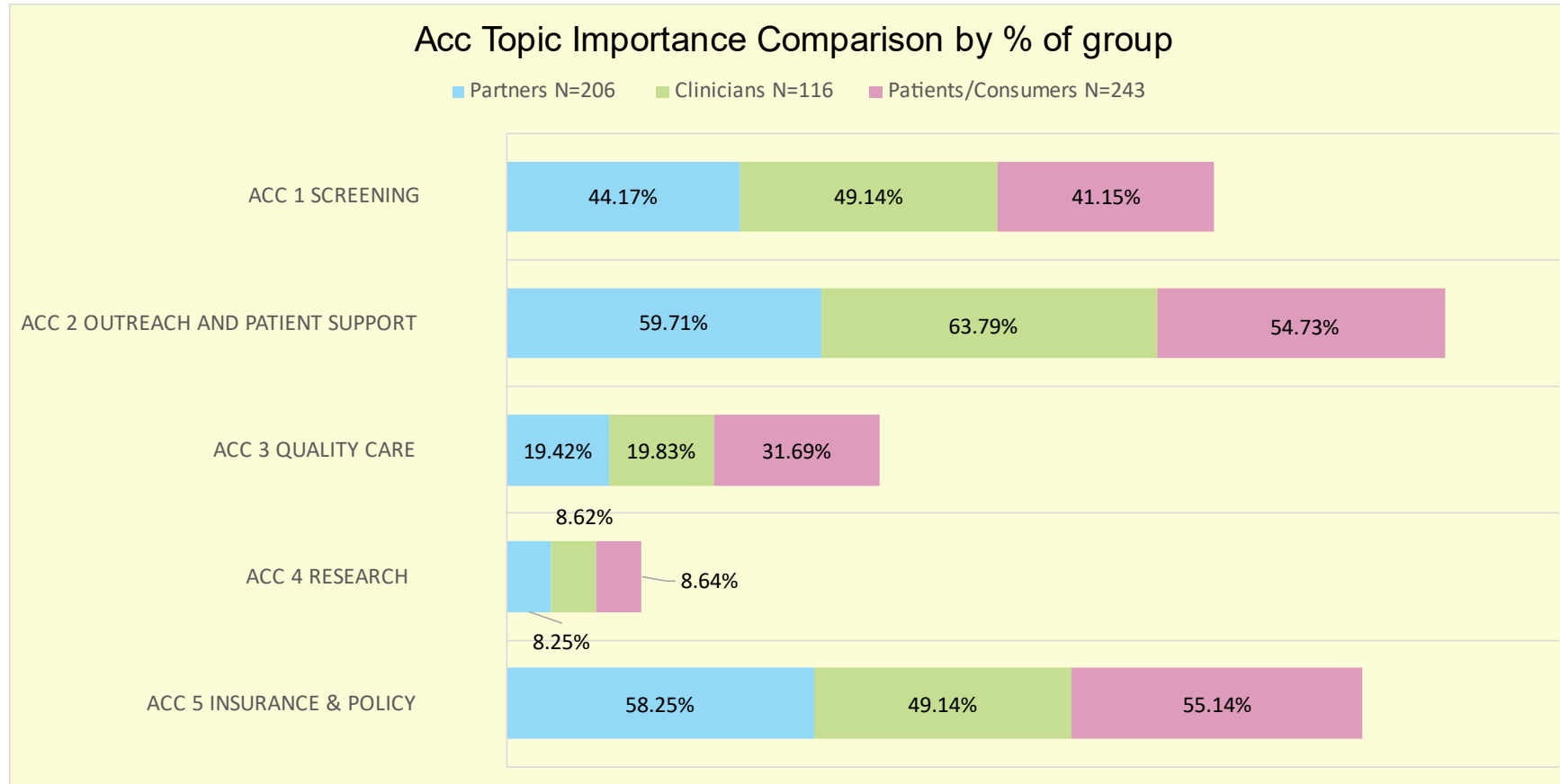
Validation & Prioritization Surveys


6




Validation & Prioritization Surveys

6





INTRODUCTION TO THE DRAFT ACS NBCRT STRATEGIC PLAN





TIMELINE, PROCESS, & MILESTONES

Strategic Plan Purpose & Function

- Sharpen focus of ACS NBCRT pairing audacious goals with practical and proven implementation strategies
- Create a sense of ownership around our vision and mission
- Provide pathways for ACS NBCRT membership engagement and aligned project planning
- Serve as a guiding document for partners outside of the ACS NBCRT
- Instill engagement and collaboration in all that we do
- Serves as a living document for adaptation to emerging trends

ACS NBCRT Strategic Plan

MILESTONES

2023

February

Finalize Common Agenda

Finalize ACS NBCRT problem statement, vision, and theory of change

2023

February

Establish Priority Areas

Establish ACS NBCRT Priority Areas and Strategic Plan Working Groups

2023

March

Strategic Plan Working Group Meetings

Strategic Plan Working Group meetings from March-December

2023

August

Draft Strategic Plan

Draft strategic plan with information from Strategic Plan Working Groups

2023

September

Announce Strategic Plan

Announce Strategic Plan at Annual Meeting



Working Together



946

Voices Heard via
Interviews, Focus
Groups, & Surveys

110+

Individual
Collaborators

65

Organizations
Represented

14

Virtual Work
Group Meetings

Framework for the Strategic Plan



- **Our Common Agenda:**
 - **Problem Statement:** Defining our current state as well as the why we need to address this complex issue.
 - **Vision Statement:** The world we want to see.
 - **Health Equity Statement:** Centering health equity in all that we do.
 - **Fundamental Theories of Change-** The essential, enduring, and guiding tenets that all partners 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)



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.

Fundamental Theories of Change

Theory of Change: Address the root causes of disparities to eliminate barriers to timely, high-quality screening, diagnosis and/or treatment to improve breast cancer outcomes.

Theory of Change: 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.

Theory of Change: 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.

Strategic Priorities



Risk Assessment, Screening, and Early Diagnosis



Access to Treatment



Clinical Trials



Support Services and Wellness



Thank You Work Group Participants!

Work Group Leads



Risk Reduction, Screening, & Early Detection

CAPT Jacqueline Miller, MD, FACS
Medical Director, NBCCEDP
Centers for Disease Control and Prevention



Support & Wellness Services

Tia Newcomer
CEO
CaringBridge



Clinical Trials

Erika Hamilton, MD
Director, Breast Cancer Research Program
Sarah Cannon Research Institute



Access to Treatment

Gabrielle Rocque, MD, MSPH
Associate Professor
University of Alabama at Birmingham



Table Talk



What was your experience participating in the Strategic Planning Process?

Or

What's the value you see in the Strategic Planning for the ACS NBCRT?



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



Risk Assessment, Screening, & Early Diagnosis

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

The world we aspire to:

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

Goal 2: Early Detection/Screening: Early detection strategies and high-quality, guideline-concordant screening, awareness, and continuity of care are available for every person.

Goal 3: Early Diagnosis/Access: Every person who presents with symptoms or abnormal screening receives timely access to and appropriate diagnostic testing.

Goal 4: Risk Reduction: Risk reduction guidelines are adapted and implemented in equitable

Strategies:

- Bring attention to inequities in design, promotion, and utilization of risk assessment tools.
- Promote the utilization of evidence-based risk assessment and screening guidelines for high-risk populations.
- Opportunity to educate clinicians on screening guidelines and follow-up.
- Leverage new technology and innovations to bridge gaps and enhance inclusivity of screening.
- Advocate for coverage of screening and follow-up testing after positive results.

Risk Assessment, Screening, & Early Diagnosis

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

The role ACS NBCRT might play:

- Risk Assessment:
 - Develop a guidebook that identifies evidence-based interventions, and promising practices from case studies.
- Screening & Risk Reduction:
 - Collaborate with professional societies to incorporate continuing medical education (CME) programs.
- Early Diagnosis:
 - Identify an evidence-based tools to screen for high risk, provide this at no cost to providers and organizations, and incentivize them to use it.



Access to Treatment

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

Anna Jones
Electra D. Paskett
Jacqueline Cromity
Jeannie Kelly
Julie Gralow
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

Access to Treatment

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

The world we aspire to:

Goal 1: Measures are established and improved to ensure patient experience of treatment is equitable and patient centered.

Goal 2: Reduce barriers to initiation and completion of high-quality affordable care.

Strategies:

- Conduct clinician training on delivering improved patient experiences.
- Identify existing measures (or create new measures) of patient experience as a factor of quality.
- Promote evidence-based strategies for reducing the time between breast cancer diagnosis and initiation of treatment.
- Promote navigation services.
- Leverage technology to improve accessibility of quality cancer care.

Access to Treatment

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

The role NBCRT might play:

- Complete a landscape review of the appropriate evidence-based strategies, quality measures, and accreditation requirements to encourage improvements to best practices for access of care.
- Develop a training and/or toolkit to educate clinicians and administrators on evidence-based recommendations to assist practices in increasing receipt of guideline-based care.
- Disseminate best practices
- Advocate for policy change that removes barriers and supports access to high quality breast cancer care



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

Clinical Trials

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.

The world we aspire to:

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 US.

Goal 2: Address the drivers that impact inclusive clinical trial participation.

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

Strategies:

- Provide support to the FDA's diversity plan guidelines to increase enrollment and retention of underrepresented populations.
- Support the improvement of clinical trial education materials.
- Promote best practices to help health care professionals address any drivers of health that impact participation.
- Identify plans of action to reduce systemic barriers in access and participation.
- Advocate to shield patients from out-of-pocket ancillary costs of trial participation (incl. non-clinical).

Clinical Trials

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.

The role NBCRT might play:

- 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.
- Partner with culturally trusted platforms, personalities, and partners for education and promotions.
- Educate healthcare professionals on best practices in addressing implicit bias and structural and systemic racism as it relates to clinical trial recruitment and retention.
- Create a toolkit of proven trial programs for replications and scaling.
- Create a resource for subtype demographics of people with cancer in the U.S. to provide a benchmark for target trial enrollment goals.
- Develop a list of frequent costs or actions causing loss of funds that could be covered/reimbursed.



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

Support & Wellness Services

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

The world we aspire to:

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

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

Strategies:

- Expand the utilization of resources used by clinicians, providers, patient support service professionals.
- Assist clinicians, patient support service professionals, etc. in determining the support and wellness needs of their patients and caregivers.
- Identify gaps in support and wellness services and engage ACS NBCRT networks for innovative solutions.

Support & Wellness Services

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

The role NBCRT might play:

- Curate and promote an easily accessible checklist of essential evidence-based support and wellness services resources to share with every patient, caregiver, and healthcare system.
- Provide training for patients, caregivers, providers, and support service professionals on palliative care.
- Identify and share existing insurance coverage for essential support and wellness services, and identify areas to improve coverage, to address gaps in access.



Activity: Strategic Plan Feedback

Objective: Discuss, reflect, and learn about the ACS NBCRT Strategic Plan.

Instructions:

- Spend a 6-7 minutes talking at your table.
- I will pause your conversations with additional instructions

Questions to discuss:

- What's your reaction to the ACS NBCRT strategic plan?

Activity: Strategic Plan Feedback

Objective: Discuss, reflect, and learn about the ACS NBCRT Strategic Plan.

Instructions:

Identify a table scribe and record 2 post-it notes per questions below (6 total).

- **Green** – what is exciting?
- **Orange**- what is missing?
- **Pink**-any concerns?

Put 1-2-3-4 on note to identify

- 1- Risk Reduction
- 2- Access to Treatment
- 3- Clinical Trials
- 4- Support & Wellness

Questions to discuss:

- What feedback do you have for us as we finalize plan? Exciting? Missing? Concerns?

QUESTIONS?

LUNCH





LIVED EXPERIENCE ARMCHAIR CONVERSATION

Lived Experience Armchair Conversation



Victoria Smart

Senior Vice President, Mission
Susan G. Komen®



Valencia Robinson

Patient Advocate, CEO
Women of Color Wellness Alliance



Lt. Perla Rodriguez
United States Navy;
Lived Experience Expert



Parul Somani

Founder & CEO
Silver Linings

BREAK





ACS NBCRT MEMBER SHOWCASE

Strategic Priorities



Risk Assessment, Screening, and Early Diagnosis



Access to Treatment



Clinical Trials



Support Services and Wellness

ACS NBCRT Member Showcase

Risk Assessment, Screening, and Early Diagnosis



“Breast Cancer Risk Among Veterans”

Aditi Hazra, MD, MPH

Assistant Prof. of Medicine, Harvard Medical School; Veterans Affairs - Boston, MA Veterans Epidemiology Research & Information Center (MAVERIC); Asst. Director, VA Women's Cancer Research (TBN)



“Reaching Those Who Are Underserved”

CAPT Jacqueline Miller, MD, FACS

Medical Director, CDC's National Breast & Cervical Cancer Early Detection Program (NBCCEDP)

ACS NBCRT Member Showcase

Access to Treatment



“ACCC Resources to Eliminate Disparities in Access to Cancer Care”

Leigh Boehmer, PharmD
Chief Medical Officer & Deputy Executive Director
Association of Community Cancer Centers

ACS NBCRT Member Showcase

Clinical Trials



“Encouraging breast cancer clinical trial participation - Steps LBCA is taking to develop and share video PSAs about clinical trials”

Laurie Hutcheson
Executive Director
Lobular Breast Cancer Alliance Inc. (LBCA)



“When We Tria(al) We Save Lives”

Ricki Fairley
CEO and Co-Founder
TOUCH, The Black Breast Cancer Alliance

ACS NBCRT Member Showcase

Support and Wellness Services



“Exercise Oncology”

Jay Harness, MD

Chief Medical Officer

Maple Tree Cancer Alliance

ACS NBCRT Member Showcase

Health Equity



“Respect, Trust and Cold Hard Cash”

Ysabel Duron
Founder/Executive Director
The Latino Cancer Institute



“Tigerlily ANGEL Advocacy Program”

Maimah Karmo
CEO & President
The Tigerlily Foundation



“Sanford Outreach and Education for Prevention of Cancer/Cancer Care for the Underserved (in SE South Dakota)”

Shirlene Smook, MD
Breast Specialty Clinic Physician, Family Medicine
Sanford Health



ACS NBCRT ENGAGEMENT ACTIVITY

Sarah Shafir, MPH

**Vice President, National Roundtables & Coalitions
American Cancer Society**





The **Patient Support Pillar** provides expert-level, patient-centric assistance to solve important problems across the cancer continuum for patients; caregivers & families; and health care professionals & communities.

Business Unit: National Roundtables & Coalitions

Problem

Some barriers challenging our efforts to improve the lives of patients and their families are too complex for any one organization to address on its own.

Solution

The National Roundtables & Coalitions Business Unit convenes multi-sectored organizations and diverse communities through collective action to overcome the most pressing challenges impeding our progress in improving cancer outcomes.



Six Mission-Critical Roundtables



State Coalition Strategy & Implementation, including providing technical assistance to 66 CDC Comprehensive Cancer Control Programs and Coalitions.



Rapid Response Consortia & Collaborations

Commitment to Health Equity

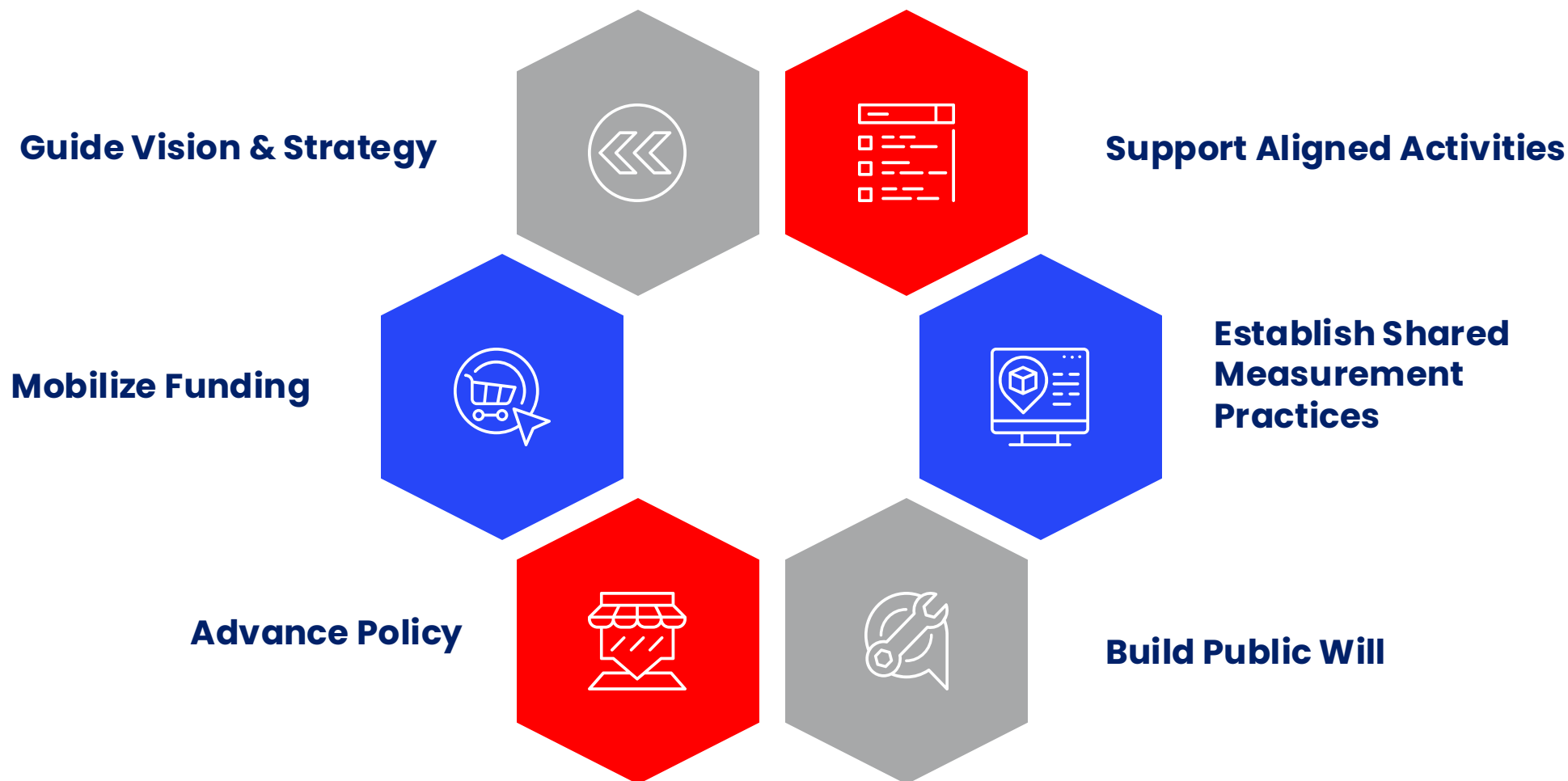
What are health equity principles?

- Our health equity principles are categorized by the three
Ps: **People**, **Place**, and **Partnerships**.
- These principles are the foundation for everything we do. It is important that everyone at ACS and ACS CAN - from our frontline to leadership staff and volunteers - understand and adopt these principles.
- Creation of the ACS Roundtable Health Equity Learning Collaborative to develop a health equity action plan for each roundtable.



ACS Serving As The Backbone Organization

"Backbones must balance the tension between coordinating and maintain accountability, while staying behind the scenes to establish collective ownership"





What do our Roundtables do?



Establish National Priorities Across the Cancer Continuum



Catalyze Policy and Patient Care Solutions



Promote Evidence-Based Strategies and Translate them into Practice



Leverage Volunteer Knowledge and Experiences to Inform the Reduction of Health Disparities

Impact Through Collective Action

National Campaigns



>25,000 YouTube Views

Tools & Resources for Professionals/Patients



>4,200 Website Views

Publication & Dissemination



13 Patient Navigation Articles in A Decade Later: The State of Patient Navigation in Cancer

ACS NCCRT Roundtable



Important Links

ACS National Roundtable Websites:

- [ACS National HPV Vaccination Roundtable](http://hpvroundtable.org) (hpvroundtable.org)
- [ACS National Breast Cancer Roundtable](http://nbcrt.org) (nbcrt.org)
- [ACS National Roundtable on Cervical Cancer](http://cervicalcancer.org) (cervicalcancer.org)
- [ACS National Lung Cancer Roundtable](http://nlcrt.org) (nlcrt.org)
- [ACS National Colorectal Cancer Roundtable](http://nccrt.org) (nccrt.org)
- [ACS National Navigation Roundtable](http://nnrt.org) (nnrt.org)

ACS4CCC

- [ACS Technical Assistance for Comprehensive Cancer Control Programs and Coalitions](http://acs4ccc.org) (acs4ccc.org)

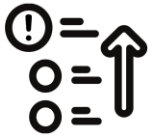
National Consortium for Screening and Care

- [Consensus Recommendations](http://consortium.acs4ccc.org) (consortium.acs4ccc.org)

Primary HPV Screening Initiative

- [Initiative page](http://www.cervicalroundtable.org/primary-hpv-screening-initiative/) (www.cervicalroundtable.org/primary-hpv-screening-initiative/)

Member Engagement



Networker

- Receive newsletters
- Join webinars
- Engage and share on social media
- Respond to surveys
- Disseminate resources
- Attend national meeting



Collaborator

- Participate in a roundtable-led project or initiative
- Serve on a standing committee
- Moderate or speak on panels



Contributor

- Join a roundtable working group
- Attend a roundtable summit
- Review materials when requested
- Provide technical assistance or capacity building support



Catalyst

- Serve in a roundtable leadership position
- Contribute to publications and abstracts
- Lead joint initiatives and efforts
- Support fundraising efforts

Activity: Member Engagement Checklist

Objective: Understand potential gives and gets in ACS Roundtable membership.

Instructions:

- Take a couple of minutes to review the checklist at your tables. Consider how you might be able to support the ACS NBCRT aims this next year.
- Have a discussion with your table.

Questions to consider:

Which membership category are you most likely to fit in?

What are you hoping to get out of your roundtable membership?



Activity: Member Engagement Checklist

Objective: Understand potential gives and gets in ACS Roundtable membership.

Instructions:

- Write your name and organization on a post-it and place it on the wall.

QUESTIONS?



HEALTH EQUITY PRIVILEGE WALK



Privilege Walk Instructions



1. You will need a pen and a sheet of paper
2. I will ask 10 questions
3. For each question, stand or remain seated based on your life experience
4. Also, each time you stand, give yourself a +1
5. At the end we will sum all scores and then discuss our reactions to the exercise in our table groups

Privilege Walk Instructions

Please stand and give yourself a +1 if you...

1. Were covered by medical insurance from early childhood to young adulthood
2. If you knew since you were a child that it was expected of you to go to college
3. If you started school speaking English (or the "native language") of your country fluently
4. If you have ever had to sacrifice significant personal interests to care for or support others
5. You studied the history and culture of your ethnic ancestors in elementary and secondary school
6. If your family never had to move due to financial inabilities
7. Have never been called names that made you uncomfortable regarding your race, socioeconomic class, gender, sexual orientation or physical/learning disability
8. If you feel that people do not interpret your personal opinions as a representation of your entire race
9. If you have ever been hesitant to speak to avoid being ridiculed because of your accent or speech impediment
10. If you almost always feel comfortable with people knowing your sexual orientation



Privilege Walk Debrief



- What was that experience like for you?
- How does reflecting on privilege influence how you approach our work?

ACS NBCRT Reception



Lyndsay Levingston
Breast Cancer SurviveHER,
Founder of SurviveHER, and
ACS Brand Ambassador

Please join us for the
2023 American Cancer Society
National Breast Cancer Roundtable Reception

Featuring Lyndsay Levingston

5:30 PM - 7:30 PM
The Post Oak Room



CLOSING