

Exploring Current Perceptions of Multi-Cancer Early Detection Testing Among Healthcare Providers

Multi-cancer early detection tests are designed to identify the presence of cancer for multiple cancer types with a single, blood-based test so that the disease can be diagnosed in early, more treatable stages. In combination with existing standard of care recommendations, multi-cancer early detection tests hold the potential to revolutionize cancer screening, in part by detecting cancers for which no routine screening exists, including liver, ovarian and pancreatic cancers, as well as detecting cancers earlier in the disease trajectory. In 2022, the Association of Community Cancer Centers (ACCC) conducted a comprehensive survey and a series of four focus groups with ACCC members to explore current attitudes, beliefs, and concerns related to multi-cancer early detection and the capacity to integrate this testing into cancer programs and practices.

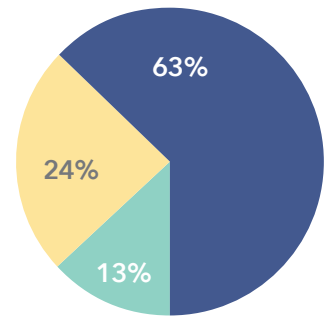
The survey, conducted between June 2002 and August 2022, included 108 providers representing diverse multidisciplinary roles from institutions in 34 states. Focus groups, conducted in October and November 2022, included 27 providers and aimed to collect more in-depth, qualitative data around perceptions, attitudes, beliefs, and potential impact of multi-cancer early detection testing.

Who Took the ACCC Survey?



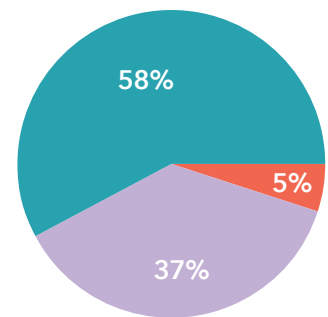
Workplace Setting

- Urban
- Suburban
- Rural



Program Type

- Community Cancer Programs
- Academic/NCI Cancer Programs
- Private Practices



Cancer Prevention, Screening & Surveillance Services

Members were asked several questions about the current landscape of cancer prevention, screening, and surveillance services, which set the stage to explore how multi-cancer early detection testing could integrate into current services offered. Most survey respondents (96 percent) confirmed that their program offered cancer screening services as described below:

- 92 percent offered screening and surveillance of cancer survivors who have completed treatment
- 91 percent offered diagnostic services to confirm cancer, such as laboratory tests (e.g., CBC or urine) and/or imaging tests (e.g., PET, MRI, CT, ultrasound, X-ray, or tissue biopsy)
- 87 percent offered screening for new primary cancers (e.g., mammography, colonoscopy, pap test, LDCT)
- 87 percent offered genetic counseling and testing for hereditary cancers.

ACCC members also suggested strategies to support adherence to screening and/or increase screening, including:

- Building trust among healthcare organizations and communities through faith- and community-based partnerships, community health workers, and direct outreach at community gatherings
- Using mobile screening for increased accessibility
- Linking underutilized screening programs with more successful screening programs
- Creating opportunities for screening to be a family event
- Leveraging patient navigators to increase completion of screening
- Reviewing EHR data, contacting patients who are over-due for a screening and scheduling the screening at that time.

Respondents felt that these strategies could be leveraged and/or adapted as multi-cancer early detection testing becomes more widely available in community settings.



Awareness, Confidence & Beliefs

Since multi-cancer early detection testing is an emerging screening tool, nearly **1/3** of respondents indicated that they were unsure or did not have enough information to answer questions about their awareness, confidence, attitudes, and beliefs related to this testing. This finding underscores the clear need for education and building awareness around multi-cancer early detection. Of those that were able to respond:

- **63%** agreed or strongly agreed that multi-cancer early detection testing will improve outcomes for patients diagnosed with cancer
- **51%** agreed or strongly agreed that this testing will improve existing disparities in cancer screening
- **65%** were concerned about access to follow-up diagnostics and treatment after this testing



Knowledge, Awareness & Perceptions of Multi-Cancer Early Detection Testing

Survey and focus group data findings showed that there were varying degrees of awareness of multi-cancer early detection testing among ACCC members, ranging from very aware to not aware at all. The current use of this testing in practice was limited, and only a handful of ACCC members indicated that their cancer program or practice was participating in a multi-cancer early detection clinical trial.

Potential to Improve Cancer Screening & Outcomes

A majority of survey respondents (63 percent) indicated that they believed multi-cancer early detection testing will improve outcomes for patients diagnosed with cancer. About half of respondents (51 percent) also believed that multi-cancer early detection testing will improve existing disparities in cancer screening. Focus group participants also noted the potential benefits of using multi-cancer early detection as a screening tool, which included acceptability of a blood test, the ability to screen for cancers where there is currently no screening tool available, and the hope of downstaging more cancers.

While multi-cancer early detection testing offers the possibility of catching cancer early, ACCC members expressed concerns surrounding accessibility of testing. They discussed the need to proactively address the risk of widening disparities, to ensure that all individuals can access and benefit from these advances, rather than only individuals with higher incomes or more resources.

“We just caught a positive cancer. We do not know how early it was caught, but I am really glad we found it because it is proof of principle that there is something here.”

ONCOLOGY ADMINISTRATOR AT A HEALTH SYSTEM OFFERING A MULTI-CANCER EARLY DETECTION TESTING THROUGH A CLINICAL TRIAL

“I think a benefit is the ease of having a blood test. And the fact that we have the infrastructure in this country that allows us to get blood tests so close to people’s communities is tremendous. Plus, if these tests are effective and with the right guidelines in place (and the tests are not widening disparities), I think that is a tremendous benefit.”

GENERAL INTERNIST AND ADMINISTRATOR

Potential to Incorporate Multi-Cancer Early Detection Testing into Screening

More than half of survey respondents (57 percent) indicated multi-cancer early detection testing would fit within existing processes used to care for patients. This finding suggests that many respondents feel they have infrastructure and resources that could support multi-cancer early detection testing. However, most focus group participants also noted the need for U.S. Food and Drug Administration (FDA) approval and clear clinical guidelines to support the implementation of this testing into practice.

In addition to guidelines and/or workflows, focus group participants had a more in-depth discussion about whom should conduct multi-cancer early detection testing as part of primary screening. While there was a lack of clear consensus from survey participants on whether this testing should be conducted at a cancer program and/or by an oncology care team, most indicated that primary care providers should conduct multi-cancer early detection tests.

Focus group participants agreed there is a role for the field of oncology around multi-cancer early detection tests, particularly in supporting the development of patient and provider education and advising on the development of workflows. Participants also discussed the importance of transdisciplinary and multidisciplinary healthcare approaches as screening continues to evolve, and the need to involve community health workers and health communication experts to incorporate evidence-based health literacy and equity strategies to support educating the public about multi-cancer early detection.

“It would be unlikely that I am going to be the person requesting a multi-cancer early detection test, but maybe I need to be thinking about that differently. We are currently involved in starting a lung cancer screening program with an advanced practitioner. But maybe we need to think outside the box and part of that discussion becomes more of a collaboration of multi-cancer screening all at once. Perhaps we need to consider a cancer screening clinic as being run more by mid-levels and being more multidisciplinary, and multi-cancer early detection is part of the clinic.”

PULMONOLOGIST

Implementation Considerations

ACCC members were asked to provide open-ended feedback regarding key considerations to successful implementation of multi-cancer early detection testing. Common themes that emerged were clinical implications, cost and coverage, and patient support services.

Clinical Implications

Clinical implications related to patient care, clinical workflow, and integration of the test into clinical practice were the most frequently cited considerations among survey participants. Participants also indicated the need for a coordinated plan throughout the entire testing process. Other considerations included management of false positives, unnecessary procedures, overdiagnosis, and lead time bias. ACCC members called for more evidence on clinical utility and effect on patient outcomes, and subsequent public health policy interventions to fully support multi-cancer early detection rollout, including FDA approval and Medicare coverage. There were also concerns that if testing is rolled out without clear clinical guidelines, it will be implemented with varying degrees of fidelity and may cause confusion in the interpretation of results and follow-up diagnostic process.

“Key decision makers need actual data that shows multi-cancer early detection benefits outweigh the potential risks—overdiagnosis, false positives and negatives, unnecessary psychosocial distress, morbidity from follow-up diagnostic tests, potential to widen disparities. And we need clinical practice guidelines in place before rolling this out.”

PRIMARY CARE PHYSICIAN

Cost and Coverage

Cost was a frequently cited implementation consideration for both the healthcare system and especially for patients. The cost of the actual test and potential financial toxicity from the follow-up diagnostics was mentioned regularly. Participants pointed to current financial toxicity patients can face, such as high out-of-pocket costs for MRI screenings for individuals who are at high-risk for breast cancer. Participants noted that some state-level policies are being enacted to reduce out-of-pocket costs. Yet, as multi-cancer early detection testing moves forward, policies at both a federal and state level will be key to reduce financial toxicity for patients and ensure testing is accessible to all, while also balancing the cost to the healthcare system.

“Multi-cancer early detection testing needs a reimbursement structure to allow it to occur without being a cost burden to programs. Such reimbursement must attempt to include funding for covering the complexities of getting this new technology into the hands of cancer programs—with the need for deep education, working with false positives and follow up, navigation, etc.”

CANCER PROGRAM ADMINISTRATOR

ACCC members also noted the need for potential policies to protect patients' rights, similar to the Genetic Information Nondiscrimination Act of 2008. Members were concerned that if an indolent cancer was found through testing and there was no treatment available, it could impact patients' health insurance and life insurance coverage.

Patient Support Services

There was a resounding call from ACCC members for the need for patient support services to be in place for the successful rollout of multi-cancer early detection testing. Support services included the need for education, particularly around potential out-of-pocket diagnostic costs that may not be covered because of a positive multi-cancer early detection test compared to coverage for current standard of care screenings; appropriate tools and resources to support shared decision-making; resources to manage patient anxiety during the waiting period or following a positive result; and peer to peer support.

“We know testing is anxiety provoking, and we know genetic counselors are trained to handle these situations. They are good at educating people about things that are hard to understand on a level they can understand. Genetic counselors understand the importance of consent and ensuring patients are thoroughly educated. So, that's why I feel genetic counselors are a good fit for this [education about multi-cancer early detection]. They have the tools and training. But how do you scale that up? A genetic counselor will not be able to meet with everyone, so providers will need to have the tools in place to help because it is always going to be anxiety provoking.”

GENETIC COUNSELOR AND ADMINISTRATOR

Future Directions

As ACCC members look to the future of multi-cancer early detection testing, they provided the following recommendations for the healthcare field to both recognize the potential of this emerging screening tool and proactively address implementation considerations:

- Offer multi-cancer early detection clinical trials to advance the research and/or connect patients with multi-cancer early detection clinical trial opportunities
- Collaborate with interdisciplinary teams to provide guidance on workflows and the use of multi-cancer early detection testing
- Advocate for advancements in research to treat early detected, incurable cancers
- Advocate for policies at the state and federal level to ensure accessibility of tests as they become more widely available
- Promote and support the use and uptake of the current standard of cancer care screenings. ■

“We all want to put the patient first. We also get very excited about innovations—whether it’s medicine or a new screening tool. But we do not want to harm the patient, whether it’s physically or emotionally. We also need to make sure that the cost is not outstanding, so it is not just for the elite few, but for all humans. There is a lot on the horizon and things are happening so quickly. I think we are going to get some answers faster than we used to, which is exciting. One thing that drives me to medicine is how fast things are changing and all the innovation—so I am really excited to see what the next few years will bring.”

NURSE NAVIGATOR

This is a publication from the ACCC education program, “Multi-Cancer Early Detection.” Learn more at acc-cancer.org/mced.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 30,000 multidisciplinary practitioners from 1,700 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit acc-cancer.org. Follow us on social media; read our blog, ACCCBuzz; tune in to our CANCER BUZZ podcast; and view our CANCER BUZZ TV channel.

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