***Moving Cancer Moonshot Forward:***

***Changing the Trajectory of Breast Cancer in*** *[Name of State]*

In the United States, approximately 1 in 4 Americans do not have a primary care provider (PCP) or healthcare center where they can receive routine or regular medical services.1 Primary care physicians provide a routine source of care, early detection and treatment of disease, chronic disease management (including cancer), and preventive care in the context of family and community.2 And as also noted in the *Healthy People 2030* national objectives established to improve the overall health of a nation, primary care is critical for improving population health and reducing health disparities (including cancer health disparities).3

Patients with a regular usual source of medical care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings (including breast cancer), thereby facilitating early detection and treatment of disease. In addition, the number of adult cancer survivors with multiple chronic conditions (MCC) or comorbidities has increased in the past 2 decades, especially among cancer survivors aged 18-44 years of age. 4 Moreover, substantially improving cancer health outcomes along the cancer continuum requires a multi-disciplinary team-based care approach involving primary care physicians working alongside oncologists, radiologists, pharmacists, registered dieticians, and professionals from other disciplines.

According to the *National Cancer Institute (NCI),* cancer disparities are defined as significant or persistent differences in not only screening rates, stage of diagnosis and survivorship; but also includes differences in the financial burden of cancer, new and existing cancer cases as well as cancer-related complications (including hospitalizations).5 Like most of the nation’s leading chronic diseases, cancer affects the livelihood of millions of Americans throughout communities from the smallest rural towns to the largest metropolitan areas or cities. According to the *American Cancer Society’s* most recent statistics, approximately 5,250 Americans are diagnosed with cancer (new cases) and approximately 1,670 Americans lose their lives to cancer each day.6

However, every day is an opportunity to fundamentally change the trajectory of cancer in every state, including our state. [insert state specific **breast cancer** incidence, prevalence, hospitalization and/or mortality rates here-**overall]** then illustrate breast cancer mortality by ***age group*** (if data is available)

And we are excited that the re-launch of the Cancer Moonshot national initiative can help us as a state and nation, do just that. Continuing to evolve with new goals aimed at changing the trajectory of cancer, the Cancer Moonshot is a multi-sector national initiative centered around the cancer community, scientific community, health systems, government, private sector, public health, as well as non-profit, community-based organizations, and cancer survivors. Beginning in 2022, these new national goals are aimed at “reducing the cancer mortality rate by at least 50 percent over the next 25 years and improving the experience of cancer survivors and their families, in hopes of ending cancer as we know it today.”7

Key results from the 2022 American Association for Cancer Research (AACR) report revealed that nearly 10 million Americans missed their cancer screenings during the COVID-19 pandemic.8 This report also noted a projected increase in patients diagnosed with advanced or late-stage metastatic or inoperable cancer as well as cancer treatment delays. Cancer screenings are essential for the prevention of late-stage or advanced-stage cancers, especially among low-income and other populations with low socioeconomic status (SES) characteristics.9

Every day that a spouse, parent, aunt, sister, daughter, neighbor, coworker, employee or friend is diagnosed with breast cancer, possibilities exist to fundamentally change the trajectory of cancer by “closing gaps” in survivorship, even if means extending life for one more year or sustaining their quality of life for a few years longer than anticipated. According to the National Cancer Institute (NCI), the relative 5-year survival rate for female breast cancer is as follows: Localized stage- breast cancer (99.1%), Regional stage- breast cancer (86.1%), Distant stage- breast cancer (30%). Moreover, these estimates apply only to the disease stage of the cancer when it is first diagnosed.10 And cancer survival rates involve a compilation of several factors including how far the cancer has spread, overall health (including presence and severity of other chronic diseases), responsiveness to cancer treatment and other factors. In our state, the top 10 leading causes of death or hospitalization among adults are: [insert state specific leading causes of death and/or hospitalization OR hospitalization rates by cancer type-breast, lung, colorectal, prostate, pancreatic]. And as noted in the America’s Health Rankings Annual Report, preventable hospitalizations place financial burdens on patients (including low-income populations), their families, health insurance providers, and hospitals. 11

The priority areas outlined in the 2022 Cancer Moonshot report provide a roadmap to envisioning a state with better cancer health throughout neighboring counties and communities. Within our state, every day is an opportunity to fundamentally change the trajectory of cancer by closing gaps in cancer prevention, screening, early detection, treatment, and survivorship by [insert 1-3 examples of goals/objectives, current activities, plans, collaborations, or partnerships that support Cancer Moonshot initiative and/or may choose from examples listed below]

**And as our state aims to change the fundamental trajectory of breast cancer, we hope that all sectors in every county become equally excited. [link audience by inserting state program website address here].**

***References:***

1 Access to Health Services. Healthy People 2020. United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Accessed at: [**https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services**](https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services)

2 Institute of Medicine (US) Committee on the Future of Primary Care; Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, editors. Primary care: America's health in a new era. Washington (DC): National Academies Press (US): 1996.

3 Access to Primary Care. Healthy People 2030. United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Accessed at: [**https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care**](https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care)

4 Jiang C, Deng L, Karr MA, Wen Y, Wang Q, Perimbeti S, Shapiro CL, Han X. Chronic comorbid conditions among adult cancer survivors in the United States: Results from the National Health Interview Survey, 2002-2018. Cancer. 2022 Feb 15;128(4):828-838. doi: 10.1002/cncr.33981. Epub 2021 Oct 27. PMID: 34706057; PMCID: PMC8792209.

5 National Cancer Institute (NCI). Cancer Disparities. Accessed at:

<https://www.cancer.gov/about-cancer/understanding/disparities>

6 American Cancer Society, 2022 Cancer Statistics Center. Accessed at: <https://cancerstatisticscenter.cancer.org/#!/cancer-site/Breast>

7 Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access. A Report from the President’s Cancer Panel to the President of the United States. Bethesda (MD): President s Cancer Panel; 2022.

8 American Association for Cancer Research. AACR Report on the Impact of COVID-19 on Cancer Research and Patient Care. <https://www.AACR.org/COVIDReport> Published February 9, 2022. Accessed April 1, 2022.

9 SelfMade Health Network (SMHN) Fact Sheet Series: Coronavirus (COVID-19) and Cancer Survivorship at: <https://selfmadehealth.org/educate/determinants-of-health-fact-sheets/>

10 National Cancer Institute, 2022. Surveillance, Epidemiology, and End Results (SEER) registries. Accessed at: https://seer.cancer.gov/statfacts/html/breast.html

11 America’s Health Rankings Annual Report. Accessed at: <https://www.americashealthrankings.org/explore/annual/measure/PrevHosp/state/ALL>

***Addendum:***

Listed below are a few practical examples to consider including or tailoring for the Op-Ed, where deemed applicable.

* Plan to support employees at small businesses, community colleges and technical/vocational schools by connecting them to the cancer screening providers within the state as part of CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) at: <https://www.cdc.gov/cancer/nbccedp/index.htm>
* Plan to establish long-term partnerships involving community health worker (CHW) funding models that expand or enhance existing patient navigation associated with cancer screening and follow-up care within counties or parishes disproportionately impacted by cancer disparities.
* Plan to collaborate with SelfMade Health Network (SMHN) or at least one member of the CDC’s Consortium of National Networks (Networking2Save) to set health equity goals within state cancer control plans. Reference: <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/coop-agreement/index.html>
* Plan to collaborate with health equity subject matter experts (SMEs) to identify cancer screening, treatment, and survivorship barriers (multi-level) or gaps experienced by vulnerable populations disproportionately impacted by breast cancer disparities.
* Plan to collaborate with health equity subject matter experts (SMEs) to identify opportunities for enhancing access to cancer screening, timely treatment and survivorship among populations and geographies disproportionately impacted by breast cancer disparities.
* Plan to enhance or expand collaborations with multi-sectors representatives, non-profit organizations (NPOs) or community-based organizations (CBOs) focused on increasing access and timely follow-up care among low-income populations with abnormal cancer screening and diagnostic test results among populations.