WEBVTT

NOTE duration:"01:30:26" NOTE recognizability:0.847

NOTE language:en-us

NOTE Confidence: 0.81392129925

00:00:00.000 --> 00:00:03.400 OK, we're going to get started that evening.

NOTE Confidence: 0.81392129925

 $00:00:03.400 \longrightarrow 00:00:04.988$  Everyone and welcome to

NOTE Confidence: 0.81392129925

00:00:04.988 --> 00:00:06.535 the cancer screening 101.

NOTE Confidence: 0.81392129925

00:00:06.535 --> 00:00:09.020 It is an update on cancer screening.

NOTE Confidence: 0.81392129925

 $00:00:09.020 \longrightarrow 00:00:10.164$  My name is Javier.

NOTE Confidence: 0.81392129925

 $00:00:10.164 \longrightarrow 00:00:11.880$  You're an associate director for cancer

NOTE Confidence: 0.81392129925

 $00{:}00{:}11.933 \dashrightarrow 00{:}00{:}13.583$  screening and prevention at Yale

NOTE Confidence: 0.81392129925

 $00{:}00{:}13.583 \dashrightarrow 00{:}00{:}15.233$  Cancer Center and Medical Director

NOTE Confidence: 0.81392129925

 $00:00:15.290 \longrightarrow 00:00:16.818$  of colorectal cancer screening.

NOTE Confidence: 0.81392129925

 $00:00:16.820 \longrightarrow 00:00:19.900$  And to night we'll discuss updates on breast,

NOTE Confidence: 0.81392129925

 $00{:}00{:}19.900 \dashrightarrow 00{:}00{:}21.448$  cervical, lung and colorectal

NOTE Confidence: 0.81392129925

 $00:00:21.448 \longrightarrow 00:00:23.383$  cancer with an extraordinary group

NOTE Confidence: 0.81392129925

 $00:00:23.383 \longrightarrow 00:00:25.702$  of panelists that we have with us

 $00:00:25.702 \longrightarrow 00:00:27.759$  to night and we're lucky to have them.

NOTE Confidence: 0.81392129925

00:00:27.760 --> 00:00:30.220 We have doctor Golden Menderes,

NOTE Confidence: 0.81392129925

 $00:00:30.220 \longrightarrow 00:00:32.004$  director of minimally invasive.

NOTE Confidence: 0.81392129925

 $00:00:32.004 \longrightarrow 00:00:33.788$  Technological surgery program who

NOTE Confidence: 0.81392129925

 $00:00:33.788 \longrightarrow 00:00:36.460$  is going to give us the update

NOTE Confidence: 0.81392129925

 $00:00:36.460 \longrightarrow 00:00:37.828$  on cervical cancer screening.

NOTE Confidence: 0.81392129925

 $00:00:37.830 \longrightarrow 00:00:39.108$  Dr Lin Tenui,

NOTE Confidence: 0.81392129925

 $00:00:39.108 \longrightarrow 00:00:41.664$  director of the lung Cancer screening

NOTE Confidence: 0.81392129925

00:00:41.664 --> 00:00:43.155 program Doctor Miriam Glasper,

NOTE Confidence: 0.81392129925

 $00{:}00{:}43.155 \dashrightarrow 00{:}00{:}45.285$  director of the Center for Breast

NOTE Confidence: 0.81392129925

 $00{:}00{:}45.285 \dashrightarrow 00{:}00{:}47.221$  Cancer and Chief of Breast Medical

NOTE Confidence: 0.81392129925

00:00:47.221 --> 00:00:49.716 Oncology and who will talk to us about

NOTE Confidence: 0.81392129925

 $00:00:49.716 \longrightarrow 00:00:51.844$  the updates and the rest cancer screening.

NOTE Confidence: 0.81392129925

 $00{:}00{:}51.850 \dashrightarrow 00{:}00{:}54.202$  You can post your questions any time

NOTE Confidence: 0.81392129925

 $00:00:54.202 \longrightarrow 00:00:57.425$  on the Q& amp; A and we will try to address

NOTE Confidence: 0.81392129925

 $00:00:57.425 \longrightarrow 00:00:59.618$  that them either directly in the chat

 $00{:}00{:}59.618$  -->  $00{:}01{:}02.530$  or in the Q&A or at the end of the

session.

NOTE Confidence: 0.81392129925

 $00:01:02.530 \longrightarrow 00:01:04.370$  So without further ado,

NOTE Confidence: 0.81392129925

 $00:01:04.370 \longrightarrow 00:01:06.210$  here is Doctor Goldeman.

NOTE Confidence: 0.81392129925

 $00:01:06.210 \longrightarrow 00:01:07.994$  There is to talk to us about an

NOTE Confidence: 0.81392129925

 $00:01:07.994 \longrightarrow 00:01:09.908$  update on cervical cancer screening.

NOTE Confidence: 0.81392129925

 $00:01:09.910 \longrightarrow 00:01:10.818$  Thank you very much.

NOTE Confidence: 0.961534405

 $00:01:11.780 \longrightarrow 00:01:13.128$  Hello everyone and thanks

NOTE Confidence: 0.961534405

 $00:01:13.128 \longrightarrow 00:01:14.476$  for having me to night.

NOTE Confidence: 0.961534405

 $00:01:14.480 \longrightarrow 00:01:16.850$  It's my pleasure to present the

NOTE Confidence: 0.961534405

 $00{:}01{:}16.850 \dashrightarrow 00{:}01{:}19.200$  update on cervical cancer screening.

NOTE Confidence: 0.961534405

 $00:01:19.200 \dashrightarrow 00:01:21.139$  I can everyone see my first slide.

NOTE Confidence: 0.928796583333333

 $00:01:24.330 \longrightarrow 00:01:26.178$  Not yet. OK.

NOTE Confidence: 0.713034461666667

 $00:01:39.150 \longrightarrow 00:01:40.698$  It's time to try this again.

NOTE Confidence: 0.57253515

 $00:01:46.330 \longrightarrow 00:01:48.884$  Yes, can we see it now? Yeah, we are.

NOTE Confidence: 0.57253515

00:01:48.884 --> 00:01:50.696 Yeah, we're a little good, perfect,

00:01:50.696 --> 00:01:54.546 OK, so the talk tonight is going

NOTE Confidence: 0.57253515

 $00:01:54.546 \longrightarrow 00:01:56.886$  to be essentially about the

NOTE Confidence: 0.57253515

00:01:56.886 --> 00:01:58.910 epidemiology of cervical cancer,

NOTE Confidence: 0.57253515

 $00:01:58.910 \longrightarrow 00:02:01.832$  followed by risk factors and the

NOTE Confidence: 0.57253515

 $00{:}02{:}01.832 \dashrightarrow 00{:}02{:}05.562$  significant role of HPV or human papilloma

NOTE Confidence: 0.57253515

00:02:05.562 --> 00:02:08.387 virus in causing cervical cancer,

NOTE Confidence: 0.57253515

 $00:02:08.390 \longrightarrow 00:02:11.596$  as well as the significant impact of.

NOTE Confidence: 0.57253515

 $00:02:11.600 \longrightarrow 00:02:14.250$  Screening guidelines and the guidelines

NOTE Confidence: 0.57253515

 $00:02:14.250 \longrightarrow 00:02:18.210$  based on agent risk Group stratification.

NOTE Confidence: 0.57253515

 $00:02:18.210 \longrightarrow 00:02:22.261$  So in 2020, cervical cancer accounted

NOTE Confidence: 0.57253515

 $00:02:22.261 \longrightarrow 00:02:25.870$  for an estimated over 600,000 new

NOTE Confidence: 0.57253515

 $00:02:25.870 \longrightarrow 00:02:28.948$  cases and over 300,000 that's worth

NOTE Confidence: 0.57253515

 $00:02:28.948 \longrightarrow 00:02:31.228$  worldwide and not not surprisingly,

NOTE Confidence: 0.57253515

00:02:31.230 --> 00:02:35.988 over 85% of cervical cancer cases.

NOTE Confidence: 0.57253515

 $00:02:35.990 \longrightarrow 00:02:38.930$  They were from resource limited countries.

 $00:02:38.930 \longrightarrow 00:02:40.615$  Cervical cancer was the second

NOTE Confidence: 0.57253515

00:02:40.615 --> 00:02:42.300 most common type of cancer.

NOTE Confidence: 0.57253515

 $00:02:42.300 \longrightarrow 00:02:44.688$  And the third most common causal

NOTE Confidence: 0.57253515

 $00:02:44.688 \longrightarrow 00:02:47.270$  cancer mortality when we look at the

NOTE Confidence: 0.57253515

 $00:02:47.270 \longrightarrow 00:02:49.670$  continents of Africa and Central America.

NOTE Confidence: 0.57253515

 $00{:}02{:}49.670 \dashrightarrow 00{:}02{:}51.910$  Here we can see the cervical cancer

NOTE Confidence: 0.57253515

 $00{:}02{:}51.910 \dashrightarrow 00{:}02{:}54.178$  was the leading cause of cancer

NOTE Confidence: 0.57253515

00:02:54.178 --> 00:02:55.830 related mortality among women.

NOTE Confidence: 0.57253515

 $00:02:55.830 \longrightarrow 00:02:58.431$  Here we can see in the US we have

NOTE Confidence: 0.57253515

 $00:02:58.431 \longrightarrow 00:03:00.780$  over 13,000 new cases with over

NOTE Confidence: 0.57253515

 $00{:}03{:}00.780 \dashrightarrow 00{:}03{:}03.829$  4000 deaths that we see every year.

NOTE Confidence: 0.57253515

 $00:03:03.830 \longrightarrow 00:03:06.150$  And this is what we do not want

NOTE Confidence: 0.57253515

 $00:03:06.150 \longrightarrow 00:03:07.809$  to see as providers.

NOTE Confidence: 0.57253515

 $00:03:07.810 \longrightarrow 00:03:10.603$  This is a huge mass air rising

NOTE Confidence: 0.57253515

 $00:03:10.603 \longrightarrow 00:03:12.320$  from the cervix year.

NOTE Confidence: 0.57253515

 $00:03:12.320 \longrightarrow 00:03:15.080$  As well as right here,

 $00:03:15.080 \longrightarrow 00:03:17.026$  we don't want to see these cases

NOTE Confidence: 0.57253515

 $00{:}03{:}17.026 \dashrightarrow 00{:}03{:}19.518$  in the in the next couple decades.

NOTE Confidence: 0.57253515

 $00:03:19.520 \longrightarrow 00:03:23.104$  Hopefully as far as the risk factors that

NOTE Confidence: 0.57253515

00:03:23.104 --> 00:03:26.748 lead to cervical cancer is concerned,

NOTE Confidence: 0.57253515

 $00:03:26.750 \longrightarrow 00:03:28.838$  we have behavioral and sexual factors,

NOTE Confidence: 0.57253515

 $00{:}03{:}28.840 \dashrightarrow 00{:}03{:}31.678$  including large number of sexual partners.

NOTE Confidence: 0.57253515

 $00:03:31.680 \longrightarrow 00:03:34.224$  One might have an early age

NOTE Confidence: 0.57253515

 $00:03:34.224 \longrightarrow 00:03:35.496$  at first intercourse.

NOTE Confidence: 0.57253515

 $00{:}03{:}35.500 --> 00{:}03{:}35.874 \ \mathrm{Also},$ 

NOTE Confidence: 0.57253515

 $00{:}03{:}35.874 \dashrightarrow 00{:}03{:}38.118$  smoking has been linked to increase

NOTE Confidence: 0.57253515

 $00{:}03{:}38.118 \dashrightarrow 00{:}03{:}40.319$  the risk of specifically the

NOTE Confidence: 0.57253515

 $00{:}03{:}40.319 \dashrightarrow 00{:}03{:}42.839$  squamous kind of cervical cancer.

NOTE Confidence: 0.57253515

 $00{:}03{:}42.840 \dashrightarrow 00{:}03{:}45.170$  Not necessarily the second most

NOTE Confidence: 0.57253515

00:03:45.170 --> 00:03:46.568 common kind adenocarcinoma.

NOTE Confidence: 0.57253515

 $00:03:46.570 \longrightarrow 00:03:49.558$  We have history of sexually transmitted

 $00:03:49.558 \longrightarrow 00:03:52.408$  diseases and in communities with diet

NOTE Confidence: 0.57253515

 $00{:}03{:}52.408 \to 00{:}03{:}55.124$  low in folate carotene and vitamin C.

NOTE Confidence: 0.57253515

 $00{:}03{:}55.130 \dashrightarrow 00{:}03{:}59.120$  We tend to see more numbers.

NOTE Confidence: 0.57253515

 $00:03:59.120 \longrightarrow 00:04:00.832$  Among other risk factors,

NOTE Confidence: 0.57253515

 $00:04:00.832 \longrightarrow 00:04:03.400$  again comes multiparity and early age.

NOTE Confidence: 0.57253515

 $00:04:03.400 \longrightarrow 00:04:04.642$  At first intercourse.

NOTE Confidence: 0.57253515

 $00:04:04.642 \longrightarrow 00:04:06.712$  These all increase the likelihood

NOTE Confidence: 0.57253515

00:04:06.712 --> 00:04:09.058 of HPV exposure and lack of

NOTE Confidence: 0.57253515

 $00{:}04{:}09.058 \dashrightarrow 00{:}04{:}11.224$  routine screening is the one that

NOTE Confidence: 0.57253515

00:04:11.293 --> 00:04:13.498 we're going to emphasize tonight.

NOTE Confidence: 0.57253515

 $00{:}04{:}13.500 \dashrightarrow 00{:}04{:}16.925$  Immunosuppression is another risk factor

NOTE Confidence: 0.57253515

 $00{:}04{:}16.925 \dashrightarrow 00{:}04{:}20.350$  for developing cervical cancer and.

NOTE Confidence: 0.57253515

 $00:04:20.350 \longrightarrow 00:04:27.890$  Infection and exposure to HPV is widal HPV.

NOTE Confidence: 0.57253515

 $00:04:27.890 \longrightarrow 00:04:29.840$  All also known as human papilloma

NOTE Confidence: 0.57253515

 $00:04:29.840 \longrightarrow 00:04:32.094$  virus is central to the development

NOTE Confidence: 0.57253515

 $00{:}04{:}32.094 \dashrightarrow 00{:}04{:}34.324$  of cervical neoplasia or precancer,

 $00:04:34.330 \longrightarrow 00:04:36.570$  and it can be detected in over

NOTE Confidence: 0.57253515

 $00:04:36.570 \longrightarrow 00:04:38.658$  99% of cervical cancers.

NOTE Confidence: 0.889724907272727

 $00:04:40.890 \longrightarrow 00:04:44.098$  80% of the population are exposed to this

NOTE Confidence: 0.889724907272727

 $00:04:44.098 \longrightarrow 00:04:47.850$  virus by age 50 and among more than 40

NOTE Confidence: 0.889724907272727

 $00:04:47.850 \longrightarrow 00:04:50.530$  different genital HPV types identified.

NOTE Confidence: 0.889724907272727

 $00:04:50.530 \longrightarrow 00:04:53.626$  We have about 15 known to be oncogenic.

NOTE Confidence: 0.889724907272727

 $00:04:53.630 \longrightarrow 00:04:56.915$  It's a double stranded DNA virus and it it

NOTE Confidence: 0.889724907272727

 $00:04:56.915 \longrightarrow 00:05:00.224$  infects the epithelial cells in the skin and

NOTE Confidence: 0.889724907272727

 $00{:}05{:}00.224 \dashrightarrow 00{:}05{:}03.139$  mucous membranes of vagina and and cervix.

NOTE Confidence: 0.81286865625

 $00{:}05{:}06.160 \dashrightarrow 00{:}05{:}08.448$  The oncogenic HPV infection

NOTE Confidence: 0.81286865625

 $00:05:08.448 \longrightarrow 00:05:10.736$  of this transformation zone.

NOTE Confidence: 0.81286865625

 $00:05:10.740 \longrightarrow 00:05:12.654$  Here we can see the columnar

NOTE Confidence: 0.81286865625

 $00{:}05{:}12.654 \dashrightarrow 00{:}05{:}14.444$  epithelium of the cervix bordering

NOTE Confidence: 0.81286865625

 $00{:}05{:}14.444 \dashrightarrow 00{:}05{:}16.228$  on the squamous epithelium.

NOTE Confidence: 0.81286865625

 $00{:}05{:}16.230 \dashrightarrow 00{:}05{:}18.355$  This is known as transformation

 $00:05:18.355 \longrightarrow 00:05:21.000$  zone is where the HPV virus

NOTE Confidence: 0.81286865625

 $00:05:21.000 \longrightarrow 00:05:23.165$  starts the infection and then

NOTE Confidence: 0.81286865625

 $00{:}05{:}23.165 \dashrightarrow 00{:}05{:}25.600$  that would lead to precance rous

NOTE Confidence: 0.81286865625

 $00:05:25.600 \longrightarrow 00:05:28.675$  changes and eventually to cancer.

NOTE Confidence: 0.81286865625

 $00:05:28.680 \longrightarrow 00:05:32.784$  If there is no screening and no treatments.

NOTE Confidence: 0.81286865625

 $00{:}05{:}32.790 \dashrightarrow 00{:}05{:}35.318$  Here we can see at a more cellular

NOTE Confidence: 0.81286865625

 $00:05:35.318 \longrightarrow 00:05:37.749$  level the changes that HPV causes,

NOTE Confidence: 0.81286865625

 $00:05:37.750 \longrightarrow 00:05:40.180$  including the coil acidic cells.

NOTE Confidence: 0.81286865625

 $00:05:40.180 \longrightarrow 00:05:43.404$  Here the Halo around the nuclei of the

NOTE Confidence: 0.81286865625

 $00:05:43.404 \longrightarrow 00:05:46.540$  cells as well as the by nucleation.

NOTE Confidence: 0.81286865625

 $00{:}05{:}46.540 \dashrightarrow 00{:}05{:}49.070$  Our objectives with screening is,

NOTE Confidence: 0.81286865625

 $00:05:49.070 \longrightarrow 00:05:49.976$  uh, essentially,

NOTE Confidence: 0.81286865625

 $00:05:49.976 \longrightarrow 00:05:52.241$  to prevent morbidity and mortality

NOTE Confidence: 0.81286865625

00:05:52.241 --> 00:05:55.008 from cervical cancer as well as

NOTE Confidence: 0.81286865625

 $00:05:55.008 \longrightarrow 00:05:56.796$  preventing overzealous management of

NOTE Confidence: 0.81286865625

 $00{:}05{:}56.796 \dashrightarrow 00{:}05{:}58.955$  the precursor precursor lesions that

 $00:05:58.955 \longrightarrow 00:06:01.594$  will likely request or disappear when a

NOTE Confidence: 0.81286865625

 $00{:}06{:}01.594 \dashrightarrow 00{:}06{:}06.060$  patient has a competent immune system.

NOTE Confidence: 0.81286865625

 $00:06:06.060 \longrightarrow 00:06:09.492$  The United States adopted Pap smear

NOTE Confidence: 0.81286865625

00:06:09.492 --> 00:06:13.520 screening in about 1950s and by mid 1980s,

NOTE Confidence: 0.81286865625

 $00:06:13.520 \longrightarrow 00:06:15.059$  cervical cancer incidence

NOTE Confidence: 0.81286865625

 $00:06:15.059 \longrightarrow 00:06:17.126$  decreased by about 70%.

NOTE Confidence: 0.81286865625

 $00:06:17.126 \longrightarrow 00:06:19.230$  Multiple observational studies continue

NOTE Confidence: 0.81286865625

 $00:06:19.230 \longrightarrow 00:06:22.578$  to show the reduction in cervical

NOTE Confidence: 0.81286865625

 $00{:}06{:}22.578 \dashrightarrow 00{:}06{:}24.994$  cancer mortality after systematic

NOTE Confidence: 0.81286865625

 $00:06:24.994 \longrightarrow 00:06:28.426$  follow up and and screening guidelines.

NOTE Confidence: 0.81286865625

 $00:06:28.430 \longrightarrow 00:06:30.054$  What do we screen in day to

NOTE Confidence: 0.81286865625

 $00:06:30.054 \longrightarrow 00:06:31.768$  day life when we see a patient,

NOTE Confidence: 0.81286865625

 $00{:}06{:}31.770 \dashrightarrow 00{:}06{:}34.430$  we place a speculum in the vagina

NOTE Confidence: 0.81286865625

 $00:06:34.430 \longrightarrow 00:06:37.342$  and our goal is to inspect the

NOTE Confidence: 0.81286865625

 $00:06:37.342 \longrightarrow 00:06:39.868$  entire regional mucosa as well as

 $00:06:39.959 \longrightarrow 00:06:42.439$  the ectocervix and endocervix.

NOTE Confidence: 0.81286865625

 $00:06:42.440 \longrightarrow 00:06:46.820$  Here we can see a close up image of the

NOTE Confidence: 0.81286865625

00:06:46.820 --> 00:06:49.300 upper vagina Cervicovaginal junction,

NOTE Confidence: 0.81286865625

 $00:06:49.300 \longrightarrow 00:06:51.410$  which is important for cervical

NOTE Confidence: 0.81286865625

 $00:06:51.410 \longrightarrow 00:06:52.676$  cancer screening purposes.

NOTE Confidence: 0.81286865625

00:06:52.680 --> 00:06:55.620 The Ectocervix and the Endocervix,

NOTE Confidence: 0.81286865625

 $00:06:55.620 \longrightarrow 00:06:57.980$  which is the glandular epithelium.

NOTE Confidence: 0.81286865625

 $00{:}06{:}57.980 \dashrightarrow 00{:}07{:}00.927$  So both the endocervix and the ectocervix

NOTE Confidence: 0.81286865625

 $00{:}07{:}00.927 \dashrightarrow 00{:}07{:}03.579$  is important for practical reasons.

NOTE Confidence: 0.81286865625

 $00:07:03.580 \longrightarrow 00:07:04.780$  In terms of screening.

NOTE Confidence: 0.894979026

00:07:07.860 --> 00:07:09.916 In the United States,

NOTE Confidence: 0.894979026

00:07:09.916 --> 00:07:12.382 approximately 5050 million women undergo

NOTE Confidence: 0.894979026

00:07:12.382 --> 00:07:16.330 a pop smear or HPV testing each year,

NOTE Confidence: 0.894979026

 $00:07:16.330 \longrightarrow 00:07:18.280$  and all these women about 8%

NOTE Confidence: 0.894979026

 $00:07:18.280 \longrightarrow 00:07:19.940$  will have an abnormal result.

NOTE Confidence: 0.894979026

 $00:07:19.940 \longrightarrow 00:07:23.140$  And here this pyramid shows us the breakdown

 $00:07:23.140 \longrightarrow 00:07:26.538$  of pop test abnormalities by frequency.

NOTE Confidence: 0.894979026

 $00{:}07{:}26.540 \dashrightarrow 00{:}07{:}29.375$  Screening can detect the precursor as well

NOTE Confidence: 0.894979026

 $00{:}07{:}29.375 \dashrightarrow 00{:}07{:}32.577$  as the early stage for cervical cancer.

NOTE Confidence: 0.894979026

 $00:07:32.580 \longrightarrow 00:07:35.828$  That way we can prevent the development

NOTE Confidence: 0.894979026

 $00:07:35.828 \longrightarrow 00:07:37.840$  of invasive cervical cancer.

NOTE Confidence: 0.894979026

 $00:07:37.840 \longrightarrow 00:07:41.018$  When a patient is exposed to HPV,

NOTE Confidence: 0.894979026

00:07:41.020 --> 00:07:44.429 the healthy young women would like likely

NOTE Confidence: 0.894979026

 $00:07:44.429 \longrightarrow 00:07:48.618$  get rid of HPV in about 6 to 12 months.

NOTE Confidence: 0.894979026

 $00:07:48.620 \longrightarrow 00:07:51.180$  Sometimes when we cannot eliminate

NOTE Confidence: 0.894979026

 $00:07:51.180 \longrightarrow 00:07:54.630$  the HPV exposure and it persists,

NOTE Confidence: 0.894979026

 $00:07:54.630 \longrightarrow 00:07:57.444$  we have low grade cervical precancer changes

NOTE Confidence: 0.894979026

 $00:07:57.444 \dashrightarrow 00:08:00.598$  known as Siri and one in about 24 months.

NOTE Confidence: 0.894979026

 $00:08:00.600 \longrightarrow 00:08:02.812$  Again a healthy immune

NOTE Confidence: 0.894979026

00:08:02.812 --> 00:08:05.577 system will clear the HPV.

NOTE Confidence: 0.894979026

 $00:08:05.580 \longrightarrow 00:08:08.282$  If the patient has risk factors as

00:08:08.282 --> 00:08:11.717 well as not a competent immune system,

NOTE Confidence: 0.894979026

 $00:08:11.720 \longrightarrow 00:08:13.580$  the low grade lesions might

NOTE Confidence: 0.894979026

00:08:13.580 --> 00:08:15.990 turn into CIN two or three,

NOTE Confidence: 0.894979026

 $00:08:15.990 \longrightarrow 00:08:18.250$  which is known as high

NOTE Confidence: 0.894979026

 $00:08:18.250 \longrightarrow 00:08:19.606$  grade precancer changes.

NOTE Confidence: 0.894979026

 $00:08:19.610 \longrightarrow 00:08:21.422$  And if there is no intervention

NOTE Confidence: 0.894979026

 $00:08:21.422 \longrightarrow 00:08:23.289$  in about 10 to 13 years,

NOTE Confidence: 0.894979026

 $00:08:23.290 \longrightarrow 00:08:25.222$  the high grade pre cancer cells will

NOTE Confidence: 0.894979026

 $00{:}08{:}25.222 \rightarrow 00{:}08{:}26.910$  turn into invasive cervical cancer,

NOTE Confidence: 0.894979026

00:08:26.910 --> 00:08:29.430 so it is not a change from HPV exposure

NOTE Confidence: 0.894979026

 $00{:}08{:}29.430 \dashrightarrow 00{:}08{:}31.709$  to cancer that occurs over night,

NOTE Confidence: 0.894979026

 $00:08:31.710 \longrightarrow 00:08:34.325$  which gives us the opportunity

NOTE Confidence: 0.894979026

 $00:08:34.325 \longrightarrow 00:08:36.940$  as providers to intervene and

NOTE Confidence: 0.894979026

 $00:08:37.027 \longrightarrow 00:08:39.379$  eliminate cervical cancers.

NOTE Confidence: 0.894979026

 $00:08:39.380 \longrightarrow 00:08:40.815$  What happens when a patient

NOTE Confidence: 0.894979026

00:08:40.815 --> 00:08:42.250 has an abnormal screening test?

 $00:08:42.250 \longrightarrow 00:08:43.768$  One of many things can happen.

NOTE Confidence: 0.894979026

 $00:08:43.770 \longrightarrow 00:08:45.395$  The patient might need further

NOTE Confidence: 0.894979026

 $00:08:45.395 \longrightarrow 00:08:46.370$  testing with HPV.

NOTE Confidence: 0.894979026

00:08:46.370 --> 00:08:48.939 It the patient might need a repeat

NOTE Confidence: 0.894979026

 $00{:}08{:}48.939 \dashrightarrow 00{:}08{:}51.512$  cytology called post scopy or even

NOTE Confidence: 0.894979026

 $00:08:51.512 \longrightarrow 00:08:53.847$  endometrial biopsy if the psychological

NOTE Confidence: 0.894979026

 $00:08:53.847 \longrightarrow 00:08:56.203$  normality arises from the endocervix

NOTE Confidence: 0.894979026

00:08:56.203 --> 00:08:58.453 which is the glandular epithelium,

NOTE Confidence: 0.894979026

 $00:08:58.460 \longrightarrow 00:09:00.833$  which is very much like the endometrium

NOTE Confidence: 0.894979026

 $00:09:00.833 \longrightarrow 00:09:03.610$  and that would require evaluation as well.

NOTE Confidence: 0.894979026

00:09:03.610 --> 00:09:05.410 Or some patients would be referred

NOTE Confidence: 0.894979026

 $00{:}09{:}05.410 \dashrightarrow 00{:}09{:}07.231$  to Java and oncologists when there

NOTE Confidence: 0.894979026

 $00{:}09{:}07.231 \dashrightarrow 00{:}09{:}08.651$  is high grade precancer changes

NOTE Confidence: 0.894979026

 $00:09:08.651 \longrightarrow 00:09:10.129$  the way that we perform.

NOTE Confidence: 0.894979026

 $00:09:10.130 \longrightarrow 00:09:11.500$  Oscopy is in the clinic.

 $00:09:11.500 \longrightarrow 00:09:15.938$  There is a microscope that is essentially

NOTE Confidence: 0.894979026

 $00:09:15.940 \longrightarrow 00:09:18.196$  helping the provider to magnify the

NOTE Confidence: 0.894979026

00:09:18.196 --> 00:09:21.480 image in the vagina and the upper cervix and,

NOTE Confidence: 0.894979026

00:09:21.480 --> 00:09:23.106 if need be,

NOTE Confidence: 0.894979026

 $00:09:23.106 \longrightarrow 00:09:25.274$  colposcopy directed biopsies can

NOTE Confidence: 0.894979026

 $00:09:25.274 \longrightarrow 00:09:30.509$  be taken for for biopsy purposes.

NOTE Confidence: 0.894979026

 $00:09:30.510 \longrightarrow 00:09:32.760$  If the patient has any high

NOTE Confidence: 0.894979026

00:09:32.760 --> 00:09:33.885 grade precancer changes,

NOTE Confidence: 0.894979026

 $00{:}09{:}33.890 \dashrightarrow 00{:}09{:}36.082$  often times we recommend patient

NOTE Confidence: 0.894979026

 $00:09:36.082 \longrightarrow 00:09:37.726$  to undergo colonization,

NOTE Confidence: 0.894979026

 $00{:}09{:}37.730 \dashrightarrow 00{:}09{:}40.214$  which is simply a cone shaped

NOTE Confidence: 0.894979026

 $00:09:40.214 \longrightarrow 00:09:43.312$  biopsy of the cervix to eliminate

NOTE Confidence: 0.894979026

00:09:43.312 --> 00:09:45.349 underlying invasive cancers.

NOTE Confidence: 0.894979026

 $00:09:45.350 \longrightarrow 00:09:46.862$  The way that we performed conversation

NOTE Confidence: 0.894979026

 $00:09:46.862 \longrightarrow 00:09:48.409$  is usually with a cold knife.

NOTE Confidence: 0.894979026

00:09:48.410 --> 00:09:50.470 This kind of illustrates how

 $00:09:50.470 \longrightarrow 00:09:52.118$  those procedures are done.

NOTE Confidence: 0.894979026

 $00{:}09{:}52.120 \dashrightarrow 00{:}09{:}54.448$  Another way of getting a larger

NOTE Confidence: 0.894979026

 $00:09:54.448 \longrightarrow 00:09:57.247$  biopsy than just a small cervical

NOTE Confidence: 0.894979026

00:09:57.247 --> 00:09:59.575 biopsy to eliminate underlying

NOTE Confidence: 0.894979026

 $00:09:59.580 \longrightarrow 00:10:01.412$  cervical cancer is leap,

NOTE Confidence: 0.894979026

 $00{:}10{:}01.412 \dashrightarrow 00{:}10{:}03.702$  which stands for loop electrosurgical

NOTE Confidence: 0.894979026

 $00:10:03.702 \longrightarrow 00:10:04.880$  excision procedure.

NOTE Confidence: 0.894979026

 $00:10:04.880 \longrightarrow 00:10:08.646$  This is mostly used by primary obgyns,

NOTE Confidence: 0.894979026

 $00{:}10{:}08.650 \dashrightarrow 00{:}10{:}10.300$  and it can easily be performed

NOTE Confidence: 0.894979026

 $00:10:10.300 \longrightarrow 00:10:11.400$  in the office setting.

NOTE Confidence: 0.912304155555555

 $00:10:15.550 \longrightarrow 00:10:18.016$  So how do we get patients

NOTE Confidence: 0.912304155555555

 $00:10:18.016 \longrightarrow 00:10:19.249$  have cervical cancer?

NOTE Confidence: 0.912304155555555

00:10:19.250 --> 00:10:22.258 In 2022 it has to be one of

NOTE Confidence: 0.912304155555555

 $00{:}10{:}22.258 \rightarrow 00{:}10{:}24.570$  many failures that lead to it.

NOTE Confidence: 0.912304155555555

 $00:10:24.570 \longrightarrow 00:10:25.694$  Either the patient does

00:10:25.694 --> 00:10:27.099 not show up for screening,

NOTE Confidence: 0.91230415555555

 $00{:}10{:}27.100 \dashrightarrow 00{:}10{:}28.700$  or as health care providers.

NOTE Confidence: 0.912304155555555

 $00:10:28.700 \longrightarrow 00:10:31.596$  We do not offer screening to women

NOTE Confidence: 0.912304155555555

 $00:10:31.596 \longrightarrow 00:10:34.110$  when they present for annual exams.

NOTE Confidence: 0.91230415555555

00:10:34.110 --> 00:10:36.408 The patient might not follow up

NOTE Confidence: 0.912304155555555

 $00:10:36.408 \longrightarrow 00:10:38.349$  on abnormal results when there

NOTE Confidence: 0.912304155555555

 $00:10:38.349 \longrightarrow 00:10:40.359$  is a colposcopy and a biopsy

NOTE Confidence: 0.91230415555555

 $00:10:40.359 \longrightarrow 00:10:42.329$  that shows pre cancer cells.

NOTE Confidence: 0.91230415555555

00:10:42.330 --> 00:10:44.496 Or the patient might not get

NOTE Confidence: 0.912304155555555

 $00:10:44.496 \longrightarrow 00:10:45.940$  appropriate treatment to eliminate

NOTE Confidence: 0.912304155555555

 $00{:}10{:}46.002 \dashrightarrow 00{:}10{:}48.007$  the precancer cells and eventually,

NOTE Confidence: 0.912304155555555

00:10:48.010 --> 00:10:48.433 unfortunately,

NOTE Confidence: 0.91230415555555

00:10:48.433 --> 00:10:50.548 the patients get cervical cancer,

NOTE Confidence: 0.912304155555555

 $00:10:50.550 \longrightarrow 00:10:52.310$  which is our ultimate goal

NOTE Confidence: 0.912304155555555

 $00:10:52.310 \longrightarrow 00:10:54.070$  with screening to prevent this.

NOTE Confidence: 0.887506677

 $00:10:56.490 \longrightarrow 00:10:58.280$  So tonight we're gonna mainly

00:10:58.280 --> 00:11:00.070 focus on these updated guidelines,

NOTE Confidence: 0.887506677

 $00{:}11{:}00.070 \dashrightarrow 00{:}11{:}03.310$  which originate from American Cancer Society

NOTE Confidence: 0.887506677

 $00:11:03.310 \longrightarrow 00:11:07.176$  2020 update and USPSTF which stands for

NOTE Confidence: 0.887506677

 $00:11:07.176 \longrightarrow 00:11:09.876$  United States Preventive Services Task

NOTE Confidence: 0.887506677

 $00:11:09.876 \longrightarrow 00:11:12.845$  Force which was most recently updated

NOTE Confidence: 0.887506677

00:11:12.845 --> 00:11:16.710 in 2018 for purposes of screening,

NOTE Confidence: 0.887506677

 $00:11:16.710 \longrightarrow 00:11:19.202$  we should define what an average versus

NOTE Confidence: 0.887506677

00:11:19.202 --> 00:11:22.051 a high risk patient is for developing

NOTE Confidence: 0.887506677

 $00:11:22.051 \longrightarrow 00:11:24.607$  cervical cancer and our age patient

NOTE Confidence: 0.887506677

 $00{:}11{:}24.682 \dashrightarrow 00{:}11{:}27.195$  for us would be who is asymptomatic.

NOTE Confidence: 0.887506677

 $00{:}11{:}27.200 \dashrightarrow 00{:}11{:}29.643$  With a competent immune system and who

NOTE Confidence: 0.887506677

 $00:11:29.643 \longrightarrow 00:11:31.952$  has always had normal screening results

NOTE Confidence: 0.887506677

 $00{:}11{:}31.952 \dashrightarrow 00{:}11{:}34.925$  in the past and most of the guidelines

NOTE Confidence: 0.887506677

 $00:11:34.925 \longrightarrow 00:11:36.710$  focus on average risk patients.

NOTE Confidence: 0.887506677

00:11:36.710 --> 00:11:39.391 Since this is what we most commonly

00:11:39.391 --> 00:11:41.972 handle high risk patients would be

NOTE Confidence: 0.887506677

 $00{:}11{:}41.972 \dashrightarrow 00{:}11{:}44.222$  the ones who have immunosuppression

NOTE Confidence: 0.887506677

 $00{:}11{:}44.222 \dashrightarrow 00{:}11{:}47.522$  for any reason who has HIV or who has

NOTE Confidence: 0.887506677

 $00:11:47.522 \longrightarrow 00:11:49.825$  been exposed to deaths in eurodesk

NOTE Confidence: 0.887506677

 $00:11:49.825 \longrightarrow 00:11:53.474$  used to be a anti emetic that that

NOTE Confidence: 0.887506677

 $00:11:53.474 \longrightarrow 00:11:56.504$  was used in pregnancy until 1970s.

NOTE Confidence: 0.887506677

00:11:56.510 --> 00:11:57.574 So most of these.

NOTE Confidence: 0.887506677

 $00{:}11{:}57.574 \dashrightarrow 00{:}11{:}59.959$  Women are now in their 50s sixties and

NOTE Confidence: 0.887506677

 $00{:}11{:}59.959 \dashrightarrow 00{:}12{:}02.500$  it's not it's not used anymore thankfully.

NOTE Confidence: 0.887506677

 $00:12:02.500 \longrightarrow 00:12:05.704$  So there is one less risk factor these days.

NOTE Confidence: 0.887506677

00:12:05.710 --> 00:12:08.122 As far as cervical cancer screening

NOTE Confidence: 0.887506677

 $00:12:08.122 \longrightarrow 00:12:10.440$  risk risk stratification is concerned.

NOTE Confidence: 0.887506677

 $00:12:10.440 \longrightarrow 00:12:14.563$  So the 2018 USPS TF essentially recommends

NOTE Confidence: 0.887506677

 $00{:}12{:}14.563 \dashrightarrow 00{:}12{:}17.396$  that cervical cancer screening should

NOTE Confidence: 0.887506677

 $00:12:17.396 \longrightarrow 00:12:21.284$  begin at age 21 and no earlier than

NOTE Confidence: 0.887506677

 $00:12:21.380 \longrightarrow 00:12:24.654$  21 regardless of the age of sexual

 $00:12:24.654 \longrightarrow 00:12:28.320$  onset and the main reason for this is.

NOTE Confidence: 0.887506677

 $00{:}12{:}28.320 \dashrightarrow 00{:}12{:}31.547$  The main concern that will be associated

NOTE Confidence: 0.887506677

 $00:12:31.547 \longrightarrow 00:12:34.372$  with adverse outcomes with follow-up of

NOTE Confidence: 0.887506677

 $00:12:34.372 \longrightarrow 00:12:37.096$  young reproductive age women when they

NOTE Confidence: 0.887506677

 $00:12:37.096 \longrightarrow 00:12:39.858$  have minor cytologic abnormalities.

NOTE Confidence: 0.887506677

 $00:12:39.860 \longrightarrow 00:12:42.191$  The risk in less than 21 years

NOTE Confidence: 0.887506677

00:12:42.191 --> 00:12:44.690 of age is about zero point,

NOTE Confidence: 0.887506677

 $00:12:44.690 \longrightarrow 00:12:46.318$  1% for cervical cancer.

NOTE Confidence: 0.887506677

00:12:46.318 --> 00:12:48.804 For that reason, most guidelines,

NOTE Confidence: 0.887506677

00:12:48.804 --> 00:12:50.068 including USPSTF,

NOTE Confidence: 0.887506677

 $00{:}12{:}50.068 \operatorname{--}{>} 00{:}12{:}53.228$  do not recommend starting cervical

NOTE Confidence: 0.887506677

 $00:12:53.228 \longrightarrow 00:12:56.107$  cancer screening prior to age 21.

NOTE Confidence: 0.834902441666667

 $00{:}12{:}58.240 \dashrightarrow 00{:}13{:}02.496$  As far as ages 21 to 29 group is concerned.

NOTE Confidence: 0.834902441666667

00:13:02.496 --> 00:13:06.118 We have one of two ways of screening these,

NOTE Confidence: 0.834902441666667

 $00:13:06.120 \longrightarrow 00:13:08.224$  uh, these young women.

 $00:13:08.224 \longrightarrow 00:13:10.328$  USPSTF recommends are cytology

NOTE Confidence: 0.834902441666667

00:13:10.328 --> 00:13:12.440 alone every three years.

NOTE Confidence: 0.834902441666667

 $00:13:12.440 \longrightarrow 00:13:14.376$  On the other hand,

NOTE Confidence: 0.834902441666667

 $00{:}13{:}14.376 \dashrightarrow 00{:}13{:}17.280$  the most recent 2020 guidelines from

NOTE Confidence: 0.834902441666667

00:13:17.376 --> 00:13:21.018 American Cancer Society prefers HPV testing

NOTE Confidence: 0.834902441666667

00:13:21.018 --> 00:13:24.880 alone starting age 2125 as opposed to 21,

NOTE Confidence: 0.834902441666667

 $00:13:24.880 \longrightarrow 00:13:28.170$  and doing this screening every five years.

NOTE Confidence: 0.834902441666667

 $00:13:28.170 \longrightarrow 00:13:29.590$  But the important thing

NOTE Confidence: 0.834902441666667

 $00:13:29.590 \longrightarrow 00:13:31.365$  about HPV testing is 1.

NOTE Confidence: 0.834902441666667

 $00:13:31.370 \longrightarrow 00:13:33.224$  It's not available in all institutions

NOTE Confidence: 0.834902441666667

00:13:33.224 --> 00:13:36.167 in the US or in many parts of the world,

NOTE Confidence: 0.834902441666667

 $00:13:36.170 \longrightarrow 00:13:39.201$  and it only it can only be

NOTE Confidence: 0.834902441666667

 $00:13:39.201 \longrightarrow 00:13:42.327$  performed with the two FDA approved

NOTE Confidence: 0.834902441666667

00:13:42.327 --> 00:13:44.365 primary HPV testing methods,

NOTE Confidence: 0.834902441666667

 $00:13:44.365 \longrightarrow 00:13:46.805$  including the one from COBAS and on clarity.

NOTE Confidence: 0.834902441666667

 $00:13:46.810 \longrightarrow 00:13:48.665$  So it uses a bit limited at

 $00:13:48.665 \longrightarrow 00:13:50.140$  the time at the time.

NOTE Confidence: 0.834902441666667

 $00:13:50.140 \longrightarrow 00:13:53.148$  Being in the US there are countries like

NOTE Confidence: 0.834902441666667

 $00{:}13{:}53.148 \dashrightarrow 00{:}13{:}55.788$  Australia and Netherlands and UK which

NOTE Confidence: 0.834902441666667

 $00:13:55.788 \longrightarrow 00:13:58.506$  which has these tests readily available.

NOTE Confidence: 0.834902441666667

00:13:58.510 --> 00:14:00.724 And they have been employing HPV

NOTE Confidence: 0.834902441666667

 $00:14:00.724 \longrightarrow 00:14:02.830$  testing as their preferred strategy.

NOTE Confidence: 0.808442895

 $00:14:05.290 \longrightarrow 00:14:07.494$  The rationale for uh,

NOTE Confidence: 0.808442895

 $00{:}14{:}07.494 \dashrightarrow 00{:}14{:}11.358$  USPSTF recommending age 21 to initiate

NOTE Confidence: 0.808442895

 $00:14:11.358 \longrightarrow 00:14:14.760$  cervical screening is again the very

NOTE Confidence: 0.808442895

 $00:14:14.760 \longrightarrow 00:14:17.700$  low incidence of cervical cancer being

NOTE Confidence: 0.808442895

00:14:17.700 --> 00:14:20.770 zero point 1% and they favor cytology

NOTE Confidence: 0.808442895

 $00:14:20.770 \longrightarrow 00:14:24.635$  or Pap smear over HPV testing because of

NOTE Confidence: 0.808442895

 $00{:}14{:}24.635 \dashrightarrow 00{:}14{:}28.303$  the higher rates of transient HPV infection,

NOTE Confidence: 0.808442895

 $00:14:28.310 \longrightarrow 00:14:30.938$  this thought process is that if

NOTE Confidence: 0.808442895

 $00:14:30.938 \longrightarrow 00:14:34.128$  we do HPV testing in young women,

 $00:14:34.130 \longrightarrow 00:14:35.480$  they are more likely to test.

NOTE Confidence: 0.808442895

 $00{:}14{:}35.480 \dashrightarrow 00{:}14{:}37.307$  Positive when we are going to put

NOTE Confidence: 0.808442895

 $00:14:37.307 \longrightarrow 00:14:38.720$  them through unnecessary colposcopies.

NOTE Confidence: 0.808442895

 $00:14:38.720 \longrightarrow 00:14:40.500$  Cervical biopsies and colonization

NOTE Confidence: 0.808442895

 $00:14:40.500 \longrightarrow 00:14:42.725$  biopsies that would then impair

NOTE Confidence: 0.808442895

00:14:42.725 --> 00:14:44.409 their obstetric outcomes.

NOTE Confidence: 0.808442895

 $00{:}14{:}44.410 \dashrightarrow 00{:}14{:}47.170$  And these guidelines from USPSTF.

NOTE Confidence: 0.808442895

 $00:14:47.170 \longrightarrow 00:14:49.600$  They don't account for HPV

NOTE Confidence: 0.808442895

00:14:49.600 --> 00:14:51.058 vaccination rate rate,

NOTE Confidence: 0.808442895

 $00:14:51.060 \longrightarrow 00:14:53.736$  so that's one of the shortcomings

NOTE Confidence: 0.808442895

 $00:14:53.736 \longrightarrow 00:14:55.074$  of these guidelines.

NOTE Confidence: 0.808442895

 $00:14:55.080 \longrightarrow 00:14:58.559$  When we look at American Cancer Society

NOTE Confidence: 0.808442895

00:14:58.559 --> 00:15:01.818 recommending age of onset for screening,

NOTE Confidence: 0.808442895

 $00:15:01.820 \longrightarrow 00:15:04.360$  25 is.

NOTE Confidence: 0.808442895

 $00:15:04.360 \longrightarrow 00:15:07.980$  They cite 0.8% cervical cancer

NOTE Confidence: 0.808442895

 $00:15:07.980 \longrightarrow 00:15:12.310$  rate prior to age 25 and.

 $00:15:12.310 \longrightarrow 00:15:15.160$  It it was deemed not to be cost effective to

NOTE Confidence: 0.808442895

 $00{:}15{:}15.230 \dashrightarrow 00{:}15{:}18.146$  screen women prior to age 25 for that reason.

NOTE Confidence: 0.808442895

00:15:18.150 --> 00:15:18.597 However,

NOTE Confidence: 0.808442895

00:15:18.597 --> 00:15:21.279 they do prefer primary HPV testing

NOTE Confidence: 0.808442895

00:15:21.279 --> 00:15:24.158 due to higher specificity and the

NOTE Confidence: 0.808442895

 $00:15:24.158 \longrightarrow 00:15:26.588$  one plus from these guidelines

NOTE Confidence: 0.808442895

00:15:26.588 --> 00:15:29.483 over USPSTF is that they account

NOTE Confidence: 0.808442895

 $00:15:29.483 \longrightarrow 00:15:31.323$  for HPV vaccination rates.

NOTE Confidence: 0.808442895

 $00:15:31.330 \longrightarrow 00:15:36.085$  When we look at the age group 30 to 6465,

NOTE Confidence: 0.808442895

 $00:15:36.085 \longrightarrow 00:15:38.110$  this is going to be a big pool of

NOTE Confidence: 0.808442895

 $00:15:38.175 \longrightarrow 00:15:40.485$  patients and we have three options here.

NOTE Confidence: 0.808442895

 $00:15:40.490 \longrightarrow 00:15:42.723$  We can either do Co testing which

NOTE Confidence: 0.808442895

 $00{:}15{:}42.723 \dashrightarrow 00{:}15{:}44.903$  is known as combination of cytology

NOTE Confidence: 0.808442895

 $00:15:44.903 \longrightarrow 00:15:47.976$  or pap smear plus HPV test and this

NOTE Confidence: 0.808442895

 $00:15:47.976 \longrightarrow 00:15:50.209$  can be done every five years and

 $00:15:50.209 \longrightarrow 00:15:52.606$  not any more frequent than that.

NOTE Confidence: 0.808442895

 $00:15:52.606 \longrightarrow 00:15:55.240$  The second option would be primary

NOTE Confidence: 0.808442895

 $00:15:55.315 \longrightarrow 00:15:57.420$  HPV testing every five years

NOTE Confidence: 0.808442895

 $00:15:57.420 \longrightarrow 00:15:59.104$  or cytology alone pop,

NOTE Confidence: 0.808442895

 $00:15:59.110 \longrightarrow 00:16:00.870$  smear alone every three years.

NOTE Confidence: 0.808442895

 $00:16:00.870 \longrightarrow 00:16:03.320$  So one of these three would be.

NOTE Confidence: 0.808442895

 $00:16:03.320 \longrightarrow 00:16:06.212$  Reasonable as far as both of

NOTE Confidence: 0.808442895

 $00:16:06.212 \longrightarrow 00:16:08.140$  these guidelines are concerned.

NOTE Confidence: 0.808442895

 $00{:}16{:}08.140 \dashrightarrow 00{:}16{:}10.192$  The USPSTF does not prefer one

NOTE Confidence: 0.808442895

 $00:16:10.192 \longrightarrow 00:16:12.380$  or the one over the other.

NOTE Confidence: 0.808442895

00:16:12.380 --> 00:16:12.947 However,

NOTE Confidence: 0.808442895

 $00:16:12.947 \longrightarrow 00:16:15.215$  American Cancer Society favors

NOTE Confidence: 0.808442895

00:16:15.215 --> 00:16:18.050 primary HPV testing every five

NOTE Confidence: 0.808442895

 $00:16:18.133 \longrightarrow 00:16:22.250$  years for women aged 30 to 64.

NOTE Confidence: 0.808442895

00:16:22.250 --> 00:16:26.970 How about, uh, women over age 65?

NOTE Confidence: 0.808442895

00:16:26.970 --> 00:16:29.784 Eventually this age group we will decide

00:16:29.784 --> 00:16:32.029 to discontinue or continue screening

NOTE Confidence: 0.808442895

 $00{:}16{:}32.029 \dashrightarrow 00{:}16{:}34.939$  based on the patient's prior results,

NOTE Confidence: 0.808442895

 $00:16:34.940 \longrightarrow 00:16:36.326$  life expectancy,

NOTE Confidence: 0.808442895

 $00:16:36.326 \longrightarrow 00:16:39.098$  and shared decision making.

NOTE Confidence: 0.808442895

00:16:39.100 --> 00:16:41.550 If the patients never have had any

NOTE Confidence: 0.808442895

 $00:16:41.550 \longrightarrow 00:16:44.640$  CI and two or high grade cervical

NOTE Confidence: 0.808442895

 $00:16:44.640 \longrightarrow 00:16:47.090$  precancer lesions and they have

NOTE Confidence: 0.808442895

00:16:47.090 --> 00:16:49.139 adequate negative screening,

NOTE Confidence: 0.808442895

 $00:16:49.140 \longrightarrow 00:16:52.122$  which is defined as three consecutive

NOTE Confidence: 0.808442895

 $00{:}16{:}52.122 \rightarrow 00{:}16{:}54.551$  negative pups or two consecutive

NOTE Confidence: 0.808442895

00:16:54.551 --> 00:16:56.936 negative primary HPV testing or

NOTE Confidence: 0.808442895

 $00:16:56.936 \longrightarrow 00:16:58.778$  two consecutive negative call

NOTE Confidence: 0.808442895

 $00{:}16{:}58.778 \dashrightarrow 00{:}17{:}01.214$  tests within the last 10 years.

NOTE Confidence: 0.808442895

 $00:17:01.220 \longrightarrow 00:17:03.420$  This is defined as adequate

NOTE Confidence: 0.808442895

 $00:17:03.420 \longrightarrow 00:17:04.740$  negative prior screening.

 $00:17:04.740 \longrightarrow 00:17:07.276$  These women can preferably

NOTE Confidence: 0.808442895

00:17:07.276 --> 00:17:09.178 discontinue cervical cancer.

NOTE Confidence: 0.808442895

 $00:17:09.180 \longrightarrow 00:17:11.650$  Screening in many European countries.

NOTE Confidence: 0.808442895

 $00:17:11.650 \longrightarrow 00:17:14.959$  UM, they do continue until late 75.

NOTE Confidence: 0.808442895

00:17:14.959 --> 00:17:16.995 Considering the improved life

NOTE Confidence: 0.808442895

 $00{:}17{:}16.995 \to 00{:}17{:}20.270$  expectancy in the last couple decades.

NOTE Confidence: 0.808442895

00:17:20.270 --> 00:17:22.995 And most guidelines do not

NOTE Confidence: 0.808442895

00:17:22.995 --> 00:17:25.175 study this particular question,

NOTE Confidence: 0.808442895

 $00{:}17{:}25.180 \dashrightarrow 00{:}17{:}27.564$  so I I do a shared decision making

NOTE Confidence: 0.808442895

 $00:17:27.564 \longrightarrow 00:17:30.576$  with the patients when it comes to

NOTE Confidence: 0.808442895

 $00{:}17{:}30.576 \dashrightarrow 00{:}17{:}32.452$  stopping cervical cancer screening.

NOTE Confidence: 0.808442895

 $00:17:32.460 \longrightarrow 00:17:34.050$  65 is not a hard stop.

NOTE Confidence: 0.907846815714286

 $00:17:36.320 \longrightarrow 00:17:39.176$  If the patients had a total hysterectomy,

NOTE Confidence: 0.907846815714286

00:17:39.180 --> 00:17:41.329 meaning they are cervix and uterus had

NOTE Confidence: 0.907846815714286

00:17:41.329 --> 00:17:43.648 been removed and they never have had

NOTE Confidence: 0.907846815714286

00:17:43.648 --> 00:17:45.658 any high grade cervical precancer cells,

 $00:17:45.660 \longrightarrow 00:17:47.562$  we can stop screening even though

NOTE Confidence: 0.907846815714286

 $00:17:47.562 \longrightarrow 00:17:49.840$  the patient might be younger than 65.

NOTE Confidence: 0.907846815714286

00:17:49.840 --> 00:17:51.660 Most women who needs hysterectomies,

NOTE Confidence: 0.907846815714286

 $00:17:51.660 \longrightarrow 00:17:53.640$  they do need it for abnormal

NOTE Confidence: 0.907846815714286

 $00:17:53.640 \longrightarrow 00:17:55.330$  uterine bleeding, which is.

NOTE Confidence: 0.907846815714286

 $00:17:55.330 \longrightarrow 00:17:59.450$  Something they struggle with prior to age 50.

NOTE Confidence: 0.907846815714286

 $00:17:59.450 \longrightarrow 00:18:01.970$  So if we have a patient age 45 who is

NOTE Confidence: 0.907846815714286

 $00{:}18{:}02.045 \dashrightarrow 00{:}18{:}04.787$  done with child bearing and underwent a

NOTE Confidence: 0.907846815714286

 $00{:}18{:}04.787 \dashrightarrow 00{:}18{:}07.384$  hysterectomy with removal of their cervix

NOTE Confidence: 0.907846815714286

 $00:18:07.384 \longrightarrow 00:18:10.168$  and uterus and they never have had any

NOTE Confidence: 0.907846815714286

00:18:10.170 --> 00:18:15.156 CIN 2 or high grade pre cancers in the past,

NOTE Confidence: 0.907846815714286

 $00:18:15.156 \longrightarrow 00:18:17.004$  that patient can be.

NOTE Confidence: 0.907846815714286

 $00{:}18{:}17.010 \dashrightarrow 00{:}18{:}21.006$  Can stop screening for cervical cancer

NOTE Confidence: 0.907846815714286

 $00:18:21.010 \longrightarrow 00:18:25.289$  when is not appropriate to stop at age 65.

NOTE Confidence: 0.907846815714286

 $00:18:25.289 \longrightarrow 00:18:27.083$  If a patient has had these

00:18:27.083 --> 00:18:28.390 high grade precancer cells,

NOTE Confidence: 0.907846815714286

00:18:28.390 --> 00:18:31.414 namely CIN 2-3 or adenocarcinoma in situ,

NOTE Confidence: 0.907846815714286

 $00:18:31.420 \longrightarrow 00:18:33.682$  2 then routine screening should continue

NOTE Confidence: 0.907846815714286

 $00:18:33.682 \longrightarrow 00:18:36.296$  for an additional 20 years from the

NOTE Confidence: 0.907846815714286

 $00:18:36.296 \longrightarrow 00:18:38.372$  last high grade precancer lesion and

NOTE Confidence: 0.907846815714286

 $00:18:38.372 \longrightarrow 00:18:40.995$  that might well extend beyond age 65.

NOTE Confidence: 0.907846815714286

 $00:18:40.995 \longrightarrow 00:18:44.320$  These all everything we talked so far

NOTE Confidence: 0.907846815714286

 $00:18:44.320 \longrightarrow 00:18:46.545$  essentially relates to average risk

NOTE Confidence: 0.907846815714286

 $00{:}18{:}46.545 \dashrightarrow 00{:}18{:}50.110$  patients when it comes to high risk patients,

NOTE Confidence: 0.907846815714286

 $00:18:50.110 \longrightarrow 00:18:52.686$  we talk about patients with HIV patients

NOTE Confidence: 0.907846815714286

00:18:52.686 --> 00:18:55.640 who have been exposed to death in utero,

NOTE Confidence: 0.907846815714286

 $00:18:55.640 \longrightarrow 00:18:59.120$  or have immunosuppression for any reason.

NOTE Confidence: 0.907846815714286

00:18:59.120 --> 00:19:00.392 For those patients,

NOTE Confidence: 0.907846815714286

 $00:19:00.392 \longrightarrow 00:19:03.360$  the guidelines are a little bit more

NOTE Confidence: 0.907846815714286

 $00:19:03.441 \longrightarrow 00:19:05.561$  strict and the recommendations are

NOTE Confidence: 0.907846815714286

 $00:19:05.561 \longrightarrow 00:19:08.433$  to do cytology or pop smear every

 $00:19:08.433 \longrightarrow 00:19:09.312$  three years annually.

NOTE Confidence: 0.907846815714286

 $00:19:09.312 \longrightarrow 00:19:11.425$  Three years in a row and if

NOTE Confidence: 0.907846815714286

 $00:19:11.425 \longrightarrow 00:19:12.597$  the results are normal.

NOTE Confidence: 0.907846815714286

 $00:19:12.600 \longrightarrow 00:19:15.858$  And we can space the screening out to every

NOTE Confidence: 0.907846815714286

 $00:19:15.858 \longrightarrow 00:19:18.967$  three years if we decide to do Co testing.

NOTE Confidence: 0.907846815714286

 $00:19:18.970 \longrightarrow 00:19:22.386$  Meaning we do a pop smear along with.

NOTE Confidence: 0.907846815714286

 $00:19:22.390 \longrightarrow 00:19:24.646$  HPV testing at as the baseline

NOTE Confidence: 0.907846815714286

 $00{:}19{:}24.646 \dashrightarrow 00{:}19{:}26.979$  and both side topology and HPV

NOTE Confidence: 0.907846815714286

 $00:19:26.979 \longrightarrow 00:19:28.854$  result came back as negative.

NOTE Confidence: 0.907846815714286

 $00{:}19{:}28.860 \dashrightarrow 00{:}19{:}30.281$  Then we can go ahead and screen

NOTE Confidence: 0.907846815714286

 $00:19:30.281 \longrightarrow 00:19:31.429$  these women every three years.

NOTE Confidence: 0.907846815714286

 $00:19:31.430 \longrightarrow 00:19:33.474$  Moving forward we do not stop at

NOTE Confidence: 0.907846815714286

 $00{:}19{:}33.474 \dashrightarrow 00{:}19{:}36.101$ age 65 given the higher risk of HPV

NOTE Confidence: 0.907846815714286

 $00:19:36.101 \longrightarrow 00:19:38.284$  persistent and higher risk of high

NOTE Confidence: 0.907846815714286

 $00:19:38.284 \longrightarrow 00:19:40.424$  grade precancer lesions in these

 $00:19:40.424 \longrightarrow 00:19:42.517$  women we continue throughout lifetime

NOTE Confidence: 0.907846815714286

00:19:42.517 --> 00:19:45.156 and we do have a lower threshold

NOTE Confidence: 0.907846815714286

 $00:19:45.156 \longrightarrow 00:19:48.000$  to do colposcopies and biopsies

NOTE Confidence: 0.907846815714286

 $00:19:48.000 \longrightarrow 00:19:51.798$  when we look at future directions.

NOTE Confidence: 0.907846815714286

 $00:19:51.800 \longrightarrow 00:19:54.059$  One thing to consider is going to be the.

NOTE Confidence: 0.907846815714286

 $00:19:54.060 \longrightarrow 00:19:57.510$  Impact of HPV vaccination is the

NOTE Confidence: 0.907846815714286

 $00:19:57.510 \longrightarrow 00:19:59.235$  proportional vaccinated individuals

NOTE Confidence: 0.907846815714286

00:19:59.235 --> 00:20:01.798 increases the prevalence of high risk

NOTE Confidence: 0.907846815714286

 $00:20:01.798 \longrightarrow 00:20:04.822$  HPV types is expected to decrease and

NOTE Confidence: 0.907846815714286

00:20:04.822 --> 00:20:07.918 that will eventually reduce the positive

NOTE Confidence: 0.907846815714286

 $00:20:07.918 \longrightarrow 00:20:10.273$  predictive value for both cytology,

NOTE Confidence: 0.907846815714286

 $00:20:10.273 \longrightarrow 00:20:10.714$  pop,

NOTE Confidence: 0.907846815714286

 $00:20:10.714 \longrightarrow 00:20:12.919$  smear and primary HPV testing.

NOTE Confidence: 0.907846815714286

 $00:20:12.920 \longrightarrow 00:20:15.482$  So we have some ongoing randomized

NOTE Confidence: 0.907846815714286

 $00:20:15.482 \longrightarrow 00:20:17.680$  control trials to evaluate the

NOTE Confidence: 0.907846815714286

 $00:20:17.680 \longrightarrow 00:20:21.352$  performance of primary HPV testing versus

00:20:21.352 --> 00:20:24.020 cytology in vaccinated HPV vaccine.

NOTE Confidence: 0.907846815714286

 $00:20:24.020 \longrightarrow 00:20:25.490$  Get the month.

NOTE Confidence: 0.907846815714286

 $00:20:25.490 \longrightarrow 00:20:27.115$  The second thing to consider

NOTE Confidence: 0.907846815714286

00:20:27.115 --> 00:20:29.091 moving forward in the next decade

NOTE Confidence: 0.907846815714286

 $00:20:29.091 \longrightarrow 00:20:31.107$  is going to be probably we will.

NOTE Confidence: 0.907846815714286

 $00:20:31.110 \longrightarrow 00:20:33.468$  We will see a diminishing role

NOTE Confidence: 0.907846815714286

00:20:33.468 --> 00:20:35.933 of cytology and uptake in primary

NOTE Confidence: 0.907846815714286

 $00{:}20{:}35.933 \dashrightarrow 00{:}20{:}38.818$  HPV testing is the countries such

NOTE Confidence: 0.907846815714286

 $00:20:38.818 \longrightarrow 00:20:40.886$  as Australia and Netherlands.

NOTE Confidence: 0.907846815714286

 $00:20:40.890 \longrightarrow 00:20:43.602$  They that has the lowest rate of cervical

NOTE Confidence: 0.907846815714286

00:20:43.602 --> 00:20:46.465 cancer have been employing for over 10 years.

NOTE Confidence: 0.907846815714286

00:20:46.470 --> 00:20:48.674 The other possible practical

NOTE Confidence: 0.907846815714286

 $00{:}20{:}48.674 \dashrightarrow 00{:}20{:}51.429$  solution to improving the uptake

NOTE Confidence: 0.907846815714286

00:20:51.429 --> 00:20:54.397 in screening is self sampling.

NOTE Confidence: 0.907846815714286

 $00:20:54.400 \longrightarrow 00:20:57.250$  Then Shirley patients will start sampling

 $00:20:57.250 \longrightarrow 00:21:00.397$  themselves in in in any setting

NOTE Confidence: 0.907846815714286

 $00{:}21{:}00.397 \dashrightarrow 00{:}21{:}03.120$  and mail these to the providers for

NOTE Confidence: 0.773971293809524

 $00:21:03.203 \longrightarrow 00:21:05.380$  evaluation. However, at the time being

NOTE Confidence: 0.773971293809524

00:21:05.380 --> 00:21:07.820 this is not an FDA approved strategy,

NOTE Confidence: 0.773971293809524

 $00:21:07.820 \longrightarrow 00:21:11.318$  so I'm hoping that it will be enabling

NOTE Confidence: 0.773971293809524

00:21:11.318 --> 00:21:14.906 providers to improve the uptake in

NOTE Confidence: 0.773971293809524

 $00:21:14.906 \longrightarrow 00:21:19.020$  screening once FDA approves self sampling.

NOTE Confidence: 0.773971293809524

 $00:21:19.020 \longrightarrow 00:21:21.249$  Summary of guidelines.

NOTE Confidence: 0.773971293809524

 $00:21:21.249 \longrightarrow 00:21:24.964$  Essentially, 2012 was the previous.

NOTE Confidence: 0.773971293809524

00:21:24.970 --> 00:21:26.526 American Cancer Society guidelines.

NOTE Confidence: 0.773971293809524

 $00:21:26.526 \longrightarrow 00:21:28.471$  Before the 2020 and the

NOTE Confidence: 0.773971293809524

 $00:21:28.471 \longrightarrow 00:21:30.348$  age of onset for screening,

NOTE Confidence: 0.773971293809524

 $00:21:30.350 \longrightarrow 00:21:32.870$  then was 21 and age two stop,

NOTE Confidence: 0.773971293809524

 $00:21:32.870 \longrightarrow 00:21:35.245$  screening was 65 with pop

NOTE Confidence: 0.773971293809524

 $00:21:35.245 \longrightarrow 00:21:37.145$  tests every three years.

NOTE Confidence: 0.773971293809524

 $00:21:37.150 \longrightarrow 00:21:39.670$  As we look at the most recent

 $00:21:39.670 \longrightarrow 00:21:41.619$  guidelines we talked about 2018,

NOTE Confidence: 0.773971293809524

00:21:41.620 --> 00:21:45.730 USPSTF and 2020 American Cancer Society.

NOTE Confidence: 0.773971293809524

 $00:21:45.730 \longrightarrow 00:21:48.824$  There is not much changes to USPSTF

NOTE Confidence: 0.773971293809524

 $00:21:48.824 \longrightarrow 00:21:50.975$  guidelines which says we should

NOTE Confidence: 0.773971293809524

 $00:21:50.975 \longrightarrow 00:21:53.579$  start at age 21 and stop screening

NOTE Confidence: 0.773971293809524

00:21:53.579 --> 00:21:56.438 for cervical cancer at age 65 and

NOTE Confidence: 0.773971293809524

 $00:21:56.438 \longrightarrow 00:21:59.230$  for women less than 30 years of age,

NOTE Confidence: 0.773971293809524

 $00:21:59.230 \longrightarrow 00:22:02.163$  pop smear is preferred over HPV testing

NOTE Confidence: 0.773971293809524

 $00{:}22{:}02.163 \dashrightarrow 00{:}22{:}04.854$  since there is such high prevalence

NOTE Confidence: 0.773971293809524

 $00:22:04.854 \longrightarrow 00:22:07.548$  of HPV exposure in the younger.

NOTE Confidence: 0.773971293809524

00:22:07.550 --> 00:22:09.494 Nations and that is most likely

NOTE Confidence: 0.773971293809524

 $00:22:09.494 \longrightarrow 00:22:10.466$  to resolve them,

NOTE Confidence: 0.773971293809524

 $00{:}22{:}10.470 --> 00{:}22{:}12.294$  persist and over age 30 we

NOTE Confidence: 0.773971293809524

 $00:22:12.294 \longrightarrow 00:22:14.630$  can use one of three methods,

NOTE Confidence: 0.773971293809524

00:22:14.630 --> 00:22:16.868 namely pop test every three years,

 $00:22:16.870 \longrightarrow 00:22:19.570$  primary HPV testing every five years

NOTE Confidence: 0.773971293809524

 $00{:}22{:}19.570 \dashrightarrow 00{:}22{:}22.313$  or Co testing that combines the

NOTE Confidence: 0.773971293809524

00:22:22.313 --> 00:22:25.302 pop with the HPV every five years.

NOTE Confidence: 0.773971293809524

00:22:25.310 --> 00:22:28.530 When we look at American Cancer Society,

NOTE Confidence: 0.773971293809524

00:22:28.530 --> 00:22:29.790 it's a little easier to remember,

NOTE Confidence: 0.773971293809524

 $00:22:29.790 \longrightarrow 00:22:31.854$  and I think this is going to be.

NOTE Confidence: 0.773971293809524

 $00:22:31.860 \longrightarrow 00:22:34.380$  Kind of more prevalent moving forward.

NOTE Confidence: 0.773971293809524

 $00:22:34.380 \longrightarrow 00:22:36.630$  Once we continue to understand the

NOTE Confidence: 0.773971293809524

 $00{:}22{:}36.630 \dashrightarrow 00{:}22{:}39.077$  importance of HPV in causing all

NOTE Confidence: 0.773971293809524

 $00:22:39.077 \longrightarrow 00:22:40.825$  these precancerous and cancerous

NOTE Confidence: 0.773971293809524

 $00{:}22{:}40.825 \dashrightarrow 00{:}22{:}43.847$  changes and the age to start screening

NOTE Confidence: 0.773971293809524

00:22:43.847 --> 00:22:46.259 for American Cancer Society is 25.

NOTE Confidence: 0.773971293809524

 $00:22:46.260 \longrightarrow 00:22:48.540$  They recommend stopping at age

NOTE Confidence: 0.773971293809524

 $00{:}22{:}48.540 \dashrightarrow 00{:}22{:}51.228$ 65 and primary HPV testing every

NOTE Confidence: 0.773971293809524

 $00:22:51.228 \longrightarrow 00:22:54.250$  five years is what is preferred.

NOTE Confidence: 0.773971293809524

00:22:54.250 --> 00:22:57.146 So cervical cancer is one kind of women

 $00:22:57.146 \longrightarrow 00:22:59.430$  cancer that we can definitely prevent

NOTE Confidence: 0.773971293809524

 $00:22:59.430 \longrightarrow 00:23:02.438$  now that we know that over 99.7% of

NOTE Confidence: 0.773971293809524

 $00:23:02.438 \longrightarrow 00:23:05.590$  these cases are caused by the HPV virus.

NOTE Confidence: 0.773971293809524

 $00:23:05.590 \longrightarrow 00:23:08.481$  So as we increase the awareness and

NOTE Confidence: 0.773971293809524

 $00:23:08.481 \longrightarrow 00:23:11.246$  increase the uptake of screening and

NOTE Confidence: 0.773971293809524

00:23:11.246 --> 00:23:13.182 HPV vaccination S GYN oncologists,

NOTE Confidence: 0.773971293809524

 $00:23:13.182 \longrightarrow 00:23:15.126$  we hope to eliminate this cancer

NOTE Confidence: 0.773971293809524

00:23:15.126 --> 00:23:16.890 in the next decade or two.

NOTE Confidence: 0.773971293809524

 $00:23:16.890 \longrightarrow 00:23:18.888$  And this is all I have.

NOTE Confidence: 0.773971293809524

 $00:23:18.890 \longrightarrow 00:23:21.185$  I'll see if I have any time for questions.

NOTE Confidence: 0.6468805834

00:23:23.000 --> 00:23:24.428 Thank you very much.

NOTE Confidence: 0.6468805834

 $00:23:24.428 \longrightarrow 00:23:26.570$  Document there is please the audience.

NOTE Confidence: 0.6468805834

00:23:26.570 --> 00:23:28.908 If you can post any questions at

NOTE Confidence: 0.6468805834

 $00:23:28.908 \longrightarrow 00:23:30.972$  the Q&A tab for documentaries that

NOTE Confidence: 0.6468805834

 $00:23:30.972 \longrightarrow 00:23:33.450$  be great and now we're going to

00:23:33.522 --> 00:23:35.766 move on to breast cancer screening

NOTE Confidence: 0.6468805834

 $00{:}23{:}35.766 \dashrightarrow 00{:}23{:}37.790$  with Doctor Lasberg Dr Jasper.

NOTE Confidence: 0.6468805834

00:23:37.790 --> 00:23:39.038 Thank you very much for coming

NOTE Confidence: 0.6468805834

 $00:23:39.038 \longrightarrow 00:23:40.820$  to talk to us about this tonight.

NOTE Confidence: 0.948669615

 $00:23:42.640 \longrightarrow 00:23:45.624$  Thank you so much. Can you hear me?

NOTE Confidence: 0.948669615

00:23:45.630 --> 00:23:48.312 Great thank you everyone for joining

NOTE Confidence: 0.948669615

 $00{:}23{:}48.312 \dashrightarrow 00{:}23{:}51.970$  the I will talk today about practical

NOTE Confidence: 0.948669615

00:23:51.970 --> 00:23:55.528 applications of breast cancer screening with

NOTE Confidence: 0.948669615

00:23:55.528 --> 00:23:59.568 an overview of breast cancer risk factors,

NOTE Confidence: 0.948669615

 $00:23:59.570 \longrightarrow 00:24:02.041$  how to screen your average risk patients

NOTE Confidence: 0.948669615

00:24:02.041 --> 00:24:04.452 patients which will be the majority of

NOTE Confidence: 0.948669615

 $00:24:04.452 \longrightarrow 00:24:06.390$  your population as well as screening

NOTE Confidence: 0.948669615

 $00:24:06.456 \longrightarrow 00:24:08.466$  high risk patients and then wrapping

NOTE Confidence: 0.948669615

 $00:24:08.466 \longrightarrow 00:24:10.906$  up quickly with some discussion of

NOTE Confidence: 0.948669615

 $00:24:10.906 \longrightarrow 00:24:13.098$  modifiable lifestyle risk factors

NOTE Confidence: 0.948669615

 $00{:}24{:}13.098 \dashrightarrow 00{:}24{:}16.520$  that applies to all risk patients.

 $00:24:16.520 \longrightarrow 00:24:21.528$  So female stocks remains the most the

NOTE Confidence: 0.948669615

 $00{:}24{:}21.528 \dashrightarrow 00{:}24{:}23.556$  highest risk factor for breast cancer,

NOTE Confidence: 0.948669615

00:24:23.560 --> 00:24:27.200 as all of you know as well as advancing age,

NOTE Confidence: 0.948669615

 $00:24:27.200 \longrightarrow 00:24:30.405$  family history and prolonged estrogen

NOTE Confidence: 0.948669615

 $00:24:30.405 \longrightarrow 00:24:32.534$  exposure, which can be further

NOTE Confidence: 0.948669615

 $00:24:32.534 \longrightarrow 00:24:34.760$  subdivided into early age of manner.

NOTE Confidence: 0.948669615

 $00:24:34.760 \longrightarrow 00:24:36.680$  Arch, late age of menopause,

NOTE Confidence: 0.948669615

 $00:24:36.680 \longrightarrow 00:24:39.200$  late pregnancy and hormone

NOTE Confidence: 0.948669615

00:24:39.200 --> 00:24:40.460 replacement therapy.

NOTE Confidence: 0.948669615

 $00:24:40.460 \longrightarrow 00:24:42.260$  There are additional risk factors,

NOTE Confidence: 0.948669615

 $00:24:42.260 \longrightarrow 00:24:44.572$  including exposure to radiation.

NOTE Confidence: 0.948669615

 $00:24:44.572 \longrightarrow 00:24:45.728$  Abnormal breast.

NOTE Confidence: 0.948669615

 $00{:}24{:}45.730 \dashrightarrow 00{:}24{:}48.085$  Biopsy, postmenopausal obesity,

NOTE Confidence: 0.948669615

 $00:24:48.085 \longrightarrow 00:24:51.225$  and excess alcohol use.

NOTE Confidence: 0.948669615

00:24:51.230 --> 00:24:53.288 We will also talk about breast

 $00:24:53.288 \longrightarrow 00:24:56.021$  density as a risk factor for breast

NOTE Confidence: 0.948669615

 $00{:}24{:}56.021 \dashrightarrow 00{:}25{:}00.070$  cancer in in the subsequent slide.

NOTE Confidence: 0.948669615

 $00:25:00.070 \longrightarrow 00:25:02.626$  So that there are multiple models

NOTE Confidence: 0.948669615

 $00:25:02.626 \longrightarrow 00:25:04.330$  for assessing your patients

NOTE Confidence: 0.948669615

 $00:25:04.403 \longrightarrow 00:25:05.939$  risk of breast cancer,

NOTE Confidence: 0.948669615

 $00:25:05.940 \longrightarrow 00:25:07.680$  and it can sometimes be

NOTE Confidence: 0.948669615

 $00:25:07.680 \longrightarrow 00:25:09.850$  confusing which one to go with.

NOTE Confidence: 0.948669615

 $00:25:09.850 \longrightarrow 00:25:12.914$  The Gale model is the most common one

NOTE Confidence: 0.948669615

 $00{:}25{:}12.914 \dashrightarrow 00{:}25{:}15.768$  and it's easily searchable and it's

NOTE Confidence: 0.948669615

 $00:25:15.768 \longrightarrow 00:25:19.000$  relatively easy to do where the risk

NOTE Confidence: 0.948669615

00:25:19.000 --> 00:25:21.190 factors that are included include age,

NOTE Confidence: 0.948669615

 $00:25:21.190 \longrightarrow 00:25:22.710$  age of first period,

NOTE Confidence: 0.948669615

 $00:25:22.710 \longrightarrow 00:25:24.610$  age of first live birth,

NOTE Confidence: 0.948669615

00:25:24.610 --> 00:25:26.942 number of first degree,

NOTE Confidence: 0.948669615

 $00:25:26.942 \longrightarrow 00:25:29.274$  relatives with breast cancer.

NOTE Confidence: 0.948669615

00:25:29.280 --> 00:25:31.480 And history of breast biopsy,

00:25:31.480 --> 00:25:34.120 as well as history of pre malignant changes

NOTE Confidence: 0.948669615

 $00{:}25{:}34.120 \dashrightarrow 00{:}25{:}36.669$  such as a typical ductal hyperplasia,

NOTE Confidence: 0.948669615

00:25:36.670 --> 00:25:38.935 does not consider family history

NOTE Confidence: 0.948669615

00:25:38.935 --> 00:25:41.200 beyond first degree of relatives,

NOTE Confidence: 0.948669615

 $00:25:41.200 \longrightarrow 00:25:43.072$  and this is one of the

NOTE Confidence: 0.948669615

 $00:25:43.072 \longrightarrow 00:25:44.320$  limitations of this tool,

NOTE Confidence: 0.948669615

 $00:25:44.320 \longrightarrow 00:25:47.496$  and it does not take into account other

NOTE Confidence: 0.948669615

 $00:25:47.496 \longrightarrow 00:25:49.908$  cancers or any paternal relatives

NOTE Confidence: 0.948669615

 $00:25:49.908 \longrightarrow 00:25:52.980$  with cancer in the risk assessment.

NOTE Confidence: 0.948669615

 $00:25:52.980 \longrightarrow 00:25:53.883$  For this reason,

NOTE Confidence: 0.948669615

00:25:53.883 --> 00:25:57.035 it may not be the most useful in making

NOTE Confidence: 0.948669615

 $00{:}25{:}57.035 \dashrightarrow 00{:}25{:}58.995$  recommendations for risk reduction.

NOTE Confidence: 0.948669615

 $00{:}25{:}59.000 \dashrightarrow 00{:}26{:}01.440$  Particularly in individuals with

NOTE Confidence: 0.948669615

 $00:26:01.440 \longrightarrow 00:26:03.270$  hereditary genetic syndromes,

NOTE Confidence: 0.948669615

 $00:26:03.270 \longrightarrow 00:26:04.918$  but as I said,

 $00:26:04.918 \longrightarrow 00:26:06.566$  it's relatively easy to

NOTE Confidence: 0.948669615

 $00{:}26{:}06.566 \dashrightarrow 00{:}26{:}08.919$  use and very accessible.

NOTE Confidence: 0.948669615

 $00:26:08.920 \longrightarrow 00:26:11.260$  And more comprehensive tool is

NOTE Confidence: 0.948669615

00:26:11.260 --> 00:26:14.674 the Tyra Kuzyk or the Ibis model

NOTE Confidence: 0.948669615

 $00:26:14.674 \longrightarrow 00:26:17.119$  and this is more extensive,

NOTE Confidence: 0.948669615

 $00:26:17.120 \longrightarrow 00:26:19.680$  still very easily accessible by

NOTE Confidence: 0.948669615

00:26:19.680 --> 00:26:22.949 quick search online and it includes

NOTE Confidence: 0.948669615

 $00:26:22.949 \longrightarrow 00:26:26.039$  some additional non genetic risk

NOTE Confidence: 0.948669615

 $00{:}26{:}26.039 \dashrightarrow 00{:}26{:}29.220$  factors including height and weight.

NOTE Confidence: 0.948669615

 $00:26:29.220 \longrightarrow 00:26:33.250$  For BMI it includes amounts

NOTE Confidence: 0.948669615

 $00:26:33.250 \longrightarrow 00:26:35.668$  of family history.

NOTE Confidence: 0.948669615

00:26:35.670 --> 00:26:39.854 Cast of the RC one and two mutation has the

NOTE Confidence: 0.948669615

 $00:26:39.854 \longrightarrow 00:26:43.718$  risk of invasive breast cancer DCIS overtime.

NOTE Confidence: 0.948669615

 $00:26:43.720 \longrightarrow 00:26:44.390$  I'm here,

NOTE Confidence: 0.948669615

 $00:26:44.390 \longrightarrow 00:26:47.518$  rest and a lifetime rest and it tends to

NOTE Confidence: 0.948669615

 $00:26:47.518 \longrightarrow 00:26:50.136$  perform best in a high risk population,

00:26:50.140 --> 00:26:52.420 but tends to overestimate risks,

NOTE Confidence: 0.948669615

 $00:26:52.420 \longrightarrow 00:26:54.650$  particularly in those with HPR.

NOTE Confidence: 0.948669615

 $00:26:54.650 \longrightarrow 00:26:56.830$  The newer the newest version,

NOTE Confidence: 0.948669615

 $00:26:56.830 \longrightarrow 00:26:57.870$  version eight,

NOTE Confidence: 0.948669615

00:26:57.870 --> 00:27:00.990 also takes into account breast density,

NOTE Confidence: 0.948669615

 $00{:}27{:}00.990 \to 00{:}27{:}03.710$  which I will highlight again why that is

NOTE Confidence: 0.948669615

 $00:27:03.710 \longrightarrow 00:27:06.380$  important in the in a few slides coming up.

NOTE Confidence: 0.948669615

 $00:27:06.380 \longrightarrow 00:27:10.240$  Another older model class.

NOTE Confidence: 0.948669615

 $00{:}27{:}10.240 \dashrightarrow 00{:}27{:}13.368$  Include as many factors as the Tier 2

NOTE Confidence: 0.948669615

 $00{:}27{:}13.368 \dashrightarrow 00{:}27{:}16.586$  SEC and it tends to underestimate risk

NOTE Confidence: 0.948669615

 $00:27:16.586 \longrightarrow 00:27:20.329$  and for this reason not as recommended,

NOTE Confidence: 0.948669615

 $00{:}27{:}20.330 \dashrightarrow 00{:}27{:}22.282$  and it tends to be an older data

NOTE Confidence: 0.948669615

 $00{:}27{:}22.282 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}27{:}24.241$  set and whether it's applicable

NOTE Confidence: 0.948669615

 $00:27:24.241 \longrightarrow 00:27:25.645$  to current population.

NOTE Confidence: 0.948669615

 $00:27:25.650 \longrightarrow 00:27:27.960$  This is this is one of the

 $00:27:27.960 \longrightarrow 00:27:29.390$  concerns about this tool.

NOTE Confidence: 0.948669615

 $00:27:29.390 \longrightarrow 00:27:31.472$  So if you compare the three

NOTE Confidence: 0.948669615

 $00:27:31.472 \longrightarrow 00:27:32.860$  models that I've listed

NOTE Confidence: 0.918982198181818

 $00:27:32.930 \longrightarrow 00:27:35.223$  here, you can see that the Klaus

NOTE Confidence: 0.918982198181818

 $00:27:35.223 \longrightarrow 00:27:37.476$  model is the most limited and the

NOTE Confidence: 0.918982198181818

00:27:37.476 --> 00:27:39.498 tire acoustic or the Ibis model

NOTE Confidence: 0.918982198181818

 $00{:}27{:}39.571 \dashrightarrow 00{:}27{:}41.905$  takes into account the most factors.

NOTE Confidence: 0.918982198181818

00:27:41.910 --> 00:27:43.950 So if you're particularly worried

NOTE Confidence: 0.918982198181818

00:27:43.950 --> 00:27:45.582 about your patients risk,

NOTE Confidence: 0.918982198181818

 $00:27:45.590 \longrightarrow 00:27:48.534$  that is the model that we would recommend.

NOTE Confidence: 0.918982198181818

 $00{:}27{:}48.540 \dashrightarrow 00{:}27{:}51.081$  So quick take home points on risk

NOTE Confidence: 0.918982198181818

 $00:27:51.081 \longrightarrow 00:27:53.220$  assessment in your busy practice.

NOTE Confidence: 0.918982198181818

 $00:27:53.220 \longrightarrow 00:27:55.220$  Pick one calculator that

NOTE Confidence: 0.918982198181818

 $00:27:55.220 \longrightarrow 00:27:57.220$  you feel comfortable using.

NOTE Confidence: 0.918982198181818

00:27:57.220 --> 00:27:59.350 Know which patients are average risk

NOTE Confidence: 0.918982198181818

 $00:27:59.350 \longrightarrow 00:28:01.975$  versus those who are high risk and those

00:28:01.975 --> 00:28:04.440 are over 20% lifetime risk of breast cancer.

NOTE Confidence: 0.918982198181818

 $00:28:04.440 \longrightarrow 00:28:06.813$  I will talk more about the high

NOTE Confidence: 0.918982198181818

00:28:06.813 --> 00:28:08.280 risk population coming up and

NOTE Confidence: 0.918982198181818

 $00:28:08.280 \longrightarrow 00:28:09.840$  if there's a question on risk.

NOTE Confidence: 0.918982198181818

00:28:09.840 --> 00:28:10.832 Whether you're worried that

NOTE Confidence: 0.918982198181818

00:28:10.832 --> 00:28:12.072 your patient is higher risk,

NOTE Confidence: 0.918982198181818

 $00:28:12.080 \longrightarrow 00:28:13.785$  you can absolutely refer them

NOTE Confidence: 0.918982198181818

 $00:28:13.785 \longrightarrow 00:28:16.080$  to a high risk genetics program,

NOTE Confidence: 0.918982198181818

 $00{:}28{:}16.080 \dashrightarrow 00{:}28{:}18.536$  and for any patient with any type of.

NOTE Confidence: 0.918982198181818

 $00{:}28{:}18.540 \dashrightarrow 00{:}28{:}21.850$  These factors it's also important to

NOTE Confidence: 0.918982198181818

 $00:28:21.850 \longrightarrow 00:28:24.000$  address modifiable risk factors such

NOTE Confidence: 0.918982198181818

 $00:28:24.000 \longrightarrow 00:28:27.140$  as obesity, exercise and alcohol.

NOTE Confidence: 0.918982198181818

 $00{:}28{:}27.140 \dashrightarrow 00{:}28{:}29.636$  So moving on to screening average

NOTE Confidence: 0.918982198181818

 $00:28:29.636 \longrightarrow 00:28:30.884$  risk breast patients.

NOTE Confidence: 0.918982198181818

 $00:28:30.890 \longrightarrow 00:28:33.070$  Obviously the point of screening

 $00:28:33.070 \longrightarrow 00:28:35.977$  is to identify breast cancers at a

NOTE Confidence: 0.918982198181818

 $00{:}28{:}35.977 \dashrightarrow 00{:}28{:}38.498$  much earlier stage so that there

NOTE Confidence: 0.918982198181818

 $00:28:38.498 \longrightarrow 00:28:41.594$  is a lower chance of metastasis.

NOTE Confidence: 0.918982198181818

 $00:28:41.600 \longrightarrow 00:28:44.120$  And to have a curable disease.

NOTE Confidence: 0.918982198181818

 $00:28:44.120 \longrightarrow 00:28:46.135$  So the guidelines don't always

NOTE Confidence: 0.918982198181818

 $00:28:46.135 \longrightarrow 00:28:47.747$  agree on the age.

NOTE Confidence: 0.918982198181818

 $00:28:47.750 \longrightarrow 00:28:48.785$  To start screening,

NOTE Confidence: 0.918982198181818

 $00:28:48.785 \longrightarrow 00:28:50.855$  you can see all the different

NOTE Confidence: 0.918982198181818

 $00{:}28{:}50.855 \dashrightarrow 00{:}28{:}52.607$  ages that are listed here,

NOTE Confidence: 0.918982198181818

00:28:52.610 --> 00:28:55.064 with the USPSTF being the most

NOTE Confidence: 0.918982198181818

 $00{:}28{:}55.064 \dashrightarrow 00{:}28{:}57.508$  conservative with a start age of 50.

NOTE Confidence: 0.918982198181818

00:28:57.510 --> 00:29:00.012 Although most recently they have added

NOTE Confidence: 0.918982198181818

 $00{:}29{:}00.012 \dashrightarrow 00{:}29{:}02.553$  the clause that patients in their

NOTE Confidence: 0.918982198181818

 $00:29:02.553 \longrightarrow 00:29:04.971$  40s could be screened after informed

NOTE Confidence: 0.918982198181818

 $00:29:04.971 \longrightarrow 00:29:06.909$  discussion with their providers.

NOTE Confidence: 0.918982198181818

00:29:06.910 --> 00:29:08.478 American Cancer Society were

00:29:08.478 --> 00:29:10.830 recommend starting at 45 and the

NOTE Confidence: 0.918982198181818

00:29:10.900 --> 00:29:12.828 American College of Radiology.

NOTE Confidence: 0.918982198181818

 $00:29:12.830 \longrightarrow 00:29:14.699$  As one of the few other societies,

NOTE Confidence: 0.918982198181818

00:29:14.700 --> 00:29:15.874 including NCCN,

NOTE Confidence: 0.918982198181818

 $00:29:15.874 \longrightarrow 00:29:19.396$  recommends starting annually at age 40.

NOTE Confidence: 0.918982198181818

00:29:19.400 --> 00:29:22.496 I have the NCCN guidelines here for you.

NOTE Confidence: 0.918982198181818

 $00:29:22.500 \longrightarrow 00:29:24.060$  As you can see again,

NOTE Confidence: 0.918982198181818

 $00:29:24.060 \longrightarrow 00:29:26.508$  if your patient is under the

NOTE Confidence: 0.918982198181818

 $00:29:26.508 \longrightarrow 00:29:28.660$  age 40 with average risk.

NOTE Confidence: 0.918982198181818

 $00:29:28.660 \longrightarrow 00:29:31.756$  The recommendation is for breast awareness,

NOTE Confidence: 0.918982198181818

 $00:29:31.760 \longrightarrow 00:29:34.688$  not necessarily breast self exams and

NOTE Confidence: 0.918982198181818

 $00:29:34.688 \longrightarrow 00:29:37.140$  clinical encounters or clinical exams.

NOTE Confidence: 0.918982198181818

00:29:37.140 --> 00:29:39.450 Every one to three years.

NOTE Confidence: 0.918982198181818

00:29:39.450 --> 00:29:41.182 And an annual screening

NOTE Confidence: 0.918982198181818

00:29:41.182 --> 00:29:43.347 mammogram starting at age 40,

 $00:29:43.350 \longrightarrow 00:29:45.735$  with a preference for tomosynthesis

NOTE Confidence: 0.918982198181818

00:29:45.735 --> 00:29:47.643 or or 3D mammography,

NOTE Confidence: 0.918982198181818

 $00:29:47.650 \longrightarrow 00:29:49.450$  is available to the patient

NOTE Confidence: 0.918982198181818

 $00:29:49.450 \longrightarrow 00:29:50.890$  and in your practice.

NOTE Confidence: 0.918982198181818

 $00:29:50.890 \longrightarrow 00:29:53.690$  Patients with increased risk are listed here,

NOTE Confidence: 0.918982198181818 00:29:53.690 --> 00:29:54.468 and these. NOTE Confidence: 0.918982198181818

 $00:29:54.468 \longrightarrow 00:29:56.802$  These include those who have a

NOTE Confidence: 0.918982198181818

 $00{:}29{:}56.802 \dashrightarrow 00{:}29{:}58.907$  lifetime risk of greater than or

NOTE Confidence: 0.918982198181818

 $00{:}29{:}58.907 \dashrightarrow 00{:}30{:}01.564$  equal to 20% thoracic radiation.

NOTE Confidence: 0.918982198181818

 $00:30:01.564 \longrightarrow 00:30:05.849$  Those with pre invasive lesions

NOTE Confidence: 0.918982198181818

 $00{:}30{:}05.849 \dashrightarrow 00{:}30{:}09.762$  such as LCIADAH and a strong

NOTE Confidence: 0.918982198181818

 $00:30:09.762 \longrightarrow 00:30:12.502$  family history of genetic factors.

NOTE Confidence: 0.918982198181818

00:30:12.510 --> 00:30:15.638 Even though you may not be able to

NOTE Confidence: 0.918982198181818

 $00{:}30{:}15.638 \dashrightarrow 00{:}30{:}17.960$  clearly identify their genetic risk.

NOTE Confidence: 0.918982198181818

 $00:30:17.960 \longrightarrow 00:30:20.558$  So for these average risk patients,

NOTE Confidence: 0.918982198181818

 $00:30:20.560 \longrightarrow 00:30:21.832$  it's important to.

00:30:21.832 --> 00:30:23.952 Our recommendation is to begin

NOTE Confidence: 0.918982198181818

 $00:30:23.952 \longrightarrow 00:30:25.635$  mammography at 8 between the

NOTE Confidence: 0.918982198181818

00:30:25.635 --> 00:30:27.740 ages of 40 to 45 annually.

NOTE Confidence: 0.918982198181818

00:30:27.740 --> 00:30:30.440 Which mammograms should you choose?

NOTE Confidence: 0.918982198181818

 $00:30:30.440 \longrightarrow 00:30:33.164$  I think the trend is moving

NOTE Confidence: 0.918982198181818

 $00:30:33.164 \longrightarrow 00:30:34.980$  towards offering tomosynthesis or

NOTE Confidence: 0.918982198181818

00:30:35.057 --> 00:30:37.437 3D mammography to most patients.

NOTE Confidence: 0.918982198181818

00:30:37.440 --> 00:30:39.960 It has improved resolution,

NOTE Confidence: 0.918982198181818

 $00:30:39.960 \longrightarrow 00:30:41.850$  reduced recall rate,

NOTE Confidence: 0.918982198181818

 $00:30:41.850 \dashrightarrow 00:30:44.738$  and it takes a little longer to interpret.

NOTE Confidence: 0.918982198181818

 $00:30:44.740 \longrightarrow 00:30:46.654$  But the radiologist really has a

NOTE Confidence: 0.918982198181818

00:30:46.654 --> 00:30:48.660 much clearer view of what it is.

NOTE Confidence: 0.918982198181818

 $00{:}30{:}48.660 {\:{\mbox{--}}\!\!>}\ 00{:}30{:}50.928$  Going on in the breast issue a

NOTE Confidence: 0.918982198181818

 $00{:}30{:}50.928 \dashrightarrow 00{:}30{:}53.286$  question that often comes up is is

NOTE Confidence: 0.918982198181818

 $00:30:53.286 \longrightarrow 00:30:55.266$  this much higher radiation dose when

00:30:55.337 --> 00:30:57.929 we use 3D mammography and the answer is,

NOTE Confidence: 0.93531457555556

 $00{:}30{:}57.930 \dashrightarrow 00{:}31{:}00.396$  it's only a very slight increase

NOTE Confidence: 0.93531457555556

 $00:31:00.396 \longrightarrow 00:31:03.565$  in whole body radiation with 13D

NOTE Confidence: 0.93531457555556

 $00:31:03.565 \longrightarrow 00:31:06.790$  mammogram rate increased radiation dose

NOTE Confidence: 0.93531457555556

 $00:31:06.790 \longrightarrow 00:31:10.579$  corresponding to about two months of

NOTE Confidence: 0.93531457555556

 $00:31:10.579 \longrightarrow 00:31:12.987$  natural annual background radiation.

NOTE Confidence: 0.93531457555556

 $00:31:12.990 \longrightarrow 00:31:15.250$  What about increased breast density?

NOTE Confidence: 0.93531457555556

 $00:31:15.250 \longrightarrow 00:31:17.882$  So, so if your patient is noted in

NOTE Confidence: 0.93531457555556

 $00{:}31{:}17.882 \dashrightarrow 00{:}31{:}20.702$  the report to have kids or geniously

NOTE Confidence: 0.93531457555556

 $00:31:20.702 \longrightarrow 00:31:22.787$  dense or extremely dense grass,

NOTE Confidence: 0.935314575555556

 $00:31:22.790 \longrightarrow 00:31:25.290$  then in this particular case

NOTE Confidence: 0.93531457555556

00:31:25.290 --> 00:31:27.362 absolutely using 3D mammography

NOTE Confidence: 0.93531457555556

 $00:31:27.362 \longrightarrow 00:31:29.506$  or tomosynthesis is important.

NOTE Confidence: 0.93531457555556

 $00:31:29.510 \longrightarrow 00:31:32.520$  It both increases cancer detection

NOTE Confidence: 0.93531457555556

 $00:31:32.520 \longrightarrow 00:31:34.928$  rate and reduces recall.

NOTE Confidence: 0.93531457555556

 $00:31:34.930 \longrightarrow 00:31:36.928$  As as many of you know,

00:31:36.930 --> 00:31:39.765 dense breast tissue can can be very

NOTE Confidence: 0.93531457555556

00:31:39.765 --> 00:31:42.210 hard to interpret on mammography,

NOTE Confidence: 0.93531457555556

 $00{:}31{:}42.210 \longrightarrow 00{:}31{:}44.802$  and it's also an independent risk

NOTE Confidence: 0.93531457555556

00:31:44.802 --> 00:31:47.530 factor for breast cancer with with

NOTE Confidence: 0.93531457555556

 $00{:}31{:}47.530 \dashrightarrow 00{:}31{:}49.530$  extremely dense breast tissue.

NOTE Confidence: 0.93531457555556

 $00:31:49.530 \longrightarrow 00:31:52.296$  Increasing the the the future

NOTE Confidence: 0.93531457555556

00:31:52.296 --> 00:31:54.809 risk of breast cancer 5 fold.

NOTE Confidence: 0.93531457555556

 $00:31:54.810 \longrightarrow 00:31:58.360$  There is a law in place that in 27 states,

NOTE Confidence: 0.93531457555556

00:31:58.360 --> 00:31:59.080 including Connecticut,

NOTE Confidence: 0.93531457555556

 $00:31:59.080 \longrightarrow 00:32:01.600$  that patients need to be notified of

NOTE Confidence: 0.93531457555556

 $00:32:01.600 \dashrightarrow 00:32:04.006$  their breast density on their mammography,

NOTE Confidence: 0.93531457555556

 $00:32:04.010 \longrightarrow 00:32:05.834$  and as you can see in the pie

NOTE Confidence: 0.935314575555556

 $00:32:05.834 \longrightarrow 00:32:07.010$  graph on the bottom,

NOTE Confidence: 0.93531457555556

 $00:32:07.010 \longrightarrow 00:32:09.395$  approximately half of your patients

NOTE Confidence: 0.93531457555556

 $00:32:09.395 \longrightarrow 00:32:11.780$  will have either heterogeneously dense

00:32:11.850 --> 00:32:13.980 breast or extremely dense breast.

NOTE Confidence: 0.93531457555556

 $00:32:13.980 \longrightarrow 00:32:15.600$  And these are the categories

NOTE Confidence: 0.93531457555556

 $00:32:15.600 \longrightarrow 00:32:17.520$  and more clear detail for you.

NOTE Confidence: 0.93531457555556

 $00:32:17.520 \longrightarrow 00:32:20.194$  The two categories you need to be

NOTE Confidence: 0.93531457555556

 $00:32:20.194 \dashrightarrow 00:32:22.477$  most concerned about is Level 3 M 4.

NOTE Confidence: 0.93531457555556

 $00:32:22.480 \longrightarrow 00:32:23.914$  Which will be written in the

NOTE Confidence: 0.93531457555556

 $00:32:23.914 \longrightarrow 00:32:25.560$  in the report as hydrogenous.

NOTE Confidence: 0.93531457555556

 $00:32:25.560 \longrightarrow 00:32:28.000$  They danced or extremely dance.

NOTE Confidence: 0.93531457555556

 $00:32:28.000 \longrightarrow 00:32:30.136$  And So what is the action plan for

NOTE Confidence: 0.93531457555556

00:32:30.136 --> 00:32:32.120 your patients with high breast density?

NOTE Confidence: 0.93531457555556

 $00{:}32{:}32.120 \dashrightarrow 00{:}32{:}34.128$  I think absolutely incorporating

NOTE Confidence: 0.93531457555556

00:32:34.128 --> 00:32:36.638 tomosynthesis or 3D mammogram in

NOTE Confidence: 0.935314575555556

00:32:36.638 --> 00:32:38.920 their annual imaging for sure,

NOTE Confidence: 0.93531457555556

 $00:32:38.920 \longrightarrow 00:32:41.512$  and then discussing the pros and

NOTE Confidence: 0.93531457555556

 $00:32:41.512 \longrightarrow 00:32:44.306$  cons of supplemental imaging with an

NOTE Confidence: 0.93531457555556

 $00:32:44.306 \longrightarrow 00:32:46.290$  automated whole breast ultrasound.

 $00:32:46.290 \longrightarrow 00:32:48.666$  This supplemental imaging increases

NOTE Confidence: 0.93531457555556

 $00{:}32{:}48.666 \dashrightarrow 00{:}32{:}52.796$  cancer detection rate to about three to

NOTE Confidence: 0.93531457555556

 $00{:}32{:}52.796 \dashrightarrow 00{:}32{:}56.184$  four additional cases per 1000 cases screen,

NOTE Confidence: 0.93531457555556

 $00:32:56.190 \longrightarrow 00:32:57.680$  so it's a modest increase,

NOTE Confidence: 0.93531457555556

00:32:57.680 --> 00:33:00.109 and it's important for patients to to

NOTE Confidence: 0.93531457555556

 $00:33:00.109 \longrightarrow 00:33:02.930$  be aware that it's not a huge increase.

NOTE Confidence: 0.93531457555556 00:33:02.930 --> 00:33:03.305 However, NOTE Confidence: 0.935314575555556

 $00{:}33{:}03.305 \dashrightarrow 00{:}33{:}05.555$  it has some additional drawbacks in

NOTE Confidence: 0.93531457555556

 $00:33:05.555 \longrightarrow 00:33:07.790$  addition to some additional costs.

NOTE Confidence: 0.93531457555556

 $00:33:07.790 \longrightarrow 00:33:09.131$  Depending on insurance,

NOTE Confidence: 0.93531457555556

 $00:33:09.131 \longrightarrow 00:33:11.366$  it can be associated with

NOTE Confidence: 0.93531457555556

 $00{:}33{:}11.366 \dashrightarrow 00{:}33{:}13.752$  increased recall rates and false

NOTE Confidence: 0.935314575555556

 $00{:}33{:}13.752 \dashrightarrow 00{:}33{:}15.648$  positives and increased biopsies,

NOTE Confidence: 0.93531457555556

00:33:15.650 --> 00:33:16.769 particularly in less.

NOTE Confidence: 0.93531457555556

 $00:33:16.769 \longrightarrow 00:33:18.261$  Experience centers therefore what

 $00:33:18.261 \longrightarrow 00:33:20.369$  what we're not recommending is that

NOTE Confidence: 0.93531457555556

 $00:33:20.369 \longrightarrow 00:33:22.532$  every one of your dance breast tissue

NOTE Confidence: 0.93531457555556

00:33:22.594 --> 00:33:24.730 patients have a whole breast ultrasound,

NOTE Confidence: 0.93531457555556

 $00:33:24.730 \longrightarrow 00:33:27.262$  but it should be a dialogue

NOTE Confidence: 0.93531457555556

 $00:33:27.262 \longrightarrow 00:33:28.950$  and shared decision making.

NOTE Confidence: 0.93531457555556

 $00:33:28.950 \longrightarrow 00:33:31.547$  So take home points for average risk,

NOTE Confidence: 0.93531457555556

 $00:33:31.550 \longrightarrow 00:33:33.042$  offer breast imaging starting

NOTE Confidence: 0.93531457555556

 $00:33:33.042 \longrightarrow 00:33:34.907$  at age 40 to 45.

NOTE Confidence: 0.93531457555556

00:33:34.910 --> 00:33:37.907 It has you have less recall rates with 3D

NOTE Confidence: 0.93531457555556

00:33:37.907 --> 00:33:40.489 mammograms regardless of your breast density,

NOTE Confidence: 0.93531457555556

 $00:33:40.490 \longrightarrow 00:33:42.290$  but surely for those with

NOTE Confidence: 0.93531457555556

 $00:33:42.290 \longrightarrow 00:33:43.370$  high breast density,

NOTE Confidence: 0.93531457555556

 $00:33:43.370 \longrightarrow 00:33:45.015$  definitely do tomosynthesis and then

NOTE Confidence: 0.93531457555556

 $00:33:45.015 \longrightarrow 00:33:47.455$  discuss the pros and cons of supplemental

NOTE Confidence: 0.93531457555556

 $00:33:47.455 \longrightarrow 00:33:49.310$  imaging with automated full breast

NOTE Confidence: 0.93531457555556

 $00:33:49.310 \longrightarrow 00:33:51.698$  ultrasound to those with impressed breasts.

 $00:33:51.700 \longrightarrow 00:33:53.752$  Density moving on to

NOTE Confidence: 0.93531457555556

00:33:53.752 --> 00:33:55.804 screening high risk patients.

NOTE Confidence: 0.93531457555556

00:33:55.810 --> 00:33:57.110 These are patients with

NOTE Confidence: 0.93531457555556

 $00:33:57.110 \longrightarrow 00:33:58.410$  a strong family history,

NOTE Confidence: 0.93531457555556

 $00:33:58.410 \longrightarrow 00:34:00.420$  greater than or equal to 20%.

NOTE Confidence: 0.93531457555556

 $00:34:00.420 \longrightarrow 00:34:03.516$  Lifetime risk of breast cancer and

NOTE Confidence: 0.93531457555556

 $00:34:03.516 \longrightarrow 00:34:06.182$  the strongest recommendation is to

NOTE Confidence: 0.93531457555556

 $00:34:06.182 \longrightarrow 00:34:08.787$  incorporate breast MRI with contrast.

NOTE Confidence: 0.93531457555556

 $00:34:08.790 \longrightarrow 00:34:11.622$  It's not as useful without contrast

NOTE Confidence: 0.93531457555556

00:34:11.622 --> 00:34:15.390 as an adjunct to 3D mammography.

NOTE Confidence: 0.93531457555556

 $00:34:15.390 \longrightarrow 00:34:18.858$  So typically what we recommend is

NOTE Confidence: 0.93531457555556

 $00:34:18.858 \longrightarrow 00:34:22.030$  alternating the breast mammography with MRI.

NOTE Confidence: 0.935314575555556

 $00{:}34{:}22.030 \dashrightarrow 00{:}34{:}23.956$  So some type of breast imaging

NOTE Confidence: 0.93531457555556

 $00:34:23.956 \longrightarrow 00:34:25.780$  is done every six months.

NOTE Confidence: 0.93531457555556

 $00:34:25.780 \longrightarrow 00:34:27.670$  And obviously the purpose is

 $00:34:27.670 \longrightarrow 00:34:29.560$  to identify internal cancers at

NOTE Confidence: 0.764845291428571

 $00{:}34{:}29.626 \to 00{:}34{:}30.950$ a much earlier stage.

NOTE Confidence: 0.764845291428571

00:34:30.950 --> 00:34:33.238 As you can see in the pictures depicted,

NOTE Confidence: 0.764845291428571

 $00:34:33.240 \longrightarrow 00:34:35.746$  the MRI clearly has a much higher

NOTE Confidence: 0.764845291428571

 $00:34:35.746 \longrightarrow 00:34:38.522$  resolution and is able to detect things

NOTE Confidence: 0.764845291428571

00:34:38.522 --> 00:34:40.964 much more clearly than in mammogram.

NOTE Confidence: 0.764845291428571

 $00:34:40.970 \longrightarrow 00:34:43.796$  However, it does need expert breast

NOTE Confidence: 0.764845291428571

 $00:34:43.796 \longrightarrow 00:34:45.721$  radiology opinion, it can be.

NOTE Confidence: 0.764845291428571

00:34:45.721 --> 00:34:48.010 And said it can be uncomfortable for

NOTE Confidence: 0.764845291428571

00:34:48.084 --> 00:34:51.148 patients and it can lead to false positives,

NOTE Confidence: 0.764845291428571

 $00:34:51.150 \longrightarrow 00:34:54.910$  leading to sometimes unnecessary biopsies.

NOTE Confidence: 0.764845291428571

 $00:34:54.910 \longrightarrow 00:34:56.146$  You might ask, well,

NOTE Confidence: 0.764845291428571

 $00:34:56.146 \longrightarrow 00:34:58.729$  what if my patient is very high risk?

NOTE Confidence: 0.764845291428571

 $00:34:58.730 \longrightarrow 00:35:01.614$  Should I also add a third breast

NOTE Confidence: 0.764845291428571

 $00:35:01.614 \longrightarrow 00:35:04.053$  imaging modalities such as an ultrasound

NOTE Confidence: 0.764845291428571

 $00:35:04.053 \longrightarrow 00:35:06.309$  to the mammogram and the MRI?

 $00:35:06.310 \longrightarrow 00:35:08.758$  And the answer is clearly no

NOTE Confidence: 0.764845291428571

 $00:35:08.758 \longrightarrow 00:35:11.030$  based on the Eva trial,

NOTE Confidence: 0.764845291428571

 $00:35:11.030 \longrightarrow 00:35:13.753$  the MRI plus mammogram gave the best

NOTE Confidence: 0.764845291428571

 $00:35:13.753 \longrightarrow 00:35:16.643$  cancer yield and the addition of an

NOTE Confidence: 0.764845291428571

 $00:35:16.643 \longrightarrow 00:35:18.698$  ultrasound to these two modalities

NOTE Confidence: 0.764845291428571

 $00:35:18.698 \longrightarrow 00:35:21.080$  as a third imaging procedure

NOTE Confidence: 0.764845291428571

 $00:35:21.080 \longrightarrow 00:35:23.445$  did not add anything additional.

NOTE Confidence: 0.764845291428571

 $00:35:23.450 \longrightarrow 00:35:24.910$  If for whatever reason.

NOTE Confidence: 0.764845291428571

00:35:24.910 --> 00:35:27.100 The patient cannot tolerate an MRI.

NOTE Confidence: 0.764845291428571

 $00{:}35{:}27.100 \dashrightarrow 00{:}35{:}30.604$  You can see that an MRI plus ultrasound

NOTE Confidence: 0.764845291428571

00:35:30.604 --> 00:35:34.038 can also give relatively good yield.

NOTE Confidence: 0.764845291428571

 $00:35:34.040 \dashrightarrow 00:35:35.984$  So back to the NCCN guidelines

NOTE Confidence: 0.764845291428571

 $00{:}35{:}35.984 \dashrightarrow 00{:}35{:}37.960$  for your patients with high risk.

NOTE Confidence: 0.764845291428571

 $00:35:37.960 \longrightarrow 00:35:39.860$  It's really important to to

NOTE Confidence: 0.764845291428571

 $00:35:39.860 \longrightarrow 00:35:41.760$  know first who's at risk.

 $00:35:41.760 \longrightarrow 00:35:44.760$  So this comes back to good family history.

NOTE Confidence: 0.764845291428571

 $00{:}35{:}44.760 \dashrightarrow 00{:}35{:}48.263$  Doing using the risk calculators and

NOTE Confidence: 0.764845291428571

 $00:35:48.263 \longrightarrow 00:35:51.784$  then the age of screening is very

NOTE Confidence: 0.764845291428571

00:35:51.784 --> 00:35:54.538 much dependent on who the youngest

NOTE Confidence: 0.764845291428571

 $00:35:54.538 \longrightarrow 00:35:56.968$  family member with the positive

NOTE Confidence: 0.764845291428571

 $00:35:56.968 \longrightarrow 00:35:59.987$  family history was and we we recommend

NOTE Confidence: 0.764845291428571

00:35:59.987 --> 00:36:02.630 starting ten years prior to that

NOTE Confidence: 0.764845291428571

 $00:36:02.630 \longrightarrow 00:36:05.590$  initial youngest family member diagnosis.

NOTE Confidence: 0.764845291428571

 $00:36:05.590 \longrightarrow 00:36:07.066$  And this should.

NOTE Confidence: 0.764845291428571

00:36:07.066 --> 00:36:10.510 This should not start prior to age

NOTE Confidence: 0.764845291428571

 $00{:}36{:}10.510 \dashrightarrow 00{:}36{:}14.046$ 34 for MRI to similar start 10 years

NOTE Confidence: 0.764845291428571

 $00:36:14.046 \longrightarrow 00:36:17.787$  prior to the youngest family members,

NOTE Confidence: 0.764845291428571

 $00:36:17.790 \longrightarrow 00:36:20.176$  but not prior to age 25.

NOTE Confidence: 0.764845291428571

00:36:20.176 --> 00:36:23.406 And consider risk reducing strategies,

NOTE Confidence: 0.764845291428571

 $00:36:23.410 \longrightarrow 00:36:25.170$  including medications which I'll

NOTE Confidence: 0.764845291428571

00:36:25.170 --> 00:36:26.490 briefly touch on,

 $00:36:26.490 \longrightarrow 00:36:28.638$  as well as continuing to emphasize

NOTE Confidence: 0.764845291428571

 $00{:}36{:}28.638 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}36{:}30.875$  breast awareness so your patients report

NOTE Confidence: 0.764845291428571

 $00:36:30.875 \longrightarrow 00:36:33.835$  to you if you're if they're noticing changes.

NOTE Confidence: 0.764845291428571

 $00:36:33.840 \longrightarrow 00:36:35.996$  There are multiple reasons that a patient

NOTE Confidence: 0.764845291428571

00:36:35.996 --> 00:36:38.778 can be high risk apart from family history,

NOTE Confidence: 0.764845291428571

 $00:36:38.780 \longrightarrow 00:36:42.400$  and that includes tho racic radiation

NOTE Confidence: 0.764845291428571

 $00:36:42.400 \longrightarrow 00:36:45.172$  between the ages of 10 and 30 years old,

NOTE Confidence: 0.764845291428571

 $00:36:45.180 \longrightarrow 00:36:46.360$  and as you can see,

NOTE Confidence: 0.764845291428571

 $00:36:46.360 \longrightarrow 00:36:48.373$  same idea here,

NOTE Confidence: 0.764845291428571

 $00:36:48.373 \longrightarrow 00:36:51.946$  where imaging typically starts eight years

NOTE Confidence: 0.764845291428571

00:36:51.946 --> 00:36:55.490 after radiation but not prior to age 30,

NOTE Confidence: 0.764845291428571

 $00:36:55.490 \longrightarrow 00:36:59.386$  and that also applies to breast MRI imaging.

NOTE Confidence: 0.764845291428571

 $00{:}36{:}59.390 \dashrightarrow 00{:}37{:}01.605$  These are the genetic alterations

NOTE Confidence: 0.764845291428571

00:37:01.605 --> 00:37:04.389 that are recognizable to most of you,

NOTE Confidence: 0.764845291428571

 $00:37:04.390 \longrightarrow 00:37:07.306$  and it's the high penetrance and

 $00{:}37{:}07.306 \dashrightarrow 00{:}37{:}09.776$  moderate penetrance genes that are

NOTE Confidence: 0.764845291428571

 $00:37:09.776 \longrightarrow 00:37:12.416$  that have very firm guidelines about

NOTE Confidence: 0.764845291428571

 $00:37:12.416 \longrightarrow 00:37:15.750$  earlier and more extensive breast imaging.

NOTE Confidence: 0.764845291428571

 $00:37:15.750 \longrightarrow 00:37:17.525$  Whereas the genes listed on

NOTE Confidence: 0.764845291428571

 $00:37:17.525 \longrightarrow 00:37:18.945$  the right hand column,

NOTE Confidence: 0.764845291428571

00:37:18.950 --> 00:37:20.686 which have insufficient evidence,

NOTE Confidence: 0.764845291428571

 $00:37:20.686 \longrightarrow 00:37:24.312$  we don't have as clear and evidence in

NOTE Confidence: 0.764845291428571

 $00:37:24.312 \longrightarrow 00:37:26.667$  terms of making screening recommendations

NOTE Confidence: 0.764845291428571

 $00{:}37{:}26.667 \dashrightarrow 00{:}37{:}29.817$  and for for for for those category.

NOTE Confidence: 0.764845291428571

 $00:37:29.820 \longrightarrow 00:37:30.584$  Patient really,

NOTE Confidence: 0.764845291428571

 $00{:}37{:}30.584 \dashrightarrow 00{:}37{:}33.258$  the screening is a lot by family

NOTE Confidence: 0.764845291428571

 $00{:}37{:}33.258 \dashrightarrow 00{:}37{:}35.697$  history and if this can be confusing,

NOTE Confidence: 0.764845291428571

00:37:35.700 --> 00:37:37.445 certainly a high risk breast

NOTE Confidence: 0.764845291428571

 $00:37:37.445 \longrightarrow 00:37:39.755$  clinic can help you with those

NOTE Confidence: 0.764845291428571

 $00:37:39.755 \longrightarrow 00:37:41.484$  decision making juncture so.

NOTE Confidence: 0.764845291428571

 $00:37:41.484 \longrightarrow 00:37:42.948$  But as you can see here,

 $00:37:42.950 \longrightarrow 00:37:45.666$  the highest risk genes are listed in

NOTE Confidence: 0.764845291428571

 $00:37:45.666 \longrightarrow 00:37:48.488$  the red box and just reemphasizing

NOTE Confidence: 0.764845291428571

 $00:37:48.488 \longrightarrow 00:37:51.113$  the need for alternating mammogram

NOTE Confidence: 0.764845291428571

00:37:51.113 --> 00:37:54.915 and MRI starting at an early age and

NOTE Confidence: 0.764845291428571

 $00:37:54.915 \longrightarrow 00:37:57.092$  certainly at risk reducing mastectomy

NOTE Confidence: 0.764845291428571

00:37:57.092 --> 00:38:00.228 can be discussed with this very high risk.

NOTE Confidence: 0.764845291428571

00:38:00.230 --> 00:38:01.114 Population with,

NOTE Confidence: 0.764845291428571

 $00{:}38{:}01.114 \dashrightarrow 00{:}38{:}04.650$  with the caveat that none of these risk

NOTE Confidence: 0.872184048125

00:38:04.737 --> 00:38:06.711 reducing surgeries have

NOTE Confidence: 0.872184048125

00:38:06.711 --> 00:38:08.685 impacted overall survival,

NOTE Confidence: 0.872184048125

 $00:38:08.690 \longrightarrow 00:38:10.766$  and so it's really about shared

NOTE Confidence: 0.872184048125

 $00:38:10.766 \longrightarrow 00:38:12.581$  decision making about many patients

NOTE Confidence: 0.872184048125

 $00{:}38{:}12.581 \dashrightarrow 00{:}38{:}14.765$  can choose to follow the screening

NOTE Confidence: 0.872184048125

 $00:38:14.765 \longrightarrow 00:38:17.057$  guidelines and do not necessarily have

NOTE Confidence: 0.872184048125

00:38:17.057 --> 00:38:19.325 to have these risk reducing surgery.

 $00:38:19.330 \longrightarrow 00:38:22.330$  If that's not their wish.

NOTE Confidence: 0.872184048125

 $00{:}38{:}22.330 \dashrightarrow 00{:}38{:}24.540$  This table here summarizes who

NOTE Confidence: 0.872184048125

00:38:24.540 --> 00:38:26.308 should undergo genetic testing,

NOTE Confidence: 0.872184048125

 $00:38:26.310 \longrightarrow 00:38:28.802$  both those with a history of breast

NOTE Confidence: 0.872184048125

 $00:38:28.802 \longrightarrow 00:38:31.860$  cancer as well as those who do not have

NOTE Confidence: 0.872184048125

00:38:31.860 --> 00:38:33.810 a personal history of breast cancer

NOTE Confidence: 0.872184048125

 $00:38:33.810 \longrightarrow 00:38:35.670$  but have a strong family history.

NOTE Confidence: 0.872184048125

 $00{:}38{:}35.670 \dashrightarrow 00{:}38{:}38.897$  I think if you search under NCCN

NOTE Confidence: 0.872184048125

 $00{:}38{:}38.897 \dashrightarrow 00{:}38{:}40.280$  genetics training guidelines,

NOTE Confidence: 0.872184048125

 $00:38:40.280 \longrightarrow 00:38:42.520$  this would be the best way to to

NOTE Confidence: 0.872184048125

 $00:38:42.520 \longrightarrow 00:38:45.110$  kind of decide who should be tested.

NOTE Confidence: 0.872184048125

00:38:45.110 --> 00:38:47.018 So what do you do when you do find

NOTE Confidence: 0.872184048125

00:38:47.018 --> 00:38:49.016 out that your patient is high risk?

NOTE Confidence: 0.872184048125

 $00:38:49.020 \longrightarrow 00:38:51.420$  Certainly it does change their screening.

NOTE Confidence: 0.872184048125

 $00:38:51.420 \longrightarrow 00:38:53.575$  Recommendation as we talked about

NOTE Confidence: 0.872184048125

00:38:53.575 --> 00:38:56.851 there is an option of risk reducing

 $00:38:56.851 \longrightarrow 00:38:59.965$  chemoprevention with a number of drugs,

NOTE Confidence: 0.872184048125

 $00:38:59.970 \longrightarrow 00:39:03.045$  with tamoxifen being available for

NOTE Confidence: 0.872184048125

 $00:39:03.045 \longrightarrow 00:39:05.505$  premenopausal and postmenopausal women.

NOTE Confidence: 0.872184048125

 $00:39:05.510 \longrightarrow 00:39:08.228$  Relaxed offen and exemestane and actually

NOTE Confidence: 0.872184048125

 $00:39:08.228 \longrightarrow 00:39:11.809$  also have data in post menopausal women.

NOTE Confidence: 0.872184048125

00:39:11.810 --> 00:39:13.910 Depending on the genetic risk

NOTE Confidence: 0.872184048125

00:39:13.910 --> 00:39:16.010 factor and family history risk,

NOTE Confidence: 0.872184048125

 $00{:}39{:}16.010 \dashrightarrow 00{:}39{:}18.860$  reducing surgeries can also be considered

NOTE Confidence: 0.872184048125

 $00{:}39{:}18.860 \dashrightarrow 00{:}39{:}22.399$  and we always want to continue to

NOTE Confidence: 0.872184048125

 $00:39:22.399 \longrightarrow 00:39:24.479$  target modifiable risk factors.

NOTE Confidence: 0.872184048125

00:39:24.480 --> 00:39:26.839 So when should you refer a patient

NOTE Confidence: 0.872184048125

 $00:39:26.839 \longrightarrow 00:39:29.977$  to to to high risk genetics clinic?

NOTE Confidence: 0.872184048125 00:39:29.980 --> 00:39:30.338 Really, NOTE Confidence: 0.872184048125

 $00:39:30.338 \longrightarrow 00:39:32.844$  if you're not sure if they have

NOTE Confidence: 0.872184048125

 $00:39:32.844 \longrightarrow 00:39:35.604$  very high risk of history such as

00:39:35.604 --> 00:39:37.574 prior chest wall radiation and

NOTE Confidence: 0.872184048125

00:39:37.654 --> 00:39:39.700 known hereditary alteration,

NOTE Confidence: 0.872184048125

 $00:39:39.700 \longrightarrow 00:39:41.636$  a strong family history,

NOTE Confidence: 0.872184048125

00:39:41.636 --> 00:39:44.056 that's very confusing or finding

NOTE Confidence: 0.872184048125

 $00:39:44.056 \longrightarrow 00:39:46.668$  of LCIS atypical ductal hyperplasia

NOTE Confidence: 0.872184048125

00:39:46.668 --> 00:39:49.860 or other pre invasive risk lesions.

NOTE Confidence: 0.872184048125

 $00:39:49.860 \longrightarrow 00:39:52.420$  If if if the risk model is estimating

NOTE Confidence: 0.872184048125

 $00:39:52.420 \longrightarrow 00:39:54.350$  risk as greater than 20%.

NOTE Confidence: 0.872184048125

 $00:39:54.350 \longrightarrow 00:39:55.840$  We are happy to help.

NOTE Confidence: 0.872184048125

 $00:39:55.840 \longrightarrow 00:39:58.088$  So in your busy practices I know this

NOTE Confidence: 0.872184048125

 $00{:}39{:}58.088 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}40{:}00.565$  can be a lot to take on sometimes

NOTE Confidence: 0.872184048125

 $00:40:00.565 \longrightarrow 00:40:02.759$  and depending on your comfort level,

NOTE Confidence: 0.872184048125

 $00:40:02.760 \longrightarrow 00:40:05.240$  we're happy to assist.

NOTE Confidence: 0.872184048125

00:40:05.240 --> 00:40:07.896 So take home points for high risk patients.

NOTE Confidence: 0.872184048125

 $00:40:07.900 \longrightarrow 00:40:09.848$  Annual mammogram alternating with

NOTE Confidence: 0.872184048125

 $00:40:09.848 \longrightarrow 00:40:11.796$  an annual breast MRI,

 $00:40:11.800 \longrightarrow 00:40:14.425$  and there is some evidence that by

NOTE Confidence: 0.872184048125

 $00{:}40{:}14.425 \dashrightarrow 00{:}40{:}16.717$  staggering these two tests you're

NOTE Confidence: 0.872184048125

00:40:16.717 --> 00:40:18.901 essentially offering your patient

NOTE Confidence: 0.872184048125

00:40:18.901 --> 00:40:21.085 close observation through imaging

NOTE Confidence: 0.872184048125

00:40:21.159 --> 00:40:22.320 every six months.

NOTE Confidence: 0.872184048125

 $00:40:22.320 \longrightarrow 00:40:24.726$  Do not screen women with life

NOTE Confidence: 0.872184048125

 $00:40:24.726 \longrightarrow 00:40:26.860$  expectancy less than 10 years,

NOTE Confidence: 0.872184048125

 $00{:}40{:}26.860 \dashrightarrow 00{:}40{:}29.110$  and generally all our screening

NOTE Confidence: 0.872184048125

 $00:40:29.110 \longrightarrow 00:40:32.183$  data pretty much stops at age 75.

NOTE Confidence: 0.872184048125

00:40:32.183 --> 00:40:35.102 However, I think beyond age 75.

NOTE Confidence: 0.872184048125

00:40:35.102 --> 00:40:36.710 Depending on patient preference

NOTE Confidence: 0.872184048125

 $00:40:36.710 \longrightarrow 00:40:37.916$  and life expectancy,

NOTE Confidence: 0.872184048125

 $00{:}40{:}37.920 \dashrightarrow 00{:}40{:}41.427$  I think individual decisions can be made.

NOTE Confidence: 0.872184048125

 $00:40:41.430 \longrightarrow 00:40:43.166$  A wrap up in the next few minutes

NOTE Confidence: 0.872184048125

 $00:40:43.166 \longrightarrow 00:40:44.846$  on the lifestyle factors and

 $00:40:44.846 \longrightarrow 00:40:46.430$  breast cancer risk reduction.

NOTE Confidence: 0.872184048125

 $00{:}40{:}46.430 \dashrightarrow 00{:}40{:}49.811$  I think we're all aware of multiple

NOTE Confidence: 0.872184048125

 $00:40:49.811 \longrightarrow 00:40:53.790$  sets of data and studies showing that

NOTE Confidence: 0.872184048125

 $00:40:53.790 \longrightarrow 00:40:57.522$  that diet levels can be profoundly

NOTE Confidence: 0.872184048125

00:40:57.522 --> 00:41:01.150 important for cancer risk reduction,

NOTE Confidence: 0.872184048125

 $00:41:01.150 \longrightarrow 00:41:05.398$  particularly with respect to breast cancer.

NOTE Confidence: 0.872184048125

 $00:41:05.400 \longrightarrow 00:41:07.620$  And the data are actually

NOTE Confidence: 0.872184048125

00:41:07.620 --> 00:41:09.396 strongest for physical activity.

NOTE Confidence: 0.872184048125

 $00:41:09.400 \longrightarrow 00:41:11.880$  So as you can see in this plot,

NOTE Confidence: 0.872184048125

 $00:41:11.880 \longrightarrow 00:41:16.566$  our activity level even in adolescence.

NOTE Confidence: 0.872184048125

 $00:41:16.570 \longrightarrow 00:41:19.934$  They can can help determine our future

NOTE Confidence: 0.872184048125

00:41:19.934 --> 00:41:23.030 risk of breast cancer and so so any

NOTE Confidence: 0.872184048125

00:41:23.123 --> 00:41:26.579 even patients who are who are not active,

NOTE Confidence: 0.872184048125

00:41:26.580 --> 00:41:27.044 inactive,

NOTE Confidence: 0.872184048125

 $00:41:27.044 \longrightarrow 00:41:28.900$  and adolescence but become

NOTE Confidence: 0.872184048125

 $00:41:28.900 \longrightarrow 00:41:30.756$  active later in life,

 $00:41:30.760 \longrightarrow 00:41:32.255$  have the option of reducing

NOTE Confidence: 0.872184048125

 $00:41:32.255 \longrightarrow 00:41:33.750$  their future breast cancer risk.

NOTE Confidence: 0.872184048125

 $00:41:33.750 \longrightarrow 00:41:35.780$  So this is something that.

NOTE Confidence: 0.872184048125

 $00:41:35.780 \longrightarrow 00:41:37.826$  I think it's easy to say

NOTE Confidence: 0.872184048125

 $00:41:37.826 \longrightarrow 00:41:39.190$  it's much harder to

NOTE Confidence: 0.829417977333333

00:41:39.267 --> 00:41:41.977 implement in our sedentary society,

NOTE Confidence: 0.829417977333333

00:41:41.980 --> 00:41:44.626 but it's something that that should

NOTE Confidence: 0.829417977333333

 $00{:}41{:}44.626 \longrightarrow 00{:}41{:}46.529$  definitely be discussed for patient.

NOTE Confidence: 0.829417977333333

 $00:41:46.530 \longrightarrow 00:41:48.750$  So in terms of next steps,

NOTE Confidence: 0.829417977333333

 $00{:}41{:}48.750 \dashrightarrow 00{:}41{:}51.450$  obviously I think following the

NOTE Confidence: 0.829417977333333

00:41:51.450 --> 00:41:54.150 guidelines in terms of risk

NOTE Confidence: 0.829417977333333

 $00:41:54.241 \longrightarrow 00:41:57.166$  assessment and imaging for sure.

NOTE Confidence: 0.829417977333333

 $00{:}41{:}57.170 \dashrightarrow 00{:}41{:}59.910$  And then I think we also need to focus on

NOTE Confidence: 0.829417977333333

 $00:41:59.986 \longrightarrow 00:42:02.866$  system level support for weight management,

NOTE Confidence: 0.829417977333333

 $00:42:02.870 \longrightarrow 00:42:05.370$  physical activity and diet interventions,

 $00:42:05.370 \longrightarrow 00:42:08.730$  and particularly the high risk populations

NOTE Confidence: 0.829417977333333

 $00:42:08.730 \longrightarrow 00:42:11.688$  and continue to promote health education

NOTE Confidence: 0.829417977333333

 $00:42:11.688 \longrightarrow 00:42:14.153$  within the Community with awareness

NOTE Confidence: 0.829417977333333

 $00:42:14.153 \longrightarrow 00:42:16.775$  of the role of obesity, obesity,

NOTE Confidence: 0.829417977333333

00:42:16.775 --> 00:42:20.730 activity level and higher breast cancer risk,

NOTE Confidence: 0.829417977333333

00:42:20.730 --> 00:42:22.848 without, of course, shaming more patients.

NOTE Confidence: 0.829417977333333

 $00:42:22.850 \longrightarrow 00:42:26.786$  Because this is, this is these issues are.

NOTE Confidence: 0.829417977333333

00:42:26.790 --> 00:42:29.736 Very endemic in our culture currently

NOTE Confidence: 0.829417977333333

00:42:29.736 --> 00:42:33.609 and it's not any one patient's fault.

NOTE Confidence: 0.829417977333333

 $00:42:33.610 \longrightarrow 00:42:35.974$  However, if we can even make

NOTE Confidence: 0.829417977333333

 $00:42:35.974 \longrightarrow 00:42:37.550$  some steps toward modifying,

NOTE Confidence: 0.829417977333333

 $00:42:37.550 \longrightarrow 00:42:38.810$  if you have these factors,

NOTE Confidence: 0.829417977333333

 $00:42:38.810 \longrightarrow 00:42:41.310$  it can reduce their risk.

NOTE Confidence: 0.829417977333333

 $00{:}42{:}41.310 \dashrightarrow 00{:}42{:}42.930$  I'm happy to take questions.

NOTE Confidence: 0.829417977333333

00:42:42.930 --> 00:42:45.860 I have my cell phone number up on the slide

NOTE Confidence: 0.829417977333333

 $00:42:45.937 \longrightarrow 00:42:48.667$  and I'm happy to get curbside questions.

 $00:42:48.670 \longrightarrow 00:42:50.596$  My email is also listed and

NOTE Confidence: 0.829417977333333

 $00:42:50.596 \longrightarrow 00:42:52.710$  I thank you for your time.

NOTE Confidence: 0.829417977333333 00:42:52.710 --> 00:42:53.060 Thank you.

NOTE Confidence: 0.69811546948

00:42:55.210 --> 00:42:57.354 Thank you very much that the last Berg

NOTE Confidence: 0.69811546948

 $00:42:57.354 \longrightarrow 00:42:59.903$  and you can go ahead also and post your

NOTE Confidence: 0.69811546948

00:42:59.903 --> 00:43:02.087 questions to Q&A or as actor last word,

NOTE Confidence: 0.69811546948

 $00:43:02.090 \longrightarrow 00:43:03.478$  make herself available through

NOTE Confidence: 0.69811546948

 $00:43:03.478 \longrightarrow 00:43:05.213$  her email and cell phone.

NOTE Confidence: 0.69811546948

 $00{:}43{:}05.220 \dashrightarrow 00{:}43{:}07.556$  She's not with us to night so she's got

NOTE Confidence: 0.69811546948

00:43:07.556 --> 00:43:09.519 some technical difficulties connecting,

NOTE Confidence: 0.69811546948

 $00{:}43{:}09.520 \dashrightarrow 00{:}43{:}11.266$  so we deeply appreciate the fact

NOTE Confidence: 0.69811546948

 $00:43:11.266 \longrightarrow 00:43:13.080$  that you you made it happen.

NOTE Confidence: 0.69811546948

 $00{:}43{:}13.080 \dashrightarrow 00{:}43{:}14.368$  Regardless. Thanks a lot.

NOTE Confidence: 0.69811546948

 $00:43:14.368 \longrightarrow 00:43:17.184$  We'll move on then to the lung cancer

NOTE Confidence: 0.69811546948

 $00:43:17.184 \longrightarrow 00:43:19.214$  screening with Doctor Lynn Tanui.

 $00:43:19.220 \longrightarrow 00:43:20.112$  Thank you very much.

NOTE Confidence: 0.69811546948

00:43:20.112 --> 00:43:20.558 Doctor tanui.

NOTE Confidence: 0.923611447272727

00:43:28.630 --> 00:43:30.320 OK, thanks everybody for being

NOTE Confidence: 0.923611447272727

 $00:43:30.320 \longrightarrow 00:43:32.450$  here to listen to these talks,

NOTE Confidence: 0.923611447272727

 $00:43:32.450 \longrightarrow 00:43:34.748$  I've actually learned a huge amount

NOTE Confidence: 0.923611447272727

 $00:43:34.750 \longrightarrow 00:43:37.446$  so that that's a hard act to follow.

NOTE Confidence: 0.923611447272727

 $00:43:37.450 \longrightarrow 00:43:38.970$  My name is Lynn Tanoe.

NOTE Confidence: 0.923611447272727

 $00:43:38.970 \longrightarrow 00:43:40.560$  I'm in the Department of Medicine

NOTE Confidence: 0.923611447272727

00:43:40.560 --> 00:43:42.150 at Yale School of Medicine,

NOTE Confidence: 0.923611447272727

 $00:43:42.150 \longrightarrow 00:43:45.155$  and I direct our lung

NOTE Confidence: 0.923611447272727

 $00{:}43{:}45.155 \dashrightarrow 00{:}43{:}47.559$  screening and natural program.

NOTE Confidence: 0.923611447272727

 $00:43:47.560 \longrightarrow 00:43:50.590$  I don't have any disclosures.

NOTE Confidence: 0.923611447272727

00:43:50.590 --> 00:43:54.644 And to night what I'd like to get

NOTE Confidence: 0.923611447272727

 $00{:}43{:}54.644 \dashrightarrow 00{:}43{:}56.513$  across in this talk is that you

NOTE Confidence: 0.923611447272727

00:43:56.513 --> 00:43:59.080 are aware of the updated USPSTF

NOTE Confidence: 0.923611447272727

 $00:43:59.080 \longrightarrow 00:44:01.310$  recommendations for lung cancer screening.

 $00{:}44{:}01.310 \dashrightarrow 00{:}44{:}03.356$  I think it's important to understand

NOTE Confidence: 0.923611447272727

 $00:44:03.356 \longrightarrow 00:44:05.232$  the evidence based is demonstrating

NOTE Confidence: 0.923611447272727

 $00:44:05.232 \longrightarrow 00:44:07.487$  the mortality benefit because that

NOTE Confidence: 0.923611447272727

 $00{:}44{:}07.487 \dashrightarrow 00{:}44{:}09.564$  means that screening is successful

NOTE Confidence: 0.923611447272727

 $00:44:09.564 \longrightarrow 00:44:11.736$  and lung cancer screening has been

NOTE Confidence: 0.923611447272727

 $00:44:11.736 \longrightarrow 00:44:14.238$  a long time to come to this table

NOTE Confidence: 0.923611447272727

 $00:44:14.240 \longrightarrow 00:44:16.571$  and I hope that at the end of the

NOTE Confidence: 0.923611447272727

00:44:16.571 --> 00:44:19.153 next 20 minutes that you will be

NOTE Confidence: 0.923611447272727

 $00{:}44{:}19.153 \dashrightarrow 00{:}44{:}21.226$  motivated to implement lung cancer

NOTE Confidence: 0.923611447272727

 $00:44:21.226 \longrightarrow 00:44:23.726$  screening in your clinical practices.

NOTE Confidence: 0.923611447272727

00:44:23.730 --> 00:44:25.850 So I'm going to give you a very

NOTE Confidence: 0.923611447272727

 $00:44:25.850 \longrightarrow 00:44:27.899$  high level lung cancer background.

NOTE Confidence: 0.923611447272727

00:44:27.900 --> 00:44:29.835 We'll talk about the USPSTF

NOTE Confidence: 0.923611447272727

 $00:44:29.835 \longrightarrow 00:44:31.770$  recommendations for lung cancer screening,

NOTE Confidence: 0.923611447272727

00:44:31.770 --> 00:44:34.458 which we just updated last year and

00:44:34.458 --> 00:44:36.842 I'm just going to talk about 3 studies

NOTE Confidence: 0.923611447272727

 $00:44:36.842 \longrightarrow 00:44:38.861$  that form the fundamental evidence

NOTE Confidence: 0.923611447272727

 $00:44:38.861 \longrightarrow 00:44:41.720$  based for lung cancer screening and then,

NOTE Confidence: 0.923611447272727

 $00:44:41.720 \longrightarrow 00:44:45.568$  with the little bit about benefits and risks.

NOTE Confidence: 0.923611447272727

 $00:44:45.570 \longrightarrow 00:44:48.330$  So in the United States,

NOTE Confidence: 0.923611447272727

 $00:44:48.330 \longrightarrow 00:44:51.330$  cancer is the leading cause of lung cancer.

NOTE Confidence: 0.923611447272727

 $00:44:51.330 \longrightarrow 00:44:53.196$  Is the leading cause of cancer

NOTE Confidence: 0.923611447272727

00:44:53.196 --> 00:44:56.180 death in both men and women in 2022,

NOTE Confidence: 0.923611447272727

 $00:44:56.180 \longrightarrow 00:44:59.450$  it's estimated that about 100 eighteen

NOTE Confidence: 0.923611447272727

 $00:44:59.450 \longrightarrow 00:45:03.033$  118,000 men and 119,000 women will

NOTE Confidence: 0.923611447272727

 $00{:}45{:}03.033 \dashrightarrow 00{:}45{:}04.448$  be diagnosed with lung cancer,

NOTE Confidence: 0.923611447272727

 $00:45:04.450 \longrightarrow 00:45:07.467$  and this is the first year that

NOTE Confidence: 0.923611447272727

 $00:45:07.467 \longrightarrow 00:45:09.208$  this unfortunate imbalance exists

NOTE Confidence: 0.923611447272727

 $00:45:09.208 \longrightarrow 00:45:11.842$  that women now get lung cancer

NOTE Confidence: 0.923611447272727

 $00:45:11.842 \longrightarrow 00:45:13.420$  more frequently than men.

NOTE Confidence: 0.923611447272727

 $00:45:13.420 \longrightarrow 00:45:16.410$  I guess it will cause an estimated 69,000

 $00:45:16.410 \longrightarrow 00:45:21.202$  deaths in men and 61,000 deaths in women.

NOTE Confidence: 0.923611447272727

 $00:45:21.202 \longrightarrow 00:45:22.876$  That's 130,000 people dying

NOTE Confidence: 0.923611447272727

 $00:45:22.876 \longrightarrow 00:45:24.686$  of lung cancer this year.

NOTE Confidence: 0.923611447272727

 $00:45:24.690 \longrightarrow 00:45:27.175$  These are data from the American Cancer

NOTE Confidence: 0.923611447272727

00:45:27.175 --> 00:45:29.435 Society going back to 1930 when the

NOTE Confidence: 0.923611447272727

00:45:29.435 --> 00:45:31.445 state of first started being kept

NOTE Confidence: 0.923611447272727

 $00:45:31.450 \longrightarrow 00:45:33.490$  lung cancer deaths and men on the top

NOTE Confidence: 0.923611447272727

 $00:45:33.490 \longrightarrow 00:45:35.654$  are in this red line and on women

NOTE Confidence: 0.923611447272727

 $00:45:35.654 \longrightarrow 00:45:37.707$  in the bottom again in the red line,

NOTE Confidence: 0.923611447272727

 $00:45:37.710 \longrightarrow 00:45:39.734$  and you can see that lung cancer causes

NOTE Confidence: 0.923611447272727

 $00:45:39.734 \longrightarrow 00:45:41.486$  more deaths than all of these other,

NOTE Confidence: 0.923611447272727

00:45:41.490 --> 00:45:43.258 more most common tumors.

NOTE Confidence: 0.923611447272727

 $00{:}45{:}43.258 {\:{\circ}{\circ}{\circ}\:} 00{:}45{:}45.910$  Archie causes more deaths than breast,

NOTE Confidence: 0.923611447272727

 $00{:}45{:}45.910 \dashrightarrow 00{:}45{:}50.230$  colorectal and prostate cancer combined.

NOTE Confidence: 0.923611447272727

 $00:45:50.230 \longrightarrow 00:45:52.810$  It is the second most common

 $00:45:52.810 \longrightarrow 00:45:55.190$  cancer in men and women.

NOTE Confidence: 0.923611447272727 00:45:55.190 --> 00:45:55.701 Again, NOTE Confidence: 0.923611447272727

 $00:45:55.701 \longrightarrow 00:45:59.076$  first leading cause of cancer death and

NOTE Confidence: 0.923611447272727

00:45:59.076 --> 00:46:01.218 really the problem we face with lung

NOTE Confidence: 0.923611447272727

 $00:46:01.218 \longrightarrow 00:46:03.315$  cancer is that the five year survival

NOTE Confidence: 0.923611447272727

 $00:46:03.315 \longrightarrow 00:46:06.624$  is so low and so in last year the

NOTE Confidence: 0.923611447272727

00:46:06.624 --> 00:46:10.079 five year survival for lung cancer was 22%.

NOTE Confidence: 0.923611447272727

 $00:46:10.079 \longrightarrow 00:46:12.024$  That's actually a lot better

NOTE Confidence: 0.923611447272727

 $00:46:12.024 \longrightarrow 00:46:14.749$  than it was even ten years ago,

NOTE Confidence: 0.923611447272727

 $00:46:14.750 \longrightarrow 00:46:17.098$  which reflects advances in

NOTE Confidence: 0.923611447272727

 $00:46:17.098 \longrightarrow 00:46:18.859$  research and therapies.

NOTE Confidence: 0.923611447272727

 $00:46:18.860 \longrightarrow 00:46:20.720$  But you can see that that.

NOTE Confidence: 0.923611447272727

 $00{:}46{:}20.720 \dashrightarrow 00{:}46{:}23.090$  I just survival really pales into

NOTE Confidence: 0.923611447272727

 $00:46:23.090 \longrightarrow 00:46:25.242$  comparison with what we have

NOTE Confidence: 0.923611447272727

 $00:46:25.242 \longrightarrow 00:46:27.238$  achieved for colorectal breast.

NOTE Confidence: 0.923611447272727

 $00:46:27.240 \longrightarrow 00:46:29.020$  And prostate cancers at three.

00:46:29.020 --> 00:46:32.451 Next most common cancers where five

NOTE Confidence: 0.923611447272727

 $00{:}46{:}32.451 \dashrightarrow 00{:}46{:}35.002$  years of Bible has improved tremendously

NOTE Confidence: 0.923611447272727

 $00:46:35.002 \longrightarrow 00:46:37.174$  and for many of these cancers,

NOTE Confidence: 0.923611447272727

 $00:46:37.180 \longrightarrow 00:46:39.924$  we're talking about 10 and 20 years survival.

NOTE Confidence: 0.923611447272727

 $00:46:39.930 \longrightarrow 00:46:41.855$  And that is really what we need

NOTE Confidence: 0.923611447272727

 $00:46:41.855 \longrightarrow 00:46:43.450$  to achieve with lung cancer.

NOTE Confidence: 0.923611447272727

00:46:43.450 --> 00:46:45.998 But it's a big mountain to climb,

NOTE Confidence: 0.794239041111111

 $00:46:46.000 \longrightarrow 00:46:47.632$  and the reason 5 year survival

NOTE Confidence: 0.794239041111111

 $00:46:47.632 \longrightarrow 00:46:49.834$  is so poor in lung cancer is

NOTE Confidence: 0.794239041111111

 $00:46:49.834 \longrightarrow 00:46:51.574$  that we diagnose cancers late,

NOTE Confidence: 0.7942390411111111

 $00:46:51.580 \longrightarrow 00:46:53.197$  and so if we look at this

NOTE Confidence: 0.794239041111111

 $00:46:53.197 \longrightarrow 00:46:54.659$  pie chart for lung cancer,

NOTE Confidence: 0.794239041111111

 $00{:}46{:}54.660 \dashrightarrow 00{:}46{:}57.467$  nearly half are diagnosed at stage 4.

NOTE Confidence: 0.794239041111111

 $00{:}46{:}57.470 \dashrightarrow 00{:}47{:}01.208$  Or when disease is already metastatic

NOTE Confidence: 0.794239041111111

 $00:47:01.208 \longrightarrow 00:47:04.136$  and only 23% at stage one.

 $00:47:04.136 \longrightarrow 00:47:07.176$  The earliest stage that we can find

NOTE Confidence: 0.794239041111111

 $00{:}47{:}07.176 \dashrightarrow 00{:}47{:}10.200$  that cancer and when cure is possible.

NOTE Confidence: 0.794239041111111

 $00:47:10.200 \longrightarrow 00:47:13.140$  And when you look at five year

NOTE Confidence: 0.794239041111111

 $00:47:13.140 \longrightarrow 00:47:15.095$  survival for the stages 1234,

NOTE Confidence: 0.794239041111111

 $00:47:15.095 \longrightarrow 00:47:17.615$  you can see how steeply that falls off.

NOTE Confidence: 0.794239041111111

 $00:47:17.620 \longrightarrow 00:47:18.875$  We certainly need to do

NOTE Confidence: 0.794239041111111

 $00:47:18.875 \longrightarrow 00:47:19.879$  better with stage one,

NOTE Confidence: 0.794239041111111

 $00:47:19.880 \longrightarrow 00:47:22.810$  but when you have a four 4% five

NOTE Confidence: 0.794239041111111

 $00{:}47{:}22.810 \dashrightarrow 00{:}47{:}24.210$  year survival for stage four

NOTE Confidence: 0.794239041111111

 $00:47:24.210 \longrightarrow 00:47:26.142$  and half of the patients are

NOTE Confidence: 0.794239041111111

 $00{:}47{:}26.142 \dashrightarrow 00{:}47{:}27.857$  being diagnosed at that stage.

NOTE Confidence: 0.794239041111111

 $00:47:27.860 \longrightarrow 00:47:30.052$  You can see then why our five year

NOTE Confidence: 0.794239041111111

 $00{:}47{:}30.052 \dashrightarrow 00{:}47{:}33.320$  survival rate overall is so low and the in.

NOTE Confidence: 0.794239041111111

 $00:47:33.320 \longrightarrow 00:47:35.730$  In contrast, breast cancer really

NOTE Confidence: 0.794239041111111

 $00:47:35.730 \longrightarrow 00:47:37.020$  demonstrates the opposite,

NOTE Confidence: 0.794239041111111

 $00:47:37.020 \longrightarrow 00:47:39.498$  where half of patients with breast

 $00{:}47{:}39.498 \dashrightarrow 00{:}47{:}41.523$  cancer are diagnosed at stage

NOTE Confidence: 0.794239041111111

 $00:47:41.523 \longrightarrow 00:47:43.521$  one and only 6% at stage four.

NOTE Confidence: 0.794239041111111

 $00:47:43.521 \longrightarrow 00:47:45.734$  And when you look then at five year

NOTE Confidence: 0.794239041111111

00:47:45.734 --> 00:47:47.722 survival for each stage you can see

NOTE Confidence: 0.794239041111111

 $00:47:47.722 \longrightarrow 00:47:49.709$  why the breast cancer survival over

NOTE Confidence: 0.794239041111111

 $00:47:49.709 \longrightarrow 00:47:52.053$  five years is so high because most

NOTE Confidence: 0.794239041111111

 $00:47:52.053 \longrightarrow 00:47:53.618$  patients are really being diagnosed

NOTE Confidence: 0.794239041111111

 $00{:}47{:}53.618 {\:{\mbox{--}}\!\!>}\ 00{:}47{:}56.195$  here and so we really need to do

NOTE Confidence: 0.794239041111111

 $00:47:56.195 \longrightarrow 00:47:57.775$  early detection for lung cancer.

NOTE Confidence: 0.794239041111111

 $00:47:57.780 \longrightarrow 00:48:00.195$  And for the past eight or nine

NOTE Confidence: 0.7942390411111111

 $00:48:00.195 \longrightarrow 00:48:02.650$  years we have had that ability,

NOTE Confidence: 0.794239041111111

 $00:48:02.650 \longrightarrow 00:48:05.690$  but we've been underusing it.

NOTE Confidence: 0.794239041111111

 $00:48:05.690 \longrightarrow 00:48:09.833$  So in on the very last day of 2013,

NOTE Confidence: 0.7942390411111111

 $00:48:09.833 \longrightarrow 00:48:12.698$  USPSTF made this landmark recommendation

NOTE Confidence: 0.794239041111111

 $00:48:12.698 \longrightarrow 00:48:15.822$  for annual screening for lung cancer

 $00:48:15.822 \longrightarrow 00:48:18.362$  with low dose CT in adults aged age

NOTE Confidence: 0.794239041111111

 $00:48:18.362 \longrightarrow 00:48:21.123$  50 to 80 years of a 30 pack year

NOTE Confidence: 0.794239041111111

00:48:21.123 --> 00:48:23.403 smoking history and currently smoke or

NOTE Confidence: 0.794239041111111

 $00:48:23.403 \longrightarrow 00:48:25.900$  have quit within the past 15 years.

NOTE Confidence: 0.794239041111111

 $00:48:25.900 \longrightarrow 00:48:29.372$  And that was the first time that

NOTE Confidence: 0.794239041111111

00:48:29.372 --> 00:48:32.059 USPSTF recommended any lung cancer

NOTE Confidence: 0.794239041111111

 $00:48:32.059 \longrightarrow 00:48:34.829$  screening in the United States.

NOTE Confidence: 0.794239041111111

 $00:48:34.830 \longrightarrow 00:48:36.546$  Decades has been spent looking at

NOTE Confidence: 0.794239041111111

 $00:48:36.546 \longrightarrow 00:48:38.839$  chest X ray as an intervention for

NOTE Confidence: 0.794239041111111

 $00:48:38.839 \longrightarrow 00:48:41.017$  lung cancer screening and the bottom

NOTE Confidence: 0.794239041111111

 $00{:}48{:}41.017 \dashrightarrow 00{:}48{:}43.406$  line was all the Childs were negative,

NOTE Confidence: 0.794239041111111

 $00{:}48{:}43.410 \dashrightarrow 00{:}48{:}45.210$  culminating really in the publication

NOTE Confidence: 0.794239041111111

 $00:48:45.210 \longrightarrow 00:48:47.374$  from the prostate, lung colon,

NOTE Confidence: 0.794239041111111

00:48:47.374 --> 00:48:50.084 and ovarian PLO screening trial.

NOTE Confidence: 0.794239041111111

 $00:48:50.090 \longrightarrow 00:48:53.224$  Looking at their 155,000 participants

NOTE Confidence: 0.794239041111111

00:48:53.224 --> 00:48:56.986 who've been followed for multiple years,

 $00:48:56.990 \longrightarrow 00:48:59.258$  they looked at chest X ray versus

NOTE Confidence: 0.79423904111111100:48:59.258 --> 00:48:59.906 no screening,

00:48:59.910 --> 00:49:02.140 which was actually standard of

NOTE Confidence: 0.794239041111111

NOTE Confidence: 0.794239041111111

 $00:49:02.140 \longrightarrow 00:49:03.850$  care and it really doesn't matter

NOTE Confidence: 0.794239041111111

 $00:49:03.850 \longrightarrow 00:49:05.449$  whether you had a chest X ray.

NOTE Confidence: 0.794239041111111

 $00:49:05.450 \longrightarrow 00:49:06.920$  Or no chest X ray,

NOTE Confidence: 0.794239041111111

 $00:49:06.920 \longrightarrow 00:49:09.230$  because the curves for cumulative

NOTE Confidence: 0.794239041111111

 $00{:}49{:}09.230 \dashrightarrow 00{:}49{:}11.981$  deaths superimpose and so chest X

NOTE Confidence: 0.794239041111111

00:49:11.981 --> 00:49:14.159 ray is not an effective screening

NOTE Confidence: 0.794239041111111

 $00:49:14.159 \longrightarrow 00:49:16.600$  tool because it does not increase,

NOTE Confidence: 0.7942390411111111

 $00:49:16.600 \longrightarrow 00:49:19.680$  it does not decrease mortality with a

NOTE Confidence: 0.794239041111111

 $00:49:19.680 \longrightarrow 00:49:22.641$  decrease in mortality being the gold

NOTE Confidence: 0.794239041111111

 $00:49:22.641 \longrightarrow 00:49:24.729$  standard for successful screening.

NOTE Confidence: 0.794239041111111

 $00:49:24.730 \longrightarrow 00:49:28.490$  The USPSTF change in recommendation

NOTE Confidence: 0.794239041111111

 $00:49:28.490 \longrightarrow 00:49:29.348$  December 31st,

 $00:49:29.348 \longrightarrow 00:49:31.493$  2013 really was based predominantly

NOTE Confidence: 0.794239041111111

 $00:49:31.493 \longrightarrow 00:49:34.218$  on the national lung screening trial,

NOTE Confidence: 0.794239041111111

 $00:49:34.220 \longrightarrow 00:49:36.364$  which is the first of the three studies.

NOTE Confidence: 0.794239041111111

00:49:36.370 --> 00:49:39.488 I would like you to see and LST

NOTE Confidence: 0.794239041111111

 $00:49:39.488 \longrightarrow 00:49:41.135$  enrolled 53,000 participants

NOTE Confidence: 0.794239041111111

 $00:49:41.135 \longrightarrow 00:49:44.510$  and followed them for six years.

NOTE Confidence: 0.794239041111111

00:49:44.510 --> 00:49:47.275 High risk for lung cancer for this

NOTE Confidence: 0.794239041111111

00:49:47.275 --> 00:49:49.609 study was identified was identified,

NOTE Confidence: 0.794239041111111

 $00{:}49{:}49.610 \dashrightarrow 00{:}49{:}52.615$  identified as ages 55 to 74

NOTE Confidence: 0.794239041111111

 $00:49:52.615 \longrightarrow 00:49:54.565$  greater than or equal to 30.

NOTE Confidence: 0.794239041111111

 $00{:}49{:}54.570 \dashrightarrow 00{:}49{:}56.328$  Pack years of smoking and currently

NOTE Confidence: 0.794239041111111

 $00:49:56.328 \longrightarrow 00:49:58.009$  smoking or quit within 15 years.

NOTE Confidence: 0.794239041111111

00:49:58.010 --> 00:49:59.135 And if that sounds familiar

NOTE Confidence: 0.794239041111111

 $00:49:59.135 \longrightarrow 00:50:00.260$  because I just said it.

NOTE Confidence: 0.82325725375

 $00:50:00.260 \longrightarrow 00:50:04.556$  For USPSTF, it's because it's based on this.

NOTE Confidence: 0.82325725375

 $00:50:04.560 \longrightarrow 00:50:07.086$  Patients were randomized to either annual

00:50:07.086 --> 00:50:09.999 screening with low dose CT or chest X ray.

NOTE Confidence: 0.82325725375

 $00:50:10.000 \dashrightarrow 00:50:12.648$  There were a total of three screens done

NOTE Confidence: 0.82325725375

 $00{:}50{:}12.648 \dashrightarrow 00{:}50{:}15.507$  over the span of three years once a year

NOTE Confidence: 0.82325725375

 $00:50:15.507 \longrightarrow 00:50:18.494$  and the study was powered so that it could

NOTE Confidence: 0.82325725375

 $00:50:18.494 \longrightarrow 00:50:21.318$  identify a 20% reduction in mortality

NOTE Confidence: 0.82325725375

00:50:21.318 --> 00:50:25.260 from lung cancer which was felt to be.

NOTE Confidence: 0.82325725375

 $00:50:25.260 \longrightarrow 00:50:28.935$  Kind of a threshold for successful screening.

NOTE Confidence: 0.82325725375

 $00:50:28.940 \longrightarrow 00:50:34.248$  This study cost \$250 million to do and and

NOTE Confidence: 0.82325725375

00:50:34.248 --> 00:50:36.810 really involve so many patients because

NOTE Confidence: 0.82325725375

 $00:50:36.896 \longrightarrow 00:50:40.400$  that was the power that was required to

NOTE Confidence: 0.82325725375

 $00:50:40.400 \longrightarrow 00:50:43.400$  achieve potentially that mortality reduction

NOTE Confidence: 0.82325725375

 $00:50:43.400 \longrightarrow 00:50:45.480$  and the data are here on the right.

NOTE Confidence: 0.82325725375

 $00:50:45.480 \longrightarrow 00:50:48.965$  And what you can see is that in terms of

NOTE Confidence: 0.82325725375

 $00:50:48.965 \longrightarrow 00:50:50.975$  the number of lung cancers identified,

NOTE Confidence: 0.82325725375

 $00:50:50.980 \longrightarrow 00:50:53.892$  low dose CT identified more than chest

 $00:50:53.892 \longrightarrow 00:50:56.340$  radiography and that was significant.

NOTE Confidence: 0.82325725375

 $00{:}50{:}56.340 \dashrightarrow 00{:}50{:}59.488$  But more importantly, more.

NOTE Confidence: 0.82325725375

 $00:50:59.490 \longrightarrow 00:51:02.157$  People who were enrolled in the intervention

NOTE Confidence: 0.82325725375

 $00:51:02.157 \longrightarrow 00:51:05.310$  model CT arm had fewer lung cancer deaths.

NOTE Confidence: 0.82325725375

 $00:51:05.310 \longrightarrow 00:51:07.404$  The study was actually stopped early

NOTE Confidence: 0.82325725375

 $00:51:07.404 \longrightarrow 00:51:09.544$  because it was clear that this

NOTE Confidence: 0.82325725375

 $00:51:09.544 \longrightarrow 00:51:11.566$  endpoint was going to be achieved.

NOTE Confidence: 0.82325725375

00:51:11.570 --> 00:51:13.900 So what the actual mortality

NOTE Confidence: 0.82325725375

 $00:51:13.900 \longrightarrow 00:51:15.764$  reduction could have been.

NOTE Confidence: 0.82325725375

00:51:15.770 --> 00:51:17.342 We're never going to know because

NOTE Confidence: 0.82325725375

 $00:51:17.342 \longrightarrow 00:51:19.630$  it was stopped when the 20% became

NOTE Confidence: 0.82325725375

 $00:51:19.630 \longrightarrow 00:51:22.990$  inevitable to be achieved.

NOTE Confidence: 0.82325725375

 $00:51:22.990 \longrightarrow 00:51:25.012$  The other important piece of information

NOTE Confidence: 0.82325725375

 $00:51:25.012 \longrightarrow 00:51:27.478$  is that most of the cancers diagnosed

NOTE Confidence: 0.82325725375

 $00:51:27.478 \longrightarrow 00:51:28.886$  in NLST were early.

NOTE Confidence: 0.82325725375

 $00:51:28.890 \longrightarrow 00:51:33.309$  Age 63% were stage one and so the screening,

00:51:33.310 --> 00:51:35.926 in this case achieved what the intent was,

NOTE Confidence: 0.82325725375

 $00{:}51{:}35.930 \dashrightarrow 00{:}51{:}38.672$  which which was to diagnose cancers

NOTE Confidence: 0.82325725375

 $00:51:38.672 \longrightarrow 00:51:41.310$  early when they could be cured

NOTE Confidence: 0.82325725375

 $00:51:41.310 \longrightarrow 00:51:42.718$  and to decrease mortality,

NOTE Confidence: 0.82325725375

 $00:51:42.718 \longrightarrow 00:51:45.261$  and this study had probably the shortest

NOTE Confidence: 0.82325725375

 $00:51:45.261 \longrightarrow 00:51:47.445$  conclusion I've ever seen for it.

NOTE Confidence: 0.82325725375

00:51:47.450 --> 00:51:49.725 New England Journal of Medicine

NOTE Confidence: 0.82325725375

00:51:49.725 --> 00:51:52.547 Paper screening with low dose CT

NOTE Confidence: 0.82325725375

 $00:51:52.547 \longrightarrow 00:51:54.907$  reduces mortality from lung cancer.

NOTE Confidence: 0.82325725375

 $00:51:54.910 \longrightarrow 00:51:57.185$  This study was followed by a study

NOTE Confidence: 0.82325725375

00:51:57.185 --> 00:51:59.309 in Europe called the Nelson study.

NOTE Confidence: 0.82325725375

 $00{:}51{:}59.310 \dashrightarrow 00{:}52{:}01.230$  This was done in the Netherlands

NOTE Confidence: 0.82325725375

 $00:52:01.230 \longrightarrow 00:52:02.190$  and in Belgium.

NOTE Confidence: 0.82325725375

 $00{:}52{:}02.190 \dashrightarrow 00{:}52{:}04.598$  It was a smaller study but also a

NOTE Confidence: 0.82325725375

 $00:52:04.598 \longrightarrow 00:52:06.909$  double blind randomized control trial.

 $00:52:06.910 \longrightarrow 00:52:08.810$  They had 16,000 participants,

NOTE Confidence: 0.82325725375

 $00:52:08.810 \longrightarrow 00:52:11.185$  most of whom were men.

NOTE Confidence: 0.82325725375

 $00:52:11.190 \longrightarrow 00:52:13.062$  They were ages 50 to 75,

NOTE Confidence: 0.82325725375

00:52:13.062 --> 00:52:15.414 so included a a slightly younger

NOTE Confidence: 0.82325725375

 $00:52:15.414 \longrightarrow 00:52:17.990$  population and less cigarette exposure.

NOTE Confidence: 0.82325725375

 $00:52:17.990 \longrightarrow 00:52:20.426$  Greater than 15 cigarettes per day

NOTE Confidence: 0.82325725375

 $00:52:20.426 \longrightarrow 00:52:22.850$  for 25 years, or 10 cigarettes a day.

NOTE Confidence: 0.82325725375

 $00:52:22.850 \longrightarrow 00:52:24.310$  For more than 30 years.

NOTE Confidence: 0.82325725375

00:52:24.310 --> 00:52:27.054 They were the heavy smokers and the

NOTE Confidence: 0.82325725375

00:52:27.054 --> 00:52:29.318 medium smoking history was 38 Packers.

NOTE Confidence: 0.82325725375

 $00:52:29.320 \longrightarrow 00:52:31.342$  They had to have been more

NOTE Confidence: 0.82325725375

00:52:31.342 --> 00:52:32.016 approximately smoking,

NOTE Confidence: 0.82325725375

 $00:52:32.020 \longrightarrow 00:52:34.428$  currently smoking or quit within 10 years

NOTE Confidence: 0.82325725375

 $00:52:34.428 \longrightarrow 00:52:36.974$  and the Nelson study had the advantage

NOTE Confidence: 0.82325725375

00:52:36.974 --> 00:52:39.770 over NLST of measuring the positive findings,

NOTE Confidence: 0.82325725375

 $00:52:39.770 \longrightarrow 00:52:42.283$  which are lung nodules by volume as

 $00:52:42.283 \longrightarrow 00:52:45.244$  opposed to linear diameter and so they

NOTE Confidence: 0.82325725375

 $00:52:45.244 \longrightarrow 00:52:47.504$  could actually calculate doubling time,

NOTE Confidence: 0.82325725375

 $00:52:47.510 \longrightarrow 00:52:50.191$  which is a much more sensitive measure

NOTE Confidence: 0.82325725375

 $00:52:50.191 \longrightarrow 00:52:53.080$  of growth than a than linear diameter.

NOTE Confidence: 0.82325725375

 $00:52:53.080 \longrightarrow 00:52:54.652$  We do have actually the capability

NOTE Confidence: 0.82325725375

 $00:52:54.652 \longrightarrow 00:52:55.438$  in our city.

NOTE Confidence: 0.82325725375

00:52:55.440 --> 00:52:56.812 Scanners to do this,

NOTE Confidence: 0.82325725375

 $00:52:56.812 \longrightarrow 00:52:59.054$  but it is very time intensive

NOTE Confidence: 0.82325725375

 $00:52:59.054 \longrightarrow 00:53:00.350$  for the radiologist.

NOTE Confidence: 0.82325725375

 $00:53:00.350 \longrightarrow 00:53:02.516$  This is probably the next iteration

NOTE Confidence: 0.82325725375

 $00:53:02.516 \longrightarrow 00:53:04.755$  of screening down the road in

NOTE Confidence: 0.82325725375

 $00{:}53{:}04.755 \dashrightarrow 00{:}53{:}06.565$  the United States to incorporate

NOTE Confidence: 0.82325725375

 $00{:}53{:}06.570 \dashrightarrow 00{:}53{:}07.674$  natural volume measurement,

NOTE Confidence: 0.82325725375

 $00:53:07.674 \longrightarrow 00:53:10.613$  but for the time being you are have

NOTE Confidence: 0.82325725375

 $00:53:10.613 \longrightarrow 00:53:12.699$  no results will be reported back to

 $00:53:12.699 \longrightarrow 00:53:15.139$  you as linear diameters of noxious.

NOTE Confidence: 0.82325725375

 $00{:}53{:}15.140 \dashrightarrow 00{:}53{:}16.972$  These patients were randomized

NOTE Confidence: 0.82325725375

00:53:16.972 --> 00:53:19.720 to low dose CT screening or

NOTE Confidence: 0.825854819090909

00:53:19.807 --> 00:53:21.368 nothing, but they did not

NOTE Confidence: 0.825854819090909

 $00:53:21.368 \longrightarrow 00:53:22.760$  do a chest X ray arm.

NOTE Confidence: 0.825854819090909

00:53:22.760 --> 00:53:24.867 There were four low dose CT done

NOTE Confidence: 0.825854819090909

 $00:53:24.867 \longrightarrow 00:53:27.249$  over the span of six years and

NOTE Confidence: 0.825854819090909

 $00:53:27.249 \longrightarrow 00:53:29.570$  the patients were followed for 10

NOTE Confidence: 0.825854819090909

 $00{:}53{:}29.570 \dashrightarrow 00{:}53{:}31.845$  years so they're duration between

NOTE Confidence: 0.825854819090909

00:53:31.845 --> 00:53:34.300 screens was longer than analyst.

NOTE Confidence: 0.825854819090909

 $00:53:34.300 \longrightarrow 00:53:36.120$  The study was also positive,

NOTE Confidence: 0.825854819090909

 $00{:}53{:}36.120 \to 00{:}53{:}38.976$  not stopped early and the data are here,

NOTE Confidence: 0.825854819090909

 $00:53:38.980 \longrightarrow 00:53:40.140$  and although the curves

NOTE Confidence: 0.825854819090909

 $00:53:40.140 \longrightarrow 00:53:41.300$  look different than NLST,

NOTE Confidence: 0.825854819090909

 $00:53:41.300 \longrightarrow 00:53:43.386$  what you can see is that there

NOTE Confidence: 0.825854819090909

00:53:43.386 --> 00:53:44.970 were more cancers diagnosed.

 $00:53:44.970 \longrightarrow 00:53:46.670$  That's good that was screened

NOTE Confidence: 0.825854819090909

 $00:53:46.670 \longrightarrow 00:53:48.030$  with low dose CT.

NOTE Confidence: 0.825854819090909

 $00:53:48.030 \longrightarrow 00:53:49.110$  Then in the control group.

NOTE Confidence: 0.825854819090909

00:53:49.110 --> 00:53:51.480 That didn't get any screening and

NOTE Confidence: 0.825854819090909

 $00{:}53{:}51.480 \dashrightarrow 00{:}53{:}54.387$  there were fewer cancer deaths in the

NOTE Confidence: 0.825854819090909

 $00:53:54.387 \longrightarrow 00:53:56.883$  screening group compared to the control.

NOTE Confidence: 0.825854819090909

 $00:53:56.890 \longrightarrow 00:53:59.732$  So the cumulative rate ratio for death

NOTE Confidence: 0.825854819090909

 $00{:}53{:}59.732 \dashrightarrow 00{:}54{:}02.990$  from lung cancer was .76 and that was

NOTE Confidence: 0.825854819090909

 $00{:}54{:}02.990 \dashrightarrow 00{:}54{:}04.295$  statistically significant significance.

NOTE Confidence: 0.825854819090909

 $00{:}54{:}04.300 \dashrightarrow 00{:}54{:}06.440$  So they actually had a 24% reduction

NOTE Confidence: 0.825854819090909

00:54:06.440 --> 00:54:09.170 in lung cancer mortality and there

NOTE Confidence: 0.825854819090909

00:54:09.170 --> 00:54:12.528 was a signal that this was actually

NOTE Confidence: 0.825854819090909

 $00{:}54{:}12.528 \dashrightarrow 00{:}54{:}15.253$  stronger in women with the 34.

NOTE Confidence: 0.825854819090909 00:54:15.253 --> 00:54:15.616 Percent, NOTE Confidence: 0.825854819090909

00:54:15.616 --> 00:54:17.794 I'm sorry this is 24 percent

00:54:17.800 --> 00:54:19.224 34% reduction in mortality,

NOTE Confidence: 0.825854819090909

 $00:54:19.224 \longrightarrow 00:54:21.004$  but there weren't enough women

NOTE Confidence: 0.825854819090909

 $00:54:21.004 \longrightarrow 00:54:22.878$  in this study unfortunately.

NOTE Confidence: 0.825854819090909

 $00:54:22.880 \longrightarrow 00:54:24.780$  To reach significant significance.

NOTE Confidence: 0.825854819090909

 $00:54:24.780 \longrightarrow 00:54:29.930$  Although this was a very interesting finding.

NOTE Confidence: 0.825854819090909

 $00:54:29.930 \longrightarrow 00:54:31.514$  Nelson also demonstrated again

NOTE Confidence: 0.825854819090909

 $00:54:31.514 \longrightarrow 00:54:33.890$  that there is a shift towards

NOTE Confidence: 0.825854819090909

 $00:54:33.965 \longrightarrow 00:54:35.950$  earlier stage when you screen,

NOTE Confidence: 0.825854819090909

 $00:54:35.950 \longrightarrow 00:54:38.026$  and so the Nelson intervention group

NOTE Confidence: 0.825854819090909

 $00:54:38.026 \longrightarrow 00:54:40.846$  with low dose CT is shown here in the

NOTE Confidence: 0.825854819090909

 $00{:}54{:}40.846 \to 00{:}54{:}43.145$  blue bars and you can see that more

NOTE Confidence: 0.825854819090909

 $00:54:43.145 \longrightarrow 00:54:45.548$  than 50% of patients were diagnosed

NOTE Confidence: 0.825854819090909

 $00:54:45.548 \longrightarrow 00:54:49.068$  with cancer at early stage stage 1A and B.

NOTE Confidence: 0.825854819090909

 $00:54:49.070 \longrightarrow 00:54:50.970$  This is solitary nodule

NOTE Confidence: 0.825854819090909

 $00:54:50.970 \longrightarrow 00:54:52.870$  less than 3 centimeters,

NOTE Confidence: 0.825854819090909

 $00:54:52.870 \longrightarrow 00:54:54.970$  whereas only about 11% were

 $00:54:54.970 \longrightarrow 00:54:56.650$  diagnosed with stage four.

NOTE Confidence: 0.825854819090909

00:54:56.650 --> 00:54:58.008 And if you remember the pie chart,

NOTE Confidence: 0.825854819090909

 $00:54:58.010 \longrightarrow 00:55:00.030$  this is a dramatic change.

NOTE Confidence: 0.825854819090909

 $00:55:00.030 \longrightarrow 00:55:01.915$  From that distribution and what's

NOTE Confidence: 0.825854819090909

 $00:55:01.915 \longrightarrow 00:55:04.426$  really striking is that the bars in

NOTE Confidence: 0.825854819090909

 $00:55:04.426 \longrightarrow 00:55:06.372$  red and green are the control arm

NOTE Confidence: 0.825854819090909

 $00:55:06.372 \longrightarrow 00:55:08.698$  and green and their cancer registry,

NOTE Confidence: 0.825854819090909

 $00{:}55{:}08.700 \dashrightarrow 00{:}55{:}10.240$  which is essentially another

NOTE Confidence: 0.825854819090909

00:55:10.240 --> 00:55:11.780 sort of control group,

NOTE Confidence: 0.825854819090909

 $00:55:11.780 \longrightarrow 00:55:13.887$  and you can see that half of

NOTE Confidence: 0.825854819090909

00:55:13.887 --> 00:55:15.498 patients are diagnosed at stage 4,

NOTE Confidence: 0.825854819090909

 $00:55:15.500 \longrightarrow 00:55:17.208$  which is again with that pie chart

NOTE Confidence: 0.825854819090909

 $00{:}55{:}17.208 \dashrightarrow 00{:}55{:}19.170$  shows so when you look at the blue

NOTE Confidence: 0.825854819090909

 $00:55:19.170 \longrightarrow 00:55:20.959$  bars compared the red and green bars,

NOTE Confidence: 0.825854819090909

 $00:55:20.960 \longrightarrow 00:55:24.146$  you really see this move with

00:55:24.146 --> 00:55:25.739 screening towards detecting

NOTE Confidence: 0.825854819090909

 $00{:}55{:}25.739 \dashrightarrow 00{:}55{:}28.190$  cancer at much earlier stage.

NOTE Confidence: 0.825854819090909

 $00:55:28.190 \longrightarrow 00:55:30.530$  And the last study is the

NOTE Confidence: 0.825854819090909

 $00:55:30.530 \longrightarrow 00:55:32.090$  Southern Community Cohort study.

NOTE Confidence: 0.825854819090909

 $00:55:32.090 \longrightarrow 00:55:33.242$  There are clearly many,

NOTE Confidence: 0.825854819090909

00:55:33.242 --> 00:55:34.682 many studies looking at screening,

NOTE Confidence: 0.825854819090909

 $00:55:34.690 \longrightarrow 00:55:36.690$  but this particular one was

NOTE Confidence: 0.825854819090909

00:55:36.690 --> 00:55:38.290 important because it really

NOTE Confidence: 0.825854819090909

 $00:55:38.290 \longrightarrow 00:55:40.606$  addressed health disparities in lung

NOTE Confidence: 0.825854819090909

 $00:55:40.606 \longrightarrow 00:55:42.446$  cancer and lung cancer screening.

NOTE Confidence: 0.825854819090909

00:55:42.450 --> 00:55:43.848 So, Doctor Aldrich,

NOTE Confidence: 0.825854819090909

 $00:55:43.848 \longrightarrow 00:55:45.246$  who's from Vanderbilt,

NOTE Confidence: 0.825854819090909

 $00:55:45.250 \longrightarrow 00:55:47.416$  did a prospective study of lung

NOTE Confidence: 0.825854819090909

 $00:55:47.416 \longrightarrow 00:55:49.417$  cancer screening and 12 Southern

NOTE Confidence: 0.825854819090909

 $00:55:49.417 \longrightarrow 00:55:52.803$  states in the in 2002 to 2009.

NOTE Confidence: 0.825854819090909

 $00{:}55{:}52.803 \dashrightarrow 00{:}55{:}56.168$  They looked at every body in

 $00:55:56.170 \longrightarrow 00:55:59.320$  a lot of community clinics.

NOTE Confidence: 0.825854819090909

00:55:59.320 --> 00:56:00.482 Predominantly convenient,

NOTE Confidence: 0.825854819090909

 $00{:}56{:}00.482 \dashrightarrow 00{:}56{:}02.806$  not academic Medical Center

NOTE Confidence: 0.825854819090909

 $00:56:02.806 \longrightarrow 00:56:05.823$  clinics and they looked at 48,000

NOTE Confidence: 0.825854819090909

 $00:56:05.823 \longrightarrow 00:56:08.138$  African American and white current

NOTE Confidence: 0.825854819090909

 $00:56:08.138 \longrightarrow 00:56:10.836$  and former smokers is 40 to 79.

NOTE Confidence: 0.825854819090909

 $00:56:10.836 \longrightarrow 00:56:12.816$  Two thirds of the population

NOTE Confidence: 0.825854819090909

00:56:12.816 --> 00:56:15.202 was African American and 1/3 was

NOTE Confidence: 0.825854819090909

 $00{:}56{:}15.202 \dashrightarrow 00{:}56{:}18.009$  white and what they what they saw

NOTE Confidence: 0.825854819090909

00:56:18.009 --> 00:56:20.788 was that 17% of African American

NOTE Confidence: 0.825854819090909

 $00:56:20.788 \longrightarrow 00:56:23.198$  smokers were eligible for screening

NOTE Confidence: 0.825854819090909

 $00:56:23.200 \longrightarrow 00:56:26.536$  compared to 31% of white smokers.

NOTE Confidence: 0.825854819090909

00:56:26.540 --> 00:56:27.950 And so there's this big

NOTE Confidence: 0.825854819090909

00:56:27.950 --> 00:56:29.078 discrepancy in who would.

NOTE Confidence: 0.825854819090909

 $00:56:29.080 \longrightarrow 00:56:30.810$  To be eligible of course,

 $00:56:30.810 \longrightarrow 00:56:34.206$  screening that was associated with race.

NOTE Confidence: 0.825854819090909

 $00{:}56{:}34.210 --> 00{:}56{:}36.004$  They then looked at all of

NOTE Confidence: 0.825854819090909

 $00:56:36.004 \longrightarrow 00:56:37.200$  the cancers that occurred

NOTE Confidence: 0.854431875882353

00:56:37.265 --> 00:56:39.568 in this population over that time frame,

NOTE Confidence: 0.854431875882353

 $00:56:39.570 \longrightarrow 00:56:42.198$  and they came up with about

NOTE Confidence: 0.854431875882353

 $00:56:42.198 \longrightarrow 00:56:44.486$  1300 new lung cancers and when

NOTE Confidence: 0.854431875882353

 $00:56:44.486 \longrightarrow 00:56:45.826$  they looked at those patients,

NOTE Confidence: 0.854431875882353

 $00:56:45.830 \longrightarrow 00:56:48.868$  what they found was that 32% of

NOTE Confidence: 0.854431875882353

 $00{:}56{:}48.868 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}56{:}50.144$  the African American patients

NOTE Confidence: 0.854431875882353

 $00:56:50.144 \longrightarrow 00:56:52.252$  who had gotten lung cancer were

NOTE Confidence: 0.854431875882353

 $00{:}56{:}52.252 \dashrightarrow 00{:}56{:}54.167$  eligible for lung cancer screening.

NOTE Confidence: 0.854431875882353

 $00:56:54.170 \longrightarrow 00:56:57.476$  Based on the USPSTF criteria compared

NOTE Confidence: 0.854431875882353

 $00:56:57.476 \longrightarrow 00:57:00.550$  to 56% of white so many more.

NOTE Confidence: 0.854431875882353

 $00:57:00.550 \longrightarrow 00:57:03.170$  Whites were eligible for lung

NOTE Confidence: 0.854431875882353

00:57:03.170 --> 00:57:05.094 cancer screening than blacks,

NOTE Confidence: 0.854431875882353

 $00:57:05.094 \longrightarrow 00:57:07.716$  and really the lack of eligibility

 $00:57:07.716 \longrightarrow 00:57:10.106$  was primarily associated with lesser

NOTE Confidence: 0.854431875882353

 $00:57:10.106 \longrightarrow 00:57:12.026$  smoking among African Americans

NOTE Confidence: 0.854431875882353

 $00:57:12.026 \longrightarrow 00:57:15.003$  who got lung cancer with the median

NOTE Confidence: 0.854431875882353

00:57:15.003 --> 00:57:17.990 pack years of 26 compared to 48 in.

NOTE Confidence: 0.854431875882353

 $00:57:17.990 \longrightarrow 00:57:20.360$  In the white smoking patients who

NOTE Confidence: 0.854431875882353

 $00:57:20.360 \longrightarrow 00:57:23.147$  had gotten lung cancer and this

NOTE Confidence: 0.854431875882353

 $00:57:23.147 \longrightarrow 00:57:25.547$  really again brought out this

NOTE Confidence: 0.854431875882353

 $00{:}57{:}25.547 \dashrightarrow 00{:}57{:}27.429$  observation that African Americans

NOTE Confidence: 0.854431875882353

 $00{:}57{:}27.429 \dashrightarrow 00{:}57{:}30.516$  and women seem to get lung cancer.

NOTE Confidence: 0.854431875882353

 $00:57:30.520 \longrightarrow 00:57:34.060$  That's a lower smoking intensity

NOTE Confidence: 0.854431875882353

 $00{:}57{:}34.060 \dashrightarrow 00{:}57{:}38.180$  exposure and also at younger age.

NOTE Confidence: 0.854431875882353

 $00:57:38.180 \longrightarrow 00:57:40.088$  So that aldriches group.

NOTE Confidence: 0.854431875882353

 $00:57:40.088 \longrightarrow 00:57:42.473$  Has recommended that the smoking

NOTE Confidence: 0.854431875882353

 $00:57:42.473 \longrightarrow 00:57:44.974$  pack here eligibility criteria for

NOTE Confidence: 0.854431875882353

00:57:44.974 --> 00:57:47.884 USPS screening be decreased to 20

00:57:47.965 --> 00:57:50.982 pack years to try to address this

NOTE Confidence: 0.854431875882353

 $00:57:50.982 \longrightarrow 00:57:53.198$  health disparity where fewer African

NOTE Confidence: 0.854431875882353

 $00:57:53.198 \longrightarrow 00:57:55.493$  Americans were being screened because

NOTE Confidence: 0.854431875882353

 $00:57:55.493 \longrightarrow 00:57:57.857$  they weren't eligible on the basis

NOTE Confidence: 0.854431875882353

00:57:57.857 --> 00:57:59.705 of the smoking intensity and if

NOTE Confidence: 0.854431875882353

 $00:57:59.705 \longrightarrow 00:58:01.962$  that were to be implemented that

NOTE Confidence: 0.854431875882353

00:58:01.962 --> 00:58:03.847 it would increase the percentage

NOTE Confidence: 0.854431875882353

00:58:03.850 --> 00:58:05.850 of African African American smokers

NOTE Confidence: 0.854431875882353

 $00:58:05.850 \longrightarrow 00:58:08.339$  who would be eligible for screening

NOTE Confidence: 0.854431875882353

 $00:58:08.339 \longrightarrow 00:58:10.865$  and they did this very interesting.

NOTE Confidence: 0.854431875882353

 $00{:}58{:}10.870 \dashrightarrow 00{:}58{:}13.334$  Sensitivity study and I'm not going to

NOTE Confidence: 0.854431875882353

00:58:13.334 --> 00:58:15.268 go through everything on this graph,

NOTE Confidence: 0.854431875882353

 $00:58:15.270 \longrightarrow 00:58:18.000$  but what they looked at was in

NOTE Confidence: 0.854431875882353

00.58:18.000 --> 00.58:20.460 the population with the existing

NOTE Confidence: 0.854431875882353

00:58:20.460 --> 00:58:21.670 USPSTF guidelines,

NOTE Confidence: 0.854431875882353

 $00:58:21.670 \longrightarrow 00:58:23.470$  what is the sensitivity of screening

00:58:23.470 --> 00:58:26.222 to pick up a lung cancer and African

NOTE Confidence: 0.854431875882353

 $00{:}58{:}26.222 \dashrightarrow 00{:}58{:}28.658$  American sensitivity is shown here in

NOTE Confidence: 0.854431875882353

 $00:58:28.658 \longrightarrow 00:58:31.332$  the solid orange line and whites in

NOTE Confidence: 0.854431875882353

00:58:31.332 --> 00:58:33.933 the dotted orange line and you can

NOTE Confidence: 0.854431875882353

 $00:58:33.933 \longrightarrow 00:58:36.159$  see that the sensitivity of screening

NOTE Confidence: 0.854431875882353

 $00:58:36.159 \longrightarrow 00:58:39.787$  was much much lower and so the question is,

NOTE Confidence: 0.854431875882353

 $00:58:39.790 \longrightarrow 00:58:41.730$  well, how can you?

NOTE Confidence: 0.854431875882353

 $00:58:41.730 \longrightarrow 00:58:44.155$  Bring that sensitivity more equitably

NOTE Confidence: 0.854431875882353

 $00:58:44.155 \longrightarrow 00:58:47.526$  to so the curves look more similarly,

NOTE Confidence: 0.854431875882353

 $00:58:47.530 \longrightarrow 00:58:49.060$  and they modeled out what would

NOTE Confidence: 0.854431875882353

 $00.58:49.060 \longrightarrow 00.58:49.825$  happen if you,

NOTE Confidence: 0.854431875882353

 $00:58:49.830 \longrightarrow 00:58:52.231$  if we had screened at 20 pack

NOTE Confidence: 0.854431875882353

 $00:58:52.231 \longrightarrow 00:58:54.160$  years as the threshold,

NOTE Confidence: 0.854431875882353

 $00{:}58{:}54.160 \dashrightarrow 00{:}58{:}57.008$  and you can see that the the solid

NOTE Confidence: 0.854431875882353

00:58:57.008 --> 00:58:58.832 orange line and the dotted orange

00:58:58.832 --> 00:59:00.458 line still don't quite meet,

NOTE Confidence: 0.854431875882353

 $00:59:00.460 \longrightarrow 00:59:02.080$  but they become much closer,

NOTE Confidence: 0.854431875882353

 $00:59:02.080 \longrightarrow 00:59:04.810$  and there is no decrease in sensitivity

NOTE Confidence: 0.854431875882353

 $00:59:04.810 \longrightarrow 00:59:08.419$  in whites by making that change.

NOTE Confidence: 0.85443187588235300:59:08.420 --> 00:59:09.386 And so on.

00:59:09.386 --> 00:59:12.060 The basis of that and actually many other

NOTE Confidence: 0.854431875882353

NOTE Confidence: 0.854431875882353

 $00:59:12.060 \dashrightarrow 00:59:15.260$  cancer screening studies last March.

NOTE Confidence: 0.854431875882353

 $00:59:15.260 \longrightarrow 00:59:16.844$  So a year ago,

NOTE Confidence: 0.854431875882353

 $00:59:16.844 \longrightarrow 00:59:18.428$  USPSTF updated its recommendation

NOTE Confidence: 0.854431875882353

00:59:18.428 --> 00:59:20.739 for lung cancer screening to include

NOTE Confidence: 0.854431875882353

 $00{:}59{:}20.739 \dashrightarrow 00{:}59{:}23.400$  adults now ages 50 to 80 years.

NOTE Confidence: 0.854431875882353

00:59:23.400 --> 00:59:25.871 So younger population with a 20 pack

NOTE Confidence: 0.854431875882353

 $00:59:25.871 \longrightarrow 00:59:28.060$  year smoking history along the lines

NOTE Confidence: 0.854431875882353

00:59:28.060 --> 00:59:30.190 of the recommendation of the group

NOTE Confidence: 0.854431875882353

00:59:30.190 --> 00:59:31.965 from Vanderbilt who are currently

NOTE Confidence: 0.854431875882353

 $00:59:31.965 \longrightarrow 00:59:34.599$  smoking or quit within the past 15 years.

 $00:59:34.600 \longrightarrow 00:59:39.164$  And this expansion of the USPSTF criteria.

NOTE Confidence: 0.854431875882353

 $00{:}59{:}39.170 \dashrightarrow 00{:}59{:}42.344$  Now makes about 14 million Americans

NOTE Confidence: 0.854431875882353

 $00:59:42.344 \longrightarrow 00:59:45.420$  eligible for lung cancer screening.

NOTE Confidence: 0.854431875882353

 $00:59:45.420 \longrightarrow 00:59:48.090$  So.

NOTE Confidence: 0.854431875882353

 $00:59:48.090 \dashrightarrow 00:59:50.322$  Both speakers so far have mentioned

NOTE Confidence: 0.854431875882353

 $00:59:50.322 \dashrightarrow 00:59:52.458$  shared decision making and I think

NOTE Confidence: 0.854431875882353

 $00:59:52.458 \longrightarrow 00:59:53.928$  we incorporate that into all

NOTE Confidence: 0.854431875882353

 $00:59:53.928 \longrightarrow 00:59:55.470$  of our daily practices.

NOTE Confidence: 0.854431875882353

 $00{:}59{:}55.470 \dashrightarrow 00{:}59{:}57.800$  Lung cancer screening does differ

NOTE Confidence: 0.854431875882353

 $00:59:57.800 \longrightarrow 01:00:00.130$  from other screening for cancers

NOTE Confidence: 0.854431875882353

01:00:00.201 --> 01:00:02.389 because it's actually mandatory

NOTE Confidence: 0.854431875882353

 $01:00:02.390 \longrightarrow 01:00:04.496$  that you do it to be for the test

NOTE Confidence: 0.854431875882353

 $01\text{:}00\text{:}04.496 \dashrightarrow 01\text{:}00\text{:}06.783$  to be reimbursed by Medicare so

NOTE Confidence: 0.854431875882353

 $01:00:06.783 \longrightarrow 01:00:08.768$  that there must be documentation

NOTE Confidence: 0.886341455416667

 $01:00:08.833 \longrightarrow 01:00:10.758$  that is shared decision making

01:00:10.758 --> 01:00:12.898 session with the patient was

NOTE Confidence: 0.886341455416667

01:00:12.898 --> 01:00:15.110 actually actually occurred.

NOTE Confidence: 0.886341455416667

 $01:00:15.110 \longrightarrow 01:00:17.780$  The updated guidelines.

NOTE Confidence: 0.886341455416667

01:00:17.780 --> 01:00:20.628 Now do not make it necessary for that

NOTE Confidence: 0.886341455416667

 $01:00:20.628 \longrightarrow 01:00:22.817$  shared decision making to occur with.

NOTE Confidence: 0.886341455416667

 $01:00:22.820 \longrightarrow 01:00:24.509$  Position or PRN?

NOTE Confidence: 0.886341455416667

 $01:00:24.509 \dashrightarrow 01:00:27.324$  A trained individual including a

NOTE Confidence: 0.886341455416667

 $01{:}00{:}27.324 \dashrightarrow 01{:}00{:}30.917$  our end or some other health care

NOTE Confidence: 0.886341455416667

 $01:00:30.920 \longrightarrow 01:00:33.350$  providing person can now do that

NOTE Confidence: 0.886341455416667

01:00:33.350 --> 01:00:35.328 shared decision making our visit

NOTE Confidence: 0.886341455416667

 $01{:}00{:}35.328 {\:\dashrightarrow\:} 01{:}00{:}37.680$  and it is very important because

NOTE Confidence: 0.886341455416667

 $01:00:37.749 \longrightarrow 01:00:39.979$  like all other cancer screenings,

NOTE Confidence: 0.886341455416667

 $01:00:39.980 \longrightarrow 01:00:42.550$  there are known benefits and

NOTE Confidence: 0.886341455416667

01:00:42.550 --> 01:00:44.750 potential harms that we're very

NOTE Confidence: 0.886341455416667

 $01:00:44.750 \longrightarrow 01:00:47.090$  clear in all of these studies.

NOTE Confidence: 0.886341455416667

01:00:47.090 --> 01:00:49.729 This is a CT scan that actually

01:00:49.729 --> 01:00:51.711 includes imaging of every part

NOTE Confidence: 0.886341455416667

01:00:51.711 --> 01:00:54.039 of the chest and upper abdomen,

NOTE Confidence: 0.886341455416667

 $01:00:54.040 \longrightarrow 01:00:55.390$  and that makes it different.

NOTE Confidence: 0.886341455416667

 $01:00:55.390 \longrightarrow 01:00:57.808$  Than other cancer screenings where it's

NOTE Confidence: 0.886341455416667

 $01:00:57.808 \longrightarrow 01:01:00.554$  really only the organ of interest that

NOTE Confidence: 0.886341455416667

 $01:01:00.554 \longrightarrow 01:01:04.090$  appears on whatever study is being done.

NOTE Confidence: 0.886341455416667

 $01:01:04.090 \longrightarrow 01:01:06.898$  There are a lot of false positive the false

NOTE Confidence: 0.886341455416667

01:01:06.898 --> 01:01:09.158 positive rate and NLST was actually 94%,

NOTE Confidence: 0.886341455416667

 $01:01:09.158 \longrightarrow 01:01:11.782$  so most of the nodules that are identified

NOTE Confidence: 0.886341455416667

 $01:01:11.782 \longrightarrow 01:01:14.210$  by screening are not going to be cancers,

NOTE Confidence: 0.886341455416667

 $01:01:14.210 \longrightarrow 01:01:17.770$  and so it is very important that the.

NOTE Confidence: 0.886341455416667

 $01:01:17.770 \longrightarrow 01:01:20.080$  American College of Radiology Lung

NOTE Confidence: 0.886341455416667

 $01{:}01{:}20.080 \dashrightarrow 01{:}01{:}22.390$  Rads algorithm for natural evaluation

NOTE Confidence: 0.886341455416667

 $01:01:22.458 \longrightarrow 01:01:24.970$  is used because the intent of that is

NOTE Confidence: 0.886341455416667

 $01:01:24.970 \longrightarrow 01:01:26.863$  to minimize unnecessary evaluation of

01:01:26.863 --> 01:01:29.649 nodules that are not likely to harm,

NOTE Confidence: 0.886341455416667

01:01:29.650 --> 01:01:31.354 and it does provide this opportunity

NOTE Confidence: 0.886341455416667

01:01:31.354 --> 01:01:33.550 to talk to the patient about tobacco

NOTE Confidence: 0.886341455416667

 $01:01:33.550 \longrightarrow 01:01:35.554$  cessation and many people feel this

NOTE Confidence: 0.886341455416667

 $01:01:35.554 \longrightarrow 01:01:37.821$  is the teachable moment that when a

NOTE Confidence: 0.886341455416667

 $01:01:37.821 \longrightarrow 01:01:40.894$  patient is motivated to listen to you as

NOTE Confidence: 0.886341455416667

01:01:40.894 --> 01:01:43.630 the expert about lung cancer screening,

NOTE Confidence: 0.886341455416667

 $01:01:43.630 \longrightarrow 01:01:45.889$  that that may be the time when your 3

NOTE Confidence: 0.886341455416667

 $01{:}01{:}45.889 \to 01{:}01{:}47.979$  minutes of smoking cessation counseling.

NOTE Confidence: 0.886341455416667

 $01:01:47.980 \longrightarrow 01:01:50.410$  He's most effective.

NOTE Confidence: 0.886341455416667

 $01{:}01{:}50.410 \dashrightarrow 01{:}01{:}53.259$  So there are also lung cancer risk

NOTE Confidence: 0.886341455416667

 $01:01:53.259 \longrightarrow 01:01:55.015$  assessment models for patients

NOTE Confidence: 0.886341455416667

01:01:55.015 --> 01:01:57.300 who smoked or actually didn't

NOTE Confidence: 0.886341455416667

 $01{:}01{:}57.300 \dashrightarrow 01{:}01{:}59.494$  smoke lung cancer screening.

NOTE Confidence: 0.886341455416667

01:01:59.494 --> 01:02:02.756 Those only offered by Medicare to

NOTE Confidence: 0.886341455416667

 $01:02:02.756 \longrightarrow 01:02:04.586$  patients with that pretty incentive.

01:02:04.590 --> 01:02:05.480 Smoking history.

NOTE Confidence: 0.886341455416667

 $01:02:05.480 \longrightarrow 01:02:08.150$  This is the prostate lung colon

NOTE Confidence: 0.886341455416667

 $01:02:08.150 \longrightarrow 01:02:10.628$  ovarian model that was developed in

NOTE Confidence: 0.886341455416667

 $01:02:10.630 \longrightarrow 01:02:13.710$  2012 based on the PL fuel population.

NOTE Confidence: 0.886341455416667

 $01:02:13.710 \longrightarrow 01:02:16.125$  This is the website where you can

NOTE Confidence: 0.886341455416667

01:02:16.125 --> 01:02:18.488 get it really easy by Googling.

NOTE Confidence: 0.886341455416667

01:02:18.490 --> 01:02:20.054 PLCOM 2012, Brock University.

NOTE Confidence: 0.886341455416667

 $01:02:20.054 \longrightarrow 01:02:22.400$  The primary author for this model

NOTE Confidence: 0.886341455416667

 $01{:}02{:}22.466 \dashrightarrow 01{:}02{:}24.638$  is that Brock University in Canada,

NOTE Confidence: 0.886341455416667

 $01{:}02{:}24.640 \dashrightarrow 01{:}02{:}26.670$  and I think what this demonstrates is

NOTE Confidence: 0.886341455416667

 $01:02:26.670 \longrightarrow 01:02:29.107$  that there are a lot of risk factors

NOTE Confidence: 0.886341455416667

 $01:02:29.107 \longrightarrow 01:02:30.612$  for lung cancer besides smoking.

NOTE Confidence: 0.886341455416667

 $01{:}02{:}30.620 \dashrightarrow 01{:}02{:}33.340$  Although smoking is the causative

NOTE Confidence: 0.886341455416667

 $01:02:33.340 \longrightarrow 01:02:36.762$  agent in probably 85 to 90% of

NOTE Confidence: 0.886341455416667

 $01:02:36.762 \longrightarrow 01:02:38.634$  of all comers with lung cancer,

 $01:02:38.640 \longrightarrow 01:02:40.850$  or at least a contributor.

NOTE Confidence: 0.886341455416667

 $01:02:40.850 \longrightarrow 01:02:44.180$  But many other factors create

NOTE Confidence: 0.886341455416667

 $01:02:44.180 \longrightarrow 01:02:46.035$  risk body mass index.

NOTE Confidence: 0.886341455416667

 $01:02:46.035 \longrightarrow 01:02:48.405$  Whether you have other lung disease.

NOTE Confidence: 0.886341455416667

01:02:48.410 --> 01:02:51.506 If you hadn't other cancer yourself,

NOTE Confidence: 0.886341455416667

 $01:02:51.510 \longrightarrow 01:02:53.814$  or that there's a family history

NOTE Confidence: 0.886341455416667

 $01:02:53.814 \longrightarrow 01:02:56.138$  of cancer and there's definitely

NOTE Confidence: 0.886341455416667

 $01:02:56.138 \longrightarrow 01:02:59.650$  influence based on race and ethnicity

NOTE Confidence: 0.886341455416667

 $01:02:59.650 \longrightarrow 01:03:01.771$  as well as smoking intensity and the

NOTE Confidence: 0.886341455416667

 $01:03:01.771 \longrightarrow 01:03:03.638$  nice thing about this calculator is

NOTE Confidence: 0.886341455416667

 $01{:}03{:}03.638 \dashrightarrow 01{:}03{:}05.724$  it does give you a probability of

NOTE Confidence: 0.886341455416667

 $01:03:05.782 \longrightarrow 01:03:07.728$  lung cancer in the next six years.

NOTE Confidence: 0.886341455416667

 $01:03:07.730 \longrightarrow 01:03:09.794$  And so for this 73 year old patient

NOTE Confidence: 0.886341455416667

 $01:03:09.794 \longrightarrow 01:03:11.519$  who has these demographics?

NOTE Confidence: 0.886341455416667

 $01:03:11.520 \longrightarrow 01:03:13.816$  That lung cancer risk is about 5%

NOTE Confidence: 0.886341455416667

 $01{:}03{:}13.820 \dashrightarrow 01{:}03{:}16.641$  and that actually turns out to be

01:03:16.641 --> 01:03:19.418 double the risk of NLST or Nelson,

NOTE Confidence: 0.886341455416667

 $01:03:19.420 \longrightarrow 01:03:21.076$  and so this patient would be

NOTE Confidence: 0.886341455416667

 $01:03:21.076 \longrightarrow 01:03:22.748$  considered very high risk even though

NOTE Confidence: 0.886341455416667

 $01:03:22.748 \longrightarrow 01:03:24.540$  that number may not look so high.

NOTE Confidence: 0.886341455416667

 $01:03:24.540 \longrightarrow 01:03:26.220$  So it's important to ground that in.

NOTE Confidence: 0.889394671

01:03:26.220 --> 01:03:27.972 Who is the high risk population

NOTE Confidence: 0.889394671

 $01:03:27.972 \longrightarrow 01:03:29.140$  for all those studies?

NOTE Confidence: 0.889394671

 $01:03:29.140 \longrightarrow 01:03:31.310$  And what did that mean?

NOTE Confidence: 0.889394671

 $01:03:31.310 \longrightarrow 01:03:33.134$  So the benefits of lung cancer

NOTE Confidence: 0.889394671

 $01:03:33.134 \longrightarrow 01:03:35.290$  screening I think are pretty obvious.

NOTE Confidence: 0.889394671

01:03:35.290 --> 01:03:36.678 Decreased lung cancer mortality,

NOTE Confidence: 0.889394671

01:03:36.678 --> 01:03:38.066 detection of lung cancer,

NOTE Confidence: 0.889394671

01:03:38.070 --> 01:03:39.938 early stage detection of

NOTE Confidence: 0.889394671

 $01:03:39.938 \longrightarrow 01:03:41.806$  disease when it's treatable,

NOTE Confidence: 0.889394671

01:03:41.810 --> 01:03:44.029 improvement in survival and quality of life,

 $01:03:44.030 \longrightarrow 01:03:45.770$  and providing that teachable

NOTE Confidence: 0.889394671

 $01:03:45.770 \longrightarrow 01:03:47.510$  moment for to bacco cessation.

NOTE Confidence: 0.889394671

 $01:03:47.510 \longrightarrow 01:03:49.230$  But there are also risks,

NOTE Confidence: 0.889394671

 $01:03:49.230 \longrightarrow 01:03:51.024$  predominantly related to

NOTE Confidence: 0.889394671

 $01:03:51.024 \longrightarrow 01:03:53.416$  the high false positive.

NOTE Confidence: 0.889394671

01:03:53.420 --> 01:03:55.205 Likelihood of finding a nodules

NOTE Confidence: 0.889394671

01:03:55.205 --> 01:03:57.380 that are not destined to harm,

NOTE Confidence: 0.889394671

 $01:03:57.380 \longrightarrow 01:03:59.630$  and those nodules can create unnecessary

NOTE Confidence: 0.889394671

 $01{:}03{:}59.630 {\:\dashrightarrow\:} 01{:}04{:}01.700$  testing and procedures and economic,

NOTE Confidence: 0.889394671

01:04:01.700 --> 01:04:03.885 emotional and physical costs which

NOTE Confidence: 0.889394671

 $01:04:03.885 \longrightarrow 01:04:06.070$  hopefully can be minimized if

NOTE Confidence: 0.889394671

 $01:04:06.142 \longrightarrow 01:04:08.260$  we stick to the algorithm used.

NOTE Confidence: 0.889394671

 $01:04:08.260 \longrightarrow 01:04:11.908$  Meeting of Longreads given to us by PCR.

NOTE Confidence: 0.889394671

 $01:04:11.910 \longrightarrow 01:04:14.016$  There can be false negative results.

NOTE Confidence: 0.889394671

01:04:14.020 --> 01:04:16.657 We used to worry a lot more about the

NOTE Confidence: 0.889394671

01:04:16.657 --> 01:04:18.509 detection of indolent disease that

01:04:18.509 --> 01:04:20.753 would really not render any benefit

NOTE Confidence: 0.889394671

 $01{:}04{:}20.817 \dashrightarrow 01{:}04{:}22.995$  and that is known as overdiagnosis.

NOTE Confidence: 0.889394671

 $01:04:23.000 \longrightarrow 01:04:24.408$  There is some radiation.

NOTE Confidence: 0.889394671

 $01:04:24.408 \longrightarrow 01:04:26.168$  Exposure related to having a

NOTE Confidence: 0.889394671

 $01:04:26.168 \longrightarrow 01:04:28.169$  test with radiation every year,

NOTE Confidence: 0.889394671

 $01:04:28.170 \longrightarrow 01:04:30.156$  but it really takes thousands and

NOTE Confidence: 0.889394671

01:04:30.156 --> 01:04:31.939 10s of thousands of examinations

NOTE Confidence: 0.889394671

 $01:04:31.939 \longrightarrow 01:04:34.267$  to generate enough harm that one

NOTE Confidence: 0.889394671

 $01{:}04{:}34{.}267 \dashrightarrow 01{:}04{:}36{.}693$  person would get lung cancer or

NOTE Confidence: 0.889394671

 $01:04:36.693 \longrightarrow 01:04:38.688$  another cancer from their screening.

NOTE Confidence: 0.889394671

 $01:04:38.690 \longrightarrow 01:04:40.305$  And then I've already mentioned

NOTE Confidence: 0.889394671

 $01:04:40.305 \longrightarrow 01:04:43.056$  that this is a CT scan of more

NOTE Confidence: 0.889394671

 $01{:}04{:}43.056 \dashrightarrow 01{:}04{:}45.192$  than one organ and so incidental

NOTE Confidence: 0.889394671

 $01{:}04{:}45.192 \dashrightarrow 01{:}04{:}46.868$  findings are quite frequent.

NOTE Confidence: 0.889394671

 $01:04:46.870 \longrightarrow 01:04:49.210$  Speaking with patients in these and

 $01:04:49.210 \longrightarrow 01:04:51.310$  these shared decision making visits

NOTE Confidence: 0.889394671

 $01:04:51.310 \longrightarrow 01:04:54.315$  makes it clear what that there are

NOTE Confidence: 0.889394671

 $01:04:54.315 \longrightarrow 01:04:56.047$  actually individual patient level

NOTE Confidence: 0.889394671

 $01:04:56.047 \longrightarrow 01:04:57.893$  barriers to lung cancer screening

NOTE Confidence: 0.889394671

 $01:04:57.893 \longrightarrow 01:05:00.430$  related to stigma of fear of a test,

NOTE Confidence: 0.889394671

 $01{:}05{:}00.430 \dashrightarrow 01{:}05{:}02.392$  and in particular this is often

NOTE Confidence: 0.889394671

 $01:05:02.392 \longrightarrow 01:05:04.394$  confused with a closed MRI and

NOTE Confidence: 0.889394671

 $01:05:04.394 \longrightarrow 01:05:05.646$  you can alleviate that.

NOTE Confidence: 0.889394671

 $01{:}05{:}05.650 \dashrightarrow 01{:}05{:}07.360$  Patients are a fraid of getting

NOTE Confidence: 0.889394671

01:05:07.360 --> 01:05:09.503 a cancer diagnosis so may avoid

NOTE Confidence: 0.889394671

 $01{:}05{:}09.503 \dashrightarrow 01{:}05{:}11.990$  having the screen they're a fraid of

NOTE Confidence: 0.889394671

 $01{:}05{:}11.990 \dashrightarrow 01{:}05{:}14.550$  having surgery or radiation or more.

NOTE Confidence: 0.889394671

 $01:05:14.550 \longrightarrow 01:05:16.794$  You know, medical therapy.

NOTE Confidence: 0.889394671

 $01:05:16.794 \longrightarrow 01:05:17.916$  By screening,

NOTE Confidence: 0.889394671

01:05:17.920 --> 01:05:20.426 APRN recently had a patient telling her

NOTE Confidence: 0.889394671

 $01{:}05{:}20.426 \dashrightarrow 01{:}05{:}22.536$  I can't afford to have lung cancer.

 $01:05:22.536 \longrightarrow 01:05:24.500$  I'm not sure I want this screen

NOTE Confidence: 0.889394671

 $01:05:24.500 \longrightarrow 01:05:25.379$  access and cost,

NOTE Confidence: 0.889394671

01:05:25.379 --> 01:05:28.239 and I think we all of these are common,

NOTE Confidence: 0.889394671

 $01:05:28.240 \longrightarrow 01:05:31.280$  perhaps to all screening interventions,

NOTE Confidence: 0.889394671

 $01:05:31.280 \longrightarrow 01:05:34.028$  but particularly too long.

NOTE Confidence: 0.889394671

 $01:05:34.030 \longrightarrow 01:05:36.158$  And then I I just want to encourage

NOTE Confidence: 0.889394671

 $01:05:36.158 \longrightarrow 01:05:37.968$  everybody on this call to think

NOTE Confidence: 0.889394671

 $01:05:37.968 \longrightarrow 01:05:39.798$  about lung cancer screening and talk

NOTE Confidence: 0.889394671

 $01{:}05{:}39.853 \dashrightarrow 01{:}05{:}42.100$  to their patients because it is a

NOTE Confidence: 0.889394671

 $01:05:42.100 \longrightarrow 01:05:43.530$  relatively new screening program.

NOTE Confidence: 0.889394671

 $01{:}05{:}43.530 \dashrightarrow 01{:}05{:}46.290$  We should have had this long

NOTE Confidence: 0.889394671

 $01:05:46.290 \longrightarrow 01:05:48.880$  ago because lung cancer kills so

NOTE Confidence: 0.889394671

 $01{:}05{:}48.880 \to 01{:}05{:}50.584$  many patients every year.

NOTE Confidence: 0.889394671

 $01:05:50.590 \longrightarrow 01:05:52.798$  These are these are statistics across

NOTE Confidence: 0.889394671

01:05:52.798 --> 01:05:55.797 the states in the United States in 2020,

 $01:05:55.797 \longrightarrow 01:05:58.506$  and this is Connecticut and you can

NOTE Confidence: 0.889394671

01:05:58.506 --> 01:06:01.150 see that in 2020 in Connecticut,

NOTE Confidence: 0.889394671

 $01:06:01.150 \dashrightarrow 01:06:03.370$  7% of eligible patients underwent.

NOTE Confidence: 0.889394671

 $01:06:03.370 \longrightarrow 01:06:06.716$  Cell cancer screening which is really low.

NOTE Confidence: 0.889394671

 $01:06:06.720 \longrightarrow 01:06:08.184$  We really need to increase that

NOTE Confidence: 0.889394671

 $01:06:08.184 \longrightarrow 01:06:09.960$  number if we want to get to that.

NOTE Confidence: 0.889394671

 $01:06:09.960 \longrightarrow 01:06:12.381$  We can save 20 out of 100 lives from

NOTE Confidence: 0.889394671

 $01:06:12.381 \longrightarrow 01:06:14.309$  cancer and what's really ironic on

NOTE Confidence: 0.889394671

 $01{:}06{:}14.309 \dashrightarrow 01{:}06{:}16.719$  this slide is the state of Kentucky,

NOTE Confidence: 0.889394671

 $01:06:16.720 \longrightarrow 01:06:18.485$  which has the highest smoking

NOTE Confidence: 0.889394671

 $01:06:18.485 \longrightarrow 01:06:20.250$  prevalence in the country and

NOTE Confidence: 0.889394671

 $01:06:20.313 \longrightarrow 01:06:22.228$  the highest lung cancer incidence

NOTE Confidence: 0.889394671

 $01:06:22.228 \longrightarrow 01:06:24.143$  actually is screening twice as

NOTE Confidence: 0.889394671

 $01{:}06{:}24.206 \dashrightarrow 01{:}06{:}26.136$  many patients percentage wise as

NOTE Confidence: 0.889394671

 $01:06:26.136 \longrightarrow 01:06:27.680$  we are doing Connecticut,

NOTE Confidence: 0.889394671

 $01:06:27.680 \longrightarrow 01:06:29.738$  and the reason that this is actually

01:06:29.738 --> 01:06:32.033 really taken off and Kentucky is because

NOTE Confidence: 0.889394671

 $01{:}06{:}32.033 \dashrightarrow 01{:}06{:}34.061$  of Community and state based efforts.

NOTE Confidence: 0.791462477368421

 $01:06:34.070 \longrightarrow 01:06:36.742$  To really get the word out and so

NOTE Confidence: 0.791462477368421

 $01:06:36.742 \longrightarrow 01:06:39.623$  there have been laws passing the

NOTE Confidence: 0.791462477368421

 $01:06:39.623 \longrightarrow 01:06:41.751$  Legislature support lung cancer

NOTE Confidence: 0.791462477368421

01:06:41.751 --> 01:06:43.920 screening and a lot of community

NOTE Confidence: 0.791462477368421

 $01:06:43.920 \longrightarrow 01:06:46.070$  advocacy groups that have to take in

NOTE Confidence: 0.791462477368421

 $01:06:46.070 \longrightarrow 01:06:48.286$  this on and so the take home points

NOTE Confidence: 0.791462477368421

 $01:06:48.286 \longrightarrow 01:06:50.471$  for tonight from this section is that

NOTE Confidence: 0.791462477368421

 $01{:}06{:}50.471 \dashrightarrow 01{:}06{:}52.404$  remember lung cancer is the leading

NOTE Confidence: 0.791462477368421

 $01:06:52.404 \longrightarrow 01:06:54.860$  cause of cancer deaths in both men and

NOTE Confidence: 0.791462477368421

 $01:06:54.860 \longrightarrow 01:06:57.168$  women in this country in the world.

NOTE Confidence: 0.791462477368421

 $01{:}06{:}57.170 \dashrightarrow 01{:}06{:}59.418$  It is the leading cause of cancer death.

NOTE Confidence: 0.791462477368421

 $01:06:59.420 \longrightarrow 01:07:02.450$  1.6 million deaths last year,

NOTE Confidence: 0.791462477368421

 $01:07:02.450 \longrightarrow 01:07:04.448$  detection of disease at early stage.

 $01:07:04.450 \longrightarrow 01:07:05.914$  Improved survival and increases

NOTE Confidence: 0.791462477368421

 $01:07:05.914 \longrightarrow 01:07:07.378$  the chance of cure.

NOTE Confidence: 0.791462477368421

 $01:07:07.380 \longrightarrow 01:07:09.280$  There's a very strong evidence

NOTE Confidence: 0.791462477368421

 $01:07:09.280 \longrightarrow 01:07:10.800$  based demonstrating that screening

NOTE Confidence: 0.791462477368421

 $01:07:10.800 \longrightarrow 01:07:13.254$  for lung cancer with low dose CT

NOTE Confidence: 0.791462477368421

01:07:13.254 --> 01:07:14.598 decreases lung cancer mortality,

NOTE Confidence: 0.791462477368421

 $01:07:14.600 \longrightarrow 01:07:16.980$  so this will save lives.

NOTE Confidence: 0.791462477368421

 $01:07:16.980 \longrightarrow 01:07:19.356$  The 2021 updated recommendations

NOTE Confidence: 0.791462477368421

 $01{:}07{:}19.356 \to 01{:}07{:}22.920$  expands the populations of all people,

NOTE Confidence: 0.791462477368421

 $01:07:22.920 \longrightarrow 01:07:25.900$  but particularly is geared towards

NOTE Confidence: 0.791462477368421

 $01{:}07{:}25.900 \dashrightarrow 01{:}07{:}27.544$  resolving the health disparities

NOTE Confidence: 0.791462477368421

 $01:07:27.544 \longrightarrow 01:07:30.010$  that we see for African Americans

NOTE Confidence: 0.791462477368421

 $01:07:30.073 \longrightarrow 01:07:32.353$  and women who are now increasingly

NOTE Confidence: 0.791462477368421

 $01:07:32.353 \longrightarrow 01:07:34.619$  eligible for screening and 14 million.

NOTE Confidence: 0.791462477368421

01:07:34.620 --> 01:07:36.768 People are eligible in this country,

NOTE Confidence: 0.791462477368421

 $01:07:36.770 \longrightarrow 01:07:38.894$  but right now we're screening only

 $01:07:38.894 \longrightarrow 01:07:41.970$  5 to 10% and so just to remind you,

NOTE Confidence: 0.791462477368421

01:07:41.970 --> 01:07:44.210 please screen your patient to

NOTE Confidence: 0.791462477368421

 $01:07:44.210 \longrightarrow 01:07:46.002$  meet the eligibility criteria.

NOTE Confidence: 0.791462477368421

 $01:07:46.010 \longrightarrow 01:07:48.380$  50 to 80 years old who have a 20 pack

NOTE Confidence: 0.791462477368421

 $01:07:48.446 \longrightarrow 01:07:50.750$  year smoking history and currently smoke

NOTE Confidence: 0.791462477368421

 $01:07:50.750 \longrightarrow 01:07:53.508$  or have quit within the past 15 years.

NOTE Confidence: 0.791462477368421

01:07:53.510 --> 01:07:55.040 Thanks very much for listening.

NOTE Confidence: 0.661004378

01:07:57.530 --> 01:07:58.700 Thank you very much, Doctor.

NOTE Confidence: 0.661004378

 $01:07:58.700 \longrightarrow 01:08:01.136$  Thank you for this wonderful review

NOTE Confidence: 0.661004378

 $01:08:01.136 \longrightarrow 01:08:03.160$  and hopefully hopefully we'll start

NOTE Confidence: 0.661004378

 $01:08:03.160 \longrightarrow 01:08:04.856$  getting more and more patients

NOTE Confidence: 0.661004378

 $01:08:04.856 \longrightarrow 01:08:06.586$  referred for lung cancer screening.

NOTE Confidence: 0.661004378

 $01{:}08{:}06.590 \dashrightarrow 01{:}08{:}08.870$  As important as you've shown.

NOTE Confidence: 0.661004378

 $01:08:08.870 \longrightarrow 01:08:10.718$  Very good and we're gonna move

NOTE Confidence: 0.661004378

 $01:08:10.718 \longrightarrow 01:08:13.280$  on now to the last presentation.

 $01:08:13.280 \longrightarrow 01:08:15.898$  And that's on a colorectal cancer screening.

NOTE Confidence: 0.917452572222222

 $01:08:19.910 \longrightarrow 01:08:21.550$  And I have no conflicts

NOTE Confidence: 0.917452572222222

 $01:08:21.550 \longrightarrow 01:08:22.862$  of interest to disclose,

NOTE Confidence: 0.917452572222222

 $01:08:22.870 \longrightarrow 01:08:26.070$  so we're gonna reveal colorectal

NOTE Confidence: 0.917452572222222

 $01:08:26.070 \longrightarrow 01:08:28.731$  cancer incidence trends to The Tonight.

NOTE Confidence: 0.917452572222222

 $01:08:28.731 \longrightarrow 01:08:30.879$  We are going to be looking at screening

NOTE Confidence: 0.917452572222222

 $01:08:30.879 \longrightarrow 01:08:33.051$  with ALITIES and also we'll review

NOTE Confidence: 0.917452572222222

 $01:08:33.051 \longrightarrow 01:08:34.780$  the newest guidelines and starting

NOTE Confidence: 0.917452572222222

 $01:08:34.780 \longrightarrow 01:08:36.817$  screening at an earlier age that most

NOTE Confidence: 0.917452572222222

 $01:08:36.817 \longrightarrow 01:08:39.690$  of you are familiar with already.

NOTE Confidence: 0.917452572222222

01:08:39.690 --> 01:08:41.220 So colorectal cancer,

NOTE Confidence: 0.917452572222222

01:08:41.220 --> 01:08:43.770 still the third leading cancer,

NOTE Confidence: 0.917452572222222

 $01:08:43.770 \longrightarrow 01:08:46.284$  and both men and women and

NOTE Confidence: 0.917452572222222

 $01:08:46.284 \longrightarrow 01:08:47.960$  also the third leading.

NOTE Confidence: 0.917452572222222

01:08:47.960 --> 01:08:50.888 Cancer related deaths both in men and women,

NOTE Confidence: 0.917452572222222

 $01:08:50.890 \longrightarrow 01:08:52.150$  but the good news really,

 $01:08:52.150 \longrightarrow 01:08:53.618$  on colorectal cancer is

NOTE Confidence: 0.917452572222222

 $01:08:53.618 \longrightarrow 01:08:55.086$  what I'm showing here,

NOTE Confidence: 0.917452572222222

 $01:08:55.090 \longrightarrow 01:08:58.018$  which is these very nice steady

NOTE Confidence: 0.917452572222222

01:08:58.018 --> 01:09:00.511 decrease in both incidence and

NOTE Confidence: 0.917452572222222

 $01:09:00.511 \longrightarrow 01:09:02.978$  mortality since the mid 1980s,

NOTE Confidence: 0.917452572222222

 $01:09:02.978 \longrightarrow 01:09:06.218$  beginning 1990s of colorectal cancer.

NOTE Confidence: 0.917452572222222

01:09:06.220 --> 01:09:07.676 Again incidence and mortality,

NOTE Confidence: 0.917452572222222

 $01:09:07.676 \longrightarrow 01:09:11.059$  and a lot of it has to do with

NOTE Confidence: 0.917452572222222

01:09:11.059 --> 01:09:12.924 exactly what I'm showing here,

NOTE Confidence: 0.917452572222222

 $01:09:12.930 \dashrightarrow 01:09:15.695$  which is this steady increase also in

NOTE Confidence: 0.917452572222222

 $01:09:15.695 \longrightarrow 01:09:18.219$  the utilization of colonoscopy as we.

NOTE Confidence: 0.917452572222222

01:09:18.220 --> 01:09:20.436 Been doing more colonoscopies,

NOTE Confidence: 0.917452572222222

 $01{:}09{:}20.436 --> 01{:}09{:}22.058$ uh, we've seen that decrease

NOTE Confidence: 0.917452572222222

 $01:09:22.058 \longrightarrow 01:09:23.126$  in the incidence rate.

NOTE Confidence: 0.917452572222222

 $01:09:23.130 \longrightarrow 01:09:25.573$  Other factors have played also a role

 $01:09:25.573 \longrightarrow 01:09:28.050$  in that decrease in colorectal cancer,

NOTE Confidence: 0.917452572222222

 $01{:}09{:}28.050 \dashrightarrow 01{:}09{:}30.549$  but certainly screening has played a very,

NOTE Confidence: 0.917452572222222

 $01:09:30.550 \longrightarrow 01:09:33.806$  very important role over the last few years.

NOTE Confidence: 0.917452572222222

01:09:33.810 --> 01:09:35.408 We've been hearing more and more

NOTE Confidence: 0.917452572222222

01:09:35.410 --> 01:09:38.555 about not starting with colonoscopy

NOTE Confidence: 0.917452572222222

 $01:09:38.555 \longrightarrow 01:09:42.450$  screening as the first screening option,

NOTE Confidence: 0.917452572222222

 $01:09:42.450 \longrightarrow 01:09:46.668$  but also other types of screening

NOTE Confidence: 0.917452572222222

 $01:09:46.668 \longrightarrow 01:09:48.777$  tests that recent.

NOTE Confidence: 0.917452572222222

 $01:09:48.780 \longrightarrow 01:09:51.996$  Studies have shown their their usefulness

NOTE Confidence: 0.917452572222222

01:09:51.996 --> 01:09:54.140 for colorectal cancer screening,

NOTE Confidence: 0.917452572222222

 $01{:}09{:}54.140 \dashrightarrow 01{:}09{:}56.240$  so those include city colonography,

NOTE Confidence: 0.917452572222222

 $01:09:56.240 \longrightarrow 01:10:00.516$  but it also includes stool based studies

NOTE Confidence: 0.917452572222222

 $01:10:00.516 \longrightarrow 01:10:03.229$  that basically test for alterations,

NOTE Confidence: 0.917452572222222

 $01:10:03.229 \longrightarrow 01:10:06.330$  either blood or cold blood in the

NOTE Confidence: 0.917452572222222

01:10:06.419 --> 01:10:09.502 stool or some a cold blood plus DNA

NOTE Confidence: 0.917452572222222

 $01:10:09.502 \longrightarrow 01:10:11.830$  abnormalities related to malignant

 $01:10:11.830 \longrightarrow 01:10:16.143$  cells that at the end of the day would

NOTE Confidence: 0.917452572222222

 $01:10:16.143 \longrightarrow 01:10:18.807$  result in a positive test that would require.

NOTE Confidence: 0.917452572222222

 $01:10:18.810 \longrightarrow 01:10:22.458$  The follow up colonoscopy but the

NOTE Confidence: 0.917452572222222

 $01:10:22.458 \longrightarrow 01:10:25.066$  issue about this test is that really

NOTE Confidence: 0.917452572222222

 $01:10:25.066 \longrightarrow 01:10:28.192$  and that was very recognized in

NOTE Confidence: 0.917452572222222

 $01:10:28.192 \longrightarrow 01:10:31.454$  nineteen 2016 by USPSTF is that we

NOTE Confidence: 0.917452572222222

 $01:10:31.454 \longrightarrow 01:10:34.938$  really don't have a lot of data

NOTE Confidence: 0.917452572222222

 $01:10:34.938 \longrightarrow 01:10:36.405$  that compares head-to-head.

NOTE Confidence: 0.917452572222222

 $01:10:36.410 \longrightarrow 01:10:37.898$  Those different screening methods.

NOTE Confidence: 0.917452572222222

 $01:10:37.898 \longrightarrow 01:10:40.122$  We have very good studies showing

NOTE Confidence: 0.917452572222222

 $01:10:40.122 \longrightarrow 01:10:42.318$  efficacy of all the methods that

NOTE Confidence: 0.917452572222222

 $01:10:42.318 \longrightarrow 01:10:44.869$  I showed to you and the legitimacy

NOTE Confidence: 0.917452572222222

 $01:10:44.869 \longrightarrow 01:10:46.269$  of using these methods,

NOTE Confidence: 0.917452572222222

 $01:10:46.270 \longrightarrow 01:10:47.820$  but not much comparison between

NOTE Confidence: 0.917452572222222

 $01:10:47.820 \longrightarrow 01:10:49.060$  the the two different.

 $01:10:49.060 \longrightarrow 01:10:51.244$  Fans in in the also stated that

NOTE Confidence: 0.917452572222222

 $01:10:51.244 \longrightarrow 01:10:53.097$  all those single test performance

NOTE Confidence: 0.917452572222222

 $01:10:53.097 \longrightarrow 01:10:54.789$  is an important issue.

NOTE Confidence: 0.917452572222222

 $01:10:54.790 \longrightarrow 01:10:56.142$  The detection of colorectal

NOTE Confidence: 0.917452572222222

01:10:56.142 --> 01:10:57.832 cancer sensitivity of the test

NOTE Confidence: 0.917452572222222

 $01:10:57.832 \longrightarrow 01:10:59.726$  of our time is more important.

NOTE Confidence: 0.917452572222222

 $01:10:59.730 \longrightarrow 01:11:02.940$  How the test perform over time.

NOTE Confidence: 0.917452572222222

01:11:02.940 --> 01:11:05.480 So with that in mind,

NOTE Confidence: 0.917452572222222

 $01:11:05.480 \longrightarrow 01:11:06.713$  they try USPSTF.

NOTE Confidence: 0.917452572222222

 $01:11:06.713 \longrightarrow 01:11:09.590$  What they did is they commissioned what

NOTE Confidence: 0.917452572222222

 $01:11:09.670 \longrightarrow 01:11:13.018$  they called the cancer intervention and

NOTE Confidence: 0.917452572222222

 $01:11:13.018 \longrightarrow 01:11:15.250$  Surveillance Modeling network sysnet

NOTE Confidence: 0.917452572222222

 $01:11:15.331 \longrightarrow 01:11:17.826$  and that included three different.

NOTE Confidence: 0.917452572222222

 $01:11:17.830 \longrightarrow 01:11:20.010$  Analytical models have performed

NOTE Confidence: 0.917452572222222

 $01:11:20.010 \longrightarrow 01:11:22.190$  in different institutions to

NOTE Confidence: 0.917452572222222

 $01:11:22.190 \longrightarrow 01:11:24.740$  inform really recommendations for

 $01{:}11{:}24.740 \dashrightarrow 01{:}11{:}25.922$  colorectal cancer screening.

NOTE Confidence: 0.917452572222222

 $01:11:25.922 \longrightarrow 01:11:27.892$  These are the three different

NOTE Confidence: 0.917452572222222

01:11:27.892 --> 01:11:29.996 groups and what they did is they

NOTE Confidence: 0.917452572222222

 $01:11:29.996 \longrightarrow 01:11:32.089$  use the they based the modeling on

NOTE Confidence: 0.917452572222222

 $01:11:32.089 \longrightarrow 01:11:33.641$  historical colorectal cancer incidence

NOTE Confidence: 0.917452572222222

 $01:11:33.641 \longrightarrow 01:11:36.260$  data from the pre screening area.

NOTE Confidence: 0.917452572222222

 $01:11:36.260 \longrightarrow 01:11:39.296$  So from 1975 to 1979 were really we

NOTE Confidence: 0.917452572222222

 $01:11:39.296 \longrightarrow 01:11:41.133$  could not see the effects of screening

NOTE Confidence: 0.917452572222222

01:11:41.133 --> 01:11:43.148 because colorectal cancer screening

NOTE Confidence: 0.917452572222222

 $01:11:43.148 \longrightarrow 01:11:46.320$  cannot be implemented at that time.

NOTE Confidence: 0.917452572222222

 $01:11:46.320 \longrightarrow 01:11:49.850$  So and the analysis would have to.

NOTE Confidence: 0.917452572222222

 $01:11:49.850 \longrightarrow 01:11:51.076$  Include benefits,

NOTE Confidence: 0.917452572222222

 $01{:}11{:}51.076 \dashrightarrow 01{:}11{:}54.141$  harms and burden of colorectal

NOTE Confidence: 0.917452572222222

 $01:11:54.141 \longrightarrow 01:11:55.367$  cancer screening.

NOTE Confidence: 0.917452572222222

 $01:11:55.370 \longrightarrow 01:11:57.206$  That's what they really looked at,

 $01:11:57.210 \longrightarrow 01:12:00.110$  so this is some of the data that came

NOTE Confidence: 0.7747178925

 $01:12:00.110 \longrightarrow 01:12:02.397$  out of that modeling commissioned

NOTE Confidence: 0.7747178925

 $01:12:02.397 \longrightarrow 01:12:06.506$  by USPSTF here on the left side.

NOTE Confidence: 0.7747178925

01:12:06.510 --> 01:12:08.874 You see all the different modalities

NOTE Confidence: 0.7747178925

 $01:12:08.874 \longrightarrow 01:12:10.450$  of colorectal cancer screening.

NOTE Confidence: 0.7747178925

 $01:12:10.450 \longrightarrow 01:12:12.942$  There's an added one which is the

NOTE Confidence: 0.7747178925

01:12:12.942 --> 01:12:15.108 multi target stool DNA every year,

NOTE Confidence: 0.7747178925

 $01:12:15.110 \longrightarrow 01:12:16.598$  which is not the recommended one.

NOTE Confidence: 0.7747178925

 $01:12:16.600 \longrightarrow 01:12:18.406$  Recommended one is every three years.

NOTE Confidence: 0.7747178925

 $01:12:18.410 \longrightarrow 01:12:19.994$  The other ones are.

NOTE Confidence: 0.7747178925

01:12:19.994 --> 01:12:21.578 Standard of care recommendations,

NOTE Confidence: 0.7747178925

 $01:12:21.580 \longrightarrow 01:12:23.740$  but they look that went to in that

NOTE Confidence: 0.7747178925

 $01:12:23.740 \longrightarrow 01:12:25.894$  specific time frame and there were several

NOTE Confidence: 0.7747178925

 $01:12:25.894 \longrightarrow 01:12:28.010$  things that we assessed in this one.

NOTE Confidence: 0.7747178925

01:12:28.010 --> 01:12:31.004 I'm showing life years gained per

NOTE Confidence: 0.7747178925

 $01:12:31.004 \longrightarrow 01:12:33.459$  thousand individual screen and what

 $01:12:33.459 \longrightarrow 01:12:36.451$  they saw is I'm showing here the the

NOTE Confidence: 0.7747178925

01:12:36.451 --> 01:12:39.597 middle of the different of the different

NOTE Confidence: 0.7747178925

 $01:12:39.597 \longrightarrow 01:12:42.950$  brackets when it comes to the estimates.

NOTE Confidence: 0.7747178925

01:12:42.950 --> 01:12:44.380 According to the three models,

NOTE Confidence: 0.7747178925

 $01:12:44.380 \longrightarrow 01:12:47.726$  so they life years gained per thousand

NOTE Confidence: 0.7747178925

01:12:47.726 --> 01:12:50.240 colonoscopies actually using colonoscopies.

NOTE Confidence: 0.7747178925

01:12:50.240 --> 01:12:54.104 Primary methods would be 270 will end

NOTE Confidence: 0.7747178925

 $01:12:54.104 \longrightarrow 01:12:56.603$  the one with the lowest performance will

NOTE Confidence: 0.7747178925

 $01:12:56.603 \longrightarrow 01:12:59.041$  be flexible sigmoidoscopy every five

NOTE Confidence: 0.7747178925

 $01:12:59.041 \longrightarrow 01:13:01.520$  years with 221 at the end of the day.

NOTE Confidence: 0.7747178925

01:13:01.520 --> 01:13:06.343 Though all the all the different screening

NOTE Confidence: 0.7747178925

 $01:13:06.343 \longrightarrow 01:13:09.322$  modalities were within were yielding

NOTE Confidence: 0.7747178925

 $01{:}13{:}09.322 \dashrightarrow 01{:}13{:}12.354$  within the 18% range of the highest

NOTE Confidence: 0.7747178925

 $01:13:12.354 \longrightarrow 01:13:14.850$  performer which would be colonoscopy here.

NOTE Confidence: 0.7747178925

 $01:13:14.850 \longrightarrow 01:13:17.700$  So pretty good performance and

 $01:13:17.700 \longrightarrow 01:13:20.871$  as assessed per life years game.

NOTE Confidence: 0.7747178925

 $01:13:20.871 \longrightarrow 01:13:22.819$  For 1000 screen individuals,

NOTE Confidence: 0.7747178925

 $01:13:22.820 \longrightarrow 01:13:24.505$  and this is another one

NOTE Confidence: 0.7747178925

 $01:13:24.505 \longrightarrow 01:13:25.516$  that's colorectal cancer.

NOTE Confidence: 0.7747178925

 $01:13:25.520 \longrightarrow 01:13:28.630$  Deaths averted per thousand screen

NOTE Confidence: 0.7747178925

01:13:28.630 --> 01:13:32.075 and they got 24 and the modeling for

NOTE Confidence: 0.7747178925

01:13:32.075 --> 01:13:34.118 colonoscopy every 10 years versus the

NOTE Confidence: 0.7747178925

 $01:13:34.118 \longrightarrow 01:13:36.138$  lowest performers which were flexible

NOTE Confidence: 0.7747178925

01:13:36.138 --> 01:13:37.754 sigmoidoscopy every five years,

NOTE Confidence: 0.7747178925

 $01:13:37.760 \longrightarrow 01:13:39.690$  and the multi target stool

NOTE Confidence: 0.7747178925

 $01:13:39.690 \longrightarrow 01:13:41.234$  DNA every three years.

NOTE Confidence: 0.7747178925

01:13:41.240 --> 01:13:42.920 But at the end of the day again,

NOTE Confidence: 0.7747178925

01:13:42.920 --> 01:13:44.816 a difference of one to four,

NOTE Confidence: 0.7747178925

 $01:13:44.820 \longrightarrow 01:13:47.977$  depending on which modeling you would use.

NOTE Confidence: 0.7747178925

 $01{:}13{:}47.980 \dashrightarrow 01{:}13{:}49.654$  One to four deaths of difference

NOTE Confidence: 0.7747178925

 $01:13:49.654 \longrightarrow 01:13:50.770$  among the different screening.

 $01:13:50.770 \longrightarrow 01:13:53.145$  Questions per thousand screened individuals

NOTE Confidence: 0.7747178925

 $01:13:53.145 \longrightarrow 01:13:56.600$  and they look also for complications.

NOTE Confidence: 0.7747178925

 $01:13:56.600 \longrightarrow 01:13:59.687$  And here obviously the more aggressive test

NOTE Confidence: 0.7747178925

01:13:59.687 --> 01:14:02.699 for screening is obviously colonoscopy,

NOTE Confidence: 0.7747178925

 $01{:}14{:}02.700 \dashrightarrow 01{:}14{:}08.311$  and that had the highest number of predicted

NOTE Confidence: 0.7747178925

 $01:14:08.311 \longrightarrow 01:14:11.666$  complications with the lowest number

NOTE Confidence: 0.7747178925

01:14:11.666 --> 01:14:17.100 being 9 for the multi targets to DNA test,

NOTE Confidence: 0.7747178925

 $01:14:17.100 \longrightarrow 01:14:19.698$  so a difference overall from four

NOTE Confidence: 0.7747178925

 $01:14:19.698 \longrightarrow 01:14:21.430$  to six complication difference.

NOTE Confidence: 0.7747178925

 $01:14:21.430 \longrightarrow 01:14:24.154$  Among the different screening options per

NOTE Confidence: 0.7747178925

01:14:24.154 --> 01:14:26.830 hundred per thousand screen individuals,

NOTE Confidence: 0.7747178925

 $01:14:26.830 \longrightarrow 01:14:28.937$  finally they look at the burden of

NOTE Confidence: 0.7747178925

01:14:28.937 --> 01:14:31.467 these and the burden here in this case,

NOTE Confidence: 0.7747178925

 $01{:}14{:}31.470 \dashrightarrow 01{:}14{:}34.277$  looking at how many colonoscopies it does

NOTE Confidence: 0.7747178925

 $01:14:34.277 \longrightarrow 01:14:36.710$  require per thousand individual screen.

 $01:14:36.710 \longrightarrow 01:14:38.906$  So when they looked at colonoscopies

NOTE Confidence: 0.7747178925

01:14:38.906 --> 01:14:41.238 needed when you are using colonoscopy

NOTE Confidence: 0.7747178925

01:14:41.238 --> 01:14:43.632 every five every 10 years as

NOTE Confidence: 0.7747178925

01:14:43.632 --> 01:14:45.608 your screening method of choice.

NOTE Confidence: 0.7747178925

 $01:14:45.610 \longrightarrow 01:14:48.436$  That would be about four colonoscopies

NOTE Confidence: 0.7747178925

 $01:14:48.436 \longrightarrow 01:14:51.330$  in a lifetime per individual.

NOTE Confidence: 0.7747178925

01:14:51.330 --> 01:14:51.934 But, uh,

NOTE Confidence: 0.7747178925

 $01:14:51.934 \longrightarrow 01:14:53.746$  if we look at the lowest,

NOTE Confidence: 0.7747178925

 $01:14:53.750 \longrightarrow 01:14:55.820$  the one that required less colonoscopy,

NOTE Confidence: 0.7747178925

 $01:14:55.820 \longrightarrow 01:14:58.556$  that will be when screening for

NOTE Confidence: 0.7747178925

 $01{:}14{:}58.556 \dashrightarrow 01{:}15{:}01.789$  with a feed test every year that

NOTE Confidence: 0.7747178925

 $01:15:01.789 \longrightarrow 01:15:04.370$  will be close to 2000 colonoscopies

NOTE Confidence: 0.7747178925

 $01:15:04.370 \longrightarrow 01:15:06.050$  per thousand individual screens.

NOTE Confidence: 0.7747178925

 $01:15:06.050 \longrightarrow 01:15:08.078$  So that would mean that basically

NOTE Confidence: 0.7747178925

 $01:15:08.078 \longrightarrow 01:15:11.225$  that would cut in half the number of

NOTE Confidence: 0.7747178925

 $01:15:11.225 \longrightarrow 01:15:13.350$  colonoscopies needed per patient from

 $01:15:13.350 \longrightarrow 01:15:15.450$  4 colonoscopies to two colonoscopies

NOTE Confidence: 0.7747178925

 $01:15:15.450 \longrightarrow 01:15:18.227$  to that still a significant burden.

NOTE Confidence: 0.7747178925

01:15:18.230 --> 01:15:21.387 Even using the these other pre screening.

NOTE Confidence: 0.7747178925

01:15:21.390 --> 01:15:23.830 Test if if we choose to do so,

NOTE Confidence: 0.7747178925

 $01{:}15{:}23.830 \dashrightarrow 01{:}15{:}26.590$  but certainly it would definitely decrease

NOTE Confidence: 0.7747178925

 $01:15:26.590 \longrightarrow 01:15:29.660$  the overall burden of for colonoscopy.

NOTE Confidence: 0.809567796933333

01:15:29.660 --> 01:15:32.015 So non colonoscopy strategies pretty

NOTE Confidence: 0.809567796933333

 $01{:}15{:}32.015 \dashrightarrow 01{:}15{:}35.542$  much resulted in about half of the

NOTE Confidence: 0.809567796933333

 $01:15:35.542 \longrightarrow 01:15:37.177$  total colonoscopies performed.

NOTE Confidence: 0.809567796933333

 $01:15:37.180 \longrightarrow 01:15:38.880$  So based on all that,

NOTE Confidence: 0.809567796933333

 $01{:}15{:}38.880 \to 01{:}15{:}42.378$  the USPSTF really departed from the

NOTE Confidence: 0.809567796933333

 $01:15:42.378 \longrightarrow 01:15:45.699$  prior iterations where really there was.

NOTE Confidence: 0.809567796933333

 $01{:}15{:}45.700 \dashrightarrow 01{:}15{:}47.248$  There were sets of preferred tests

NOTE Confidence: 0.809567796933333

 $01:15:47.248 \longrightarrow 01:15:49.300$  and in this case it was colonoscopy.

NOTE Confidence: 0.809567796933333

 $01:15:49.300 \longrightarrow 01:15:51.300$  The preferred test to are

01:15:51.300 --> 01:15:52.900 no longer emphasizing that,

NOTE Confidence: 0.809567796933333

01:15:52.900 --> 01:15:54.860 and really emphasizing that the

NOTE Confidence: 0.809567796933333

 $01:15:54.860 \longrightarrow 01:15:56.820$  clinical decision should involve all

NOTE Confidence: 0.809567796933333

 $01:15:56.880 \longrightarrow 01:15:58.945$  the considerations that we're talking

NOTE Confidence: 0.809567796933333

 $01:15:58.945 \longrightarrow 01:16:01.460$  about in not only evidence alone

NOTE Confidence: 0.809567796933333

 $01:16:01.460 \longrightarrow 01:16:04.036$  and more options than that's there

NOTE Confidence: 0.809567796933333

 $01:16:04.036 \longrightarrow 01:16:06.780$  a good number of studies that show.

NOTE Confidence: 0.809567796933333

01:16:06.780 --> 01:16:09.258 And more options can result in

NOTE Confidence: 0.809567796933333

01:16:09.258 --> 01:16:10.497 better screening uptake.

NOTE Confidence: 0.809567796933333

 $01:16:10.500 \longrightarrow 01:16:12.282$  Some individuals may be more amenable

NOTE Confidence: 0.809567796933333

 $01:16:12.282 \longrightarrow 01:16:14.619$  to some of the options and others,

NOTE Confidence: 0.809567796933333

 $01:16:14.620 \longrightarrow 01:16:17.539$  and in some other cases availability of

NOTE Confidence: 0.809567796933333

01:16:17.539 --> 01:16:19.556 some tests, particularly colonoscopy,

NOTE Confidence: 0.809567796933333

01:16:19.556 --> 01:16:22.496 may not be as available,

NOTE Confidence: 0.809567796933333

 $01:16:22.500 \longrightarrow 01:16:25.938$  and therefore the stool based test,

NOTE Confidence: 0.809567796933333 01:16:25.940 --> 01:16:27.128 for instance,

01:16:27.128 --> 01:16:30.098 or city colonography could be

NOTE Confidence: 0.809567796933333

 $01:16:30.098 \longrightarrow 01:16:31.286$  more attractive.

NOTE Confidence: 0.809567796933333 01:16:31.290 --> 01:16:31.750 Choices, NOTE Confidence: 0.809567796933333

 $01:16:31.750 \longrightarrow 01:16:34.050$  so individualized decision making to

NOTE Confidence: 0.809567796933333

 $01:16:34.050 \longrightarrow 01:16:36.377$  the specific patient or situation

NOTE Confidence: 0.809567796933333

 $01:16:36.377 \longrightarrow 01:16:38.861$  as well as local availability of

NOTE Confidence: 0.809567796933333

01:16:38.861 --> 01:16:40.973 testing options was really emphasized,

NOTE Confidence: 0.809567796933333

 $01{:}16{:}40.973 \dashrightarrow 01{:}16{:}44.197$  so I think that goes also to doctor

NOTE Confidence: 0.809567796933333

01:16:44.197 --> 01:16:46.429 Tannous comment about the shared

NOTE Confidence: 0.809567796933333

 $01:16:46.429 \longrightarrow 01:16:49.063$  decision making where more and more

NOTE Confidence: 0.809567796933333

 $01:16:49.070 \longrightarrow 01:16:51.038$  with all the options that we have and

NOTE Confidence: 0.809567796933333

01:16:51.038 --> 01:16:53.449 none of them really being right and wrong,

NOTE Confidence: 0.809567796933333

 $01{:}16{:}53.450 \dashrightarrow 01{:}16{:}57.880$  but really making sure that

NOTE Confidence: 0.809567796933333

 $01:16:57.880 \longrightarrow 01:17:01.424$  everything or every we.

NOTE Confidence: 0.809567796933333

 $01:17:01.430 \longrightarrow 01:17:03.710$  Look at all the different

01:17:03.710 --> 01:17:05.534 possibilities that can actually

NOTE Confidence: 0.809567796933333

 $01:17:05.534 \longrightarrow 01:17:07.788$  fit our individual patient.

NOTE Confidence: 0.809567796933333

 $01:17:07.790 \longrightarrow 01:17:09.270$  That's probably the what's going

NOTE Confidence: 0.809567796933333

 $01:17:09.270 \longrightarrow 01:17:11.425$  to give us the best chance for

NOTE Confidence: 0.809567796933333

01:17:11.425 --> 01:17:12.970 a high uptake of screening,

NOTE Confidence: 0.809567796933333

01:17:12.970 --> 01:17:15.224 and this is an important message that

NOTE Confidence: 0.809567796933333

 $01:17:15.224 \longrightarrow 01:17:17.785$  came out from those guidelines in 2016.

NOTE Confidence: 0.809567796933333

01:17:17.785 --> 01:17:20.215 They they stated the screening is

NOTE Confidence: 0.809567796933333

01:17:20.215 --> 01:17:23.018 a cascade of activities that must

NOTE Confidence: 0.809567796933333

01:17:23.018 --> 01:17:25.338 occur in concert cohesively and

NOTE Confidence: 0.809567796933333

 $01{:}17{:}25.417 \dashrightarrow 01{:}17{:}27.715$  in an organized way for benefits

NOTE Confidence: 0.809567796933333

01:17:27.715 --> 01:17:30.345 to be realized from the point of

NOTE Confidence: 0.809567796933333

 $01:17:30.345 \longrightarrow 01:17:31.805$  the initial screening examination,

NOTE Confidence: 0.809567796933333

 $01:17:31.810 \longrightarrow 01:17:32.986$  including related interventions

NOTE Confidence: 0.809567796933333

 $01:17:32.986 \longrightarrow 01:17:34.946$  or services that are required

NOTE Confidence: 0.809567796933333

 $01:17:34.946 \longrightarrow 01:17:36.571$  for successful administration of

 $01:17:36.571 \longrightarrow 01:17:37.747$  the screening tests.

NOTE Confidence: 0.809567796933333

 $01:17:37.750 \longrightarrow 01:17:39.438$  Such as a bowel preparation for instance.

NOTE Confidence: 0.809567796933333

01:17:39.440 --> 01:17:41.848 Or sedation with endoscopy to the timely

NOTE Confidence: 0.809567796933333

01:17:41.848 --> 01:17:44.259 receipt of any necessary diagnostic.

NOTE Confidence: 0.809567796933333

 $01:17:44.260 \longrightarrow 01:17:45.604$  Follow up and treatment.

NOTE Confidence: 0.809567796933333

 $01:17:45.604 \longrightarrow 01:17:47.620$  So really we have to put

NOTE Confidence: 0.809567796933333

 $01:17:47.694 \longrightarrow 01:17:49.479$  it in this larger context.

NOTE Confidence: 0.809567796933333

 $01:17:49.480 \longrightarrow 01:17:51.540$  We can screen with colonoscopies,

NOTE Confidence: 0.809567796933333

 $01{:}17{:}51.540 \dashrightarrow 01{:}17{:}53.934$  but beef patients are not well prepped.

NOTE Confidence: 0.809567796933333

 $01:17:53.940 \longrightarrow 01:17:57.524$  We are going to fail in in really

NOTE Confidence: 0.809567796933333

 $01:17:57.524 \longrightarrow 01:17:59.859$  detecting lesion so there's just

NOTE Confidence: 0.809567796933333

 $01:17:59.860 \longrightarrow 01:18:01.750$  anywhere using a stool based test

NOTE Confidence: 0.809567796933333

 $01:18:01.750 \longrightarrow 01:18:04.230$  if we don't have a proper way to

NOTE Confidence: 0.809567796933333

 $01:18:04.230 \longrightarrow 01:18:05.964$  really follow up and make sure

NOTE Confidence: 0.809567796933333

 $01:18:06.036 \longrightarrow 01:18:07.986$  that they happen in the either.

 $01:18:07.990 \longrightarrow 01:18:10.192$  Yearly or every three years for

NOTE Confidence: 0.809567796933333

 $01{:}18{:}10.192 \dashrightarrow 01{:}18{:}12.050$  the multitarget stool DNA test.

NOTE Confidence: 0.809567796933333

 $01:18:12.050 \longrightarrow 01:18:13.805$  We are not going to be able to succeed.

NOTE Confidence: 0.809567796933333

01:18:13.810 --> 01:18:15.114 So whatever we do,

NOTE Confidence: 0.809567796933333

01:18:15.114 --> 01:18:17.936 it should be in an organized fashion to

NOTE Confidence: 0.809567796933333

01:18:17.936 --> 01:18:21.610 really maximize the benefit from it.

NOTE Confidence: 0.809567796933333

 $01:18:21.610 \longrightarrow 01:18:24.039$  So with all these where we stand

NOTE Confidence: 0.809567796933333

 $01:18:24.039 \longrightarrow 01:18:26.269$  with oral cancer screening in the

NOTE Confidence: 0.809567796933333

01:18:26.269 --> 01:18:28.129 US after all these years,

NOTE Confidence: 0.809567796933333

 $01:18:28.130 \longrightarrow 01:18:30.895$  screening rates have increases have

NOTE Confidence: 0.809567796933333

 $01{:}18{:}30.895 \dashrightarrow 01{:}18{:}32.812$  slowed over the last few years and

NOTE Confidence: 0.809567796933333

 $01:18:32.812 \longrightarrow 01:18:35.680$  we still close to 1/3 of eligible

NOTE Confidence: 0.809567796933333

 $01:18:35.680 \longrightarrow 01:18:39.229$  individuals who are not up to date

NOTE Confidence: 0.809567796933333

 $01{:}18{:}39.229 \dashrightarrow 01{:}18{:}41.920$  with screening and individual groups

NOTE Confidence: 0.809567796933333

 $01:18:41.920 \longrightarrow 01:18:45.684$  that are less than 50% up to date

NOTE Confidence: 0.809567796933333

 $01:18:45.684 \longrightarrow 01:18:47.374$  with screening would be individuals

 $01:18:47.374 \longrightarrow 01:18:49.906$  in the 50 to 54 years of age range.

NOTE Confidence: 0.809567796933333 01:18:49.910 --> 01:18:50.261 Hispanics, NOTE Confidence: 0.809567796933333

 $01:18:50.261 \longrightarrow 01:18:52.367$  people with less than high school.

NOTE Confidence: 0.75358565

 $01:18:52.370 \longrightarrow 01:18:53.780$  Diploma or individuals

NOTE Confidence: 0.75358565

 $01:18:53.780 \longrightarrow 01:18:55.660$  with Medicaid or uninsured.

NOTE Confidence: 0.75358565

01:18:55.660 --> 01:18:58.546 So there's these groups of individuals

NOTE Confidence: 0.75358565

 $01:18:58.546 \longrightarrow 01:19:01.335$  were really screening is a dismal

NOTE Confidence: 0.75358565

 $01:19:01.335 \longrightarrow 01:19:03.675$  still has dismal numbers among all

NOTE Confidence: 0.75358565

01:19:03.675 --> 01:19:06.213 the non up-to-date group over a

NOTE Confidence: 0.75358565

 $01:19:06.213 \longrightarrow 01:19:09.061$  third are individuals age 50 to 54.

NOTE Confidence: 0.75358565

 $01{:}19{:}09.061 \dashrightarrow 01{:}19{:}11.629$  So even though for many years we've been

NOTE Confidence: 0.75358565

01:19:11.629 --> 01:19:13.639 recommending to start screening at age 50,

NOTE Confidence: 0.75358565

 $01{:}19{:}13.640 \dashrightarrow 01{:}19{:}16.660$  we still underperformed dramatically in

NOTE Confidence: 0.75358565

 $01:19:16.660 \longrightarrow 01:19:19.060$  that age, and there are a lot of reasons.

NOTE Confidence: 0.75358565

 $01:19:19.060 \longrightarrow 01:19:21.195$  Some of them is that lack time.

 $01:19:21.200 \longrightarrow 01:19:23.480$  That I'm stating here where.

NOTE Confidence: 0.75358565

 $01:19:23.480 \longrightarrow 01:19:27.064$  Need for screening to really finally happen.

NOTE Confidence: 0.75358565

 $01:19:27.070 \dashrightarrow 01:19:29.374$  We do need to talk to patients for a

NOTE Confidence: 0.75358565

01:19:29.374 --> 01:19:31.460 while before they become convinced,

NOTE Confidence: 0.75358565

 $01:19:31.460 \longrightarrow 01:19:32.820$  but also they are.

NOTE Confidence: 0.75358565

 $01:19:32.820 \longrightarrow 01:19:34.860$  The other reason is that more

NOTE Confidence: 0.75358565

 $01:19:34.938 \longrightarrow 01:19:37.026$  as as the population is younger,

NOTE Confidence: 0.75358565

 $01:19:37.026 \longrightarrow 01:19:39.306$  they have less medical illnesses.

NOTE Confidence: 0.75358565

01:19:39.310 --> 01:19:41.160 They have less contact with

NOTE Confidence: 0.75358565

 $01:19:41.160 \longrightarrow 01:19:42.270$  the medical system.

NOTE Confidence: 0.75358565

 $01{:}19{:}42.270 \dashrightarrow 01{:}19{:}43.765$  There are less opportunities for

NOTE Confidence: 0.75358565

 $01:19:43.765 \longrightarrow 01:19:46.206$  us to really talk to them about

NOTE Confidence: 0.75358565

01:19:46.206 --> 01:19:47.529 colorectal cancer screening,

NOTE Confidence: 0.75358565

01:19:47.530 --> 01:19:49.410 but also have of the,

NOTE Confidence: 0.75358565

 $01:19:49.410 \longrightarrow 01:19:51.433$  even though we said that Medicaid and

NOTE Confidence: 0.75358565

 $01:19:51.433 \longrightarrow 01:19:53.538$  uninsured have the lowest screening rates.

 $01:19:53.540 \longrightarrow 01:19:55.754$  Half of the.

NOTE Confidence: 0.75358565

01:19:55.754 --> 01:19:56.492 Individuals,

NOTE Confidence: 0.75358565

01:19:56.492 --> 01:19:57.968 private insurance,

NOTE Confidence: 0.75358565

01:19:57.970 --> 01:20:00.007 and a quarter of medical patients do

NOTE Confidence: 0.75358565

 $01:20:00.007 \longrightarrow 01:20:02.438$  are not up to date with screenings.

NOTE Confidence: 0.75358565

 $01:20:02.440 \longrightarrow 01:20:03.980$  Or certainly there's a lot of room.

NOTE Confidence: 0.75358565

01:20:03.980 --> 01:20:04.618 But anyways,

NOTE Confidence: 0.75358565

 $01{:}20{:}04.618 \dashrightarrow 01{:}20{:}06.532$  we are much more effective screening

NOTE Confidence: 0.75358565

 $01{:}20{:}06.532 \dashrightarrow 01{:}20{:}08.480$  the captive audience as we were

NOTE Confidence: 0.75358565

 $01{:}20{:}08.480 \to 01{:}20{:}10.050$  talking about individuals we have.

NOTE Confidence: 0.840105356666667

 $01{:}20{:}12.630 \dashrightarrow 01{:}20{:}14.555$  Context and then regular basis

NOTE Confidence: 0.840105356666667

01:20:14.555 --> 01:20:16.095 with our healthcare system,

NOTE Confidence: 0.840105356666667

 $01{:}20{:}16.100 \dashrightarrow 01{:}20{:}18.044$  we really need to figure out a way

NOTE Confidence: 0.840105356666667

 $01:20:18.044 \longrightarrow 01:20:19.912$  to really reach out those those

NOTE Confidence: 0.840105356666667

 $01:20:19.912 \longrightarrow 01:20:21.567$  individuals who are not regularly

 $01:20:21.567 \longrightarrow 01:20:23.311$  seen by medical providers and who

NOTE Confidence: 0.840105356666667

01:20:23.311 --> 01:20:25.212 happen to be in this younger age.

NOTE Confidence: 0.840105356666667

01:20:25.212 --> 01:20:27.109 And I'll show you in a minute

NOTE Confidence: 0.840105356666667

 $01:20:27.109 \longrightarrow 01:20:28.678$  why that is so important.

NOTE Confidence: 0.840105356666667

01:20:28.680 --> 01:20:31.638 So without this.

NOTE Confidence: 0.840105356666667

 $01:20:31.640 \longrightarrow 01:20:35.042$  In in, in one of the facts that we

NOTE Confidence: 0.840105356666667

 $01:20:35.042 \longrightarrow 01:20:38.293$  really recognize over the last few years

NOTE Confidence: 0.840105356666667

 $01:20:38.293 \longrightarrow 01:20:41.989$  is that in spite of these wonderful.

NOTE Confidence: 0.840105356666667

 $01:20:41.990 \longrightarrow 01:20:44.550$  Data over the last 30 years or so

NOTE Confidence: 0.840105356666667

 $01:20:44.550 \longrightarrow 01:20:47.590$  on the steady decrease in incidence.

NOTE Confidence: 0.840105356666667

 $01:20:47.590 \longrightarrow 01:20:50.476$  Colorectal cancer in older than 50.

NOTE Confidence: 0.840105356666667

 $01:20:50.480 \longrightarrow 01:20:53.280$  We have seen this very steady increase

NOTE Confidence: 0.840105356666667

 $01:20:53.280 \longrightarrow 01:20:55.738$  in the incidence of the younger

NOTE Confidence: 0.840105356666667

01:20:55.738 --> 01:20:58.489 individuals in between 20 and 49 that's

NOTE Confidence: 0.840105356666667

 $01:20:58.566 \longrightarrow 01:21:01.134$  translated in an increase in annual

NOTE Confidence: 0.840105356666667

 $01:21:01.134 \longrightarrow 01:21:05.370$  increase of 1.8% from 2006 to 2015.

01:21:05.370 --> 01:21:09.360 Individuals that are younger than 55 really

NOTE Confidence: 0.840105356666667

 $01:21:09.360 \longrightarrow 01:21:12.200$  pretty significant increase particularly.

NOTE Confidence: 0.840105356666667

01:21:12.200 --> 01:21:14.200 So when comparing with the

NOTE Confidence: 0.840105356666667

 $01:21:14.200 \longrightarrow 01:21:15.995$  overall numbers in that,

NOTE Confidence: 0.840105356666667

01:21:15.995 --> 01:21:19.020 so I'm adults younger than 55,

NOTE Confidence: 0.840105356666667

 $01:21:19.020 \longrightarrow 01:21:22.266$  there's been a 51% increase in

NOTE Confidence: 0.840105356666667

 $01:21:22.266 \longrightarrow 01:21:24.176$  incidence of colorectal cancer from

NOTE Confidence: 0.840105356666667

 $01:21:24.180 \longrightarrow 01:21:27.512$  94 to 2014 and an 11% increase

NOTE Confidence: 0.840105356666667

 $01:21:27.512 \longrightarrow 01:21:29.753$  in mortality from 2005 to 2015.

NOTE Confidence: 0.840105356666667

 $01:21:29.753 \longrightarrow 01:21:32.070$  And if you look at here in

NOTE Confidence: 0.840105356666667

01:21:32.155 --> 01:21:34.639 this graph here we have years,

NOTE Confidence: 0.840105356666667

01:21:34.640 --> 01:21:38.536 year of birth, and if you look closely,

NOTE Confidence: 0.840105356666667

 $01{:}21{:}38.540 \dashrightarrow 01{:}21{:}41.520$  basically almost all individuals.

NOTE Confidence: 0.840105356666667

 $01:21:41.520 \longrightarrow 01:21:46.902$  Uh, were born after eight after uh, 1960.

NOTE Confidence: 0.840105356666667

 $01:21:46.902 \longrightarrow 01:21:48.950$  In all age groups,

 $01:21:48.950 \longrightarrow 01:21:51.782$  we see an uptick in colorectal

NOTE Confidence: 0.840105356666667

 $01:21:51.782 \longrightarrow 01:21:52.726$  cancer incidence.

NOTE Confidence: 0.840105356666667

 $01:21:52.730 \longrightarrow 01:21:55.150$  So anyone basically who has

NOTE Confidence: 0.840105356666667

01:21:55.150 --> 01:21:57.983 been born after that after 1960,

NOTE Confidence: 0.840105356666667

 $01:21:57.983 \longrightarrow 01:22:00.461$  we've seen that increase in colorectal

NOTE Confidence: 0.840105356666667

01:22:00.461 --> 01:22:02.936 cancer incidence and the increase in

NOTE Confidence: 0.840105356666667

 $01:22:02.936 \longrightarrow 01:22:05.264$  the annual percentage change in the

NOTE Confidence: 0.840105356666667

01:22:05.264 --> 01:22:07.624 incidence rate for adults aged 40 to 49,

NOTE Confidence: 0.840105356666667

01:22:07.630 --> 01:22:10.480 which is a which has been on average 1.3%

NOTE Confidence: 0.840105356666667

 $01:22:10.480 \longrightarrow 01:22:13.270$  has been more than twice that of the adults.

NOTE Confidence: 0.840105356666667

 $01:22:13.270 \longrightarrow 01:22:15.178$  Age 50 to 54.

NOTE Confidence: 0.840105356666667

 $01:22:15.178 \longrightarrow 01:22:18.040$  So really dramatic increase in the

NOTE Confidence: 0.840105356666667

 $01:22:18.148 \longrightarrow 01:22:20.979$  younger side of the of these patients.

NOTE Confidence: 0.840105356666667

01:22:20.979 --> 01:22:22.857 This suggests that the risk for

NOTE Confidence: 0.840105356666667

01:22:22.857 --> 01:22:24.626 the younger cohort will continue

NOTE Confidence: 0.840105356666667

 $01:22:24.626 \longrightarrow 01:22:26.951$  to carry forward into the group age

 $01:22:26.951 \longrightarrow 01:22:29.256$  50 to 54 over the next few years.

NOTE Confidence: 0.840105356666667 01:22:29.260 --> 01:22:29.700 Therefore, NOTE Confidence: 0.840105356666667

 $01:22:29.700 \longrightarrow 01:22:32.340$  the the effect will be really

NOTE Confidence: 0.840105356666667

01:22:32.340 --> 01:22:34.240 important and and what I'm really

NOTE Confidence: 0.840105356666667

 $01:22:34.240 \longrightarrow 01:22:36.544$  showing here is that truly what

NOTE Confidence: 0.840105356666667

 $01:22:36.544 \longrightarrow 01:22:39.798$  we call the age 45 is the new 50

NOTE Confidence: 0.840105356666667

 $01:22:39.798 \longrightarrow 01:22:42.560$  and and that clearly is been shown

NOTE Confidence: 0.840105356666667

 $01:22:42.560 \longrightarrow 01:22:44.129$  here where basically.

NOTE Confidence: 0.840105356666667

01:22:44.130 --> 01:22:44.599 Uh,

NOTE Confidence: 0.840105356666667

 $01:22:44.599 \longrightarrow 01:22:47.882$  what we've seen is that the incidence

NOTE Confidence: 0.840105356666667

 $01:22:47.882 \longrightarrow 01:22:51.291$  of a of the colorectal cancer at

NOTE Confidence: 0.840105356666667

 $01:22:51.291 \longrightarrow 01:22:55.130$  age 45 in 2015 has reached the same

NOTE Confidence: 0.840105356666667

 $01:22:55.130 \longrightarrow 01:22:58.330$  incidence that we had at age 15,

NOTE Confidence: 0.840105356666667

01:22:58.330 --> 01:22:59.304 nineteen, 93,

NOTE Confidence: 0.840105356666667

 $01:22:59.304 \longrightarrow 01:23:02.462$  which is about 30 per 100,000 individuals.

 $01:23:02.462 \longrightarrow 01:23:05.230$  And that's where we say 45 is the

NOTE Confidence: 0.840105356666667

01:23:05.230 --> 01:23:06.830 new 50 in colorectal cancer,

NOTE Confidence: 0.840105356666667

 $01:23:06.830 \longrightarrow 01:23:08.126$  because that's where we.

NOTE Confidence: 0.840105356666667

 $01:23:08.126 \longrightarrow 01:23:10.070$  That's where we are right now.

NOTE Confidence: 0.840105356666667

01:23:10.070 --> 01:23:12.596 And that's how backing away we've

NOTE Confidence: 0.840105356666667

 $01:23:12.596 \longrightarrow 01:23:14.280$  moved from that standpoint.

NOTE Confidence: 0.840105356666667

01:23:14.280 --> 01:23:14.830 Unfortunately,

NOTE Confidence: 0.840105356666667

 $01:23:14.830 \longrightarrow 01:23:18.143$  so adults born around 1990 have twice

NOTE Confidence: 0.840105356666667

 $01:23:18.143 \longrightarrow 01:23:20.369$  the risk of colorectal cancer and

NOTE Confidence: 0.840105356666667

 $01:23:20.369 \longrightarrow 01:23:23.077$  four times the risk of rectal cancer

NOTE Confidence: 0.840105356666667

01:23:23.077 --> 01:23:25.654 compared to adults born around 1950,

NOTE Confidence: 0.840105356666667

 $01{:}23{:}25.654 \dashrightarrow 01{:}23{:}30.910$  so and so we can see that while in

NOTE Confidence: 0.840105356666667

01:23:30.910 --> 01:23:32.780 1996.4% of colorectal cancers were

NOTE Confidence: 0.840105356666667

 $01{:}23{:}32.780 \dashrightarrow 01{:}23{:}34.650$  among individuals younger than 50

NOTE Confidence: 0.840105356666667

 $01:23:34.714 \longrightarrow 01:23:38.294$  that in 2015 had doubled to 12.4%,

NOTE Confidence: 0.840105356666667

 $01:23:38.294 \longrightarrow 01:23:40.310$  so really significant increase,

01:23:40.310 --> 01:23:42.090 and I think that really,

NOTE Confidence: 0.840105356666667

 $01:23:42.090 \longrightarrow 01:23:44.746$  this like really shows a lot which is.

NOTE Confidence: 0.9089634125

 $01:23:44.750 \longrightarrow 01:23:47.320$  Even though the numbers are much

NOTE Confidence: 0.9089634125

01:23:47.320 --> 01:23:49.084 lower in this younger population,

NOTE Confidence: 0.9089634125

 $01:23:49.084 \longrightarrow 01:23:51.340$  when you look at life years,

NOTE Confidence: 0.9089634125

 $01:23:51.340 \longrightarrow 01:23:54.784$  life years lost due to this

NOTE Confidence: 0.9089634125

 $01:23:54.784 \longrightarrow 01:23:56.984$  disease in the group of 45 to 49,

NOTE Confidence: 0.9089634125

 $01:23:56.990 \longrightarrow 01:23:58.448$  that's about 10% of all life

NOTE Confidence: 0.9089634125

 $01:23:58.448 \longrightarrow 01:24:00.159$  years lost due to this disease.

NOTE Confidence: 0.9089634125

 $01:24:00.160 \longrightarrow 01:24:03.340$  And that compares to 13% for the 50 to 54.

NOTE Confidence: 0.9089634125

 $01:24:03.340 \longrightarrow 01:24:07.366$  And this is really a strong.

NOTE Confidence: 0.9089634125

 $01:24:07.370 \longrightarrow 01:24:09.800$  Argument to make a about

NOTE Confidence: 0.9089634125

 $01{:}24{:}09.800 \dashrightarrow 01{:}24{:}12.590$  decreasing screening at age to 45.

NOTE Confidence: 0.9089634125

 $01:24:12.590 \longrightarrow 01:24:14.810$  So the with all these data,

NOTE Confidence: 0.9089634125

 $01:24:14.810 \longrightarrow 01:24:17.029$  the ACS in 2018 that decided to

01:24:17.029 --> 01:24:19.172 reevaluate the optimal age to start

NOTE Confidence: 0.9089634125

 $01{:}24{:}19.172 \dashrightarrow 01{:}24{:}21.052$  screening for average risk population

NOTE Confidence: 0.9089634125

 $01:24:21.052 \longrightarrow 01:24:22.689$  and basically what they did.

NOTE Confidence: 0.9089634125

01:24:22.690 --> 01:24:24.082 Is that OK?

NOTE Confidence: 0.9089634125

 $01:24:24.082 \longrightarrow 01:24:26.866$  Well, they look at the Commission.

NOTE Confidence: 0.9089634125

01:24:26.870 --> 01:24:30.104 One of these modeling groups that

NOTE Confidence: 0.9089634125

 $01:24:30.104 \longrightarrow 01:24:33.901$  actually USPSTF has been using and what

NOTE Confidence: 0.9089634125

 $01:24:33.901 \longrightarrow 01:24:36.997$  they did is they analyzed outcomes.

NOTE Confidence: 0.9089634125

 $01:24:37.000 \longrightarrow 01:24:39.514$  Not only under that assumption that

NOTE Confidence: 0.9089634125

 $01:24:39.514 \longrightarrow 01:24:42.839$  that the of the prescreening years,

NOTE Confidence: 0.9089634125

 $01{:}24{:}42.840 --> 01{:}24{:}45.136$  but also the what they did is

NOTE Confidence: 0.9089634125

 $01{:}24{:}45.136 \dashrightarrow 01{:}24{:}47.025$  they incorporated the the recent

NOTE Confidence: 0.9089634125

01:24:47.025 --> 01:24:48.697 cleared data incidence data,

NOTE Confidence: 0.9089634125

 $01:24:48.700 \longrightarrow 01:24:50.220$  showing that increase in the

NOTE Confidence: 0.9089634125

 $01:24:50.220 \longrightarrow 01:24:51.436$  young set colorectal cancer.

NOTE Confidence: 0.9089634125

01:24:51.440 --> 01:24:52.340 And in that case,

 $01:24:52.340 \longrightarrow 01:24:53.690$  what they showed is that here

NOTE Confidence: 0.9089634125

 $01:24:53.742 \longrightarrow 01:24:55.177$  we have the different methods.

NOTE Confidence: 0.9089634125

01:24:55.180 --> 01:24:56.530 Colonoscopy, CT, Colonography,

NOTE Confidence: 0.9089634125 01:24:56.530 --> 01:24:56.980 flex, NOTE Confidence: 0.9089634125

 $01:24:56.980 \longrightarrow 01:25:00.120$  6 feet and others to test as

NOTE Confidence: 0.9089634125

 $01:25:00.120 \longrightarrow 01:25:02.298$  starting either at 45 versus 50.

NOTE Confidence: 0.9089634125

 $01:25:02.300 \longrightarrow 01:25:05.386$  What they saw is that moving to 45

NOTE Confidence: 0.9089634125

 $01:25:05.386 \longrightarrow 01:25:08.278$  starting training range we would increase.

NOTE Confidence: 0.9089634125

 $01{:}25{:}08.280 \dashrightarrow 01{:}25{:}11.248$ 6.2% live years again with the cost

NOTE Confidence: 0.9089634125

01:25:11.248 --> 01:25:13.285 of about 717% more colonoscopies,

NOTE Confidence: 0.9089634125

 $01{:}25{:}13.285 \dashrightarrow 01{:}25{:}15.655$  so they did conclude that modeling

NOTE Confidence: 0.9089634125

 $01:25:15.655 \longrightarrow 01:25:17.561$  convincingly demonstrated that due to

NOTE Confidence: 0.9089634125

 $01{:}25{:}17.561 \dashrightarrow 01{:}25{:}19.371$  the rising incidence of colorectal

NOTE Confidence: 0.9089634125

01:25:19.371 --> 01:25:21.059 cancer in younger individuals,

NOTE Confidence: 0.9089634125

 $01{:}25{:}21.060 \dashrightarrow 01{:}25{:}22.885$ screening all average risk persons

 $01:25:22.885 \longrightarrow 01:25:25.619$  between the ages of 45 and 75

NOTE Confidence: 0.9089634125

 $01{:}25{:}25.619 {\:{\circ}{\circ}{\circ}}>01{:}25{:}27.307$  reduces mortality from colorectal

NOTE Confidence: 0.9089634125

 $01{:}25{:}27.307 \dashrightarrow 01{:}25{:}29.807$  cancer with an acceptable risk as

NOTE Confidence: 0.9089634125

 $01{:}25{:}29.807 \dashrightarrow 01{:}25{:}31.662$  measured by number of colonoscopies

NOTE Confidence: 0.9089634125

01:25:31.662 --> 01:25:33.211 per life years gained,

NOTE Confidence: 0.9089634125

 $01:25:33.211 \longrightarrow 01:25:35.797$  so the trend of increasing colorectal

NOTE Confidence: 0.9089634125

 $01:25:35.797 \longrightarrow 01:25:37.890$  cancer incidents in in success.

NOTE Confidence: 0.9089634125

01:25:37.890 --> 01:25:40.235 That successfully younger birth cohort

NOTE Confidence: 0.9089634125

 $01{:}25{:}40.235 \to 01{:}25{:}42.111$  suggests that these recommendations

NOTE Confidence: 0.9089634125

01:25:42.111 --> 01:25:44.269 will really continue to be appropriate

NOTE Confidence: 0.9089634125

 $01{:}25{:}44.269 \dashrightarrow 01{:}25{:}46.764$  in the future and the benefit burden

NOTE Confidence: 0.9089634125

 $01:25:46.764 \longrightarrow 01:25:49.164$  balance strongly favors changing to 45.

NOTE Confidence: 0.9089634125

 $01:25:49.170 \longrightarrow 01:25:49.788$  After that,

NOTE Confidence: 0.9089634125

 $01:25:49.788 \longrightarrow 01:25:51.642$  the USPSTF and that was published

NOTE Confidence: 0.9089634125

 $01:25:51.642 \longrightarrow 01:25:53.105$  last year commissioned the

NOTE Confidence: 0.9089634125

01:25:53.105 --> 01:25:54.566 same modeling groups again,

 $01:25:54.566 \longrightarrow 01:25:56.354$  and they did the same process

NOTE Confidence: 0.9089634125

 $01:25:56.354 \longrightarrow 01:25:59.430$  that it did before in 2016,

NOTE Confidence: 0.9089634125

 $01:25:59.430 \longrightarrow 01:26:03.966$  comparing age 50 versus 8 starting at age 45.

NOTE Confidence: 0.9089634125

 $01:26:03.970 \longrightarrow 01:26:06.328$  And here we they look at

NOTE Confidence: 0.9089634125

 $01:26:06.328 \longrightarrow 01:26:07.900$  additional live years game.

NOTE Confidence: 0.9089634125

 $01:26:07.900 \longrightarrow 01:26:10.077$  And basically what they saw is that

NOTE Confidence: 0.9089634125

01:26:10.077 --> 01:26:12.900 starting at 45 to 75 they would.

NOTE Confidence: 0.9089634125

 $01:26:12.900 \longrightarrow 01:26:16.196$  We would increase about from 22 to 27.

NOTE Confidence: 0.9089634125

 $01:26:16.200 \longrightarrow 01:26:18.727$  The number of additional life years gained

NOTE Confidence: 0.9089634125

 $01:26:18.727 \longrightarrow 01:26:21.560$  per hundred per thousand individual screen.

NOTE Confidence: 0.9089634125

 $01:26:21.560 \longrightarrow 01:26:23.445$  Here they looked at additional

NOTE Confidence: 0.9089634125

 $01:26:23.445 \longrightarrow 01:26:24.199$  colorectal cancers,

NOTE Confidence: 0.9089634125

 $01{:}26{:}24.200 \dashrightarrow 01{:}26{:}28.029$  averted and starting at food at 45

NOTE Confidence: 0.9089634125

 $01:26:28.029 \longrightarrow 01:26:31.105$  would result in three more additional

NOTE Confidence: 0.9089634125

01:26:31.105 --> 01:26:34.214 colorectal cancers averted out of 1000

 $01:26:34.214 \longrightarrow 01:26:37.616$  individual screen would again with 17% more.

NOTE Confidence: 0.9089634125

 $01:26:37.616 \longrightarrow 01:26:38.054$  Colonoscopies,

NOTE Confidence: 0.9089634125

 $01:26:38.054 \longrightarrow 01:26:39.806$  so all these data.

NOTE Confidence: 0.9089634125

01:26:39.810 --> 01:26:41.880 USPSTF came up with the same

NOTE Confidence: 0.9089634125

 $01:26:41.880 \longrightarrow 01:26:43.566$  recommendation with it that the

NOTE Confidence: 0.9089634125

 $01:26:43.566 \longrightarrow 01:26:46.577$  ACS came up with in 2018 which was

NOTE Confidence: 0.9089634125

01:26:46.577 --> 01:26:49.013 starting screening for average

NOTE Confidence: 0.9089634125

 $01:26:49.013 \longrightarrow 01:26:51.924$  average risk individuals at 45 instead

NOTE Confidence: 0.9089634125

 $01:26:51.924 \longrightarrow 01:26:54.940$  of age 50 as it had been so far.

NOTE Confidence: 0.9089634125

01:26:54.940 --> 01:26:58.468 So for the USPSTF in summary screening,

NOTE Confidence: 0.9089634125

01:26:58.470 --> 01:26:59.474 average risk,

NOTE Confidence: 0.9089634125

 $01:26:59.474 \longrightarrow 01:27:01.984$  asymptomatic adults age 50 to

NOTE Confidence: 0.9089634125

 $01:27:01.990 \longrightarrow 01:27:04.100$  75 is of substantial benefit,

NOTE Confidence: 0.9089634125

 $01:27:04.100 \longrightarrow 01:27:06.075$  and modeling suggests the benefits

NOTE Confidence: 0.9089634125

 $01:27:06.075 \longrightarrow 01:27:08.560$  will also be substantial for age 45.

NOTE Confidence: 0.858586135

 $01:27:08.560 \longrightarrow 01:27:10.726$  The benefits of early detection and

 $01:27:10.726 \longrightarrow 01:27:12.170$  intervention for colorectal cancer

NOTE Confidence: 0.858586135

 $01{:}27{:}12.231 \longrightarrow 01{:}27{:}14.591$  screening seem to decline after age 75

NOTE Confidence: 0.858586135

 $01:27:14.591 \longrightarrow 01:27:17.897$  and decision to screen individuals from

NOTE Confidence: 0.858586135

 $01:27:17.900 \longrightarrow 01:27:20.539$  76 to 85 should really be individual

NOTE Confidence: 0.858586135

 $01:27:20.539 \longrightarrow 01:27:23.186$  and the individual one considering over

NOTE Confidence: 0.858586135

01:27:23.186 --> 01:27:26.066 our health prior screening history and

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01:27:26.066 --> 01:27:28.814 benefiting after age 85 seems to be a very,

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01:27:28.820 --> 01:27:31.285 very unlikely benefit given the

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 $01{:}27{:}31.285 \dashrightarrow 01{:}27{:}33.257$  potential for adverse events.

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01:27:33.260 --> 01:27:37.068 So, with all these,

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01:27:37.070 --> 01:27:39.366 group of us have tried to really.

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 $01:27:39.370 \longrightarrow 01:27:42.346$  Incorporate all that type of information

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 $01{:}27{:}42.350 \dashrightarrow 01{:}27{:}44.950$  in a way that the providers in our

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 $01:27:44.950 \longrightarrow 01:27:47.236$  system will have all the tools to

NOTE Confidence: 0.858586135

01:27:47.236 --> 01:27:49.040 really work on that decision making

 $01:27:49.040 \longrightarrow 01:27:50.490$  process shared with the patients

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01:27:50.537 --> 01:27:52.103 and trying to really find the

NOTE Confidence: 0.858586135

 $01:27:52.103 \longrightarrow 01:27:53.770$  appropriate way to screen individuals.

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 $01:27:53.770 \longrightarrow 01:27:56.178$  And that came out came life in

NOTE Confidence: 0.858586135

01:27:56.178 --> 01:27:58.259 the epic system wide at Yale,

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01:27:58.260 --> 01:28:00.600 New Haven Health just yesterday.

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 $01:28:00.600 \longrightarrow 01:28:03.294$  And that's the correct cancer screening

NOTE Confidence: 0.858586135

01:28:03.294 --> 01:28:07.025 pathway where we really go through the

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 $01:28:07.025 \longrightarrow 01:28:09.604$  different recommendations when it comes for.

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01:28:09.604 --> 01:28:10.860 Uh, when we should?

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 $01:28:10.860 \longrightarrow 01:28:12.380$  We should not screen,

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 $01:28:12.380 \longrightarrow 01:28:15.969$  but then after that it gives you the takes

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 $01:28:15.969 \longrightarrow 01:28:18.429$  you into evaluating if the individual

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 $01{:}28{:}18.429 \dashrightarrow 01{:}28{:}21.186$  is high risk versus average risk.

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 $01:28:21.186 \longrightarrow 01:28:24.324$  Here we have some examples where

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 $01:28:24.324 \longrightarrow 01:28:27.060$  basically as you hover in all

01:28:27.060 --> 01:28:28.892 these blue text you'll see,

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 $01:28:28.892 \longrightarrow 01:28:29.580$  for instance,

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01:28:29.580 --> 01:28:31.736 this is hovering over stool based testing

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01:28:31.736 --> 01:28:34.600 will be a benefits and risk for instance.

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 $01:28:34.600 \longrightarrow 01:28:36.724$  Or actually you can have here

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 $01{:}28{:}36.724 \dashrightarrow 01{:}28{:}39.329$  opening up a table of sensitivity,

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 $01:28:39.330 \longrightarrow 01:28:42.100$  specificity of all the different.

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 $01:28:42.100 \longrightarrow 01:28:45.796$  Screening tests for both polyps and cancer,

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 $01{:}28{:}45.800 \longrightarrow 01{:}28{:}49.094$  and it takes you down here helps you also

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 $01:28:49.094 \longrightarrow 01:28:51.770$  analyze who is at high risk and therefore

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 $01:28:51.770 \longrightarrow 01:28:54.251$  we would be suggesting colonoscopy

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 $01:28:54.251 \longrightarrow 01:28:56.280$  versus non colonoscopy approaches

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 $01{:}28{:}56.280 \dashrightarrow 01{:}28{:}59.740$  and basically at the end of the day.

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01:28:59.740 --> 01:29:02.260 Once you make that decision,

NOTE Confidence: 0.858586135

 $01:29:02.260 \longrightarrow 01:29:04.570$  it also allows you to really place

01:29:04.570 --> 01:29:06.600 the orders directly for colonoscopy,

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 $01:29:06.600 \longrightarrow 01:29:08.472$  for City colonography and

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 $01:29:08.472 \longrightarrow 01:29:11.650$  for a stool based test so it.

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 $01:29:11.650 \longrightarrow 01:29:13.498$  Within the same path we were able to

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01:29:13.498 --> 01:29:15.327 really go through the whole process,

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 $01:29:15.330 \longrightarrow 01:29:16.902$  so we hope that these two

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01:29:16.902 --> 01:29:17.950 will be really helpful,

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01:29:17.950 --> 01:29:19.516 not only to increase screening grades,

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 $01{:}29{:}19.520 \dashrightarrow 01{:}29{:}22.215$  but also to help the providers to

NOTE Confidence: 0.858586135

 $01:29:22.215 \longrightarrow 01:29:24.598$  have those discussions with the right

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 $01{:}29{:}24.598 \dashrightarrow 01{:}29{:}26.908$  information and and making sure that

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01:29:26.908 --> 01:29:29.515 that every patient does have the

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 $01:29:29.515 \longrightarrow 01:29:32.905$  benefit of really being able to.

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01:29:32.910 --> 01:29:36.318 Make a well informed decision about

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01:29:36.318 --> 01:29:39.450 screening approaches and that is all

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 $01:29:39.450 \longrightarrow 01:29:42.522$  I wanted to talk to you about tonight

01:29:42.617 --> 01:29:45.585 and I think we'll run out of time.

NOTE Confidence: 0.858586135 01:29:45.590 --> 01:29:48.230 So. NOTE Confidence: 0.858586135

 $01:29:48.230 \longrightarrow 01:29:51.324$  We may not have time for answers,

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 $01:29:51.330 \longrightarrow 01:29:54.290$  but anyone can feel free to email us

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 $01:29:54.290 \longrightarrow 01:29:57.572$  and we'll be very happy to to address

NOTE Confidence: 0.858586135

 $01:29:57.572 \longrightarrow 01:29:59.940$  any questions from this session.

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01:29:59.940 --> 01:30:01.608 Unfortunately, yeah, time will run out,

NOTE Confidence: 0.858586135

 $01:30:01.610 \longrightarrow 01:30:02.338$  but again,

NOTE Confidence: 0.858586135

01:30:02.338 --> 01:30:04.886 Richard was directly be very happy and,

NOTE Confidence: 0.858586135

 $01:30:04.890 \longrightarrow 01:30:09.538$  again, thanking tremendously doctors.

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 $01:30:09.540 \longrightarrow 01:30:14.220$  There is a tanui and lasberg for being here,

NOTE Confidence: 0.858586135

01:30:14.220 --> 01:30:15.483 sharing their knowledge,

NOTE Confidence: 0.858586135

 $01:30:15.483 \longrightarrow 01:30:17.588$  and in such wonderful presentations

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 $01:30:17.588 \longrightarrow 01:30:19.934$  it's been a pleasure to to share

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 $01:30:19.934 \longrightarrow 01:30:21.082$  that time with them.

 $01:30:21.090 \dashrightarrow 01:30:23.330$  Thank you all for being here to night.

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 $01:30:23.330 \longrightarrow 01:30:23.770$  Goodnight