

Early Detection and Diagnosis

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

Research shows that screening for cervical and colorectal cancer at recommended intervals can prevent these diseases by finding lesions/polyps that can be treated before they become cancerous. Screening also helps find cervical, colorectal and breast cancers at an early, most treatable stage. Lung cancer screening is recommended for some people who are at high risk, and men should make an informed decision with their health care provider about prostate cancer screening.

Breast Biopsies

Biopsy options to diagnose breast cancer include surgery and percutaneous (needle) biopsy. The Commission on Cancer recommends surgery not be performed as the initial pathologic evaluation of most breast abnormalities. Percutaneous biopsy is less invasive, less expensive and associated with decreased post-procedural complications and fewer overall surgeries.

Objective 12. Breast Biopsies – Increase the percentage of breast biopsy by percutaneous techniques versus excisional surgery for breast cancer diagnosis.

Performance Measure (TBD)

Breast biopsies by percutaneous biopsy versus excisional surgery for breast cancer diagnosis

Baseline

TBD

5 Year Target

TBD

Strategies

1. Develop and provide free professional education with CMEs/CNEs that includes recommended breast biopsy guidelines.
2. Increase the number of clinicians (e.g., surgeons, radiologists) who are trained to perform percutaneous biopsies.

Breast Cancer

Objective 13. Breast Cancer - Increase the percentage of age-appropriate women who had a discussion with their health care provider about breast cancer screening.

Performance Measures

Age-appropriate women who had a discussion with their health care provider about breast cancer screening (KS BRFSS)

Kansas women ages 50 to 74 who report having a mammogram within the past two years (2014 KS BRFSS)

Late stage breast cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons)

Baseline

TBD

5 Year Target

TBD

76%

85%

39

34

Strategies

1. Develop and provide free professional education with CMEs/CNEs to clinicians that includes assessment of patient risk, use of current screening guidelines and quality improvement activities to increase clinical level screening rates (i.e., provider assessment & feedback, provider reminder & recall systems, client reminders, reducing structural barriers).
2. Develop and implement a social media campaign to promote mammography.
3. Work with Kansas managed care providers to increase screening among newly insured or uninsured women.
4. Coordinate and collaborate with the Kansas Early Detection Works program to increase screening among low income and uninsured women, particularly those who are Hispanic or African American, or who have less than a high school education.
5. Work with employers on adopting comprehensive employee wellness programs and increasing screening rates through health education and flex time/paid leave for preventive and screening services.
6. Collaborate with free standing clinics (urgent care) to encourage screening.
7. Implement programs that use community health workers to navigate low income women into cancer screening.

Cervical Cancer

Objective 14. Cervical Cancer - Increase the percentage of Kansas women who receive cervical cancer screening (i.e., Pap test) based on nationally recognized guidelines.

Performance Measures

Kansas women aged 21 to 65 years who report having a Pap test within the past three years (2014 KS BRFSS)

Late stage cervical cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons)

Baseline

82%

5 Year Target

87%

2

1

Strategies

1. Develop and implement a social media campaign to promote cancer screening.
2. Work with employers on adopting comprehensive employee wellness programs and increasing screening rates through health education and flex time/paid leave for preventive and screening services.

3. Collaborate with free standing clinics (e.g., urgent care) to encourage cervical cancer screening including HPV testing, as recommended by American Society for Colposcopy and Cervical Pathology.
4. Develop and provide free professional education with CMEs/CNEs that includes quality improvement activities to increase clinic level cervical cancer screening rates (i.e., provider assessment & feedback, provider reminder & recall systems, client reminders, reducing structural barriers).
5. Partner with the Kansas Early Detection Works Program to increase cervical cancer screening among low income and uninsured women, particularly Hispanic women or those who have less than high school education, or who live in rural/frontier areas.

Colorectal Cancer

Objective 15. Colorectal Cancer - Increase the percentage of Kansas adults aged 50 to 75 years using one of the screening options recommended for colorectal cancer based on nationally recognized guidelines.

Performance Measures

Adults aged 50 to 75 years who are up-to-date with USPSTF colorectal cancer screening guidelines (2014 KS BRFSS)

Late stage colorectal cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons)

| | Baseline | 5 Year Target |
|------------------------------------------------------------------------------------------------------------------|----------|---------------|
| Adults aged 50 to 75 years who are up-to-date with USPSTF colorectal cancer screening guidelines (2014 KS BRFSS) | 65% | 85% |
| Late stage colorectal cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons) | 21 | 16 |

Strategies

1. Provide technical assistance to help providers use their clinic EHR systems to document clinic level screening rates.
2. Develop and provide free professional education with CMEs/CNEs that includes dissemination of the American Cancer Society Colorectal Cancer (CRC) Screening Toolkit and strategies for increasing clinic screening rates as part of quality improvement activities (i.e., provider assessment & feedback, provider reminder & recall systems, client reminders, reducing structural barriers).
3. Conduct a needs assessment to identify Kansas provider preferences for health systems change strategies that would be most effective for increasing cancer screening rates in their practices.
4. Expand FluFit (providing CRC screening kits at time of flu shots for age-appropriate patients) in rural areas or areas with larger populations of people who are Hispanic, or who have lower income or educational levels.

5. Develop and implement a social media campaign to promote CRC screening.
6. Work with state managed care providers to increase CRC screening among newly insured or uninsured patients.
7. Implement programs that use community health workers to navigate low income men and women into cancer screening.

Don't put off screening!

Kirk Breen - Assaria, Kansas



I'm like a lot of guys. I usually wait until I am sick before going to see the doctor. But that changed after a friend was diagnosed with colon cancer after a colonoscopy. That and a special incentive through my employer to get a colonoscopy made me decide to be screened. My colonoscopy revealed that I had stage III colon cancer. At age 52 I couldn't believe it. My cancer was found in the nick of time. After surgery and chemotherapy I am happy to say that today I no longer have evidence of disease! I'm extremely fortunate I got the colonoscopy when I did. The truth is, colon cancer can strike any one of us.

Beginning at age 50, everyone should have a colonoscopy to screen for the disease. Between colonoscopies, experts recommend annual fecal occult blood testing or another type of stool test. Don't put off being screened; it could save your life!

Update: At the time of publication, Kirk had a recurrence and was diagnosed with Stage IV colon cancer. He is undergoing treatment and doing well. To read more about Kirk's journey, visit www.KSCancerPartnership.org.

Lung Cancer

Objective 16. Lung Cancer - Increase the percentage of high risk populations (current and former smokers aged 55 to 74 years) who had a discussion with their provider about lung cancer screening.

Performance Measures

High risk population who had a discussion with their provider about lung cancer screening. (2015 KS BRFSS)

High risk population screened for lung cancer per USPSTF guidelines (KS BRFSS)

Late stage lung cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons)

| | Baseline | 5 Year Target |
|------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| High risk population who had a discussion with their provider about lung cancer screening. (2015 KS BRFSS) | 16% | 20% |
| High risk population screened for lung cancer per USPSTF guidelines (KS BRFSS) | TBD | TBD |
| Late stage lung cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons) | 44 | 39 |

Strategies

1. Develop and provide free professional education with CMEs/CNEs that includes use of low dose CT scans for lung cancer screening and recommended screening guidelines.
2. Partner with Kansas Tobacco Quitline to encourage lung cancer screening and promote Brief Tobacco Intervention Online Training.
3. Develop and implement a comprehensive public media campaign to promote lung cancer screening, particularly for African American males in urban areas.

Prostate Cancer

Objective 17. Prostate Cancer - Increase the percentage of men aged 50 to 69 years who had a discussion with their provider about prostate cancer screening.

Performance Measures

Discussion about advantages of screening (2014 KS BRFSS)

Discussion about disadvantages of screening (2014 KS BRFSS)

Late stage prostate cancer diagnosis (regional+distant) (2013 KCR cases per 100,000 persons)

| Baseline | 5 Year Target |
|----------|---------------|
| 68% | 78% |
| 30% | 50% |
| 19 | 13 |

Strategies

1. Develop and provide free professional education with CMEs/CNEs that includes discussions of advantages and disadvantages of prostate cancer screening to determine appropriate screening based on patient medical history/preferences.
2. Work with employers on adopting comprehensive employee wellness programs that include health education about informed decision-making and flex time/paid leave for provider visits about prostate cancer screening.
3. Develop and implement a comprehensive media campaign to promote wellness visits that include discussions about prostate cancer screening, particularly for African American men in urban areas.
4. Work with Kansas managed care providers to increase discussions about screening among newly insured or uninsured patients.

Appreciation for Life

Steve Hentzen



During a routine physical, my physician ordered standard tests for a 46-year-old male, including a prostate-specific antigen (PSA) test. I felt fine, but my PSA level was high, which can indicate cancer. After additional tests and consultation with several specialists, I was diagnosed with Stage IIC prostate cancer and had surgery to remove my prostate. My PSA went from 19 to 0.07, but 0.00 is optimal. We decided against more treatment and to monitor my PSA. A year later, my PSA began to rise and I opted for eight weeks of “salvage radiation,” targeting where the prostate used to be. My PSA went down again and we continue monitoring every six months.

Before my diagnosis I was overweight, smoked and didn’t work out. A friend motivated me to get healthy and now I’m fit and feeling great. Typically, guys don’t talk about this disease, but it’s not healthy to keep it in. I joined a support group, which eventually led to formation of Prostate Network (www.ProstateNetwork.org), a grassroots organization of survivors and partners to raise awareness and spread hope.

Much research is being conducted around prostate cancer, and it is our fervent hope that national consensus on screening and treatment guidelines will soon be a reality. Without consensus, it is critical to raise public awareness and for healthcare providers to explore screening options with patients. Early detection and targeted treatment is vital to successfully fighting this disease.

My PSA is still not at 0.00 and there is some fear associated with that but I channel my emotions into helping others. Through this journey, I’ve developed true appreciation for life and I focus on what’s important – enjoying every minute of every single day, surrounded by the people who matter most.

To read more about Steve’s journey, visit www.KSCancerPartnership.org.