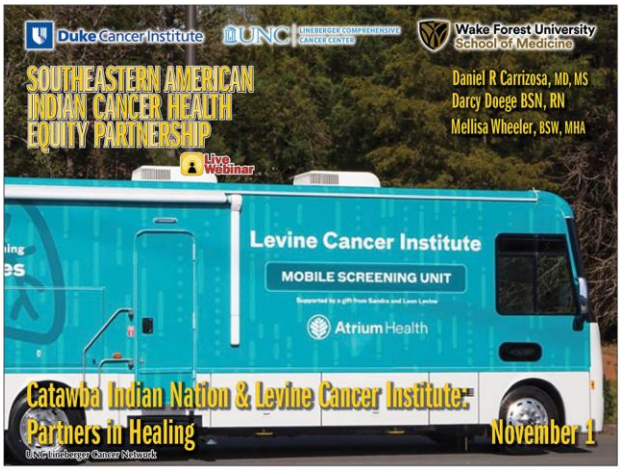

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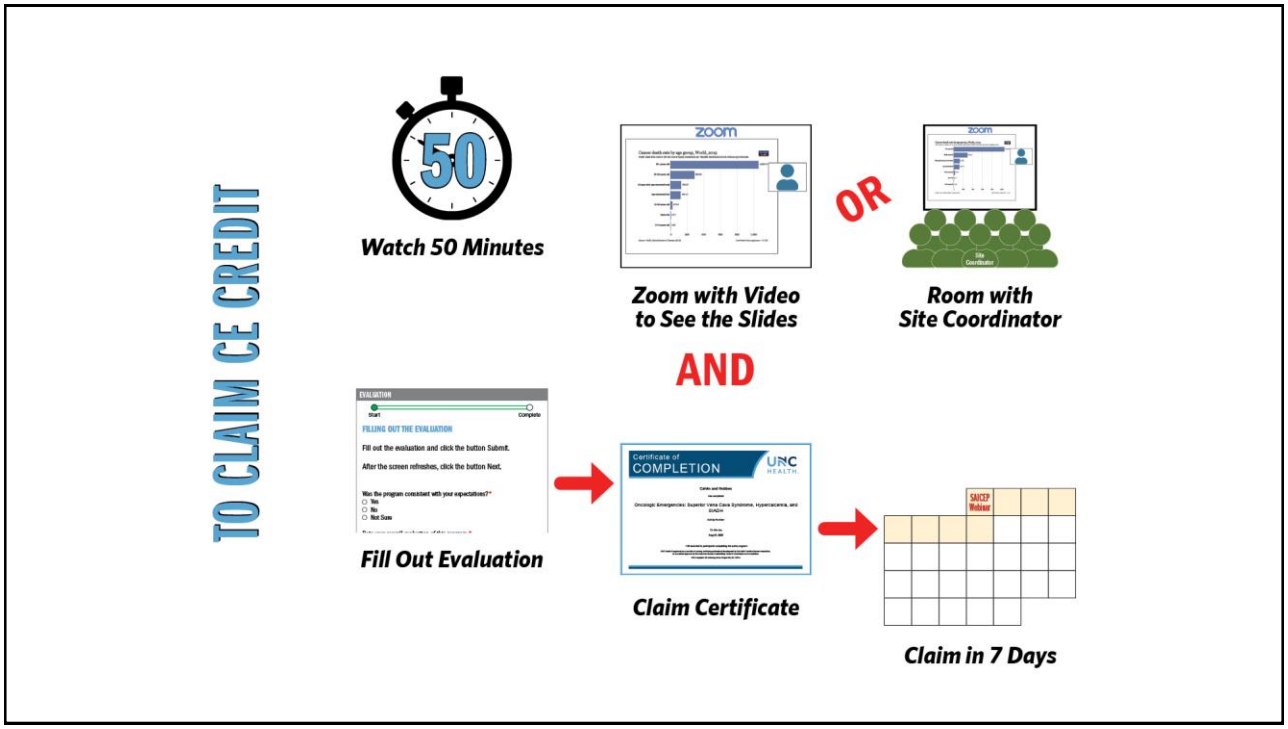
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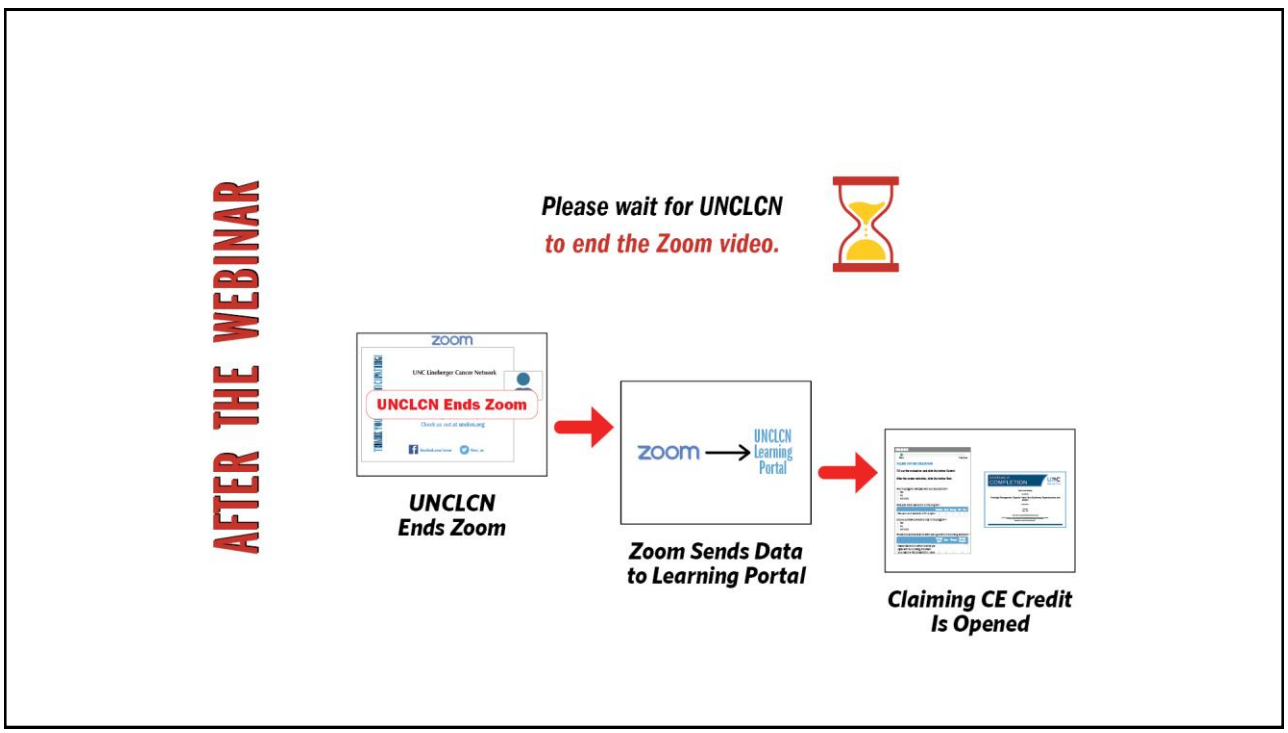
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4

5

OUR PRESENTER

Daniel Carrizosa, MD, MS

Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers. He originally moved to North Carolina in 1991 where he attended Duke University and received a bachelor's in the science of engineering and a master's in science in biomedical engineering. He then attended medical school, residency and fellowship at the University of North Carolina at Chapel Hill. He then moved to Charlotte, NC where he was initially in private practice until the Levine Cancer Institute was formed. He has worked with both the office of disparities and outreach as medical director and with the Hematology/Oncology fellowship as associate program director since the cancer institute was formed. He is now assistant director for community outreach and engagement at the integrated Wake Forest Baptist Comprehensive Cancer Center based at the Charlotte campus. He currently serves as the co-chair for the care and treatment division of the NC advisory council for cancer coordination and control (NCACCCC) and is on the board of the NC Oncology Association (NCOA). He is active in advocacy through the NCACCCC, through the NCOA and through ASCO advocacy. He has been happily married for over 16 years and currently lives on a hobby farm with his beautiful wife and multiple four-legged children!

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OUR PRESENTER

7

OUR PRESENTER

5. Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers.

8

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10

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11

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OUR PRESENTER

Darcy Doege, BSN, RN

Darcy Doege is the RN Clinical Supervisor for the Lung B.A.S.E.S 4 Life Program, the nation's first ever Mobile Lung Cancer Screening Program, geared towards Bringing Awareness, Screening and Education to improve Survival for lung cancer. She received her BSN from Washburn University and has over 20 years of nursing experience including Medical/Surgical, ICU, Interventional Radiology, Patient Navigation, Palliative Medicine, and for the last 15 years, Oncology.

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OUR PRESENTER

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OUR PRESENTER

3. Darcy Doege, BSN, RN, was the first Colorectal Cancer Navigator for the Levine Cancer Institute in 2011.

15

OUR PRESENTER

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16

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2. She started the first two Oncology Palliative Care Clinics for the Levine Cancer Institute.

1. Due to the hard work of our team and the trust that they have built with Community Partners and our patients, we have a 60% follow up rate for Lung Cancer Screening.

17

OUR PRESENTER

Mellisa Wheeler, BSW, MHA

Mellisa Wheeler graduated summa cum laude from the University of South Florida with a Bachelor in Social Work degree and has a Master of Health Administration degree from Ohio University. She has 30 years of experience in health care with a concentration in oncology and health equity. Mellisa is the Administrative Director of the Disparities & Outreach Team at Levine Cancer Institute, a department dedicated to eradicating the burden of cancer in communities lacking adequate access to vital resources. The team provides cancer prevention education, screening, and navigation for early detection of the disease and most importantly, focuses on delivering whole human care. In 2016, Mellisa co-authored a grant proposal that resulted in funding for the nation's first mobile lung cancer screening bus as part of the Lung B.A.S.E.S. 4 Life program. In 2017, the initiative was recognized with the Association for Community Cancer Centers Innovation award. In 2018, The LCI Disparities & Outreach team received the Innovation in Health Equity award from the National Business Group on Health and in 2019 Mellisa received Atrium Health's Pinnacle Award for her contributions to the System and the communities served.

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OUR PRESENTER

19

OUR PRESENTER

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20

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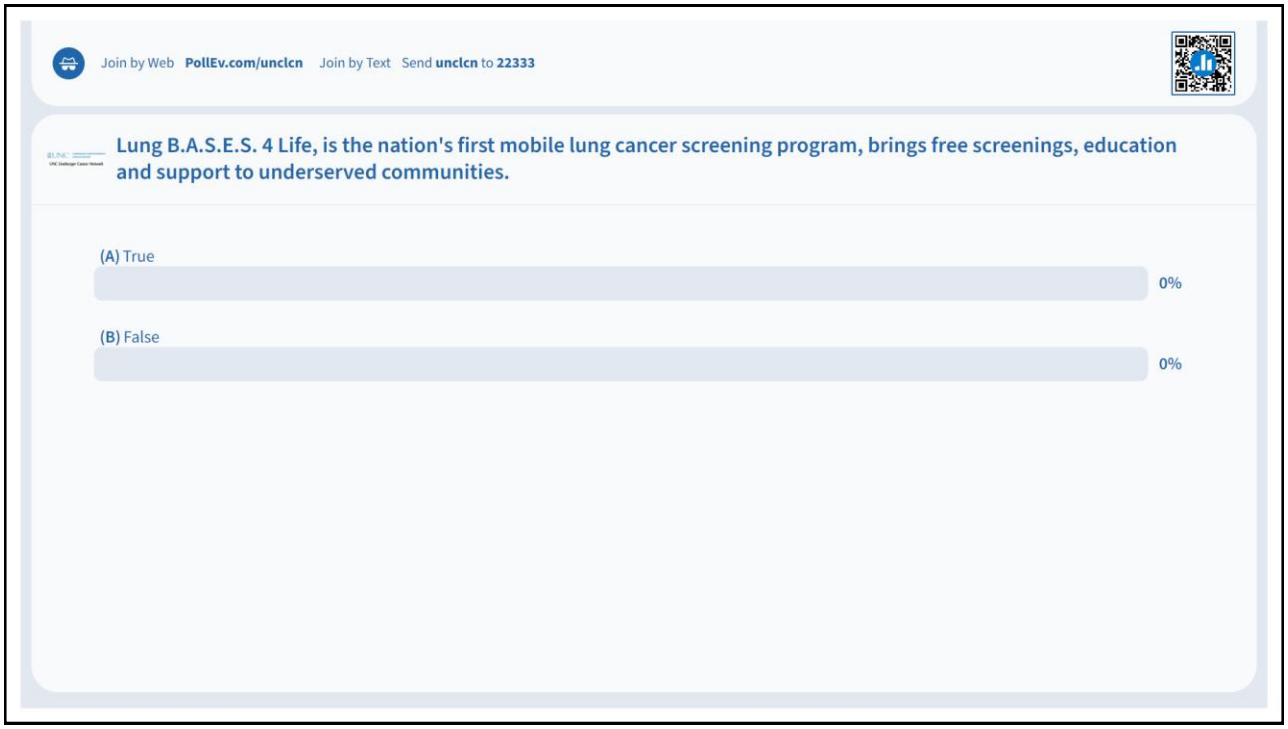
24



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ACCME DISCLOSURE

This activity has been planned and implemented under the sole supervision of the Course Director, William A. Wood, MD, MPH, in association with the UNC Office of Continuing Professional Development (CPD). The course director and CPD staff have no relevant financial relationships with ineligible companies as defined by the ACCME.

A potential conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which he/she has a financial relationship. The speakers and planners of this learning activity have not disclosed any relevant financial relationships with any commercial interests pertaining to this activity.

Dr. Carrizosa receives speaking fees from MJH Life Sciences and PER Health, consulting fees from Coherus Biosciences. Curio Sciences, Sanofi/ Regeneron, and Targeted Oncology, and research support from AstraZeneca, Bayer, Elevation Oncology, GlaxoSmithKline, Ignyta, Merck, and Takeda. The other speakers have no relevant financial relationships with ineligible companies as defined by the ACCME.

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ANCC DISCLOSURE

NCPD Activity #: L23020
1.0 Contact Hours Provided

Relevant Financial Relationship:
Dr. Carrizosa receives speaking fees from MJH Life Sciences and PER Health, consulting fees from Coherus Biosciences. Curio Sciences, Sanofi/ Regeneron, and Targeted Oncology, and research support from AstraZeneca, Bayer, Elevation Oncology, GlaxoSmithKline, Ignyta, Merck, and Takeda. This relationship has been mitigated.

Criteria for Activity Completion:
Criteria for successful completion requires attendance at the NCPD activity and submission of an evaluation within 30 days.

Approved Provider Statement:
UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Lung B.A.S.E.S. 4 Life, is the nation's first mobile lung cancer screening program, brings free screenings, education and support to underserved communities.

True 0%

False 0%

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Atrium Health

Catawba Indian Nation & LCI:

Partners in Healing

LEVINE CANCER

29

What is one of the Cancer's that is observed/highlighted in the month of November?

Breast Cancer	0%
Lung Cancer	0%
Head and Neck Cancer	0%
None of the above	0%

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Objectives

- Describe the relationship between the Levine Cancer Institute and the Catawba Indian Nation
- Explain the varieties of programs being offered to the Catawba Indian Nation via the Catawba Service Unit
- Discuss Lung Cancer Screening and use of Mobile Units in reaching underserved populations.
- Describe the early observations found specifically at the Catawba Service Unit when mobile screening was implemented

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Atrium Health Levine Cancer | Atrium Health Wake Forest Baptist | Comprehensive Cancer Center

Outline

- Introduce LCI Disparities and Outreach Program and our combined Community Outreach and Engagement Program with Atrium Health Wake Forest Baptist Comprehensive Cancer Center
- Discuss Lung Cancer and Lung Cancer Screening
- Discuss Innovative Approaches to Lung Cancer Screening
- Introduce Relationship with Catawba Nation
- Discuss Programs in Partnership with Catawba Nation beyond Lung Cancer Screening
- Touch on Commitment to American Indians
- Questions

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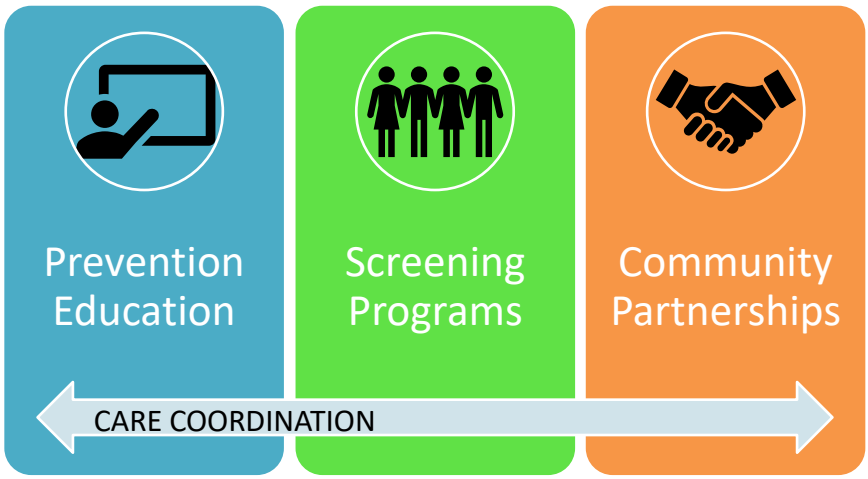
Cancer Health Disparities



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Disparities and Outreach

- The Disparities and Outreach team at the Levine Cancer Institute touch roughly 70,000 individuals every year
- Over 150 Community Partners
- Currently screening in 23 counties in North and South Carolina, referrals received from 25 counties
- Other cancer screening programs

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Catchment Area

30 counties

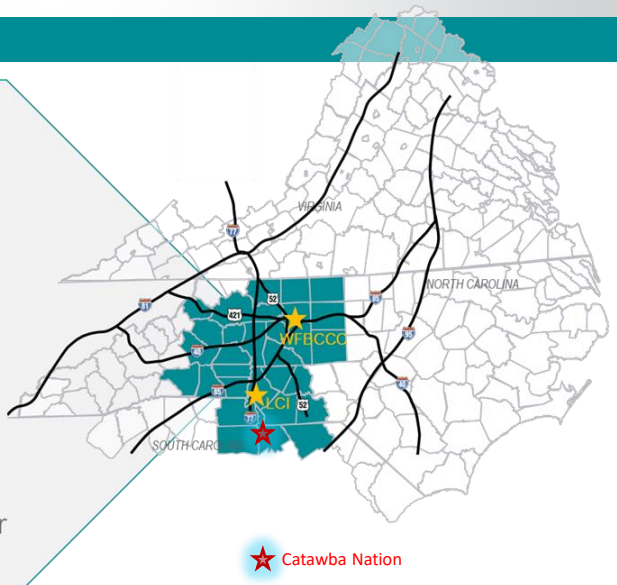
4.8M total residents

new patients **91%**

43% rural

annual cancer cases **26,353**

8,962 annual cancer deaths



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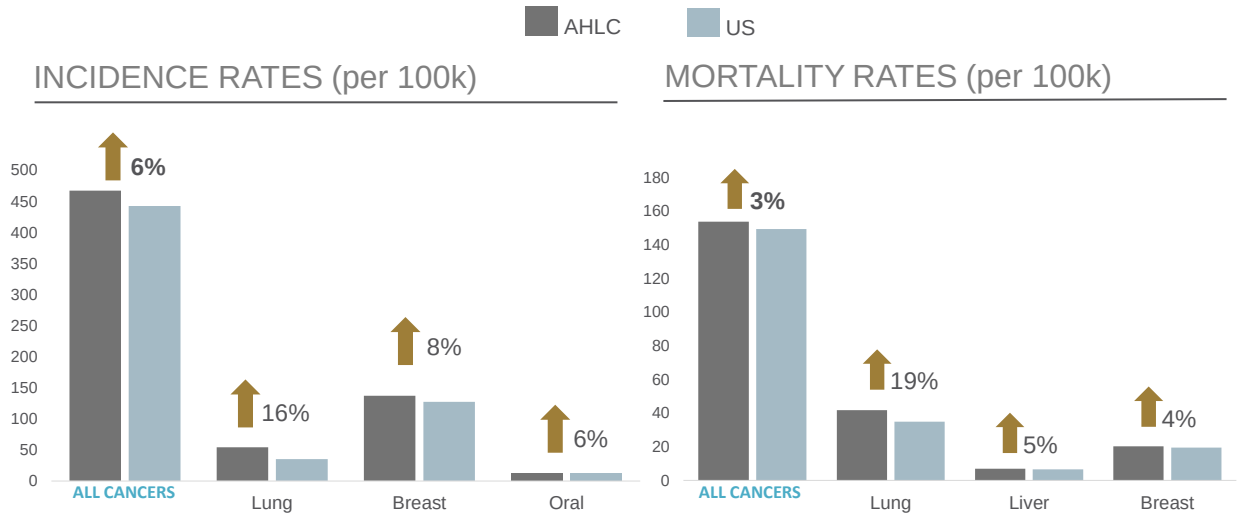
Catchment Area Cancer Burden



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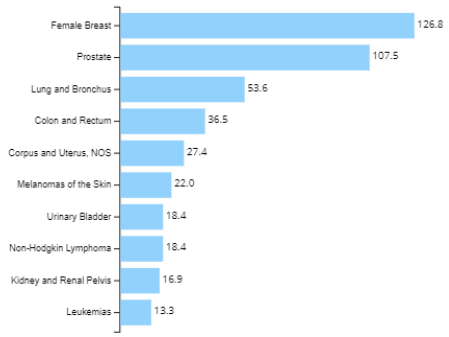
Lung Cancer

Top 10 Cancers by Rates of New Cases
All Types of Cancer, United States, 2018
Rate per 100,000 people



Top 10 Cancers by Rates of Cancer Deaths
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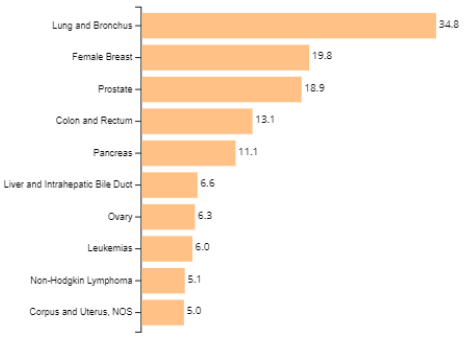

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool,, released in Jubased on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/datavizne 2021.

37

Which of the following characteristics would, per the USPSTF, qualify you for lung cancer screening?

A) Smoked at least 1 pack of cigarettes a day for 30 years 0%

B) Are 75 years old 0%

C) Discussed with your doctor the benefits and risks of lung cancer screening 0%

D) A + C 0%

E) All of the above 0%

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Lung Cancer Screening

Prior to 2011, No standard way of screening for lung cancer
- Many MDs did Chest Xray with little data of efficacy

2011: National Lung Screening Trial - N Engl J Med 2011;365(5):395-409
- Study Methods
  - 2002-2004
  - 53,454 persons at "high-risk" for lung cancer at 33 US medical Centers
  - Randomized: annual screening with Low-Dose CT (26,722) versus Single-view Chest Xray (26,732)
- Results:
  - Rate of positive Screening: 24.2% vs 6.9% [96.4% vs 94.5% False Positive]

Relative Reduction in Mortality from Lung Cancer: 20.0% [95% CI, 6.8 – 26.7; P=0.004)
Rate of Death from any cause reduction of 6.7% (95% CI, 1.2 – 13.6; P=0.02)

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Lung Cancer Screening

United States Preventative Services Task Force
12/2013 – Grade B Recommendation
Required insurers to cover lung cancer screening under Affordable Care Act

Centers for Medicare and Medicaid Services - Approved in 2/2015

Original Screening Guideline
1. Age 55-80 (77 for Medicare) Updated to 50
2. 30 Pack-Year History Updated to 20
3. Active Smoker or Quit within 15 years
4. Must have shared-decision making visit with health care professional

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LCI Mobile Lung Cancer

- Randomized clinical trials have proven that low dose computerized tomography (LDCT) screening of heavy smokers improves survival in lung cancer.
- But Uninsured, under-insured and some Medicaid patients lack access to LDCT
- And <5% of patients in National Lung Screening Trial were minorities

(Tanner et al, Am J. Respir. Crit. Care Med., 2015, 192:200-208)

All good
but not good enough?

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LCI Mobile Lung Cancer

Unanswered Questions:

1. How can we increase screening in underserved populations?
2. If we can find a way to increase screening:
   a) Will people come?
   b) Will they come back?
3. Will research be accepted?

Idea of Mobile Lung Screening Developed by Mellisa Wheeler and Dr. Derek Raghavan

1. 10/2015 – Approached Bristol Myers Squibb Foundation for Grant
   a) Approved 3/2016

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Atrium Health
Levine Cancer Institute

Mobile Lung Cancer Screening

Lung B.A.S.E.S. For Life

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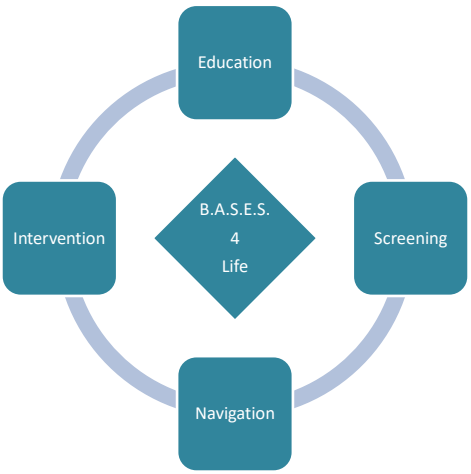
Lung B.A.S.E.S. 4 Life: ***First mobile lung cancer screening in the country providing a comprehensive approach to lung health***

B- Bringing
A- Awareness
S-Screening
and
E-Education
to improve
S-Survival



4 key strategies:
- Community-based education
- Mobile/Regional screening
- Navigation Services
- Smoking cessation

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LEVINE CANCER INSTITUTE
MOBILE LUNG UNIT
Atrium Health

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Levine Cancer Institute
MOBILE SCREENING UNIT
Supported by a gift from Sandra and Leon Levine
Atrium Health
Lung Cancer Screening
Saves Lives

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ensive
enter

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Current/Former Smoker?
Quit Less Than 15 Years Ago
How Long Have You Smoked and How Much?
Packs per day __ x years smoked __ = pack years __
20 pack year or more qualify (for patients 55-80)
20 pack year or more qualify (for patients 40-54)

- 40-50 years old → Private Insurance, Medicaid, Uninsured, Medicare
- 50-80 years old → Medicaid, Uninsured, High Co-Pay Plans, High Deductible Plans

Patient qualifies for free Low-Dose CT Lung Screening through LCI's Lung B.A.S.E.S. 4 Life Program

If your patient qualifies, we will need…

- **Shared Decision-Making Visit** – speak to patients regarding risk of screening and possible outcomes
- **Document visit** – include above conversation, detailed smoking history and rationale behind screening, and which SDM aid was used
- **Write order** – fill out our entire prewritten order with patient label

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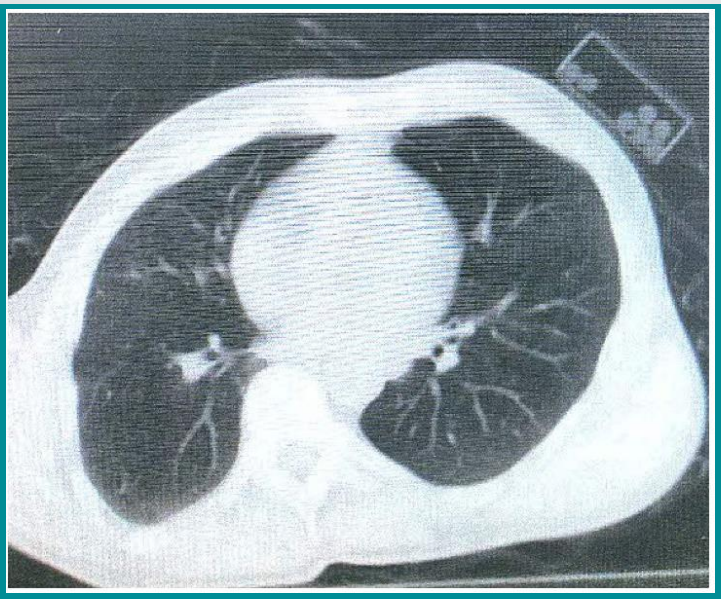

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More than just a CT…

- Free Screening and monitor of follow up
- Tobacco Cessation
  - Free Nicotine Replacement
  - Follow up
- Navigation assessment and connection into local resources
  - Food insecurity
  - Transportation
  - Safe Housing
  - Other cancer screenings
  - Other barriers to care
- Follow up and navigation for all positive patients
  - Nodule Conference
  - Connection and coordination into care close to home
  - Results will be sent directly to the provider
  - How to reach us

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Atrium Health Levine Cancer | Atrium Health Wake Forest Baptist Comprehensive Cancer Center

Lung Bus – Screening CT

As of November 2022,

- 1786 patients
- Average pack year 50
- 18% African American
- 2.6% Hispanic
- 75% rural
- 66% Uninsured
- 34% Medicaid patients (34%)
- Male-to-female ratio of 1.1:1
- Median age 62 years (range, 55–64)

The Oncologist 2020;25:e777–e781 www.TheOncologist.com

- **Found**
  - **43 lung cancers** at initial screen
    - **27 were early stage** I–III (63% of total lung cancers early stage)
  - 10 non-lung cancers
  - 163 Lung-RADS 4 (highly suspicious) lesions that are being followed closely.
- Earlier identification could have **economic impact:**
  - potential savings of $1.6M per patient with early treatment versus management of metastatic lung cancer.

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By bringing the mobile lung unit to the Catawba Health Service Unit, lung cancer screening was increased:

From 1% to 20% of eligible heavy smokers 0%

From 3% to 40% of eligible heavy smokers 0%

From 5% to 60% of eligible heavy smokers 0%

From 10% to 100% of eligible heavy smokers 0%

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Under 55 Clinical Trial

Seeking patients 40-54 with a 20-pack year history or more
- Can have any or no insurance
- Must be able to read and understand English or Spanish and comply with study procedures entire length of study
- Exclusions:
  - Known diagnosis of lung cancer in last 5 years
  - Any known contradictions to having a LDCT scan
  - Any possibility of pregnancy

Study Procedures
- At the first appointment, the patient will be formally consented and deemed eligible before receiving their first scan and put on-study
- Minimum of 3 scans over 2 years
  - Their scans will determine when they need to come back and how many scans they will need while on-study

Important for providers to discuss with their referral patients:
1. If they are in this age bracket, they must be a part of this clinical trial to receive these scans (due to age)
2. It is essential for them to come back for their additional scans as needed

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Catawba Indian Nation

- Centered in Upper Piedmont of South Carolina
- Only Federally Recognized Tribe in South Carolina

	Total	On Reservation
Total Population	3,815	675
Tribal Members Under 18 Years	1,153	250
Tribal Members 55+ Years	514	108
Members of Tribal Household	N/A	1,330 (2020 Census)
Approximately 1000+ Tribal members live on or within 2 hours of the Reservation.		

The information above was provided by Donna Curtis, Catawba Nation Tribal Enrollment Coordinator. Data is as of October 2022.

Program/ Department	Services	Number Served	Number Staff
Catawba Service Unit	2 primary care providers, lab, pharmacy, dental, nutrition/diabetes	1957 patients	27

www.Catawba.com

Pictures Courtesy of 2020 Catawba Nation Strategic Plan

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MOBILE LOW DOSE COMPUTERIZED TOMOGRAPHIC (LDCT) SCANNING PROGRAM IDENTIFIES PRE-MALIGNANT LUNG CANCER LESIONS IN THE CATAWBA NATIVE AMERICAN POPULATION

H. Reed, K. Dungan, D. Doege, M. Wheeler, D. Carrizosa, D. Raghavan | Atrium Health Levine Cancer Institute, Charlotte, NC and Indian Health Service, Rock Hill, SC

BACKGROUND

Native Americans constitute the most under-served population for many health services, including lung cancer screening. Low dose computerized tomographic (LDCT) screening for lung cancer improves survival in randomized trials. Published studies have shown under-representation of Native Americans, due to financial and insurance constraints, geography and lack of access. This population is over-represented in national figures of initial presentation with advanced disease and in lung cancer deaths.

In our region, the Indian Health Service (IHS) has recorded that less than 5% of eligible heavy smokers from the Catawba Indian Nation and other tribes have undergone LDCT screening for lung cancer. We previously reported that a novel free, mobile LDCT unit achieved a shift to earlier diagnosis in African American and geographically isolated, impoverished populations with improved long-term survival and cost-savings[1].

We adapted our initial trial of this unit to include a structured evaluation of its efficacy and utility in heavy smokers from the Catawba Indian Nation and other tribes in our region. We hypothesized that a free, mobile unit would overcome key elements that preclude screening of Native Americans for lung cancer.

METHOD

We used a coach fitted with portable 32 slice low-dose CT scanner. All films were reviewed by a central panel using the Lung-RADS protocol[2]. Eligible subjects were invited to participate by staff of the Indian Health Service. Levine Cancer Institute committed to treat any patients identified with lung cancer, irrespective of insurance status to avoid delay in treatment. Technical details of our mobile LDCT units have been published[1].

RESULTS

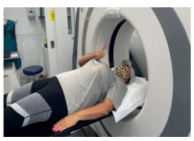
Screening Data from May 2022 to February 2023

61 Median age at screening (age range 44 to 77) | **91** Patients screened | **48** Median pack year smoking history (pack year range 22 to 98)

91 heavy smokers have been screened to date, representing a 60% participation rate of invited Catawba and other Native Americans, with the following characteristics:

- M:F =1:1; median age 61 years (range 44-77 years)
- 68% had some form of health insurance, but without sufficient coverage to provide lung cancer screening (termed "under-insured")
- 32% were uninsured
- 73% were still smoking
- Median pack year history 48 (range 22-98)

No lung cancers were identified, but 10% had Lung-RADS 3-4 (moderate-high risk) lesions. 36% had Lung-RADS 2 lesions and 20% had scattered, non-diagnostic pulmonary lesions. Patients with Lung-RADS 4 lesions were offered biopsy to ensure that these were not occult cancers. These subjects have been recruited into an ongoing repeat LDCT screening program, with a smoking cessation program, to achieve early diagnosis of any lung cancers that evolve.



CONCLUSIONS

Native Americans have traditionally had the highest level of advanced lung cancer at presentation, accompanied by the highest mortality rates from lung cancer in the US.

We have increased participation in LDCT lung cancer screening from 5% to 60% of eligible heavy smokers and have identified a unique sub-population of 10% with potentially premalignant disease (Lung-RADS 3-4) that will require meticulous follow-up to diagnose lung cancer at an early stage.

Our previous studies in impoverished African Americans and other under-served populations have identified a stage shift from 20% with localized disease to 60% with localized disease. Similar benefits may be extended to our population of Native American subjects.

This is the first such study in Native Americans and mobile LDCT should be considered by health services responsible for isolated and under-insured Native Americans. Studies of the science of cancer diagnosis and screening should also focus on pragmatic programs with the potential for early improvement in outcome.

Acknowledgements

Thank you to the Leon Levine Foundation for supporting the Atrium Health Levine Cancer Institute Disparities & Outreach Program. Thank you to the Disparities & Outreach team for providing exceptional clinical care and resource navigation for all the vulnerable populations that we serve.

Reference

Raghavan D et al, The Oncologist, 2020, 25:e777-e781.

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Presented: 16TH AACR CONFERENCE ON THE SCIENCE OF CANCER HEALTH DISPARITIES IN RACIAL/ETHNIC MINORITIES AND THE MEDICALLY UNDERSERVED – ORLANDO, FL 2023

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Project Pink and Project Pink Plus

Breast Cancer Screening Program

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PP and PPP

Project PINK (PP) is Atrium Health Levine Cancer Institute's longest running breast cancer screening program established in 2011. The program uses a mobile breast screening unit to increase access to free, baseline screening mammography for uninsured and underinsured women. Currently, the program serves women residing in *Mecklenburg, Union, Anson, and Iredell* counties.

Project PINK Plus (PPP) was created to address the lack of resources for women (and men) of any age who presented with a breast lump/concern and did not qualify for Project PINK. This program provides patients with a free diagnostic mammogram and recommended follow-up care.

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PP and PPP Services

The programs offer the following services free of charge for eligible patients:

- TOMO Screening Mammography
- TOMO Diagnostic Mammography – Bilateral
- Ultrasound
- Biopsy
- Breast Cyst Aspiration

Catawba Indian Nation : 3 screenings 2022
71% first mammogram
Screenings continue in 2023

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I CAN
Youth Cancer Ambassador Program

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I CAN

Youth program created to expand cancer prevention education
Underserved K-12 rural and urban counties (20)
Two curricula, six lesson course
- What is Cancer?
- Nutrition
- Physical Activity
- Mindfulness/Stress
- Smoking/Vaping
- HPV/Colon/Breast

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I CAN : Ambassadors

Train community members to teach I CAN classes
- How to live healthy lifestyles
- Motivate participants to teach friends and family
- Extensive training from LCI
- Supplies provided
- Experience for resume

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Our Commitment to American Indians:

North Carolina Tribes

CANCER CONTROL

CASE4Cancer:
P30 supplement
Denlinger-Apte &
Carrizosa

RESEARCH FACILITATION

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Wake Forest School of Medicine | UNC Lineberger Comprehensive Cancer Center | Duke Cancer Institute

- Working with Duke & UNC, w/ expansion of NC tobacco research to include Catawba

PROMOTE POLICY

NORTH CAROLINA American Indian Health Board

Promote quality health care and healthy lifestyles within American Indian research, education & **advocacy**

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References

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool,, released in Jubased on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/datavizne 2021.

de Koning HJ, et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. N Engl J Med. 2020 Feb 6;382(6):503-513. doi: 10.1056/NEJMoa1911793. Epub 2020 Jan 29. PMID: 31995683.

Tanner NT, Gebregziabher M, Hughes Halbert C, Payne E, Egede LE, Silvestri GA. Racial Differences in Outcomes within the National Lung Screening Trial. Implications for Widespread Implementation. Am J Respir Crit Care Med. 2015 Jul 15;192(2):200-8. doi: 10.1164/rccm.201502-0259OC. PMID: 25928649.

Raghavan D, Wheeler M, Doege D, Doty JD 2nd, Levy H, Dungan KA, Davis LM, Robinson JM, Kim ES, Mileham KF, Oliver J, Carrizosa D. Initial Results from Mobile Low-Dose Computerized Tomographic Lung Cancer Screening Unit: Improved Outcomes for Underserved Populations. Oncologist. 2020 May;25(5):e777-e781. doi: 10.1634/theoncologist.2019-0802. Epub 2019 Nov 26. PMID: 31771991; PMCID: PMC7216453.

H. Reed, K. Dungan, M. Wheeler, D. Carrizosa, D. Raghavan. Mobile Low Dose Computerized Tomographic Scanning Program Identifies Pre-Malignant Lung Cancer Lesions in the Catawba Native American Population. 16th AACR Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and Medically Underserved. Orlando, FL. 2023.

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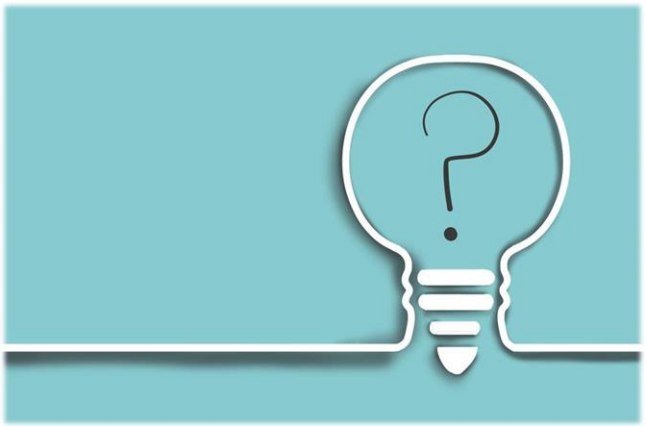
Questions/Discussion



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