



Kentucky
Cancer Consortium

A partnership for life.

Speakers

- Drs. Thomas Tucker and Jaclyn McDowell, Kentucky Cancer Registry
- Dr. Jennifer Redmond Knight, Kentucky Cancer Consortium
- Dr. Sarojini Kanotra, Kentucky Department for Public Health, Kentucky Behavioral Risk Factor Survey (KyBRFS)
- Ms. Danielle Ray, University of Kentucky BREATHE, Radon Policy Division Program Coordinator
- Ms. Lee Ann Taylor, University of Kentucky BREATHE, Kentucky Center for Smoke-free Policy

| Cancer Screening Guidelines | American Cancer Society (ACS): | United States Preventive Services Task Force (USPSTF): |
|-----------------------------|--|---|
| Breast | <ul style="list-style-type: none"> • 40-44 – have the option • 45-54 – screened every year • 55+ - transition to every two years or have option to be screened every year as long as life expectancy is 10 years or more | <ul style="list-style-type: none"> • 50-74 – screened every other year (Grade B) • 40-49 – individual decision among women younger than age 50. Those who place a higher value on the potential benefit than the potential harms may choose to start screening every other year. (Grade C) |
| Cervical | <ul style="list-style-type: none"> • 21-29 – every three years Pap test • 30-65 – every five years with HPV test and Pap test or every 3 years Pap test alone • 66+ - stop if 3 or more consecutive negative Pap tests or 2 or more negative Pap and HPV tests within 10 years with most recent in last 5 years • Stop if total hysterectomy | <ul style="list-style-type: none"> • 21-29 – every three years Pap test (Grade A) • 30-65 – every 3 years Pap test alone or every 5 years with HrHPV (high-risk HPV) test and Pap test (Grade A) • +65 – recommends against screening who have had normal previous screenings and are not at high risk for cervical cancer (Grade D) |

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|-----------------------------|--|---|
| Colorectal | <p>45-75 (average risk) choose one:</p> <ul style="list-style-type: none"> • Every year FIT or gFOBT • Every 3 years Multi-targeted stool DNA • Every 10 years colonoscopy • Every 5 years CT Colonography (virtual) • Every 5 years flexible sigmoidoscopy | <p>Under Review. 2016 version was:</p> <ul style="list-style-type: none"> • 50-74 (average risk) - Recommends screening. Risks and benefits vary for different types of tests (Grade A) • 76-85 – Individual decision based on patient’s overall health and prior screening history (Grade C) |
| Lung | <p>Must meet all criteria</p> <ul style="list-style-type: none"> • 55-74 • 30 pack year smoking history • Current smoker or previous smoker who has quit within the past 15 years • Informed and shared decision making re: benefits, limitations and harms | <p>Under Review: December 2013 version: Must meet all criteria (Grade B)</p> <ul style="list-style-type: none"> • 55-80 • 30 pack year smoking history • Current smoker or previous smoker who has quit within the past 15 years • Does not have a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery • Shared decision making re: benefits, limitations and harms |

USPSTF Grade Recommendations

| Grade | Definition | Suggestions for Practice |
|-----------------------|--|---|
| A | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. | Offer or provide this service. |
| B | The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. | Offer or provide this service. |
| C | The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small. | Offer or provide this service for selected patients depending on individual circumstances. |
| D | The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. | Discourage the use of this service. |
| I Statement | The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined. | Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms. |

What can you do?

- Join the Kentucky Cancer Consortium's Lung Cancer Network,
jredknight@kycancerc.org
- Implement strategies from the Kentucky Cancer Action Plan,
<https://www.kycancerc.org/cancer-plans/kentucky-cancer-action-plan-cap/>

What can you do?

- Tobacco Treatment
 - Health Professionals
 - [FAQ](#) re: Implementing legislation reducing barriers to tobacco treatment
 - Certified Tobacco Treatment Specialist training. [UK BREATHE](#)
 - Consumers
 - Counseling with Certified Tobacco Treatment Specialists, Nicotine Replacement or Medications, QuitNow Kentucky 1-800-QUITNOW or <https://www.quitnowkentucky.org/en-US/>, Classes and more!

What can you do?

- Reduce exposure to secondhand smoke
 - Support comprehensive tobacco-free and smoke-free policies
 - Talk with your patients or clients about the importance of reducing exposure to secondhand smoke
 - Make your home or car smoke-free and vape-free
- Radon Prevention
 - Talk with your patients or clients about the importance of radon prevention
 - Have your home tested for radon
 - If levels are high, have the home mitigated by a certified radon professional

What can you do?

- Lung Cancer Screening
 - Health Professionals
 - Conduct shared decision making discussing benefits, harms, unknowns with patients
 - Provide evidence-based tobacco treatment in conjunction with lung cancer screening
 - Implement high-quality lung cancer screening programs – Learn more about KY LEADS Collaborative, Drs. Jamie Studts (Jamie.Studts@uky.edu) , Timothy Mullett (timothy.mullett@uky.edu) or Jennifer Knight (jredknight@kycancerc.org)
 - Check out the Lung Cancer Alliance (now GO2 Foundation for Lung Cancer) Centers of Excellence.
<https://lungcanceralliance.org/risk-early-detection/screening-centers/>
 - Consumers
 - Ask your doctor if lung cancer screening is right for you.

Contact Information

- Tom Tucker, tct@kcr.uky.edu
- Jaclyn McDowell, jnee@kcr.uky.edu
- Sarojini Kanotra, Sarojini.Kanotra@ky.gov
- Ellen Hahn, ejhahn00@email.uky.edu
- Lee Ann Taylor, leeann.taylor@uky.edu
- Jennifer Redmond Knight, jredknight@kycancerc.org