

Cancer Prevention in a Postpandemic World: A One-Stop-Shop Approach



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Cancer is currently the second leading cause of death in the U.S. and is expected to claim approximately 600,000 lives in 2021.¹ In an effort to promote the early detection and prevention of cancer, the U.S. Preventive Services Task Force recommends regular screening for many cancers, including breast, cervical, lung, and colorectal cancers.²

There is considerable concern that a national increase in cancer morbidity and mortality rates will be observed after the novel coronavirus disease 2019 (COVID-19) pandemic. In the late spring of 2020, the National Cancer Institute Director, Norman E. Sharpless, warned that “ignoring life-threatening non-COVID-19 conditions such as cancer for too long may turn one public health crisis into many others.”³ To that end, a recent systematic review reported that during the pandemic and related stay-at-home orders, cancer screening rates and cancer diagnoses have declined significantly.⁴ In fact, an analysis of >2.5 million patients found that cancer screening rates for colorectal, breast, and cervical cancer fell between 86% and 94% early in the pandemic.⁵ Although signs of recovery in cancer screening rates have been seen,⁶ challenges remain. A recent study found that as of March 2021, breast cancer, colon cancer, and cervical cancer screening remained lower than historical averages.⁷ These disruptions in cancer screening efforts may result in increased late-stage cancer diagnoses and ultimately increased cancer-related deaths, for years to come.⁴

There is also concern that cancer inequities will be exacerbated because of the pandemic. The COVID-19 pandemic has cast a spotlight on flaws in the healthcare system that disproportionately impact those that are systematically marginalized.⁸ Indeed, some emerging disparities in cancer screening rates during the pandemic have already been identified in the literature.^{6,9,10}

As the U.S. begins to plan for a postpandemic era, cancer screening must be prioritized with an eye on equity. A return to normal would mean continuing to

operate under a flawed system that creates and maintains health inequities. This moment in time presents an opportunity and perhaps an obligation to build a more equitable healthcare system that prioritizes prevention and equity. With regard to cancer, the authors encourage healthcare systems and healthcare professionals to reimagine cancer prevention and control.

Toward that end, it is proposed that cancer screening efforts be prioritized and streamlined. Currently, most cancer screening efforts are siloed on the basis of the targeted cancer site. Most patients are required to make multiple appointments and navigate separate healthcare systems to be screened for breast, cervical, colorectal, skin, prostate, and lung cancers. This complex and fragmented model of care is particularly problematic because decades of research suggest that some barriers to cancer screenings include patient time/burden, limited health literacy, and lack of transportation.^{11–13}

As it stands, many cancer screening research and programmatic efforts focus on patient education, outreach, and navigation. The authors maintain that patient-centered initiatives are necessary yet insufficient. To substantially and sustainably increase cancer screening uptake, it is essential to also implement system-level

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change. A one-stop-shop approach to cancer screening can help to eliminate organizational and system-level barriers to cancer screening. The one-stop-shop model of care would streamline all aspects of the cancer screening process, including education/outreach, risk assessment, screening tests, results, and follow-up. In this model of care, members of the healthcare team would reach out to patients due or overdue for cancer screening to conduct a comprehensive cancer risk assessment. A member of the healthcare team would then carefully review the results of the assessment with the patients and provide them with the appropriate cancer screening referrals and education. Patients would then be offered the option to complete all of their recommended cancer screening tests either at home (e.g., fecal immunochemical test [FIT], FIT-DNA) or in a same-day clinic. However, in cases where the patient is referred for a colonoscopy, they will likely need to make an additional appointment. After the screening test(s) are completed, a member of the healthcare team would follow-up with the patients to provide them with the results of their tests and make appropriate follow-up recommendations. Patient navigators and care coordinators would be leveraged to help link patients to follow-up care and coordinate future screenings to ensure that they are screened for each cancer in a timely and appropriate way. A similar model of care has been implemented in Israel and has been proven feasible.¹⁴

Of importance, offering patients the option to complete all of their recommended cancer screenings within 1 (or a maximum of 2) visits would require careful coordination with local resources. Although many cancer screening tests can be completed at home (e.g., FIT, FIT-DNA) or in a clinic (e.g., Pap test, prostate-specific antigen test), there are other tests that require a radiologic procedure (e.g., low-dose computed tomography, mammography). As such, clinics will need to coordinate with local hospitals or mobile clinics to provide all the necessary cancer screening tests in a centralized and convenient location. Mobile clinics may be particularly useful for those who are geographically isolated and live far from hospitals and radiology centers. The authors acknowledge that system-level changes can require institutional investment, complex coordination between various specialties, and considerable workflow reorganization. However, they believe that it is the responsibility of the institutions and healthcare professionals to assume this burden to help pave the path to cancer prevention, particularly for the most at-risk and vulnerable patients.

The authors hypothesize that this one-stop-shop approach to cancer screening could significantly improve cancer screening uptake. The potential benefits

of the one-stop-shop model of care are twofold. First, it would likely improve continuity of care by streamlining all aspects of cancer screening efforts. The American Academy of Family Physicians states that continuity of care “reduces fragmentation of care and thus improves patient safety and quality of care.”¹⁵ Extensive research shows that sustained continuity of care is related to improved health outcomes and patient satisfaction.¹⁶ The second expected benefit is that patients who are due or overdue for multiple screenings will have the option to complete all of those screenings within 1 (or a maximum of 2) visits. Research shows that compliance with 1 cancer screening is often correlated with compliance with other cancer screenings.^{17,18} A centralized encounter will eliminate the need for patients to overcome multiple system-level hurdles while reducing the time and economic commitment often required of patients to plan each screening activity. Of importance, once a patient has completed all of their necessary screenings, future screenings may not be synchronized because of differing cancer screening recommendations (e.g., colonoscopy every 10 years, mammography every 2 years). Those patients would still greatly benefit from the continuous and comprehensive management of both their immediate as well as longer-term cancer screening needs (e.g., risk assessment, reminders, scheduling, education).

In an effort to reduce cancer inequities, it is recommended that these cancer prevention efforts and resources be dedicated to communities that are disproportionately impacted by cancer, including communities of color, low-income communities, and rural communities. In addition, cancer screening efforts should prioritize patients who are overdue for multiple screenings and have overall lower levels of engagement with and access to health care.

Notwithstanding the promise of the one-stop-shop approach and the initial evidence supporting its feasibility, it is important that this model of care be rigorously tested to determine its impact, reach, and acceptability. As with all system-level interventions, it is critical to explore the potential unintended consequences that this approach could have on patient burden, provider/clinic burden, cost, and satisfaction. These future studies are needed before disseminating this approach into standard clinical practice.

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