



NATIONAL
ACADEMIES

Sciences
Engineering
Medicine

CLOSING REMARKS

Advancing Progress in Cancer Prevention and Risk Reduction

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Plant Analogy

Plant as a person

**Air as the informational
environment**

**Water as clinical
interventions**

Soil as the community



Session 1: Overview of the Evidence Base for Risk Factors for Cancer

Terminology and communication matter

- Consider thinking about preventing cancer at a population level and reducing risk at the individual level
- Outreach and bidirectional education is critical to promote trust, build capacity, foster comprehension and cultural humility

Equity of outcomes should be the goal

- Multi-level interventions critical
- There is not a one-size-fits all approach
- Multisector interventions based on risk and context

Cancer prevention and risk reduction efforts need to begin much earlier in the life course

Interventions should be moved upstream to address the social determinants of health & structural racism to reduce cancer risk & ensure high-quality of care for all

Session 2A: Implementing Population-Based Cancer Prevention Strategies

- Potential of digital tools and citizen science for cancer prevention
- Policies that affect health are developed & implemented every day (Policy and policy), providing opportunity of innovation
- Advance evidence-based policies to address SDOH, improve health outcomes & health equity in cancer prevention; consider opportunities for de-implementation
- Capacity-building and sustainability of community-academic partnerships
 - Trustworthiness of the evidence base, trustworthiness of partners involved
 - Important components: train the trainer model, identifying community & academic champions, engaged leadership to facilitate support & funding, technical assistance, tools/resources for problem-solving
 - Great need for flexible and sustainable funding

Cancer Center COE requirement nurtures community-academic partnerships that support bi-directional research across the cancer continuum

Session 3A/B: Clinic-Based Cancer Prevention Strategies (Implementation and Innovations)

- Filling evidence gaps in cancer prevention is needed to guide efforts to improve health, especially for populations disproportionately affected by health conditions.
- Use implementation science approaches to develop interventions for underserved populations
 - Communication and trustworthiness are essential
 - Teach clinicians/systems “HOW” to implement and “WHY”
 - Allow clinics to select evidence-based interventions and adapt to needs
- High-quality, clinic-based cancer prevention requires high quality primary care teams
 - Create, engage and compensate multidisciplinary primary care **teams** to deliver care
 - Engage non-clinician team members
 - Treat the whole person, not just the cancer
 - Importance of navigation as an evidence-based strategy
 - Reform payment systems to compensate for prevention and navigation efforts
 - Primary care teams should be highly engaged in promoting population health in their communities

Session 3A/B: Clinic-Based Cancer Prevention Strategies

- Significant opportunities exist for state health policy to advance cancer prevention
 - Policy: state and community health policy & planning
 - Data: informing population health and disease risk mitigation
 - Finance: incentivizing prevention with financial instruments
- Patient advocacy essential
- Concern for the clinic workforce in the current environment is huge

Session 3A/B: Clinic-Based Cancer Prevention Strategies—examples

- Opportunities exist to embed low-cost interventions to improve cancer within health care systems (e.g., wellness coaching for tobacco cessation and weight loss; improve systematic collection of exercise as a vital sign)
- Clinic-based genetic testing: potential for cascade testing for hereditary syndromes
- HPV vaccines induce high and durable efficacy against infection and disease caused by the HPV types targeted by the vaccines
- Tobacco cessation & implementation science: Make the right choice the easy choice
 - Commit to ensuring resources to help patients quit smoking, leverage EHR, training, opt out referral

Session 4: Communicating about Cancer Risk & Prevention

- New communication platforms create both opportunities and challenges for prevention
 - Recognize their global reach
 - Deluge of information (& misinformation, disinformation)
 - May be generated by diverse groups; private sector groups often had significant COI
 - Culture of science different than culture of communications, creates confusion
 - Recognize there are communication inequalities –including access to relationships with informed sources
- Focus on Access, Engagement, Processing, and Ability to act on information to address social drivers of health inequity
- Use science of message construction, science of engagement; conduct inclusive science; look beyond cancer-related policies to communication policies
- Consider multiple audiences for messages (policy makers)
- Create a different paradigm to counter mis-information: use bi-directional engagement with social media
- Importance of distinguishing evidence from opinions
- To develop trust, must be trustworthy
- Match information to need; focus on what is relevant to the person
- Address algorithms that prioritize “information”
- Effective communication does not need to take a long time
- Bringing attention to cancer prevention – not top of mind

Session 5: Opportunities to Spur Progress in Cancer Prevention and Risk Reduction

- Pandemic has contributed to Health Debt for chronic diseases, poorer health behaviors and impacted workforce
- Critical to address root causes of chronic disease—SDOH
- Need an inclusive model for precision cancer prevention—what you deliver to whom, how, and where
- Importance of assessing risks and benefits of interventions, especially in underserved populations
- Payment is not sufficient, but is necessary to support the prevention goals
- CDC is funding national programs in cancer prevention and control focused on cancer screening, tobacco control, nutrition and physical activity, alcohol use
- NCI: Opportunities for progress around cancer vaccines, topical tamoxifen, HPV self-collection testing connected to follow-up, multi-cancer early detection, bundled prevention/screening services
- HRSA: Transforming clinical care coordination: Support health center workforce, foster partnerships; accelerate use of high-value care delivery models; expand reach; Promoting cancer screening through 10 new awards
- CBO: Evaluating payment models (e.g., value-based insurance) to promote prevention

THANK YOU!