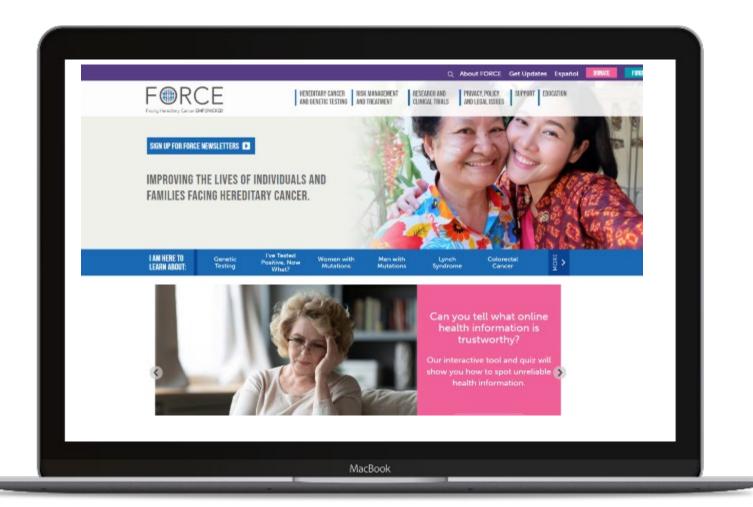


Disclosure

I have no conflicts to disclose

Note: opinions expressed in this presentation are my own.

ABOUT FORCE



FORCE serves people and families affected by Lynch syndrome or an inherited mutation in BRCA, ATM, CHEK2, PALB2,, PTEN or other gene linked to cancer. We accomplish this through our education, support, advocacy and research efforts.



The Burden of Hereditary Cancers

- Increased lifetime risk for cancer
- Younger-onset cancer risks.
- Risks for multiple primary cancer diagnoses.
- Risks run in families and are shared with blood relatives.



Risk for Multiple Types of Cancer

Lynch Syndrome

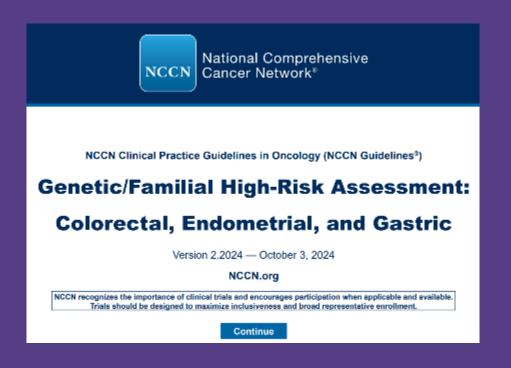
- colorectal
- endometrial
- ovarian
- pancreatic
- other

BRCA1/BRCA2

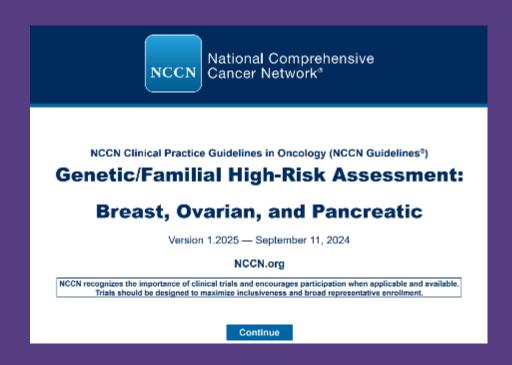
- breast
- ovarian
- pancreatic
- prostate

Intensive Risk-Management Recommendations

Lynch Syndrome



BRCA1/BRCA2



Burden of High-Risk Screening

... Last colonoscopy I had was when I could use my insurance and my parents as a secondary. Can't do \$4000 every year. Just not doable. I'm an under 50 Lynchie and haven't had a colonoscopy yet because I was told it would cost me \$3,000-\$5,000.

I need support leading up to my colonoscopy every year as I am terrified of the prep. I'm 40 and I've never been able to get my insurance to cover colonoscopy as preventive, so I pay about \$2500 before I hit my deductible.

Burden of High-Risk Screening

The financial burden of breast MRIs deters me from the additional screenings that are recommended.

I live in a services desert.
The nearest breast MRI is a 3 ½ hour drive...
ONE WAY.

Lack of resources in the region plus changes by my provider from one system to another have cut me off from recommended screenings for the past five years.

BalancingTest Benefits vs. Risks, Costs and Limitations

Negatives

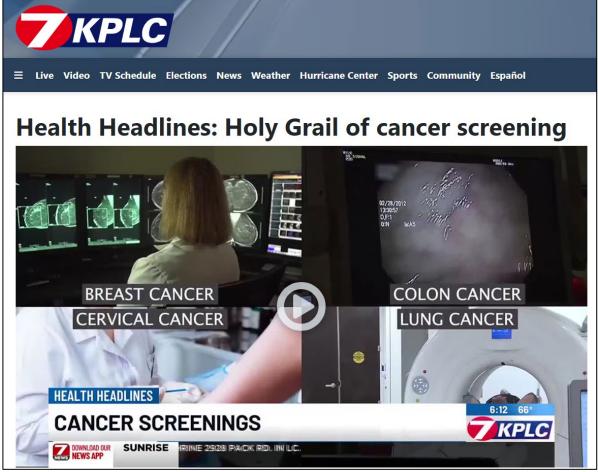
Positives

- Lower cost than currently available high-risk screening
- Less preparation time
- Fewer stressful, invasive procedures
- Less travel
- Could reserve more invasive/intensive tests as follow-up for abnormal results

- Clinical validity/utility need to be established, especially for diverse groups & rare cancers.
- People may forego guidelinerecommended interventions in favor of a blood test.
- False positives means more invasive procedures.
- Limited dollars for preventive care can exacerbate disparities for high-risk screening.

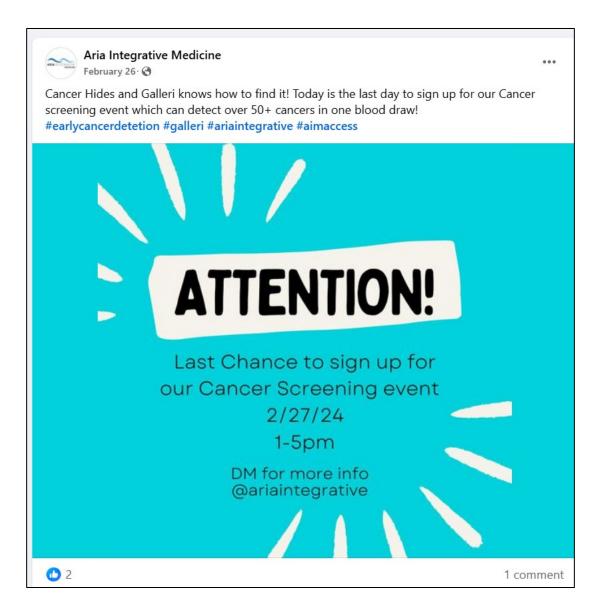
Media Hype





- Nadine Badshaw and Agency, "Blood test that finds 50 types of cancer is accurate enough to be rolled out." The Guardian. June 25, 2021.
- Rhonda Kitchens. "Health Headlines: Holy Grail of cancer screening." WKPLC, Channel 7. October 15, 2024.

Social Media Amplification





We've Been Here Before



A CRAIN FAMILY BRAND

Business & Policy Technology Research Diagnostics Disease Areas Applied I

Home » Diagnostics

Patient Group Urges HHS Panel to Push for Oversight of Dx Firms' Marketing Practices

Oct 14, 2009

We've Been Here Before

•How the laboratories market these tests to doctors and consumers
People are making medical decisions today based on test results,
sometimes in the absence of evidence. Therefore, the information that labs
provide about these tests, and how they market them to doctors and
consumers are significant matters. In 2009, we provided testimony to the
Secretary of Health's Advisory Committee on this topic, and based on that
testimony, the FDA implemented a mechanism for health care providers to
report adverse events stemming from laboratory tests.

Recommendations

- Require rigorous validation of MCED tests for diverse populations and in high-risk settings prior to commercialization.
- Require transparency about test benefits, risks, limitations and clinical utility in marketing materials to providers and in plain language for patients.
- Promote equitable access to guideline-recommended, risk-based cancer screening and preventive services for people of every risk level.
- Once validated, assure access for marginalized, overburdened and under-resourced populations.