

Cancer Prevention and Early Detection for Community Health Centers

Session 3

***Closing the Gap: Best Practices for Improving Breast Cancer
Screening Rates***



October 23, 2025

This session is being recorded



Welcome

**Melissa Thomas, PhD, MSPH, MSA,
MCHES, C.CHW**
Strategic Director
National Breast Cancer Roundtable



Agenda

- 1 Current State of Breast Cancer**
- 2 Screening Guidelines**
Review of screening guidelines and how guidelines are established
- 3 Best Practice Sharring – Sun River**
Using process maps and PDSA cycles
- 4 Best Practice Sharring – Baltimore Medical Center**
Standing orders, reminder/recalls, and Cancer Performance Improvement Group
- 5 Q & A**



Poll

1. What is the current age range for breast cancer screening according to USPSTF?
2. Approximately 1 in __ women in the US will be diagnosed with invasive breast cancer.
3. The 5-year relative survival rate is over __% for breast cancer diagnosed at a localized stage.
4. I routinely recommend screening to people with breasts aged 40 years and older.

Welcome To



Anne Gaglioti, MD, MS, FAAFP
Vice President, Implementation Science
American Cancer Society



Quratulain Zeeshan, MD, FACOG, CPE
Regional Medical Director of Women's Health
Director of Quality
Sun River Health



Erica Isles, MD, FAAFP
Belair-Edison Center Medical Director
Medical Director for Clinical Informatics
Baltimore Medical System

Breast Cancer in the US

	Incidence*	131.8
	Mortality*	19.3
	2025 Estimates	319,750 <hr/> 42,680

Breast cancer is the **most** common type of cancer among women in the US and is the **second highest cause of cancer death** in women after lung cancer.

From 2012 to 2021, the incidence rate increased by **1% per year overall.**

*Average annual rate per 100,000, age-adjusted to the 2000 US standard population
SOURCE: Cancer Statistics Center (Accessed January 2025)

1 in 8

Women will be diagnosed with
breast cancer

99%

survival rate when
detected at the localized
stage



An estimated

67%

of eligible women in the US are
up to date on breast cancer
screening

In 2024, only

54%

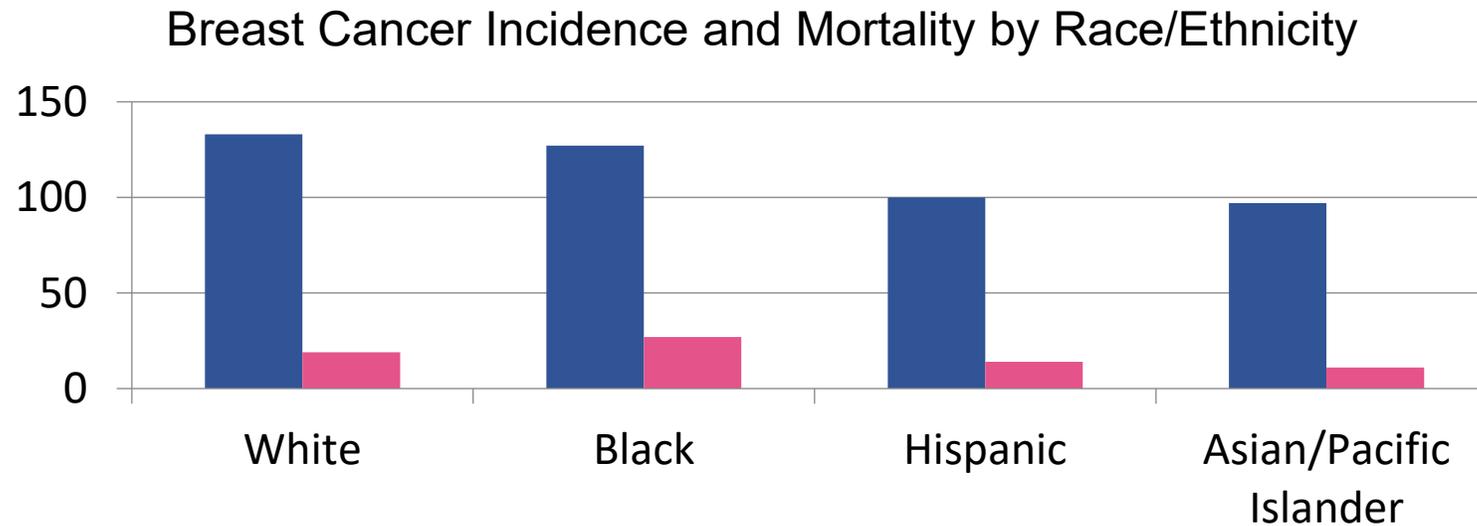
of eligible FQHC patients are
up to date on breast cancer
screening.

Women age 40 – 44 have the
lowest screening prevalence at

52%

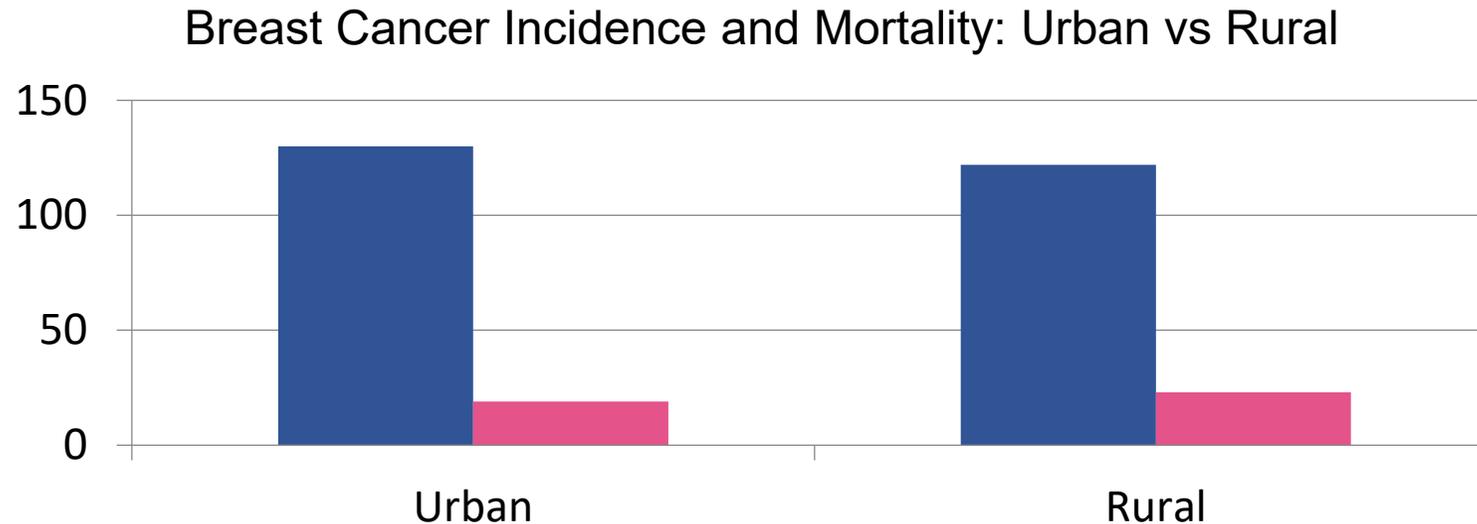
Persistent Racial and Ethnic Disparities

- Black and White women have similar incidence rates (~130/100,000), but Black women are 40% more likely to die.
- Five-year survival: 82% (Black) vs. 92% (White).
- Factors include tumor biology, delayed diagnosis, and inequitable access to treatment.



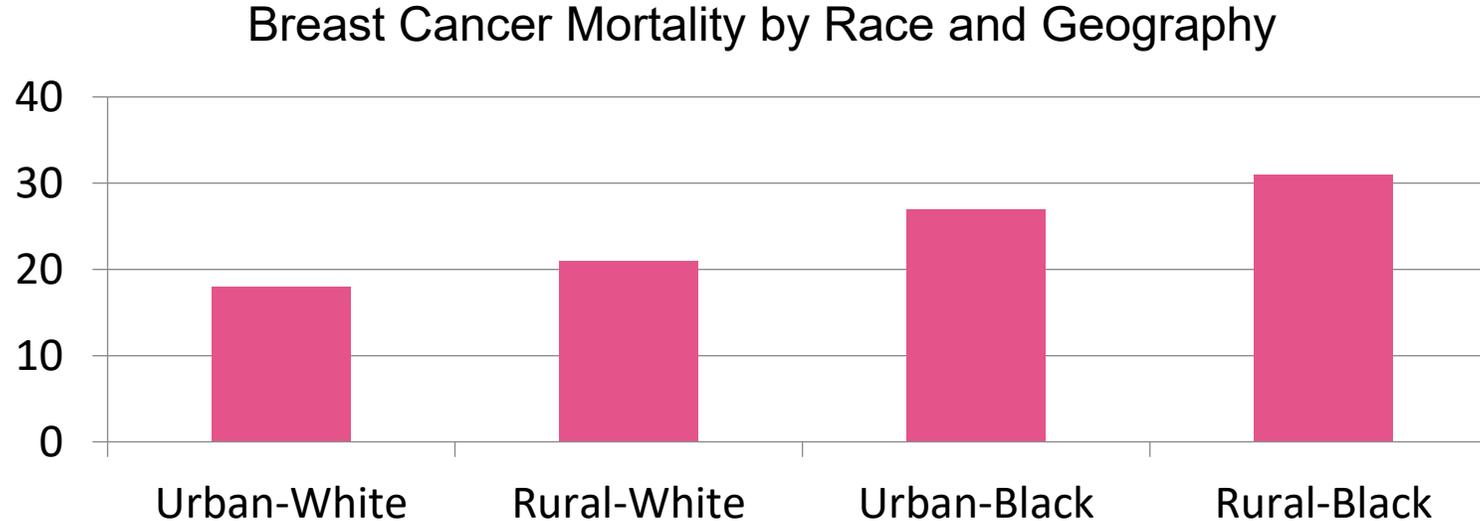
Rural vs. Urban Disparities in Incidence and Outcomes

- Rural women have slightly lower incidence but higher mortality.
- Five-year survival is lower in rural areas even after controlling for stage.
- Mortality decline: $-1.0\%/year$ (rural) vs. -1.7% (urban).



Converging Inequities: Race × Place

- Black women in rural counties face the highest breast cancer mortality rates.
- Reflects combined effects of race, geography, and access barriers.
- Solutions: mobile screening, patient navigation, rural oncology partnerships.



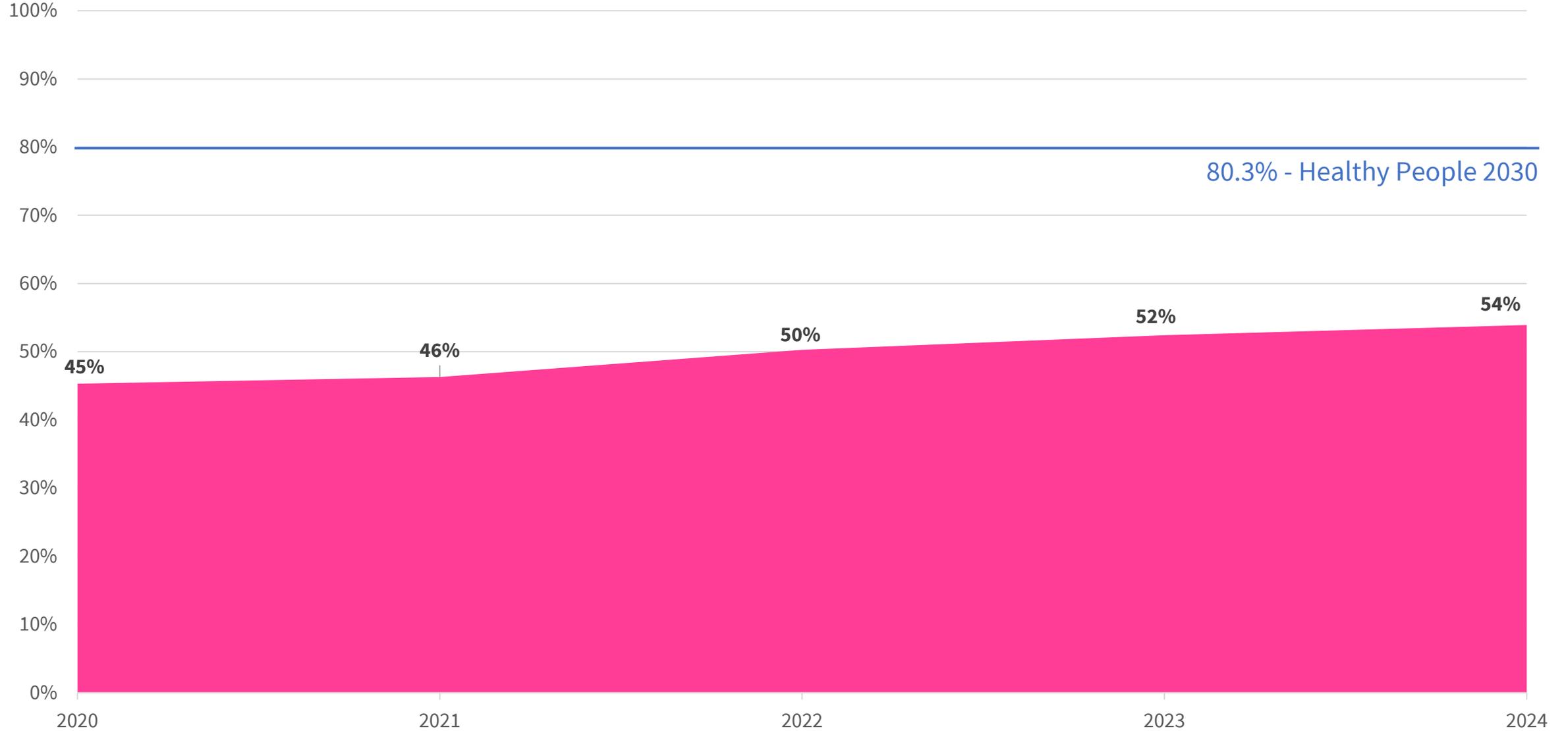
National FQHC Breast Cancer Screening Data

Year	Breast Cancer Screening Rate	# Eligible Patients Up-To-Date	# Eligible Patients
2020	45%	1,438,214	3,172,833
2021	46%	1,556,947	3,363,867
2022	50%	1,719,621	3,420,012
2023	52%	1,851,871	3,532,849
2024	54%	1,964,998	3,644,405

Source HRSA Health Center Program Uniform Data (UDS) Data, 2024. <https://www.hrsa.gov/foia/electronic-reading> . Accessed 9/1/2025. Calculations and data visualization by the American Cancer Society.

National FQHC Breast Cancer Screening Trends 2020 – 2024

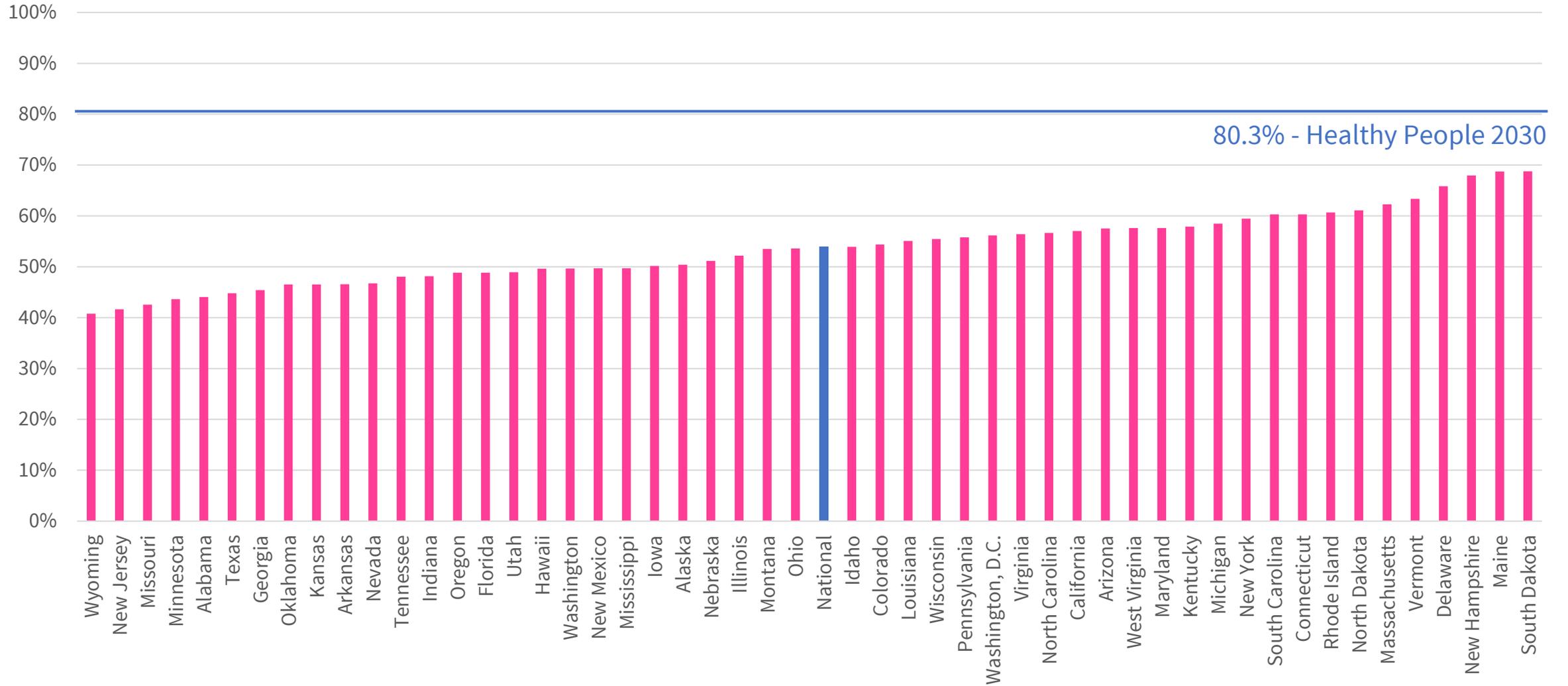
HRSA Uniform Data System (UDS) Data



Source HRSA Health Center Program Uniform Data (UDS) Data, 2024. <https://www.hrsa.gov/foia/electronic-reading> . Accessed 9/1/2025. Calculations and data visualization by the American Cancer Society.

2024 FQHC Screening Rates by State

HRSA Uniform Data System (UDS) Data



Source HRSA Health Center Program Uniform Data (UDS) Data, 2024. <https://www.hrsa.gov/foia/electronic-reading> . Accessed 9/1/2025. Calculations and data visualization by the American Cancer Society.



American Cancer Society

National Breast Cancer Roundtable





cancer.org/roundtables



NATIONAL
BREAST
CANCER
ROUNDTABLE



NATIONAL
ROUNDTABLE ON
CERVICAL
CANCER



NATIONAL
COLORECTAL
CANCER
ROUNDTABLE



NATIONAL
PROSTATE
CANCER
ROUNDTABLE



NATIONAL
NAVIGATION
ROUNDTABLE



NATIONAL
LUNG CANCER
ROUNDTABLE



NATIONAL
HPV
VACCINATION
ROUNDTABLE

The ACS National Roundtables are catalysts for action, bringing together diverse organizations from all sectors and communities to collaboratively address the most complex problems across the cancer continuum.



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.



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.

Strategic Plan



Who We Are ▾

Our Impact ▾

Get Involved ▾

News And Events ▾

Resource Center

Search

TER
FILE

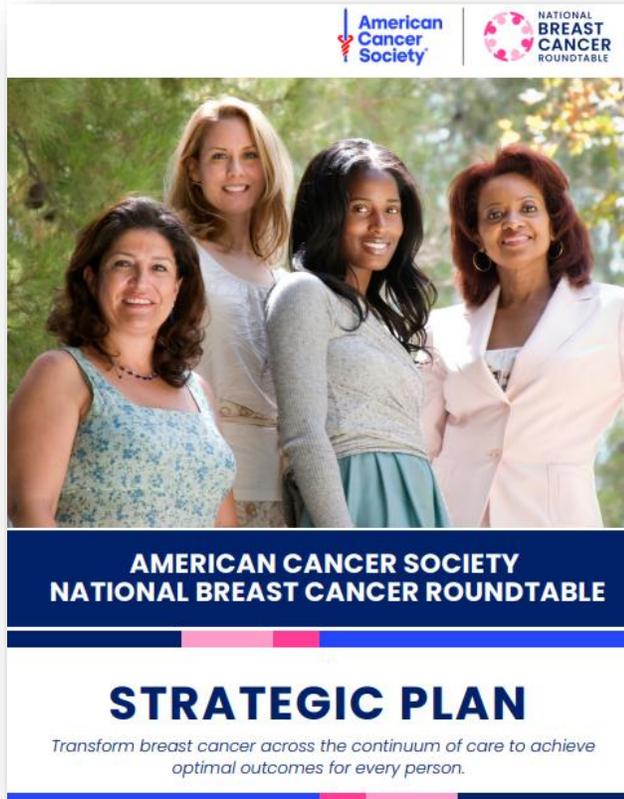
Download the NBCRT Strategic Plan on nbcrt.org
[Our Impact](#) > [Strategic Plan](#)

Strategic Plan

Strategic Plan

The Strategic Plan provides recommended strategies and activities that our partners can use to help define, prioritize, and accomplish their goals across the breast cancer continuum, offering a national roadmap for advocacy and action.

Download the 2024-2029 ACS NBCRT Strategic Plan 



American Cancer Society | NATIONAL BREAST CANCER ROUNDTABLE

**AMERICAN CANCER SOCIETY
NATIONAL BREAST CANCER ROUNDTABLE**

STRATEGIC PLAN

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



Strategic Plan (2024-2029)

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

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

NBCRT Timeline

- February 2022: ACS Announces Plans to Launch Two New Roundtables Focused on Breast and Cervical Cancers
- October 2022: Official Launch of the ACS National Breast Cancer Roundtable at the White House
- February 2023: Finalize Priorities
- May - August 2023: Convene Workgroups
- October - December 2023: Strategic Plan Open for Public Comment and Final Revisions



American Cancer Society | NATIONAL BREAST CANCER ROUNDTABLE

**SUPPORT & WELLNESS SERVICES
PRIORITY SECTION**

Support and wellness services for continuum of care will improve

evidence-based and promising activities

ive, evidence-based support and wellness dissemination to patients, clinicians, and support service professionals on the caregivers.

and support service professionals on needs to improve resource utilization and clinicians, caregivers, and support service professionals, etc.

ly accessible checklist of essential wellness services resources for every system, etc.

Early look for resources that understand and orna, regions of the U.S., types of wellness

Accreditation programs, such as the National Breast Cancer Centers and others, to promote the and wellness services in their programs.



ACS NBCRT DIGITAL RISK ASSESSMENT TOOLKIT

SCAN TO EXPLORE





Breast Cancer Screening

Anne Gaglioti, MD, MS, FAAFP

**Vice President
Implementation Science**

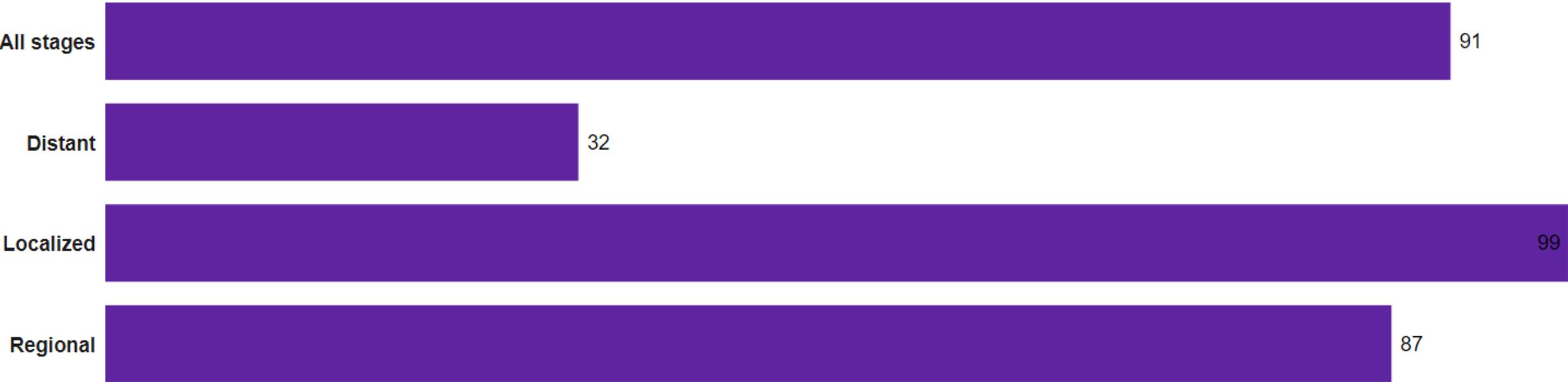


45% of all cancer deaths are attributable to potentially modifiable risk factors.

Modifiable Risk Factors	Non-Modifiable Risk Factors
Tobacco Use	Age
Obesity	Sex
Alcohol Consumption	Family History
Unhealthy Diet	Genetic Factors
Physical Inactivity	Race & Ethnicity
Infectious Agents	Previous Cancer History
Sun Exposure	



5-year relative survival by stage at diagnosis, Breast , 2014-2020, all races and ethnicities

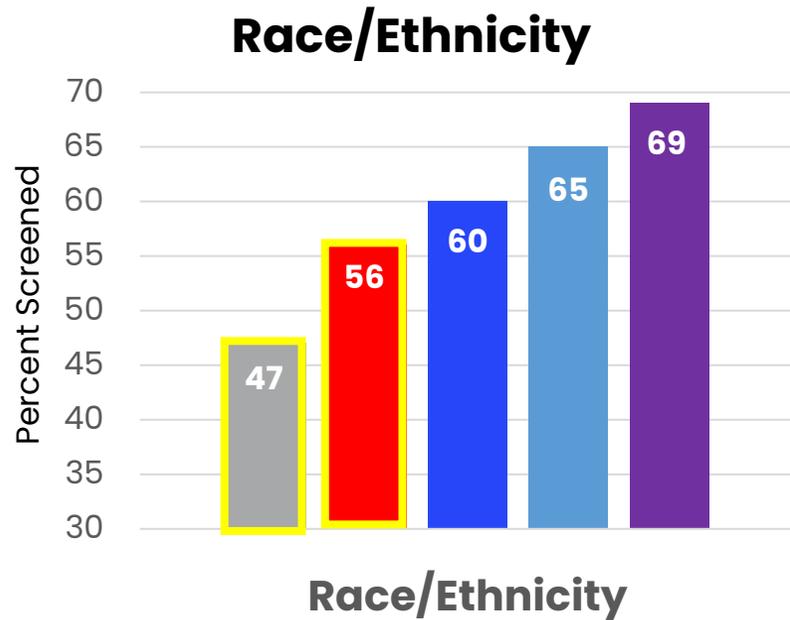


©American Cancer Society, 2025
Data source: Surveillance, Epidemiology, and End Results 22 registries, National Cancer Institute, 2024
Survival is adjusted for normal life expectancy and based on cases diagnosed 2014-2020 and followed through 2021.
Female breast cancer only.

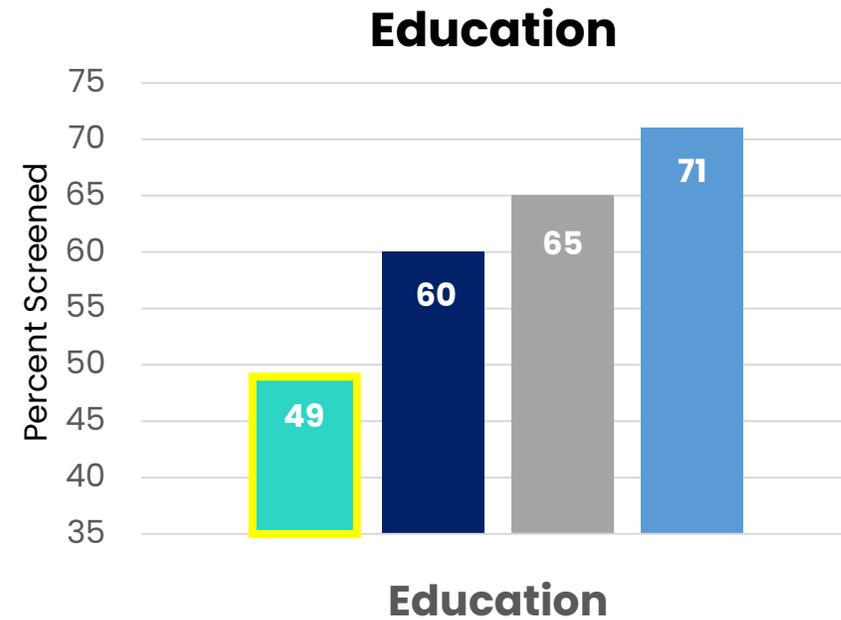
99% Localized **vs.** **32%** Distant

Breast Cancer Screening % in Women Ages 45 and Older,

Cancer Prevention & Early Detection Facts & Figures 2023-2024



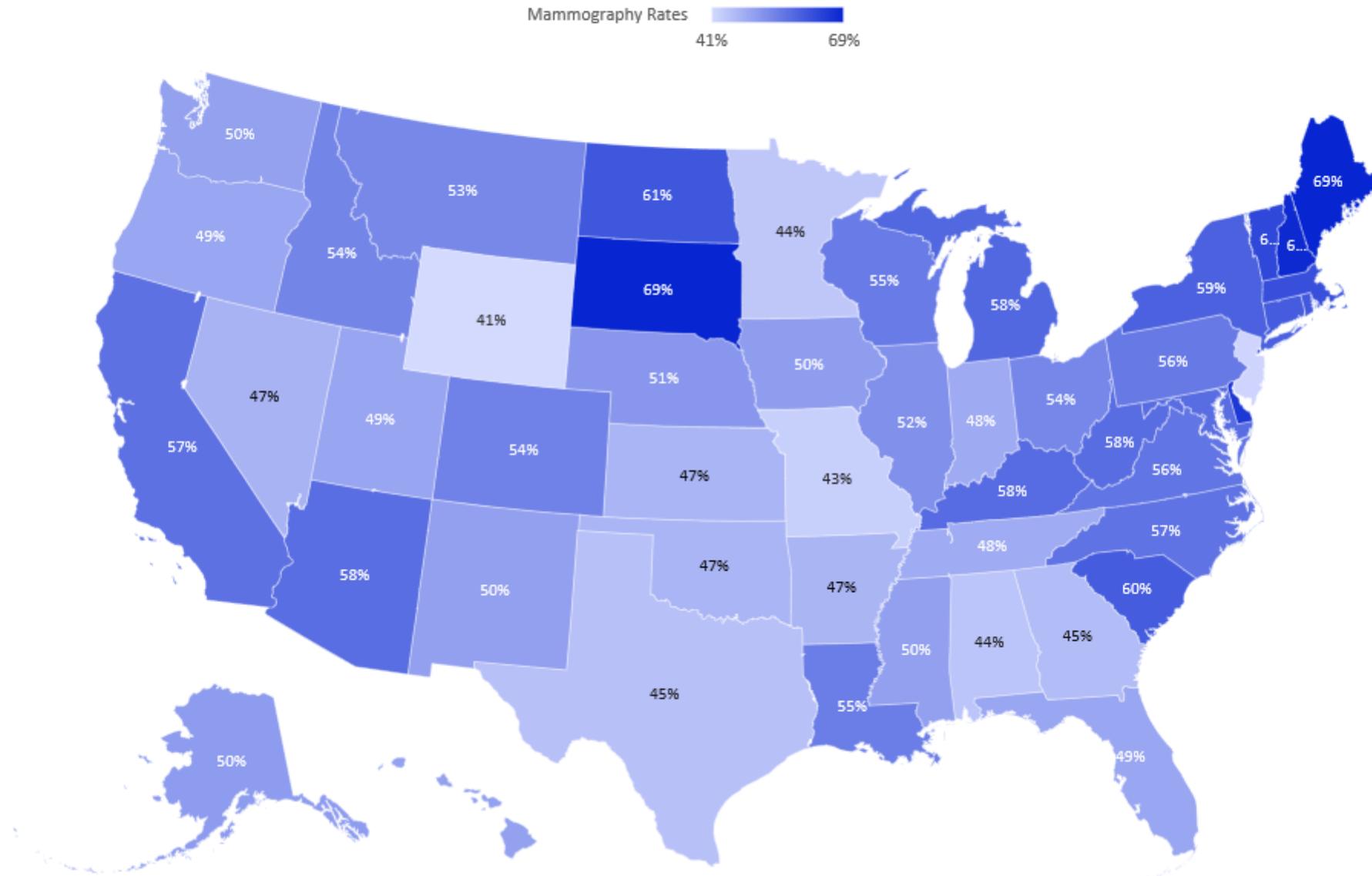
- American Indian & Alaskan Native
- Asian American & Pacific Islander
- Hispanic/Latino
- White
- Black



- Some high school or less
- High school diploma
- Some college
- College graduate or higher

2024 FQHC Breast Cancer Screening Rates

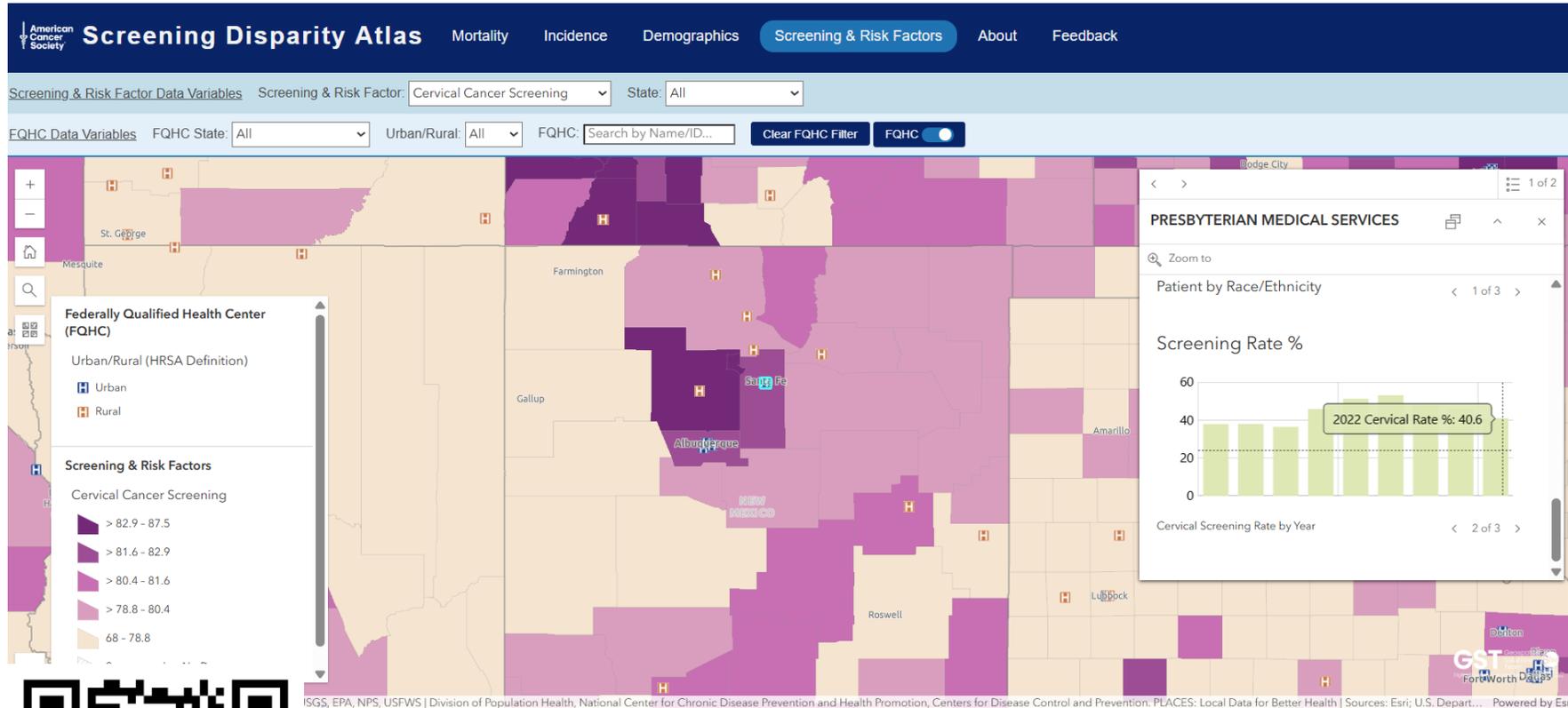
HRSA Uniform Data System (UDS) Data | National Rate = 55%



Powered by Bing
© GeoNames, Microsoft, TomTom

Source HRSA Health Center Program Uniform Data (UDS) Data, 2024. <https://www.hrsa.gov/foia/electronic-reading> . Accessed 9/1/2025.
Calculations and data visualization by the American Cancer Society.

ACS Screening Disparity Atlas



<https://maps.cancer.org/ScreeningDisparityAtlas/>

The **American Cancer Society Screening Disparity Atlas** is a state-of-the-art dashboard, developed by the **Geospatial Solutions Team (GST)** in collaboration with the Early Detection Team.

Map and identify disparities with:

- County level breast cancer incidence rates
- County level breast cancer mortality rates
- County level breast cancer screening rates
- FQHC system and site locations
- FQHC breast cancer screening patient population
- FQHC historical breast cancer screening rates

ACS & USPSTF Breast Cancer Screening Recommendations

	ACS 2015	USPSTF 2024
Age to Screen & Frequency	<p>Age 40: Optional annual screening mammogram</p> <p>Age 45: Annual screening mammogram</p> <p>Age 55+: Biennial screening mammogram OR continue annual screening mammogram</p>	<p>Age 40 -74: Biennial screening mammogram</p>
Age to Stop	<p>Continue screening mammograms for patients in good health and expected to live at least 10 more years.</p>	<p>Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women age 75 years or older.</p>

Special Communication

Breast Cancer Screening for Women at Average Risk 2015 Guideline Update From the American Cancer Society

Kevin C. Oeffinger, MD; Elizabeth T. H. Fontham, MPH, DrPH; Ruth Etzioni, PhD; Abbe Herzog, PhD; James S. Michaelson, PhD; Ya-Chen Tina Shih, PhD; Louise C. Walter, MD; Timothy R. Church, PhD; Christopher R. Flowers, MD, MS; Samuel J. LaMonte, MD; Andrew M. D. Wolf, MD; Carol DeSantis, MPH; Joannie Lortet-Tieulent, MSc; Kimberly Andrews; Deana Manassaram-Baptiste, PhD; Debbie Saslow, PhD; Robert A. Smith, PhD; Otis W. Brawley, MD; Richard Wender, MD

IMPORTANCE Breast cancer is a leading cause of premature mortality among US women. Early detection has been shown to be associated with reduced breast cancer morbidity and mortality.

OBJECTIVE To update the American Cancer Society (ACS) 2003 breast cancer screening guideline for women at average risk for breast cancer.

PROCESS The ACS commissioned a systematic evidence review of the breast cancer screening literature to inform the update and a supplemental analysis of mammography registry data to address questions related to the screening interval. Formulation of recommendations was based on the quality of the evidence and judgment (incorporating values and preferences) about the balance of benefits and harms.

EVIDENCE SYNTHESIS Screening mammography in women aged 40 to 69 years is associated with a reduction in breast cancer deaths across a range of study designs, and inferential evidence supports breast cancer screening for women 70 years and older who are in good health. Estimates of the cumulative lifetime risk of false-positive examination results are greater if screening begins at younger ages because of the greater number of mammograms, as well as the higher recall rate in younger women. The quality of the evidence for overdiagnosis is not sufficient to estimate a lifetime risk with confidence. Analysis examining the screening interval demonstrates more favorable tumor characteristics when premenopausal women are screened annually vs biennially. Evidence does not support routine clinical breast examination as a screening method for women at average risk.

RECOMMENDATIONS The ACS recommends that women with an average risk of breast cancer should undergo regular screening mammography starting at age 45 years (strong recommendation). Women aged 45 to 54 years should be screened annually (qualified recommendation). Women 55 years and older should transition to biennial screening or have the opportunity to continue screening annually (qualified recommendation). Women should have the opportunity to begin annual screening between the ages of 40 and 44 years (qualified recommendation). Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 years or longer (qualified recommendation). The ACS does not recommend clinical breast examination for breast cancer screening among average-risk women at any age (qualified recommendation).

CONCLUSIONS AND RELEVANCE These updated ACS guidelines provide evidence-based recommendations for breast cancer screening for women at average risk of breast cancer. These recommendations should be considered by physicians and women in discussions about breast cancer screening.

JAMA. 2015;314(15):1599-1614. doi:10.1001/jama.2015.12783
Corrected on April 5, 2016.

← Editorial page 1569

+ Author Video Interview, Author Audio Interview, Animated Summary Video, and JAMA Report Video at jama.com

← Related articles pages jrv150015 and 1635 and JAMA Patient Page page 1658

+ Supplemental content at jama.com

+ CME Quiz at jamanetworkcme.com and CME Questions page 1640

+ Related article at jamaoncology.com
Related article at jamainternalmedicine.com

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author: Robert A. Smith, PhD, Cancer Control Department, American Cancer Society, 250 Williams St, Ste 600, Atlanta, GA 30303 (@robert.smith@ cancer.org).

Screening for Breast Cancer: 2015 Guideline Update



<https://jamanetwork.com/journals/jama/fullarticle/2463262>

Women at High Risk for Breast Cancer

Genetic Risk Factors	Personal History of Breast Cancer	Dense Breast Tissue	Chest Radiation
<ul style="list-style-type: none">• Gene mutations• Hereditary cancer syndromes• First-degree relatives with a genetic risk factor	<ul style="list-style-type: none">• Those previously diagnosed with breast cancer	<p><u>Breast density</u></p> <ul style="list-style-type: none">• Identified on a mammogram• NOT related to breast size or firmness <p><u>Benign breast disease</u></p> <ul style="list-style-type: none">• Atypical ductal or lobular hyperplasia• Lobular carcinoma in situ (LCIS)	<ul style="list-style-type: none">• Before age 30

Women at high risk for breast cancer based on certain factors should get a breast MRI and a mammogram every year, typically starting at age 30.

Breast Cancer Screening Interventions

Evidence-Based Interventions for Breast Cancer Screening

EBIs are most successful when done together.



Patient Directed

- Reminders
- Education (one-on-one or group)
- Small Media



Provider Directed

- EHR Enhancements
- Assessment and feedback
- Standing Orders
- Professional education
- Reminders and recall



Access to Care

- Reduce structural barriers.
- Reduce out-of-pocket costs.
- Patient Navigation & CHWs

Talk to ACS staff partners or visit [The Community Guide](#) to learn more.

Utilization of Diverse Quality Improvement Tools to Enhance Screening Mammogram Rates

Quratulain Zeeshan, MD. Amanda Ascher, MD, Vanessa Ali, MD

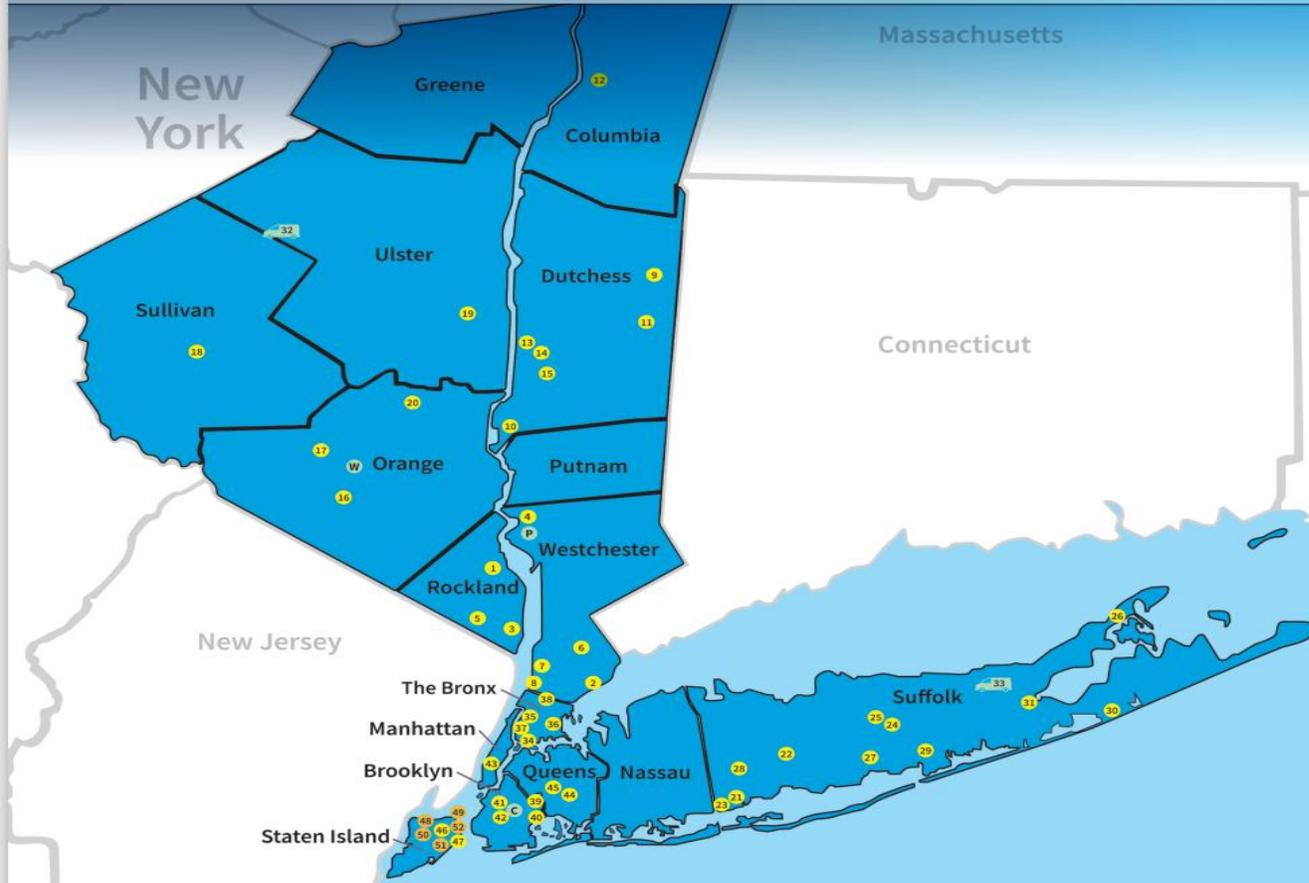
Hanaan Sabahat, Shqipe Gjevukaj , Courtney Rose Matatia

Sun River Health 

10/29/2025



Sun River Health NETWORK SITE MAP



-  **Sun River Health**
-  **Community Health Action of Staten Island**
-  **Mobile Health Center**
-  **The PRESERVATION COMPANY** | A Member of the Sun River Health Network
-  **CWMA** | A Member of the Sun River Health Network
-  **W** | A Member of the Sun River Health Network

Sun River Health NETWORK LIST

● Sun River Health Locations

Putnam Rockland Westchester

- 1 Sun River Health Haverstraw
- 2 Sun River Health New Rochelle
- 3 Sun River Health Nyack
- 4 Sun River Health Jeannette J. Phillips
- 5 Sun River Health Spring Valley
- 6 Sun River Health White Plains
- 7 Sun River Health Park Care
- 8 Sun River Health Valentine Lane

Columbia Dutchess Greene

- 9 Sun River Health Amenia
- 10 Sun River Health Beacon
- 11 Sun River Health Dover Plains
- 12 Sun River Health Hudson
- 13 Sun River Health Washington Street
- 14 Sun River Health Family Partnership
- 15 Sun River Health Manchester Road

Orange Sullivan Ulster

- 16 Sun River Health The Alamo
- 17 Sun River Health Middletown
- 18 Sun River Health Monticello
- 19 Sun River Health New Paltz
- 20 Sun River Health Wallkill Valley

Suffolk

- 21 Sun River Health Maxine S. Postal
- 22 Sun River Health Brentwood
- 23 Sun River Health Copiague
- 24 Sun River Health Elsie Owens
- 25 Sun River Health Well Life
- 26 Sun River Health Greenport
- 27 Sun River Health Patchogue
- 28 Sun River Health Martin Luther King, Jr.
- 29 Sun River Health Marilyn Shellabarger
- 30 Sun River Health Kraus Family
- 31 Sun River Health Riverhead

🚗 Mobile Health Centers

- 32 Hudson Valley
- 33 Suffolk

Bronx

- 34 Sun River Health The Hub / ThriveBX
- 35 Sun River Health Inwood
- 36 Sun River Health Westchester Square
- 37 Sun River Health St. Ann's Avenue
- 38 Sun River Health Bronx Boulevard

Brooklyn

- 39 Sun River Health Brooklyn
- 40 Sun River Health The Alpha School
- 41 Sun River Health Bedford Avenue
- 42 Sun River Health Church Avenue

Manhattan

- 43 Sun River Health Sydney R. Baer, Jr at Fountain House

Queens

- 44 Sun River Health Queens Matilda Raffa Cuomo
- 45 Sun River Health Richmond Hill

Staten Island

- 46 Sun River Health Staten Island
- 47 Sun River Health Bay Street Treatment Center

● Community Health Action of Staten Island (CHASI)

- 48 Community Food Pantry
- 49 Domestic Violence & HIV Prevention Services
- 50 Harm Reduction Health Hub
- 51 Health Care Coordination
- 52 Next Step Resource & Recovery Center

Connect with us:



Measurement Strategy

Balancing Measure(s)

Increased disparity among screening rates for insured vs self pay patients

Aim Statement

By December 2025, improve the breast cancer screening rates at Brentwood Health center for patients ages 50yrs - 75yrs by 6% from 54.4% to 60%.

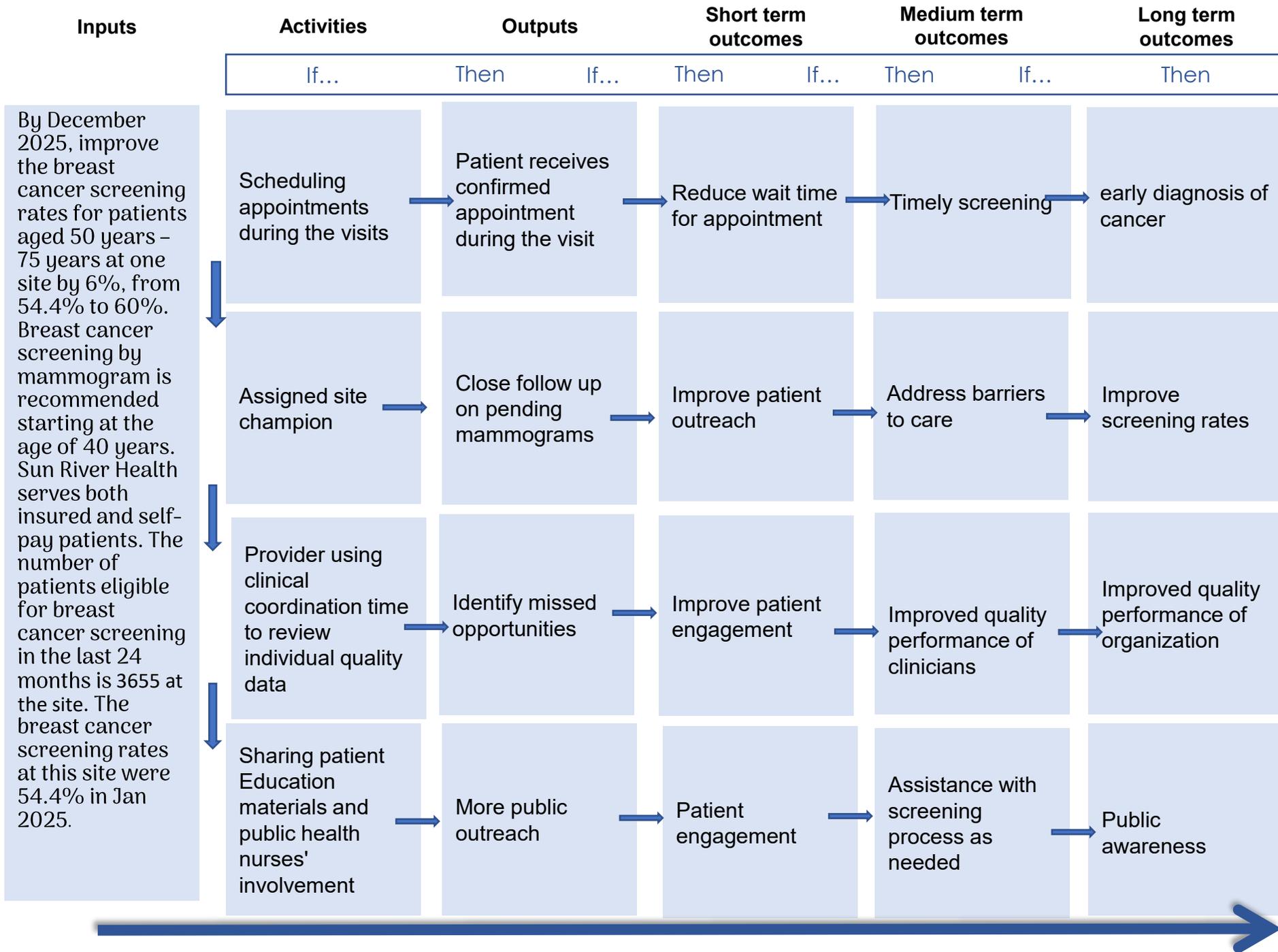
Outcome Measure(s)

- **Key measure:** Screening mammogram rates.

Process Measure(s)

The total screening mammograms performed on patients aged 50 to 75 years within the past 24 months

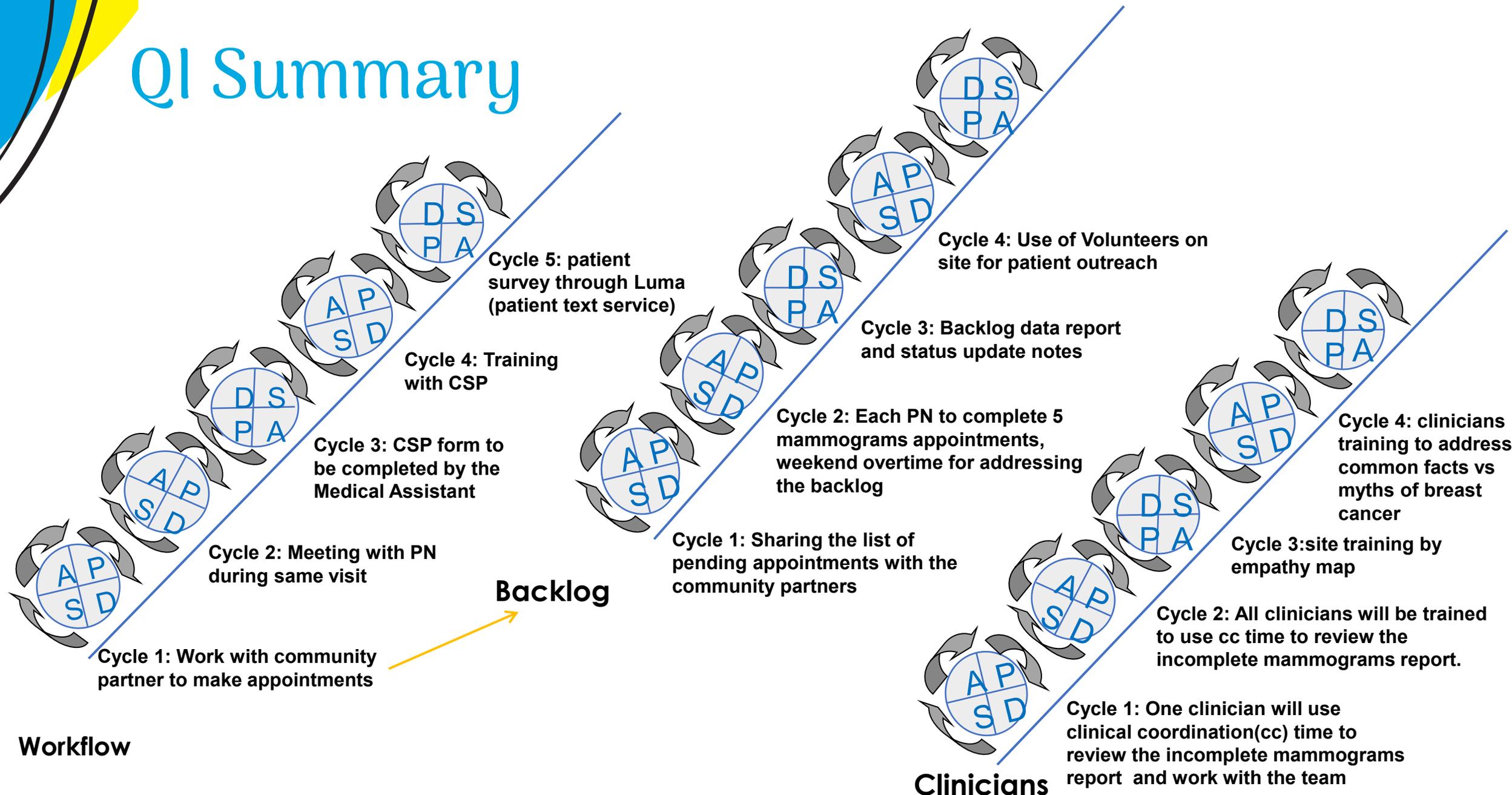
Logic Model



Driver's Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
<p>Improve breast cancer screening rates by 6% for women aged 50 to 75 years who seek care at FQHC by December 31, 2025.</p>	<p>affordability and insurance coverage</p> <p>Measure(s) Review equity data</p>	<p>Free or low-cost screening from Cancer Service Program</p> <p>assist in insurance coverage for eligible candidates</p>	<p>CSP form to be completed during the visit with the patient</p> <p>assigned site champion to complete cancer services program forms</p> <p>Educate the staff on the process map for insured and uninsured patients to get mammograms</p> <p>Insured patients education on how to collect benefits information</p> <p>Patient representatives share the information on cost-saving programs with the patients upon arrival</p>
	<p>access to screening services</p> <p>Measure(s) # of mammograms completed through weekly reports</p>	<p>Mobile mammogram units</p> <p>extended clinic hours</p> <p>partnership with radiology centers</p> <p>screening for Social drivers of health</p> <p>assistance in making appointments</p>	<p>Patient navigators maintain the audit of appointments and handle the no shows</p> <p>Sharing of the clients info with the radiology center to assist in making appointments</p> <p>cancer services program for transportation coverage</p> <p>Patient receives appointment on site during the visit</p>
<p>Outcome Measure(s) for This Aim</p>	<p>community engagement</p> <p>Measure(s) qualitative analysis of patient focus group response</p>	<p>Patient facing reading education materials</p> <p>Outreach team to engage non complaint patients</p> <p>community events</p> <p>text messages campaigns on Breast cancer screening</p> <p>share the essential information during the visit</p>	<p>Create videos on importance of breast cancer screening</p> <p>Outreach team to engage patients who have not been to clinic in last 24 months</p> <p>Nurses to share the education material and appointment information during the visit</p>
<p>Number of mammograms completed for patients age 50 to 75 yrs in 24 months</p>	<p>Provider engagement</p> <p>Measure(s) providers' performance rep</p>	<p>Providers receive screening rates monthly</p> <p>Auto roll of orders and use of standing orders</p> <p>performance feedback and adjust strategies</p> <p>Providers to have dedicated time in the week for QIs</p> <p>Quality incentives model</p>	<p>Use of standing orders by the nurse to assist the patient in need of referral</p> <p>Quality specialist and leaders monitor the progress</p> <p>Targets will be set to improve the screening rates by the QI process decided by the provider</p> <p>Improve performance by attending improvement labs</p>

QI Summary



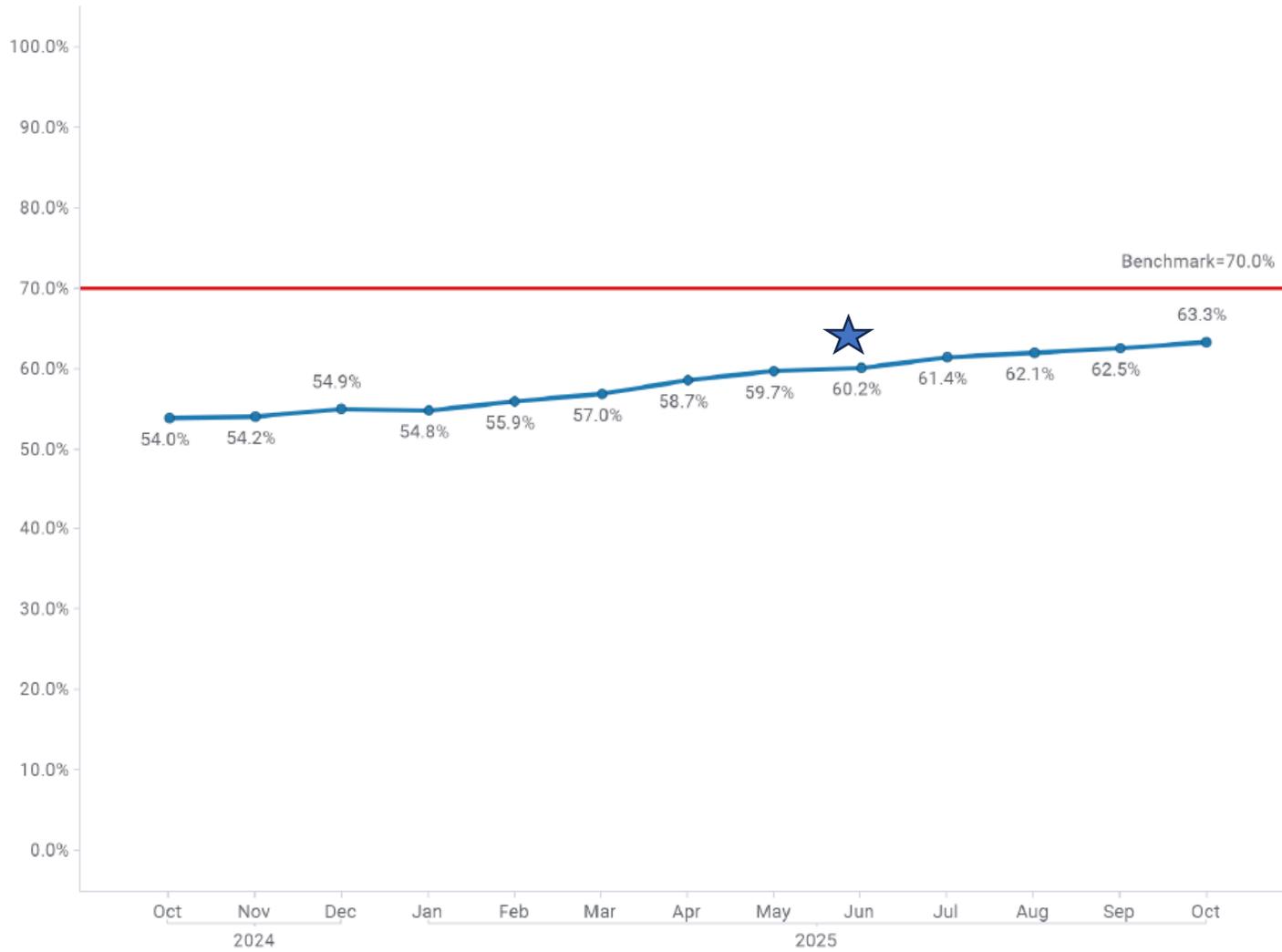
* PN: Patient Navigator, CSP: Cancer Services program

Data

CQM - Summary

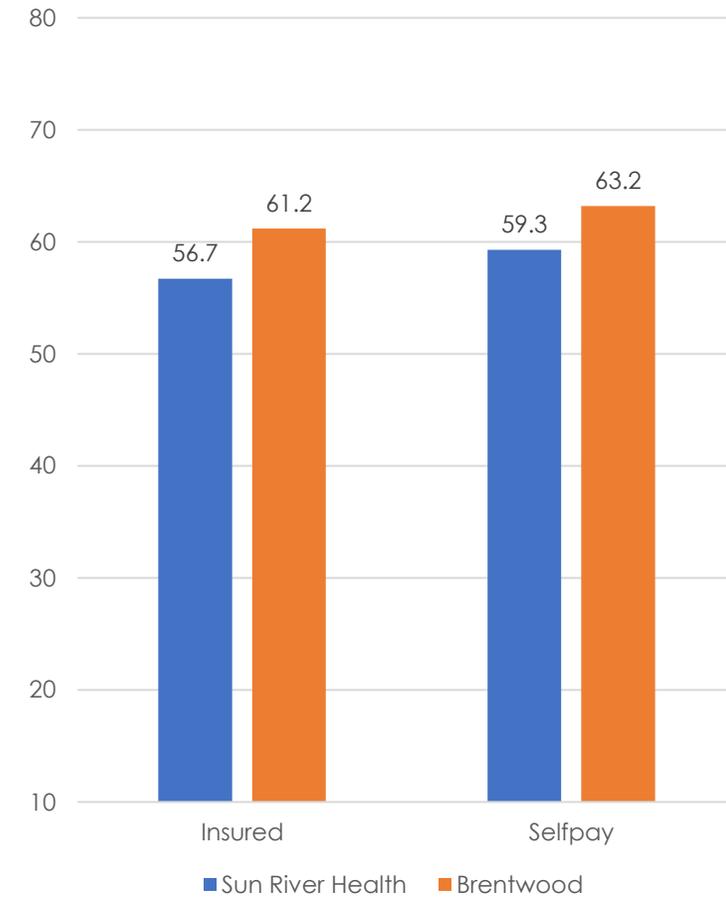
Breast Cancer Screening For BrentwoodA28

Source: Clinical Quality Dashboard



Color by:
(Column Names)
● Rolling 12 Months

Balancing measure Insured vs Self pay



Lessons Learned

- Self-pay patients have a limited number of appointment slots available on the mammogram van.
- Patients are more likely to complete mammogram screenings when their appointments are scheduled on-site.
- Patients often do not answer phone calls or respond to voice messages, necessitating multiple attempts to reach them.
- One patient navigator is assigned to 7 clinicians, which makes it difficult to see all patients for mammogram scheduling during the same visit. There is a risk of a backlog of orders. The clinician-to-staff ratio should be reassessed for efficiency.
- The process for completing the appointment for self-pay patients who obtain services for the cancer prevention program is multi-step and inefficient.
- The clinicians should have time to review individual performance, but they still rely on patient navigators to reach the patients.
- The transportation barrier is difficult to address because there is limited funding for transport services.
- Additional efforts are required in community outreach and health education.
- Site champions should be allotted dedicated time to focus on outreach services.
- Data reporting on the most recent patient visits is unavailable, requiring time-consuming manual chart reviews.
- We need reports that connect the annual visits with the KPI goals.



Sun River Health 

Thank You!



Erica Isles, MD, FAAFP
October 23, 2025

Presentation Objective:

American Cancer Society Crucial
Catch Project
Breast Cancer Screening
Best Practices

INTRODUCTION

Baltimore Medical System (BMS) is the Largest Federally Qualified Health Center in Maryland



8

Health Centers



65,000+

Patients Served
Annually



6

340(B) Pharmacy
Locations



8

School-based
Health Centers



80+

Providers



17%

Bilingual or Multi-
lingual Staff

Delivering Quality Health Care

with Dignity for **40** Years:

General & Family Health Services, OBGYN, Pediatrics, Healthy Babies and Healthy Moms, School-Based Health, Preventative Care, Chronic Care Management, Mental Health & Substance Use Disorder, HIV Prevention, Refugee Health Screenings, Maryland Primary Care Program (MDPCP)

Our Patients:

The service area zip codes experience elevated levels of poverty, 205% greater than the state average, and average income is 24% lower than the state average. These communities have 27% more minority residents than the state average and unemployment is 52% higher.

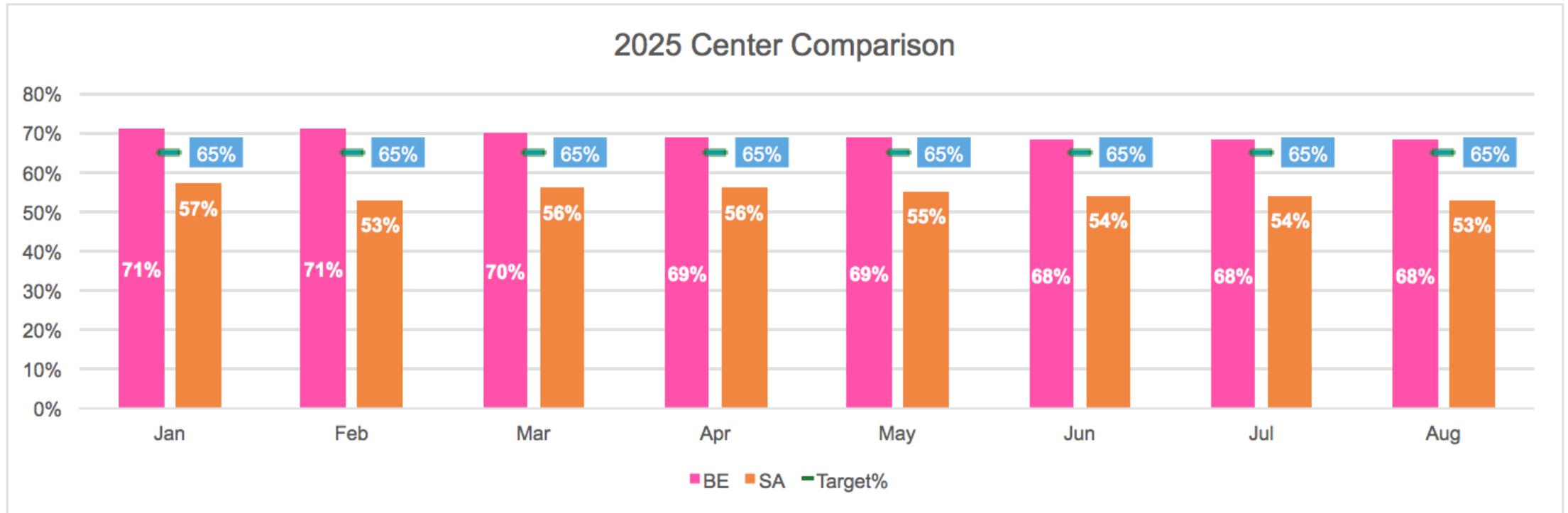
DEFINITIONS

Breast Cancer Screening

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the last 27 months.



Breast Cancer Screening Performance Dashboard 2025 YTD



What We Learned



Personalized Navigation Services provide high risk patients with a personalized support to overcome barriers to screenings



Text Message Reminders are effective to inform patients that they are due for a screening.



Morning huddles with an emphasis on what screenings patients need help to keep Providers and Clinical Staff aware of patient needs and prompts screening conversations

Breast Cancer Screening Best Practices

Provider Reminders

- ❖ Cancer Screening Performance Improvement Team-Monthly Meetings
- ❖ Distribute Breast Cancer Screening Information
- ❖ Pre-visit Planning and Huddle Report Review

Last Pap: LMP: Last Mammo: 3/27/2023 Last Colon Cancer Screening: Smoker: No Framingham Risk Factor:

Last 3 BP: 160/73 (1/16/25), 123/74 (11/21/24), 151/84 (8/24/24) Last 2 LDL: 140 (10/2/24), 175 (1/11/24)

Due: Procedure / Referral: Colonoscopy

Protocols: Care Management Patient Due For Mammogram, Due for Pap Smear

Last BMI: 26.57 (1/29/25) Weight Change (6 Mo.): -4.8 lbs. Last BP: 149/72 (1/29/25) Last PHQ-9: Last PHQ-2: 0 (1/29/25) Last Weight: 138.4 (1/29/25)

Last Mammo: 11/18/2024 Last Colon Cancer Screening: 5/1/2024 FIT DNA Smoker: No Framingham Risk Factor:

Last 3 BP: 149/72 (1/29/25), 122/69 (12/23/24), 169/79 (12/19/24) Last 2 LDL: 84 (1/9/25), 131 (11/4/24)

Due: Event Assessment: Suicide Risk (eCQM), Lab: HIV Type 1/2 AB, EIA, RFX

Protocols: DUE: PRAPARE

Patient Reminders

- ❖ Patient Text Reminders Scheduled Monthly
- ❖ Patient Navigation
- ❖ Social Media Postings

2025 Breast Cancer Navigator

Provides Breast Cancer Screening Navigation for 4 Health Centers

- ❖ Number of Navigation Touch Points -1,480
- ❖ Number of Patients Navigated to Diagnostic Breast Cancer Screenings-43
- ❖ Number of Patients Navigated and Diagnosed with Breast Cancer-6
- ❖ Number of Patients Navigated Through First Biopsy- 2

Breast Cancer Navigator Outreach-Continued

- Prioritized Personal Outreach to the Following High-Risk Patients:
 - Patients who have a family history of breast cancer
 - Patients who have presented with symptoms and been given mammogram orders and have not yet had the screening
 - Patients under 40 who have an order for a screening
 - Patients who have never had a screening
- Follow-up and personal support to encourage screenings
- Transmits Patient Text Messages Monthly
- Tabling Events in BMS Centers

Reducing Structural Barriers

- Community Partners/Projects
 - ❖ MedStar Health Cancer Network Screening Program (2018)
 - ❖ Baltimore City Cancer Program at University of Maryland Marlene & Stewart Greenebaum Comprehensive Cancer Center (2018)
 - ❖ Baltimore County Cancer Program (2020)

American Cancer Society (ACS)

- ACS has partnered with BMS for the past 11 years – sharing best practices and professional development to increase screening levels
- Partnered with NFL Crucial Catch Project with ACS for the past 3 years
- ACS Associate Director, Community Partnerships attends and share critical information at BMS monthly cancer screening performance improvement meetings.
- Provides valuable cancer screening resources for patients and staff through educational materials, webinars and best practice group information.



Q & A

Poll

1. What is the current age range for breast cancer screening according to USPSTF?
2. Approximately 1 in __ women in the US will be diagnosed with invasive breast cancer.
3. The 5-year relative survival rate is over __% for breast cancer diagnosed at a localized stage.
4. As a result of today I plan to routinely recommend screening to people with breasts aged 40 years and older.
5. As a result of today, I now have examples of interventions I can implement in my clinic to increase breast cancer screening rates.



Resources

Screening Resources

- [Breast Cancer Fact Sheet for Health Care Professionals](#) (Multiple languages)
- [Breast Cancer Fact Sheet for Patients and Caregivers](#) (Multiple languages)
- [Mammogram Fact Sheet – 7 Things to Know](#) (Multiple languages)
- [Mammogram Poster](#) (Multiple languages)
- [Breast Density and Your Mammogram Report](#) (Multiple languages)
- [Breast Cancer Screening Guidelines Infographic](#) (Multiple languages)
- [National Breast Cancer Roundtable Website: nbcr.org](#)
- [Evidence Based Intervention Reference Guide](#)

Breast Cancer Fact Sheet
for Health Care Professionals

Breast Cancer in the US^{1,2}
Breast cancer is the most common cancer diagnosed in both men and women and the second leading cause of cancer death after lung cancer.

Types of Breast Cancer^{1,2}
There are several types of breast cancer, including ductal carcinoma in situ (DCIS), invasive ductal carcinoma (IDC), invasive lobular carcinoma (ILC), triple-negative breast cancer (TNBC), inflammatory breast cancer (IBC), angiosarcoma of the breast, Phyllodes tumor, and angiosarcoma of the breast.

Risk Factors^{1,2,3}
Not all women will develop this disease, but being female is the main risk factor for breast cancer.

Age^{1,2} The risk of developing breast cancer increases with age, and most breast cancers are found in women age 50 and older.

Personal or family history Breast cancer risk is higher among women with a personal or family history of the disease.

Genetics About 5% of breast cancers are linked to a genetic mutation, such as those in the BRCA1 and BRCA2 genes.

Reproductive history Women who have had their first child at a young age or who do not have children have a higher risk of breast cancer. Risk is further increased when the child is not breastfed or when the child is not breastfed for a long time.

Other Risk Factors^{1,2,3}

- Drinking alcohol
- Physical inactivity
- Having dense breast tissue

Breast Cancer Fact Sheet
for Patients and Caregivers

Breast cancer can start in any part of one or both breasts. For women in the US, breast cancer is the most common cancer (after skin cancer) and the second leading cause of cancer death (after lung cancer).

Risk Factors
Risk factors for breast cancer that you cannot change include:

- Being female
- Age
- Personal or family history
- Genetic mutations in BRCA1 and BRCA2 genes
- Starting menstruation early or having late menopause
- Not having children, not breastfeeding, or having first birth after age 30
- Using certain birth control methods
- Undergoing radiation to the chest before age 30

Some change breast conditions. Certain breast conditions can increase the risk of getting breast cancer.

Lifestyle-related risk factors for breast cancer:

- Drinking alcohol
- Excess body weight, especially after menopause
- Not being physically active
- Getting hormone therapy after menopause with estrogen and progestin therapy
- Never having children or having a first child after age 30
- Certain types of birth control

Prevention
There are ways to help prevent breast cancer, and some risk factors can be changed, such as being female, age, personal or family history of the disease, and genes for genetic mutations. But there are things a person can do that can help lower the risk for breast cancer, including getting regular physical activity, and getting to and staying at a healthy weight might help lower risk.

Starting menstruation early or having late menopause: There may be a higher risk due to longer exposure to the hormones estrogen and progesterone.

Having dense breast tissue: People whose breasts appear dense on mammograms have a higher risk of breast cancer. Dense breast tissue can also make it harder to see cancer on mammograms.

Having radiation to the chest: Women who were treated with radiation therapy to the chest before age 30 have a much higher risk for breast cancer.

7 Things to know about getting a mammogram

Mammograms (breast x-rays) are the best tests we have to find breast cancer early, when it may be easier to treat. Talk with your health care provider about when you should get a mammogram. Here's what you need to know about getting a mammogram.

A mammogram is an x-ray of the breast that's used to find breast changes. Mammograms are done with a machine that only looks at breast tissue. The machine takes x-rays at lower doses of radiation than the x-rays done to look at other parts of the body.

1 What is a mammogram?

Find a center that does many mammograms in a day. When you find a center you like, stick with it. Having all your mammograms at the same place will make it easier for doctors to compare images from one year to the next. If you've had mammograms done at other centers, have those images sent to your new center.

2 Where to get it

It's best to schedule your mammogram about a week after your menstrual period. Your breasts won't be as tender or swollen, which means less discomfort during the mammogram.

3 When to schedule it

American Cancer Society
cancer.org | 1-800-227-2345

Finding breast cancer early can help save your life.

The best way to find cancer early is by being screened before you have any symptoms or find changes in your breasts.

Women at average risk should get regular mammograms. Mammograms are x-rays of the breasts.

- **Women ages 40 to 44** should have the choice to start breast cancer screening every year.
- **Women ages 45 to 54** should get mammograms every year.
- **Women 55 and older** can switch to mammograms every 2 years, or they can choose to continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- **All women** should understand what to expect when getting a mammogram for breast cancer screening – what the test is and what it is.
- **Some women are at higher risk for breast cancer.** They should be screened with MRI, along with mammograms.

Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

It also helps to know how your breasts normally look and feel. Tell your health care team about any changes right away.

Visit us online at cancer.org/breastcancer or call 1-800-227-2345 to learn more about breast cancer and screening. We're here when you need us.

ACS NBCRT Risk Assessment Toolkit



Modular, digital resource

Clinic workflow diagram, provider checklist, communication scripts, readiness tool

EHR integration guide, case study templates



SCAN TO ACCESS TOOLKIT

New Cancer Screening Resources



Community Health Center Cancer Screening Resources for Health Care Professionals

The American Cancer Society (ACS) is committed to supporting primary care professionals and their patients with trusted, evidence-based resources around cancer prevention, screening, and early detection. With people at the heart of our mission, we applied input from health center leaders across the country to curate this list of key cancer risk and prevention resources for primary care professionals and practices. We invite you to access the practical tools, guidelines, and strategies below to enhance your cancer screening efforts and improve patient outcomes.

Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Facts & Figures 2024-2025
- Breast Cancer Facts and Figures 2024-2025: At a Glance Summary
- Breast Cancer Fact Sheet for Health Care Professionals

Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet for Health Care Professionals
- FAQs for Transitioning to Primary HPV Testing for Cervical Cancer Screening
- Preparing for Self-Collection: Clinician Communication Guide

Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet for Health Care Professionals
- Clinician's Reference Brief Stool-based Tests for Colorectal Cancer Screening
- Lead Time Messaging Guidebook: A Tool to Encourage On-Time CRC Screening
- Steps for Increasing CRC Screening Rates: A Manual for Primary Care Practices

Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet for Health Care Professionals
- Lung Cancer Screening Shared Decision Making: A Guide for Health Care Professionals
- Steps for Increasing Lung Cancer Screening: A Guide for Primary Care Practices



Community Health Center Cancer Screening Resources for Health Care Professionals

Prostate Cancer Screening Resources

- Prostate Screening Guidelines
- Prostate Cancer Fact Sheet for Health Care Professionals
- Prostate Cancer Statistics, 2025

General Cancer Resources

- Cancer Facts and Figures 2025
- Cancer Statistics Center
- The Cancer Atlas
- Cancer Screening Disparities Atlas
- Health Care Professionals Information
- ACS CancerRisk360™
- American Cancer Society Roundtables
- Cancer Screening Evidence-Based Intervention Guide



Supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HHS or the U.S. Government.

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Cancer Screening Resources for Patients

Cancer screening saves lives. Connect with trusted information to understand why, when, and how to get screened. Take action today: talk to a health care professional to schedule your screening.

Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Fact Sheet
- What You Need to Know About Mammograms Booklet
- 7 Things to Know About Getting a Mammogram Infographic



Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet
- Screening Tests for Cervical Cancer
- Cervical Cancer Prevention Flyer



Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet
- Colorectal Cancer: Catch It Early and Reduce Your Risk
- Getting Screened for Colorectal Cancer Booklet
- 7 Things to Know About Getting a Colonoscopy Infographic



Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet
- Lung Cancer Screening Handout
- Finding Lung Cancer Early Flyer
- Lung Cancer Screening Patient Decision Guide



Cancer Screening Resources for Patients

Prostate Cancer Screening Resources

- Prostate Cancer Screening Guidelines
- Prostate Cancer Fact Sheet
- Prostate Cancer Screening Patient Decision Aid
- Testing for Prostate Cancer Booklet



Learn How to Lower Your Cancer Risk

Take 10 minutes to complete our ACS CancerRisk360™ tool to learn more about what factors might affect your health and actions you can take to help lower your cancer risk.

General Cancer Prevention and Screening Resources

- Get Your Test Flyer
- Get Screened Info Page
- Healthy Eating and Being Active Can Lower Your Cancer Risk Flyer
- What is Cancer? Flyer
- You Can Help Reduce Your Cancer Risk Flyer



Get Help and Support from the American Cancer Society

Call 1-800-227-2345 to speak with a cancer information specialist who can answer questions and provide guidance and a compassionate ear. Visit [cancer.org](https://www.cancer.org) or live chat with a cancer information specialist who can answer questions and provide guidance and a compassionate ear. **24/7 Help** - Search for and connect to support for cancer-related needs. **Screening Locator** - Find cancer screening locations near you.

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[Cancer Screening Resources For Healthcare Professionals](#)



[Cancer Screening Resources for Patients](#)

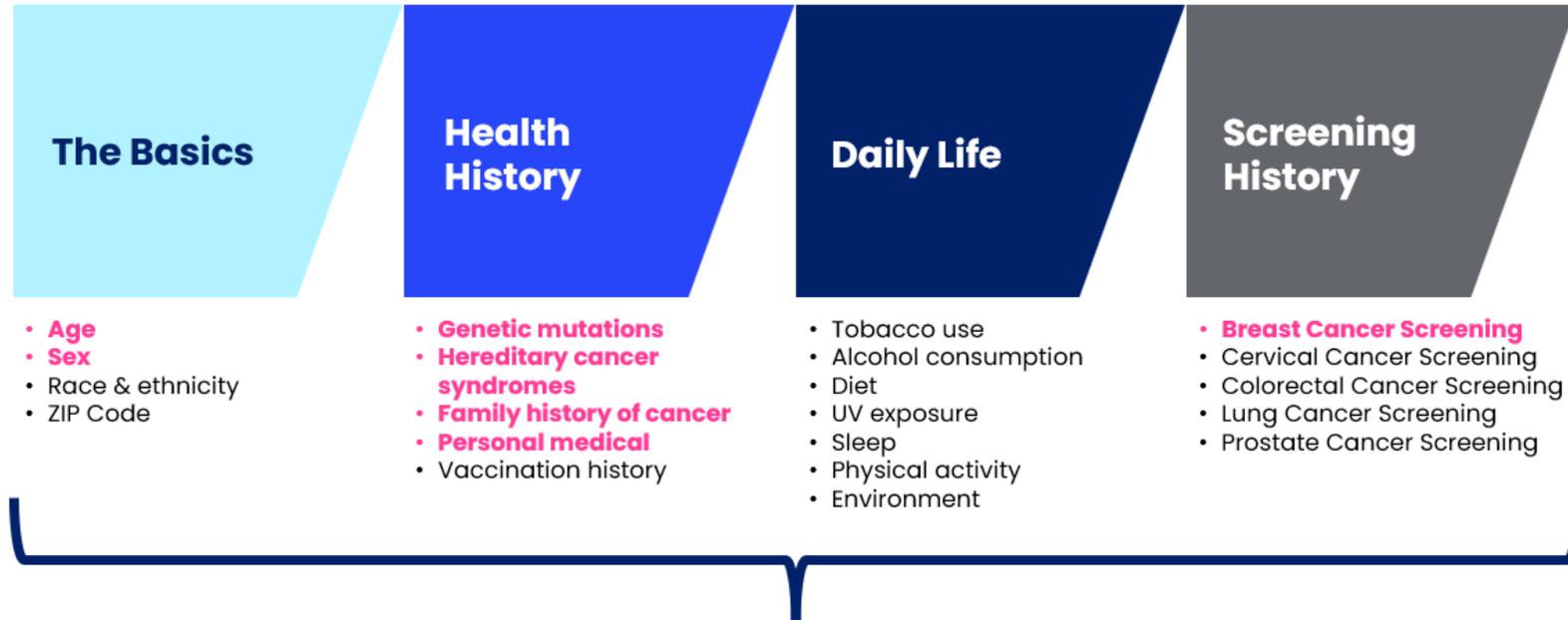




ACS CancerRisk360™ is a free, web-based tool from the American Cancer Society that helps individuals assess their comprehensive cancer risk and receive **personalized recommendations** to reduce that risk and improve overall health.

Assessment Makeup

Dynamic set of questions & content to identify areas of risk



Personalized Action Plan, Information & Resources



To learn more, visit www.cancer.org/cancerrisk.

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[linkedin.com/company/nbcrt](https://www.linkedin.com/company/nbcrt)



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



www.nbcrt.org

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Thank You