WEBVTT

- NOTE duration:"01:30:26"
- NOTE recognizability:0.847
- NOTE language:en-us
- NOTE Confidence: 0.81392129925
- $00:00:00.000 \rightarrow 00:00:03.400$ 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
- $00:00:04.988 \longrightarrow 00:00:06.535$ the cancer screening 101.
- NOTE Confidence: 0.81392129925
- $00{:}00{:}06{.}535 \dashrightarrow 00{:}00{:}09{.}020$ 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
- $00{:}00{:}10.164 \dashrightarrow 00{:}00{:}11.880$ 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 --> 00:00:15.233 Cancer Center and Medical Director
- NOTE Confidence: 0.81392129925
- $00:00:15.290 \rightarrow 00:00:16.818$ of colorectal cancer screening.
- NOTE Confidence: 0.81392129925
- 00:00:16.820 --> 00:00:19.900 And tonight we'll discuss updates on breast,
- NOTE Confidence: 0.81392129925
- $00:00:19.900 \longrightarrow 00:00:21.448$ cervical, lung and colorectal
- NOTE Confidence: 0.81392129925
- $00{:}00{:}21.448 \dashrightarrow 00{:}00{:}23.383$ cancer with an extraordinary group
- NOTE Confidence: 0.81392129925
- $00{:}00{:}23.383 \dashrightarrow 00{:}00{:}25.702$ of panelists that we have with us
- NOTE Confidence: 0.81392129925

 $00:00:25.702 \rightarrow 00:00:27.759$ tonight 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

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

NOTE Confidence: 0.81392129925

 $00:00:32.004 \rightarrow 00:00:33.788$ 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

 $00{:}00{:}36.460 \dashrightarrow 00{:}00{:}37.828$ on cervical cancer screening.

NOTE Confidence: 0.81392129925

00:00:37.830 --> 00:00:39.108 Dr Lin Tenui,

NOTE Confidence: 0.81392129925

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

NOTE Confidence: 0.81392129925

 $00{:}00{:}41.664 \dashrightarrow 00{:}00{:}43.155$ 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 --> 00:00:51.844 the updates and the rest cancer screening.

NOTE Confidence: 0.81392129925

00:00:51.850 --> 00:00:54.202 You can post your questions any
time $% 10^{-1}$

NOTE Confidence: 0.81392129925

00:00:54.202 --> 00:00:57.425 on the Q&A and we will try to address

NOTE Confidence: 0.81392129925

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

00:00:59.618 --> 00:01:02.530 or in the Q&
amp;
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

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

NOTE Confidence: 0.81392129925

00:01:09.910 --> 00:01:10.818 Thank you very much.

NOTE Confidence: 0.961534405

00:01:11.780 --> 00:01:13.128 Hello everyone and thanks

NOTE Confidence: 0.961534405

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

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 $\operatorname{-->}$ 00:01:21.139 I can every
one see my first slide.

NOTE Confidence: 0.928796583333333

00:01:24.330 --> 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

 $00:01:48.884 \dashrightarrow 00:01:50.696$ Yeah, we're a little good, perfect,

 $00:01:50.696 \rightarrow 00:01:54.546$ 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

 $00{:}02{:}08{.}390 \dashrightarrow 00{:}02{:}11{.}596$ as well as the significant impact of.

NOTE Confidence: 0.57253515

 $00{:}02{:}11.600 \dashrightarrow 00{:}02{:}14.250$ Screening guidelines and the guidelines

NOTE Confidence: 0.57253515

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

NOTE Confidence: 0.57253515

00:02:18.210 --> 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

 $00{:}02{:}25{.}870 \dashrightarrow 00{:}02{:}28{.}948$ cases and over 300,000 that's worth

NOTE Confidence: 0.57253515

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

NOTE Confidence: 0.57253515

 $00{:}02{:}31{.}230 \dashrightarrow 00{:}02{:}35{.}988$ over 85% of cervical cancer cases.

NOTE Confidence: 0.57253515

 $00:02:35.990 \rightarrow 00:02:38.930$ 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

 $00{:}02{:}42{.}300 \dashrightarrow 00{:}02{:}44{.}688$ And the third most common causal

NOTE Confidence: 0.57253515

 $00{:}02{:}44.688 \dashrightarrow 00{:}02{:}47.270$ cancer mortality when we look at the

NOTE Confidence: 0.57253515

 $00{:}02{:}47.270 \dashrightarrow 00{:}02{:}49.670$ continents of Africa and Central America.

NOTE Confidence: 0.57253515

00:02:49.670 --> 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

 $00:02:54.178 \rightarrow 00:02:55.830$ related mortality among women.

NOTE Confidence: 0.57253515

00:02:55.830 --> 00:02:58.431 Here we can see in the US we have

NOTE Confidence: 0.57253515

 $00{:}02{:}58{.}431 \dashrightarrow 00{:}03{:}00{.}780$ over 13,000 new cases with over

NOTE Confidence: 0.57253515

 $00:03:00.780 \longrightarrow 00:03:03.829$ 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 --> 00:03:10.603 This is a huge mass air rising

NOTE Confidence: 0.57253515

 $00{:}03{:}10.603 \dashrightarrow 00{:}03{:}12.320$ from the cervix year.

NOTE Confidence: 0.57253515

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

- NOTE Confidence: 0.57253515
- $00:03:15.080 \longrightarrow 00:03:17.026$ we don't want to see these cases

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

NOTE Confidence: 0.57253515

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

NOTE Confidence: 0.57253515

 $00:03:23.104 \rightarrow 00:03:26.748$ lead to cervical cancer is concerned,

NOTE Confidence: 0.57253515

 $00:03:26.750 \rightarrow 00:03:28.838$ 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

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

NOTE Confidence: 0.57253515

00:03:35.500 --> 00:03:35.874 Also,

NOTE Confidence: 0.57253515

 $00:03:35.874 \rightarrow 00:03:38.118$ 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

 $00:03:42.840 \longrightarrow 00:03:45.170$ Not necessarily the second most

NOTE Confidence: 0.57253515

 $00{:}03{:}45{.}170 \dashrightarrow 00{:}03{:}46{.}568$ common kind a denocarcinoma.

NOTE Confidence: 0.57253515

 $00{:}03{:}46.570 \dashrightarrow 00{:}03{:}49.558$ We have history of sexually transmitted

 $00{:}03{:}49{.}558 \dashrightarrow 00{:}03{:}52{.}408$ diseases and in communities with diet

NOTE Confidence: 0.57253515

 $00:03:52.408 \dashrightarrow 00:03:55.124$ 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 --> 00:04:00.832 Among other risk factors,

NOTE Confidence: 0.57253515

 $00:04:00.832 \rightarrow 00:04:03.400$ 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

 $00{:}04{:}04{.}642 \dashrightarrow 00{:}04{:}06{.}712$ These all increase the likelihood

NOTE Confidence: 0.57253515

 $00:04:06.712 \longrightarrow 00:04:09.058$ of HPV exposure and lack of

NOTE Confidence: 0.57253515

00:04:09.058 --> 00:04:11.224 routine screening is the one that

NOTE Confidence: 0.57253515

 $00:04:11.293 \rightarrow 00:04:13.498$ we're going to emphasize tonight.

NOTE Confidence: 0.57253515

 $00{:}04{:}13.500 \dashrightarrow 00{:}04{:}16.925$ Immuno suppression 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

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

NOTE Confidence: 0.57253515

 $00{:}04{:}27.890 \dashrightarrow 00{:}04{:}29.840$ All also known as human papilloma

NOTE Confidence: 0.57253515

 $00{:}04{:}29{.}840 \dashrightarrow 00{:}04{:}32{.}094$ virus is central to the development

NOTE Confidence: 0.57253515

 $00:04:32.094 \rightarrow 00:04:34.324$ 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

 $00{:}04{:}36{.}570 \dashrightarrow 00{:}04{:}38{.}658$ 99% of cervical cancers.

NOTE Confidence: 0.889724907272727

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

NOTE Confidence: 0.889724907272727

 $00{:}04{:}44{.}098 \dashrightarrow 00{:}04{:}47{.}850$ virus by age 50 and among more than 40

NOTE Confidence: 0.889724907272727

 $00{:}04{:}47.850 \dashrightarrow 00{:}04{:}50.530$ different genital HPV types identified.

NOTE Confidence: 0.889724907272727

 $00{:}04{:}50{.}530 \dashrightarrow 00{:}04{:}53{.}626$ We have about 15 known to be oncogenic.

NOTE Confidence: 0.889724907272727

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

NOTE Confidence: 0.889724907272727

 $00{:}04{:}56{.}915 \dashrightarrow 00{:}05{:}00{.}224$ 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 --> 00:05:08.448 The oncogenic HPV infection

NOTE Confidence: 0.81286865625

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

NOTE Confidence: 0.81286865625

 $00{:}05{:}10.740 \dashrightarrow 00{:}05{:}12.654$ Here we can see the columnar

NOTE Confidence: 0.81286865625

 $00:05:12.654 \rightarrow 00:05:14.444$ 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

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

NOTE Confidence: 0.81286865625

00:05:21.000 --> 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

 $00:05:25.600 \rightarrow 00:05:28.675$ 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 --> 00:05:35.318 Here we can see at a more cellular

NOTE Confidence: 0.81286865625

 $00:05:35.318 \rightarrow 00:05:37.749$ 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

 $00{:}05{:}40{.}180 \dashrightarrow 00{:}05{:}43{.}404$ Here the Halo around the nuclei of the

NOTE Confidence: 0.81286865625

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

NOTE Confidence: 0.81286865625

 $00:05:46.540 \rightarrow 00:05:49.070$ Our objectives with screening is,

NOTE Confidence: 0.81286865625

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

NOTE Confidence: 0.81286865625

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

NOTE Confidence: 0.81286865625

 $00{:}05{:}52.241 \dashrightarrow 00{:}05{:}55.008$ from cervical cancer as well as

NOTE Confidence: 0.81286865625

00:05:55.008 --> 00:05:56.796 preventing overzealous management of

NOTE Confidence: 0.81286865625

 $00:05:56.796 \rightarrow 00:05:58.955$ the precursor precursor lesions that

 $00:05:58.955 \rightarrow 00:06:01.594$ 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

 $00:06:09.492 \rightarrow 00:06:13.520$ screening in about 1950s and by mid 1980s,

NOTE Confidence: 0.81286865625

00:06:13.520 --> 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

 $00{:}06{:}19.230 \dashrightarrow 00{:}06{:}22.578$ to show the reduction in cervical

NOTE Confidence: 0.81286865625

00:06:22.578 --> 00:06:24.994 cancer mortality after systematic

NOTE Confidence: 0.81286865625

 $00:06:24.994 \rightarrow 00:06:28.426$ 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

 $00:06:31.770 \longrightarrow 00:06:34.430$ we place a speculum in the vagina

NOTE Confidence: 0.81286865625

 $00{:}06{:}34{.}430 \dashrightarrow 00{:}06{:}37{.}342$ and our goal is to inspect the

NOTE Confidence: 0.81286865625

 $00{:}06{:}37{.}342 \dashrightarrow 00{:}06{:}39{.}868$ entire regional mucosa as well as

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

NOTE Confidence: 0.81286865625

 $00:06:42.440 \rightarrow 00:06:46.820$ 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

 $00{:}06{:}51.410 \dashrightarrow 00{:}06{:}52.676$ cancer screening purposes.

NOTE Confidence: 0.81286865625

 $00:06:52.680 \rightarrow 00:06:55.620$ The Ectocervix and the Endocervix,

NOTE Confidence: 0.81286865625

 $00:06:55.620 \rightarrow 00:06:57.980$ 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 --> 00:07:04.780 In terms of screening.

NOTE Confidence: 0.894979026

 $00{:}07{:}07{.}860 \dashrightarrow 00{:}07{:}09{.}916$ 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

 $00{:}07{:}12.382 \dashrightarrow 00{:}07{:}16.330$ a pop smear or HPV testing each year,

NOTE Confidence: 0.894979026

 $00{:}07{:}16.330 \dashrightarrow 00{:}07{:}18.280$ and all these women about 8%

NOTE Confidence: 0.894979026

 $00{:}07{:}18.280 \dashrightarrow 00{:}07{:}19.940$ will have an abnormal result.

NOTE Confidence: 0.894979026

 $00:07:19.940 \rightarrow 00:07:23.140$ 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 --> 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

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

NOTE Confidence: 0.894979026

 $00{:}07{:}35.828 \dashrightarrow 00{:}07{:}37.840$ of invasive cervical cancer.

NOTE Confidence: 0.894979026

00:07:37.840 - 00:07:41.018 When a patient is exposed to HPV,

NOTE Confidence: 0.894979026

 $00:07:41.020 \rightarrow 00:07:44.429$ 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

 $00{:}07{:}48.620 \dashrightarrow 00{:}07{:}51.180$ Sometimes when we cannot eliminate

NOTE Confidence: 0.894979026

00:07:51.180 --> 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

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

NOTE Confidence: 0.894979026

 $00{:}08{:}02{.}812 \dashrightarrow 00{:}08{:}05{.}577$ system will clear the HPV.

NOTE Confidence: 0.894979026

 $00{:}08{:}05{.}580 \dashrightarrow 00{:}08{:}08{.}282$ If the patient has risk factors as

 $00:08:08.282 \rightarrow 00:08:11.717$ 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

 $00{:}08{:}19.610 \dashrightarrow 00{:}08{:}21.422$ And if there is no intervention

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

00:08:25.222 --> 00:08:26.910 turn into invasive cervical cancer,

NOTE Confidence: 0.894979026

 $00:08:26.910 \rightarrow 00:08:29.430$ so it is not a change from HPV exposure

NOTE Confidence: 0.894979026

 $00:08:29.430 \longrightarrow 00:08:31.709$ to cancer that occurs overnight,

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 -> 00:08:39.379 eliminate cervical cancers.

NOTE Confidence: 0.894979026

 $00{:}08{:}39{.}380 \dashrightarrow 00{:}08{:}40{.}815$ What happens when a patient

NOTE Confidence: 0.894979026

 $00:08:40.815 \longrightarrow 00:08:42.250$ has an abnormal screening test?

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

NOTE Confidence: 0.894979026

00:08:43.770 -> 00:08:45.395 The patient might need further

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

 $00{:}08{:}46{.}370 \dashrightarrow 00{:}08{:}48{.}939$ 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

 $00{:}08{:}51{.}512 \dashrightarrow 00{:}08{:}53{.}847$ endometrial biopsy if the psychological

NOTE Confidence: 0.894979026

 $00{:}08{:}53{.}847 \dashrightarrow 00{:}08{:}56{.}203$ normality arises from the endocervix

NOTE Confidence: 0.894979026

 $00:08:56.203 \rightarrow 00:08:58.453$ which is the glandular epithelium,

NOTE Confidence: 0.894979026

 $00{:}08{:}58{.}460 \dashrightarrow 00{:}09{:}00{.}833$ which is very much like the endometrium

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

 $00:09:03.610 \dashrightarrow 00:09:05.410$ Or some patients would be referred

NOTE Confidence: 0.894979026

 $00{:}09{:}05{.}410 \dashrightarrow 00{:}09{:}07{.}231$ to Java and on cologists when there

NOTE Confidence: 0.894979026

 $00{:}09{:}07{.}231 \dashrightarrow 00{:}09{:}08{.}651$ is high grade precancer changes

NOTE Confidence: 0.894979026

 $00{:}09{:}08.651 \dashrightarrow 00{:}09{:}10.129$ the way that we perform.

NOTE Confidence: 0.894979026

 $00{:}09{:}10.130 \dashrightarrow 00{:}09{:}11.500$ Oscopy is in the clinic.

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

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

 $00:09:18.196 \rightarrow 00:09:21.480$ image in the vagina and the upper cervix and,

NOTE Confidence: 0.894979026

 $00:09:21.480 \longrightarrow 00:09:23.106$ if need be,

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

00:09:30.510 -> 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 --> 00:09:37.726 to undergo colonization,

NOTE Confidence: 0.894979026

 $00:09:37.730 \longrightarrow 00:09:40.214$ which is simply a cone shaped

NOTE Confidence: 0.894979026

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

NOTE Confidence: 0.894979026

 $00:09:43.312 \longrightarrow 00:09:45.349$ underlying invasive cancers.

NOTE Confidence: 0.894979026

 $00:09:45.350 \rightarrow 00:09:46.862$ 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

 $00:09:48.410 \longrightarrow 00:09:50.470$ This kind of illustrates how

- NOTE Confidence: 0.894979026
- $00:09:50.470 \longrightarrow 00:09:52.118$ those procedures are done.
- NOTE Confidence: 0.894979026
- 00:09:52.120 --> 00:09:54.448 Another way of getting a larger
- NOTE Confidence: 0.894979026
- $00:09:54.448 \rightarrow 00:09:57.247$ biopsy than just a small cervical
- NOTE Confidence: 0.894979026
- $00:09:57.247 \rightarrow 00:09:59.575$ 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
- $00:10:04.880 \rightarrow 00:10:08.646$ 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
- $00:10:10.300 \rightarrow 00:10:11.400$ 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
- $00{:}10{:}22.258 \dashrightarrow 00{:}10{:}24.570$ many failures that lead to it.
- NOTE Confidence: 0.912304155555555
- $00:10:24.570 \longrightarrow 00:10:25.694$ Either the patient does
- NOTE Confidence: 0.912304155555555

 $00:10:25.694 \rightarrow 00:10:27.099$ not show up for screening,

NOTE Confidence: 0.912304155555555

 $00{:}10{:}27{.}100 \dashrightarrow 00{:}10{:}28{.}700$ or as healthcare providers.

NOTE Confidence: 0.912304155555555

 $00{:}10{:}28{.}700 \dashrightarrow 00{:}10{:}31{.}596$ We do not offer screening to women

NOTE Confidence: 0.912304155555555

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

NOTE Confidence: 0.912304155555555

 $00:10:34.110 \longrightarrow 00:10:36.408$ The patient might not follow up

NOTE Confidence: 0.912304155555555

 $00{:}10{:}36{.}408 \dashrightarrow 00{:}10{:}38{.}349$ 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: 0.912304155555555

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

NOTE Confidence: 0.912304155555555

 $00:10:42.330 \longrightarrow 00:10:44.496$ Or the patient might not get

NOTE Confidence: 0.912304155555555

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

NOTE Confidence: 0.912304155555555

 $00:10:46.002 \rightarrow 00:10:48.007$ the precancer cells and eventually,

NOTE Confidence: 0.912304155555555

 $00:10:48.010 \longrightarrow 00:10:48.433$ unfortunately,

NOTE Confidence: 0.912304155555555

 $00:10:48.433 \rightarrow 00:10:50.548$ 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

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

 $00:10:58.280 \rightarrow 00:11:00.070$ focus on these updated guidelines,

NOTE Confidence: 0.887506677

00:11:00.070 --> 00:11:03.310 which originate from American Cancer Society

NOTE Confidence: 0.887506677

 $00{:}11{:}03{.}310 \dashrightarrow 00{:}11{:}07{.}176$ 2020 update and USPSTF which stands for

NOTE Confidence: 0.887506677

00:11:07.176 --> 00:11:09.876 United States Preventive Services Task

NOTE Confidence: 0.887506677

00:11:09.876 --> 00:11:12.845 Force which was most recently updated

NOTE Confidence: 0.887506677

 $00:11:12.845 \rightarrow 00:11:16.710$ in 2018 for purposes of screening,

NOTE Confidence: 0.887506677

 $00{:}11{:}16.710 \dashrightarrow 00{:}11{:}19.202$ 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

 $00{:}11{:}22.051 \dashrightarrow 00{:}11{:}24.607$ cervical cancer and our age patient

NOTE Confidence: 0.887506677

 $00:11:24.682 \rightarrow 00:11:27.195$ 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 --> 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

 $00{:}11{:}34{.}925 \dashrightarrow 00{:}11{:}36{.}710$ focus on average risk patients.

NOTE Confidence: 0.887506677

 $00{:}11{:}36{.}710 \dashrightarrow 00{:}11{:}39{.}391$ Since this is what we most commonly

 $00:11:39.391 \rightarrow 00:11:41.972$ handle high risk patients would be

NOTE Confidence: 0.887506677

00:11:41.972 --> 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

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

NOTE Confidence: 0.887506677

 $00{:}11{:}49.825 \dashrightarrow 00{:}11{:}53.474$ used to be a anti emetic that that

NOTE Confidence: 0.887506677

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

NOTE Confidence: 0.887506677

 $00{:}11{:}56{.}510 \dashrightarrow 00{:}11{:}57{.}574$ 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 thank fully.

NOTE Confidence: 0.887506677

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

NOTE Confidence: 0.887506677

 $00{:}12{:}05{.}710 \dashrightarrow 00{:}12{:}08{.}122$ As far as cervical cancer screening

NOTE Confidence: 0.887506677

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

NOTE Confidence: 0.887506677

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

NOTE Confidence: 0.887506677

 $00:12:14.563 \rightarrow 00:12:17.396$ that cervical cancer screening should

NOTE Confidence: 0.887506677

 $00{:}12{:}17{.}396 \dashrightarrow 00{:}12{:}21{.}284$ 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

- NOTE Confidence: 0.887506677
- $00:12:24.654 \rightarrow 00:12:28.320$ 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
- $00{:}12{:}31{.}547 \dashrightarrow 00{:}12{:}34{.}372$ with adverse outcomes with follow-up of
- NOTE Confidence: 0.887506677
- $00{:}12{:}34{.}372 \dashrightarrow 00{:}12{:}37.096$ young reproductive age women when they
- NOTE Confidence: 0.887506677
- $00:12:37.096 \rightarrow 00:12:39.858$ have minor cytologic abnormalities.
- NOTE Confidence: 0.887506677
- 00:12:39.860 --> 00:12:42.191 The risk in less than 21 years
- NOTE Confidence: 0.887506677
- $00:12:42.191 \rightarrow 00:12:44.690$ of age is about zero point,
- NOTE Confidence: 0.887506677
- 00:12:44.690 --> 00:12:46.318 1% for cervical cancer.
- NOTE Confidence: 0.887506677
- $00:12:46.318 \rightarrow 00:12:48.804$ 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 --> 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
- $00:13:02.496 \rightarrow 00:13:06.118$ We have one of two ways of screening these,
- NOTE Confidence: 0.8349024416666667
- $00{:}13{:}06{.}120 \dashrightarrow 00{:}13{:}08{.}224$ uh, these young women.
- NOTE Confidence: 0.834902441666667

00:13:08.224 --> 00:13:10.328 USPSTF recommends are cytology

NOTE Confidence: 0.834902441666667

 $00{:}13{:}10{.}328 \dashrightarrow 00{:}13{:}12{.}440$ alone every three years.

NOTE Confidence: 0.834902441666667

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

NOTE Confidence: 0.8349024416666667

 $00{:}13{:}14.376 \dashrightarrow 00{:}13{:}17.280$ 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

 $00:13:21.018 \rightarrow 00:13:24.880$ alone starting age 2125 as opposed to 21,

NOTE Confidence: 0.8349024416666667

 $00:13:24.880 \rightarrow 00:13:28.170$ 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

 $00{:}13{:}31{.}370 \dashrightarrow 00{:}13{:}33{.}224$ 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: 0.8349024416666667

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

NOTE Confidence: 0.8349024416666667

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

NOTE Confidence: 0.834902441666667

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

NOTE Confidence: 0.8349024416666667

 $00{:}13{:}44{.}365 \dashrightarrow 00{:}13{:}46{.}805$ including the one from COBAS and on clarity.

NOTE Confidence: 0.834902441666667

 $00{:}13{:}46{.}810 \dashrightarrow 00{:}13{:}48{.}665$ So it uses a bit limited at

- NOTE Confidence: 0.834902441666667
- $00{:}13{:}48.665 \dashrightarrow 00{:}13{:}50.140$ the time at the time.
- NOTE Confidence: 0.834902441666667
- $00{:}13{:}50{.}140 \dashrightarrow 00{:}13{:}53{.}148$ 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
- $00:13:55.788 \rightarrow 00:13:58.506$ which has these tests readily available.
- NOTE Confidence: 0.8349024416666667
- $00:13:58.510 \rightarrow 00:14:00.724$ And they have been employing HPV
- NOTE Confidence: 0.834902441666667
- $00{:}14{:}00{.}724 \dashrightarrow 00{:}14{:}02{.}830$ 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
- $00{:}14{:}11{.}358 \dashrightarrow 00{:}14{:}14{.}760$ cervical screening is again the very
- NOTE Confidence: 0.808442895
- 00:14:14.760 --> 00:14:17.700 low incidence of cervical cancer being
- NOTE Confidence: 0.808442895
- $00:14:17.700 \longrightarrow 00:14:20.770$ zero point 1% and they favor cytology
- NOTE Confidence: 0.808442895
- 00:14:20.770 --> 00:14:24.635 or Pap smear over HPV testing because of
- NOTE Confidence: 0.808442895
- $00:14:24.635 \rightarrow 00:14:28.303$ the higher rates of transient HPV infection,
- NOTE Confidence: 0.808442895
- $00{:}14{:}28{.}310 \dashrightarrow 00{:}14{:}30{.}938$ this thought process is that if
- NOTE Confidence: 0.808442895
- $00{:}14{:}30{.}938 \dashrightarrow 00{:}14{:}34{.}128$ we do HPV testing in young women,
- NOTE Confidence: 0.808442895

 $00:14:34.130 \longrightarrow 00:14:35.480$ 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

 $00:14:37.307 \rightarrow 00:14:38.720$ 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

 $00{:}14{:}40{.}500 \dashrightarrow 00{:}14{:}42{.}725$ biopsies that would then impair

NOTE Confidence: 0.808442895

 $00{:}14{:}42.725 \dashrightarrow 00{:}14{:}44.409$ 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 - 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

 $00:14:55.080 \rightarrow 00:14:58.559$ 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.

- NOTE Confidence: 0.808442895
- $00{:}15{:}12{.}310 \dashrightarrow 00{:}15{:}15{.}160$ 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
- $00:15:18.597 \rightarrow 00:15:21.279$ they do prefer primary HPV testing
- NOTE Confidence: 0.808442895
- $00:15:21.279 \rightarrow 00:15:24.158$ 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
- $00{:}15{:}26.588 \dashrightarrow 00{:}15{:}29.483$ over USPSTF is that they account
- NOTE Confidence: 0.808442895
- $00:15:29.483 \rightarrow 00:15:31.323$ 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
- $00:15:36.085 \rightarrow 00:15:38.110$ this is going to be a big pool of
- NOTE Confidence: 0.808442895
- $00{:}15{:}38{.}175 \dashrightarrow 00{:}15{:}40{.}485$ patients and we have three options here.
- NOTE Confidence: 0.808442895
- $00:15:40.490 \rightarrow 00:15:42.723$ We can either do Co testing which
- NOTE Confidence: 0.808442895
- 00:15:42.723 --> 00:15:44.903 is known as combination of cytology
- NOTE Confidence: 0.808442895
- $00{:}15{:}44{.}903 \dashrightarrow 00{:}15{:}47{.}976$ or pap smear plus HPV test and this
- NOTE Confidence: 0.808442895
- 00:15:47.976 > 00:15:50.209 can be done every five years and
- NOTE Confidence: 0.808442895

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

NOTE Confidence: 0.808442895

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

NOTE Confidence: 0.808442895

00:15:55.315 --> 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

 $00{:}15{:}59{.}110 \dashrightarrow 00{:}16{:}00{.}870$ 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

 $00{:}16{:}03.320 \dashrightarrow 00{:}16{:}06.212$ Reasonable as far as both of

NOTE Confidence: 0.808442895

 $00:16:06.212 \rightarrow 00:16:08.140$ 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

 $00:16:12.380 \longrightarrow 00:16:12.947$ However,

NOTE Confidence: 0.808442895

 $00{:}16{:}12.947 \dashrightarrow 00{:}16{:}15.215$ 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

 $00:16:18.133 \rightarrow 00:16:22.250$ 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

 $00:16:26.970 \rightarrow 00:16:29.784$ Eventually this age group we will decide

- NOTE Confidence: 0.808442895
- $00:16:29.784 \rightarrow 00:16:32.029$ 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 --> 00:16:36.326 life expectancy,
- NOTE Confidence: 0.808442895
- $00:16:36.326 \rightarrow 00:16:39.098$ 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
- $00{:}16{:}41{.}550 \dashrightarrow 00{:}16{:}44{.}640$ 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
- $00{:}16{:}49{.}140 \dashrightarrow 00{:}16{:}52{.}122$ which is defined as three consecutive
- NOTE Confidence: 0.808442895
- 00:16:52.122 --> 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
- $00:16:58.778 \longrightarrow 00:17:01.214$ tests within the last 10 years.
- NOTE Confidence: 0.808442895
- $00{:}17{:}01{.}220 \dashrightarrow 00{:}17{:}03{.}420$ This is defined as a dequate
- NOTE Confidence: 0.808442895
- $00{:}17{:}03.420 \dashrightarrow 00{:}17{:}04.740$ negative prior screening.
- NOTE Confidence: 0.808442895

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

NOTE Confidence: 0.808442895

 $00{:}17{:}07.276 \dashrightarrow 00{:}17{:}09.178$ 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

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

NOTE Confidence: 0.808442895

 $00{:}17{:}14.959 \dashrightarrow 00{:}17{:}16.995$ Considering the improved life

NOTE Confidence: 0.808442895

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

NOTE Confidence: 0.808442895

 $00:17:20.270 \longrightarrow 00:17:22.995$ And most guidelines do not

NOTE Confidence: 0.808442895

 $00:17:22.995 \rightarrow 00:17:25.175$ 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

 $00{:}17{:}27{.}564 \dashrightarrow 00{:}17{:}30{.}576$ with the patients when it comes to

NOTE Confidence: 0.808442895

 $00:17:30.576 \rightarrow 00:17:32.452$ 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

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

NOTE Confidence: 0.907846815714286

 $00{:}17{:}39{.}180 \dashrightarrow 00{:}17{:}41{.}329$ meaning they are cervix and uterus had

NOTE Confidence: 0.907846815714286

 $00{:}17{:}41.329 \dashrightarrow 00{:}17{:}43.648$ been removed and they never have had

NOTE Confidence: 0.907846815714286

 $00:17:43.648 \rightarrow 00:17:45.658$ any high grade cervical precancer cells,

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

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00:17:49.840 \rightarrow 00:17:51.660$ Most women who needs hysterectomies,

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00:17:53.640 \rightarrow 00:17:55.330$ 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

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

NOTE Confidence: 0.907846815714286

 $00{:}18{:}10{.}170 \dashrightarrow 00{:}18{:}15{.}156$ CIN 2 or high grade pre cancers in the past,

NOTE Confidence: 0.907846815714286

 $00{:}18{:}15{.}156 \dashrightarrow 00{:}18{:}17{.}004$ that patient can be.

NOTE Confidence: 0.907846815714286

00:18:17.010 --> 00:18:21.006 Can stop screening for cervical cancer

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00{:}18{:}25{.}289 \dashrightarrow 00{:}18{:}27{.}083$ 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

 $00{:}18{:}31{.}420 \dashrightarrow 00{:}18{:}33{.}682$ 2 then routine screening should continue

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00{:}18{:}38{.}372 \dashrightarrow 00{:}18{:}40{.}995$ that might well extend beyond age 65.

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00:18:44.320 \rightarrow 00:18:46.545$ 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

 $00{:}18{:}50{.}110 \dashrightarrow 00{:}18{:}52{.}686$ we talk about patients with HIV patients

NOTE Confidence: 0.907846815714286

 $00:18:52.686 \rightarrow 00:18:55.640$ who have been exposed to death in utero,

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00:18:59.120 \longrightarrow 00:19:00.392$ For those patients,

NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00{:}19{:}03{.}441 \dashrightarrow 00{:}19{:}05{.}561$ strict and the recommendations are

NOTE Confidence: 0.907846815714286

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

- NOTE Confidence: 0.907846815714286
- $00:19:08.433 \longrightarrow 00:19:09.312$ 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
- $00{:}19{:}11.425 \dashrightarrow 00{:}19{:}12.597$ the results are normal.
- NOTE Confidence: 0.907846815714286
- $00:19:12.600 \rightarrow 00:19:15.858$ And we can space the screening out to every
- NOTE Confidence: 0.907846815714286
- $00:19:15.858 \rightarrow 00:19:18.967$ three years if we decide to do Co testing.
- NOTE Confidence: 0.907846815714286
- $00{:}19{:}18{.}970 \dashrightarrow 00{:}19{:}22{.}386$ 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
- $00:19:24.646 \rightarrow 00:19:26.979$ 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
- $00:19:28.860 \longrightarrow 00:19:30.281$ 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 --> 00:19:33.474 Moving forward we do not stop at
- NOTE Confidence: 0.907846815714286
- 00:19:33.474 --> 00:19:36.101 age 65 given the higher risk of HPV
- NOTE Confidence: 0.907846815714286
- 00:19:36.101 --> 00:19:38.284 persistent and higher risk of high
- NOTE Confidence: 0.907846815714286
- $00{:}19{:}38{.}284 \dashrightarrow 00{:}19{:}40{.}424$ grade precancer lesions in these
- NOTE Confidence: 0.907846815714286

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

NOTE Confidence: 0.907846815714286

 $00{:}19{:}42.517 \dashrightarrow 00{:}19{:}45.156$ and we do have a lower threshold

NOTE Confidence: 0.907846815714286

00:19:45.156 --> 00:19:48.000 to do colposcopies and biopsies

NOTE Confidence: 0.907846815714286

00:19:48.000 - 00:19:51.798 when we look at future directions.

NOTE Confidence: 0.907846815714286

 $00{:}19{:}51{.}800 \dashrightarrow 00{:}19{:}54{.}059$ One thing to consider is going to be the.

NOTE Confidence: 0.907846815714286

 $00{:}19{:}54.060 \dashrightarrow 00{:}19{:}57.510$ Impact of HPV vaccination is the

NOTE Confidence: 0.907846815714286

00:19:57.510 --> 00:19:59.235 proportional vaccinated individuals

NOTE Confidence: 0.907846815714286

 $00:19:59.235 \rightarrow 00:20:01.798$ increases the prevalence of high risk

NOTE Confidence: 0.907846815714286

 $00{:}20{:}01.798 \dashrightarrow 00{:}20{:}04.822$ HPV types is expected to decrease and

NOTE Confidence: 0.907846815714286

 $00:20:04.822 \rightarrow 00:20:07.918$ that will eventually reduce the positive

NOTE Confidence: 0.907846815714286

00:20:07.918 --> 00:20:10.273 predictive value for both cytology,

NOTE Confidence: 0.907846815714286

00:20:10.273 --> 00:20:10.714 pop,

NOTE Confidence: 0.907846815714286

00:20:10.714 --> 00:20:12.919 smear and primary HPV testing.

NOTE Confidence: 0.907846815714286

00:20:12.920 --> 00:20:15.482 So we have some ongoing randomized

NOTE Confidence: 0.907846815714286

 $00{:}20{:}15.482 \dashrightarrow 00{:}20{:}17.680$ control trials to evaluate the

NOTE Confidence: 0.907846815714286

00:20:17.680 --> 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

 $00:20:25.490 \rightarrow 00:20:27.115$ 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

 $00:20:29.091 \rightarrow 00:20:31.107$ 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

 $00{:}20{:}38{.}818 \dashrightarrow 00{:}20{:}40{.}886$ 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

 $00:20:43.602 \rightarrow 00:20:46.465$ cancer have been employing for over 10 years.

NOTE Confidence: 0.907846815714286

 $00{:}20{:}46.470 \dashrightarrow 00{:}20{:}48.674$ The other possible practical

NOTE Confidence: 0.907846815714286

00:20:48.674 --> 00:20:51.429 solution to improving the uptake

NOTE Confidence: 0.907846815714286

 $00{:}20{:}51{.}429 \dashrightarrow 00{:}20{:}54{.}397$ in screening is self sampling.

NOTE Confidence: 0.907846815714286

 $00{:}20{:}54.400 \dashrightarrow 00{:}20{:}57.250$ Then Shirley patients will start sampling

 $00:20:57.250 \rightarrow 00:21:00.397$ 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 --> 00:21:05.380 evaluation. However, at the time being

NOTE Confidence: 0.773971293809524

 $00:21:05.380 \rightarrow 00:21:07.820$ this is not an FDA approved strategy,

NOTE Confidence: 0.773971293809524

 $00{:}21{:}07{.}820 \dashrightarrow 00{:}21{:}11{.}318$ so I'm hoping that it will be enabling

NOTE Confidence: 0.773971293809524

 $00{:}21{:}11{.}318 \dashrightarrow 00{:}21{:}14{.}906$ providers to improve the uptake in

NOTE Confidence: 0.773971293809524

00:21:14.906 --> 00:21:19.020 screening once FDA approves self sampling.

NOTE Confidence: 0.773971293809524

00:21:19.020 --> 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

 $00:21:24.970 \rightarrow 00:21:26.526$ American Cancer Society guidelines.

NOTE Confidence: 0.773971293809524

 $00{:}21{:}26.526 \dashrightarrow 00{:}21{:}28.471$ Before the 2020 and the

NOTE Confidence: 0.773971293809524

00:21:28.471 --> 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

 $00{:}21{:}35{.}245 \dashrightarrow 00{:}21{:}37{.}145$ tests every three years.

NOTE Confidence: 0.773971293809524

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

- NOTE Confidence: 0.773971293809524
- $00:21:39.670 \rightarrow 00:21:41.619$ 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
- $00{:}21{:}45{.}730 \dashrightarrow 00{:}21{:}48{.}824$ There is not much changes to USPSTF
- NOTE Confidence: 0.773971293809524
- $00:21:48.824 \rightarrow 00:21:50.975$ guidelines which says we should
- NOTE Confidence: 0.773971293809524
- $00{:}21{:}50{.}975 \dashrightarrow 00{:}21{:}53{.}579$ 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
- $00:21:59.230 \rightarrow 00:22:02.163$ 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 --> 00:22:07.548 of HPV exposure in the younger.
- NOTE Confidence: 0.773971293809524
- $00:22:07.550 \longrightarrow 00:22:09.494$ 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
- $00{:}22{:}10.470 \dashrightarrow 00{:}22{:}12.294$ persist and over age 30 we
- NOTE Confidence: 0.773971293809524
- $00{:}22{:}12{.}294 \dashrightarrow 00{:}22{:}14.630$ can use one of three methods,
- NOTE Confidence: 0.773971293809524
- $00{:}22{:}14.630 \dashrightarrow 00{:}22{:}16.868$ namely pop test every three years,
- NOTE Confidence: 0.773971293809524

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

NOTE Confidence: 0.773971293809524

00:22:19.570 --> 00:22:22.313 or Co testing that combines the

NOTE Confidence: 0.773971293809524

 $00:22:22.313 \rightarrow 00:22:25.302$ pop with the HPV every five years.

NOTE Confidence: 0.773971293809524

 $00:22:25.310 \rightarrow 00:22:28.530$ 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

 $00{:}22{:}29{.}790 \dashrightarrow 00{:}22{:}31{.}854$ and I think this is going to be.

NOTE Confidence: 0.773971293809524

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

NOTE Confidence: 0.773971293809524

 $00{:}22{:}34{.}380 \dashrightarrow 00{:}22{:}36{.}630$ 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

 $00{:}22{:}39{.}077 \dashrightarrow 00{:}22{:}40{.}825$ these precance rous 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 - 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

 $00:22:54.250 \longrightarrow 00:22:57.146$ So cervical cancer is one kind of women

 $00:22:57.146 \rightarrow 00:22:59.430$ 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

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

NOTE Confidence: 0.773971293809524

 $00{:}23{:}05{.}590 \dashrightarrow 00{:}23{:}08{.}481$ So as we increase the awareness and

NOTE Confidence: 0.773971293809524

 $00{:}23{:}08{.}481 \dashrightarrow 00{:}23{:}11{.}246$ 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

 $00:23:15.126 \longrightarrow 00:23:16.890$ 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 --> 00:23:21.185 I'll see if I have any time for questions.

NOTE Confidence: 0.6468805834

 $00{:}23{:}23{.}000 \dashrightarrow 00{:}23{:}24{.}428$ Thank you very much.

NOTE Confidence: 0.6468805834

 $00{:}23{:}24{.}428 \dashrightarrow 00{:}23{:}26{.}570$ Document there is please the audience.

NOTE Confidence: 0.6468805834

 $00{:}23{:}26{.}570 \dashrightarrow 00{:}23{:}28{.}908$ If you can post any questions at

NOTE Confidence: 0.6468805834

00:23:28.908 --> 00:23:30.972 the Q&
amp;
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

 $00:23:33.522 \rightarrow 00:23:35.766$ move on to breast cancer screening

NOTE Confidence: 0.6468805834

00:23:35.766 --> 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

 $00{:}23{:}42.640 \dashrightarrow 00{:}23{:}45.624$ 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

 $00{:}23{:}51{.}970 \dashrightarrow 00{:}23{:}55{.}528$ 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

 $00{:}23{:}59{.}570$ --> $00{:}24{:}02{.}041$ how to screen your average risk patients NOTE Confidence: 0.948669615

 $00{:}24{:}02{.}041 \dashrightarrow 00{:}24{:}04{.}452$ patients which will be the majority of

NOTE Confidence: 0.948669615

 $00{:}24{:}04{.}452 \dashrightarrow 00{:}24{:}06{.}390$ your population as well as screening

NOTE Confidence: 0.948669615

 $00{:}24{:}06{.}456 \dashrightarrow 00{:}24{:}08{.}466$ high risk patients and then wrapping

NOTE Confidence: 0.948669615

00:24:08.466 --> 00:24:10.906 up quickly with some discussion of

NOTE Confidence: 0.948669615

00:24:10.906 --> 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.

- NOTE Confidence: 0.948669615
- $00{:}24{:}16{.}520 \dashrightarrow 00{:}24{:}21{.}528$ So female stocks remains the most the
- NOTE Confidence: 0.948669615
- 00:24:21.528 --> 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
- $00:24:32.534 \rightarrow 00:24:34.760$ subdivided into early age of manner.
- NOTE Confidence: 0.948669615
- 00:24:34.760 --> 00:24:36.680 Arch, late age of menopause,
- NOTE Confidence: 0.948669615
- 00:24:36.680 --> 00:24:39.200 late pregnancy and hormone
- NOTE Confidence: 0.948669615
- $00:24:39.200 \longrightarrow 00:24:40.460$ replacement therapy.
- NOTE Confidence: 0.948669615
- 00:24:40.460 --> 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 --> 00:24:45.728 Abnormal breast.
- NOTE Confidence: 0.948669615
- 00:24:45.730 --> 00:24:48.085 Biopsy, postmenopausal obesity,
- NOTE Confidence: 0.948669615
- $00{:}24{:}48.085 \dashrightarrow 00{:}24{:}51.225$ and excess alcohol use.
- NOTE Confidence: 0.948669615
- $00{:}24{:}51{.}230 \dashrightarrow 00{:}24{:}53{.}288$ We will also talk about breast
- NOTE Confidence: 0.948669615

 $00{:}24{:}53{.}288 \dashrightarrow 00{:}24{:}56{.}021$ 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

 $00{:}25{:}00{.}070 \dashrightarrow 00{:}25{:}02{.}626$ So that there are multiple models

NOTE Confidence: 0.948669615

00:25:02.626 --> 00:25:04.330 for assessing your patients

NOTE Confidence: 0.948669615

00:25:04.403 --> 00:25:05.939 risk of breast cancer,

NOTE Confidence: 0.948669615

 $00{:}25{:}05{.}940 \dashrightarrow 00{:}25{:}07{.}680$ and it can sometimes be

NOTE Confidence: 0.948669615

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

NOTE Confidence: 0.948669615

 $00{:}25{:}09{.}850 \dashrightarrow 00{:}25{:}12{.}914$ 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

 $00{:}25{:}15.768 \dashrightarrow 00{:}25{:}19.000$ relatively easy to do where the risk

NOTE Confidence: 0.948669615

 $00{:}25{:}19{.}000 \dashrightarrow 00{:}25{:}21{.}190$ 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

 $00{:}25{:}26{.}942 \dashrightarrow 00{:}25{:}29{.}274$ relatives with breast cancer.

NOTE Confidence: 0.948669615

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

- NOTE Confidence: 0.948669615
- $00:25:31.480 \rightarrow 00:25:34.120$ 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
- $00{:}25{:}41{.}200 \dashrightarrow 00{:}25{:}43{.}072$ and this is one of the
- NOTE Confidence: 0.948669615
- 00:25:43.072 --> 00:25:44.320 limitations of this tool,
- NOTE Confidence: 0.948669615
- $00{:}25{:}44{.}320 \dashrightarrow 00{:}25{:}47{.}496$ and it does not take into account other
- NOTE Confidence: 0.948669615
- 00:25:47.496 --> 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
- $00:25:53.883 \rightarrow 00:25:57.035$ 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 --> 00:26:03.270 hereditary genetic syndromes,
- NOTE Confidence: 0.948669615
- $00:26:03.270 \longrightarrow 00:26:04.918$ but as I said,
- NOTE Confidence: 0.948669615

- $00:26:04.918 \longrightarrow 00:26:06.566$ 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
- $00:26:19.680 \rightarrow 00:26:22.949$ quick search online and it includes
- NOTE Confidence: 0.948669615
- $00{:}26{:}22{.}949 \dashrightarrow 00{:}26{:}26{.}039$ 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
- $00{:}26{:}29{.}220 \dashrightarrow 00{:}26{:}33{.}250$ 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
- $00{:}26{:}35{.}670 \dashrightarrow 00{:}26{:}39{.}854$ Cast of the RC one and two mutation has the
- NOTE Confidence: 0.948669615
- 00:26:39.854 --> 00:26:43.718 risk of invasive breast cancer DCIS overtime.
- NOTE Confidence: 0.948669615
- 00:26:43.720 --> 00:26:44.390 I'm here,
- NOTE Confidence: 0.948669615
- $00{:}26{:}44{.}390 \dashrightarrow 00{:}26{:}47{.}518$ rest and a lifetime rest and it tends to
- NOTE Confidence: 0.948669615
- $00:26:47.518 \rightarrow 00:26:50.136$ perform best in a high risk population,

- NOTE Confidence: 0.948669615
- $00:26:50.140 \longrightarrow 00:26:52.420$ 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
- $00:26:56.830 \rightarrow 00:26:57.870$ version eight,
- NOTE Confidence: 0.948669615

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

- NOTE Confidence: 0.948669615
- $00{:}27{:}00{.}990 \dashrightarrow 00{:}27{:}03{.}710$ which I will highlight again why that is
- NOTE Confidence: 0.948669615
- $00:27:03.710 \rightarrow 00:27:06.380$ 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
- $00:27:16.586 \rightarrow 00:27:20.329$ 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
- $00{:}27{:}22{.}282 \dashrightarrow 00{:}27{:}24{.}241$ set and whether it's applicable
- NOTE Confidence: 0.948669615
- $00{:}27{:}24{.}241 \dashrightarrow 00{:}27{:}25{.}645$ to current population.
- NOTE Confidence: 0.948669615
- $00{:}27{:}25.650 \dashrightarrow 00{:}27{:}27.960$ This is this is one of the
- NOTE Confidence: 0.948669615

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

NOTE Confidence: 0.948669615

 $00{:}27{:}29{.}390 \dashrightarrow 00{:}27{:}31{.}472$ So if you compare the three

NOTE Confidence: 0.948669615

 $00{:}27{:}31{.}472 \dashrightarrow 00{:}27{:}32{.}860$ models that I've listed

NOTE Confidence: 0.918982198181818

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

NOTE Confidence: 0.918982198181818

 $00{:}27{:}35{.}223 \dashrightarrow 00{:}27{:}37{.}476$ model is the most limited and the

NOTE Confidence: 0.918982198181818

 $00{:}27{:}37{.}476 \dashrightarrow 00{:}27{:}39{.}498$ 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

 $00:27:45.590 \rightarrow 00:27:48.534$ 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

 $00{:}27{:}51.081 \dashrightarrow 00{:}27{:}53.220$ 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

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

NOTE Confidence: 0.918982198181818

 $00{:}27{:}57{.}220 \dashrightarrow 00{:}27{:}59{.}350$ 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

 $00:28:09.840 \longrightarrow 00:28:10.832$ 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 --> 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

 $00{:}28{:}21.850 \dashrightarrow 00{:}28{:}24.000$ address modifiable risk factors such

NOTE Confidence: 0.918982198181818

00:28:24.000 --> 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

 $00{:}28{:}29.636 \dashrightarrow 00{:}28{:}30.884$ risk breast patients.

NOTE Confidence: 0.918982198181818

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

00:28:33.070 - 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

 $00{:}28{:}38{.}498 \dashrightarrow 00{:}28{:}41{.}594$ is a lower chance of metastasis.

NOTE Confidence: 0.918982198181818

 $00:28:41.600 \rightarrow 00:28:44.120$ 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

 $00{:}28{:}46.135 \dashrightarrow 00{:}28{:}47.747$ agree on the age.

NOTE Confidence: 0.918982198181818

00:28:47.750 --> 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

 $00:28:52.610 \rightarrow 00:28:55.064$ with the USPSTF being the most

NOTE Confidence: 0.918982198181818

 $00:28:55.064 \rightarrow 00:28:57.508$ conservative with a start age of 50.

NOTE Confidence: 0.918982198181818

 $00:28:57.510 \longrightarrow 00:29:00.012$ 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 --> 00:29:04.971 40s could be screened after informed

NOTE Confidence: 0.918982198181818

 $00{:}29{:}04{.}971 \dashrightarrow 00{:}29{:}06{.}909$ discussion with their providers.

NOTE Confidence: 0.918982198181818

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

 $00:29:08.478 \rightarrow 00:29:10.830$ 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

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

NOTE Confidence: 0.918982198181818

 $00:29:19.400 \rightarrow 00:29:22.496$ I have the NCCN guidelines here for you.

NOTE Confidence: 0.918982198181818

00:29:22.500 --> 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 --> 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

 $00{:}29{:}34.688 \dashrightarrow 00{:}29{:}37.140$ clinical encounters or clinical exams.

NOTE Confidence: 0.918982198181818

 $00:29:37.140 \longrightarrow 00:29:39.450$ Every one to three years.

NOTE Confidence: 0.918982198181818

 $00{:}29{:}39{.}450 \dashrightarrow 00{:}29{:}41{.}182$ And an annual screening

NOTE Confidence: 0.918982198181818

 $00:29:41.182 \rightarrow 00:29:43.347$ 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

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

NOTE Confidence: 0.918982198181818

00:29:50.890 --> 00:29:53.690 Patients with increased risk are listed here,

NOTE Confidence: 0.918982198181818

 $00{:}29{:}53.690 \dashrightarrow 00{:}29{:}54.468$ and these.

NOTE Confidence: 0.918982198181818

 $00{:}29{:}54{.}468 \dashrightarrow 00{:}29{:}56{.}802$ 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

 $00:29:58.907 \longrightarrow 00:30:01.564$ equal to 20% thoracic radiation.

NOTE Confidence: 0.918982198181818

 $00:30:01.564 \rightarrow 00:30:05.849$ 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 --> 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

 $00:30:15.638 \rightarrow 00:30:17.960$ clearly identify their genetic risk.

NOTE Confidence: 0.918982198181818

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

NOTE Confidence: 0.918982198181818

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

- NOTE Confidence: 0.918982198181818
- 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
- $00:30:25.635 \longrightarrow 00:30:27.740$ ages of 40 to 45 annually.
- NOTE Confidence: 0.918982198181818
- $00:30:27.740 \rightarrow 00:30:30.440$ 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
- $00:30:33.164 \rightarrow 00:30:34.980$ 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
- $00:30:37.440 \longrightarrow 00:30:39.960$ It has improved resolution,
- NOTE Confidence: 0.918982198181818
- 00:30:39.960 --> 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
- $00:30:46.654 \rightarrow 00:30:48.660$ much clearer view of what it is.
- NOTE Confidence: 0.918982198181818
- $00{:}30{:}48.660 \dashrightarrow 00{:}30{:}50.928$ 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
- $00:30:53.286 \rightarrow 00:30:55.266$ this much higher radiation dose when
- NOTE Confidence: 0.918982198181818

 $00:30:55.337 \rightarrow 00:30:57.929$ we use 3D mammography and the answer is,

NOTE Confidence: 0.93531457555556

00:30:57.930 --> 00:31:00.396 it's only a very slight increase

NOTE Confidence: 0.93531457555556

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

NOTE Confidence: 0.93531457555556

00:31:03.565 --> 00:31:06.790 mammogram rate increased radiation dose

NOTE Confidence: 0.935314575555556

 $00{:}31{:}06.790 \dashrightarrow 00{:}31{:}10.579$ corresponding to about two months of

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.93531457555556

00:31:15.250 --> 00:31:17.882 So, so if your patient is noted in

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.93531457555556

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

NOTE Confidence: 0.93531457555556

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

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.93531457555556

 $00{:}31{:}29{.}510 \dashrightarrow 00{:}31{:}32{.}520$ It both increases cancer detection

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

00:31:34.930 --> 00:31:36.928 As as many of you know,

- NOTE Confidence: 0.93531457555556
- $00:31:36.930 \rightarrow 00:31:39.765$ 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: 0.935314575555556
- $00{:}31{:}42{.}210 \dashrightarrow 00{:}31{:}44{.}802$ and it's also an independent risk
- NOTE Confidence: 0.93531457555556
- $00{:}31{:}44.802 \dashrightarrow 00{:}31{:}47.530$ factor for breast cancer with with
- NOTE Confidence: 0.93531457555556
- $00:31:47.530 \rightarrow 00:31:49.530$ extremely dense breast tissue.
- NOTE Confidence: 0.935314575555556
- $00{:}31{:}49{.}530 \dashrightarrow 00{:}31{:}52{.}296$ Increasing the the the future
- NOTE Confidence: 0.935314575555556
- 00:31:52.296 --> 00:31:54.809 risk of breast cancer 5 fold.
- NOTE Confidence: 0.93531457555556
- $00:31:54.810 \rightarrow 00:31:58.360$ There is a law in place that in 27 states,
- NOTE Confidence: 0.935314575555556
- 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
- $00:32:01.600 \rightarrow 00:32:04.006$ their breast density on their mammography,
- NOTE Confidence: 0.935314575555556
- $00:32:04.010 \longrightarrow 00:32:05.834$ 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
- $00{:}32{:}07{.}010 \dashrightarrow 00{:}32{:}09{.}395$ approximately half of your patients
- NOTE Confidence: 0.93531457555556
- $00{:}32{:}09{.}395 \dashrightarrow 00{:}32{:}11.780$ will have either heterogeneously dense
- NOTE Confidence: 0.935314575555556

 $00:32:11.850 \rightarrow 00:32:13.980$ breast or extremely dense breast.

NOTE Confidence: 0.935314575555556

00:32:13.980 --> 00:32:15.600 And these are the categories

NOTE Confidence: 0.93531457555556

 $00:32:15.600 \rightarrow 00:32:17.520$ 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: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

 $00{:}32{:}22{.}480 \dashrightarrow 00{:}32{:}23{.}914$ Which will be written in the

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

00:32:25.560 --> 00:32:28.000 They danced or extremely dance.

NOTE Confidence: 0.935314575555556

 $00{:}32{:}28.000 \dashrightarrow 00{:}32{:}30.136$ And So what is the action plan for

NOTE Confidence: 0.935314575555556

 $00:32:30.136 \rightarrow 00:32:32.120$ your patients with high breast density?

NOTE Confidence: 0.935314575555556

00:32:32.120 --> 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

 $00:32:36.638 \longrightarrow 00:32:38.920$ their annual imaging for sure,

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

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

NOTE Confidence: 0.935314575555556

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

- NOTE Confidence: 0.93531457555556
- $00:32:46.290 \rightarrow 00:32:48.666$ This supplemental imaging increases
- NOTE Confidence: 0.935314575555556
- $00{:}32{:}48.666 \dashrightarrow 00{:}32{:}52.796$ cancer detection rate to about three to
- NOTE Confidence: 0.935314575555556
- $00{:}32{:}52{.}796 \dashrightarrow 00{:}32{:}56{.}184$ 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
- $00:32:57.680 \rightarrow 00:33:00.109$ and it's important for patients to to
- NOTE Confidence: 0.93531457555556
- $00:33:00.109 \rightarrow 00:33:02.930$ 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: 0.935314575555556
- $00:33:05.555 \dashrightarrow 00:33:07.790$ addition to some additional costs.
- NOTE Confidence: 0.93531457555556
- 00:33:07.790 --> 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: 0.935314575555556
- $00{:}33{:}11.366 \dashrightarrow 00{:}33{:}13.752$ increased recall rates and false
- NOTE Confidence: 0.935314575555556
- $00:33:13.752 \rightarrow 00:33:15.648$ positives and increased biopsies,
- NOTE Confidence: 0.93531457555556
- $00{:}33{:}15.650 \dashrightarrow 00{:}33{:}16.769$ particularly in less.
- NOTE Confidence: 0.93531457555556
- $00:33:16.769 \dashrightarrow 00:33:18.261$ Experience centers therefore what
- NOTE Confidence: 0.93531457555556

 $00:33:18.261 \rightarrow 00:33:20.369$ what we're not recommending is that

NOTE Confidence: 0.93531457555556

 $00:33:20.369 \rightarrow 00:33:22.532$ every one of your dance breast tissue

NOTE Confidence: 0.93531457555556

 $00:33:22.594 \rightarrow 00:33:24.730$ 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: 0.935314575555556

 $00:33:27.262 \longrightarrow 00:33:28.950$ and shared decision making.

NOTE Confidence: 0.93531457555556

 $00:33:28.950 \rightarrow 00:33:31.547$ So take home points for average risk,

NOTE Confidence: 0.935314575555556

 $00:33:31.550 \rightarrow 00:33:33.042$ offer breast imaging starting

NOTE Confidence: 0.935314575555556

 $00:33:33.042 \longrightarrow 00:33:34.907$ at age 40 to 45.

NOTE Confidence: 0.935314575555556

 $00:33:34.910 \rightarrow 00:33:37.907$ 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: 0.935314575555556

 $00{:}33{:}43{.}370 \dashrightarrow 00{:}33{:}45{.}015$ definitely do tomosynthesis and then

NOTE Confidence: 0.935314575555556

 $00{:}33{:}45{.}015 \dashrightarrow 00{:}33{:}47{.}455$ discuss the pros and cons of supplemental

NOTE Confidence: 0.935314575555556

 $00{:}33{:}47{.}455 \dashrightarrow 00{:}33{:}49{.}310$ imaging with automated full breast

NOTE Confidence: 0.935314575555556

 $00:33:49.310 \rightarrow 00:33:51.698$ ultrasound to those with impressed breasts.

- NOTE Confidence: 0.935314575555556
- 00:33:51.700 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: 0.935314575555556
- $00{:}33{:}55{.}810 \dashrightarrow 00{:}33{:}57{.}110$ These are patients with
- NOTE Confidence: 0.93531457555556
- 00:33:57.110 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: 0.935314575555556
- $00{:}34{:}00{.}420 \dashrightarrow 00{:}34{:}03{.}516$ Lifetime risk of breast cancer and
- NOTE Confidence: 0.93531457555556
- $00{:}34{:}03{.}516 \dashrightarrow 00{:}34{:}06{.}182$ the strongest recommendation is to
- NOTE Confidence: 0.935314575555556
- $00:34:06.182 \dashrightarrow 00:34:08.787$ incorporate breast MRI with contrast.
- NOTE Confidence: 0.935314575555556
- $00{:}34{:}08.790 \dashrightarrow 00{:}34{:}11.622$ It's not as useful without contrast
- NOTE Confidence: 0.935314575555556
- 00:34:11.622 --> 00:34:15.390 as an adjunct to 3D mammography.
- NOTE Confidence: 0.93531457555556
- $00:34:15.390 \rightarrow 00:34:18.858$ So typically what we recommend is
- NOTE Confidence: 0.935314575555556
- $00:34:18.858 \rightarrow 00:34:22.030$ alternating the breast mammography with MRI.
- NOTE Confidence: 0.935314575555556
- $00:34:22.030 \rightarrow 00:34:23.956$ 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
- NOTE Confidence: 0.935314575555556

 $00:34:27.670 \dashrightarrow 00:34:29.560$ to identify internal cancers at

NOTE Confidence: 0.764845291428571

 $00{:}34{:}29{.}626 \dashrightarrow 00{:}34{:}30{.}950$ a much earlier stage.

NOTE Confidence: 0.764845291428571

 $00{:}34{:}30{.}950 \dashrightarrow 00{:}34{:}33{.}238$ As you can see in the pictures depicted,

NOTE Confidence: 0.764845291428571

 $00:34:33.240 \rightarrow 00:34:35.746$ the MRI clearly has a much higher

NOTE Confidence: 0.764845291428571

 $00{:}34{:}35{.}746$ --> $00{:}34{:}38{.}522$ resolution and is able to detect things

NOTE Confidence: 0.764845291428571

 $00{:}34{:}38{.}522 \dashrightarrow 00{:}34{:}40{.}964$ much more clearly than in mammogram.

NOTE Confidence: 0.764845291428571

 $00{:}34{:}40{.}970 \dashrightarrow 00{:}34{:}43{.}796$ However, it does need expert breast

NOTE Confidence: 0.764845291428571

 $00:34:43.796 \rightarrow 00:34:45.721$ radiology opinion, it can be.

NOTE Confidence: 0.764845291428571

 $00{:}34{:}45{.}721 \dashrightarrow 00{:}34{:}48{.}010$ And said it can be uncomfortable for

NOTE Confidence: 0.764845291428571

 $00:34:48.084 \rightarrow 00:34:51.148$ patients and it can lead to false positives,

NOTE Confidence: 0.764845291428571

00:34:51.150 --> 00:34:54.910 leading to sometimes unnecessary biopsies.

NOTE Confidence: 0.764845291428571

00:34:54.910 --> 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

 $00{:}34{:}58{.}730 \dashrightarrow 00{:}35{:}01{.}614$ Should I also add a third breast

NOTE Confidence: 0.764845291428571

 $00:35:01.614 \rightarrow 00:35:04.053$ imaging modalities such as an ultrasound

NOTE Confidence: 0.764845291428571

 $00:35:04.053 \rightarrow 00:35:06.309$ to the mammogram and the MRI?

- NOTE Confidence: 0.764845291428571
- 00:35:06.310 > 00:35:08.758 And the answer is clearly no

 $00:35:08.758 \longrightarrow 00:35:11.030$ based on the Eva trial,

NOTE Confidence: 0.764845291428571

 $00{:}35{:}11.030 \dashrightarrow 00{:}35{:}13.753$ the MRI plus mammogram gave the best

NOTE Confidence: 0.764845291428571

 $00:35:13.753 \rightarrow 00:35:16.643$ cancer yield and the addition of an

NOTE Confidence: 0.764845291428571

 $00{:}35{:}16.643 \dashrightarrow 00{:}35{:}18.698$ 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

 $00:35:21.080 \rightarrow 00:35:23.445$ 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

 $00:35:24.910 \dashrightarrow 00:35:27.100$ 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

 $00:35:30.604 \rightarrow 00:35:34.038$ can also give relatively good yield.

NOTE Confidence: 0.764845291428571

 $00:35:34.040 \longrightarrow 00:35:35.984$ 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

 $00{:}35{:}37{.}960 \dashrightarrow 00{:}35{:}39{.}860$ It's really important to to

NOTE Confidence: 0.764845291428571

 $00{:}35{:}39{.}860 \dashrightarrow 00{:}35{:}41{.}760$ know first who's at risk.

 $00:35:41.760 \rightarrow 00:35:44.760$ 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

 $00:35:48.263 \rightarrow 00:35:51.784$ then the age of screening is very

NOTE Confidence: 0.764845291428571

 $00:35:51.784 \rightarrow 00:35:54.538$ much dependent on who the youngest

NOTE Confidence: 0.764845291428571

 $00{:}35{:}54{.}538 \dashrightarrow 00{:}35{:}56{.}968$ family member with the positive

NOTE Confidence: 0.764845291428571

 $00{:}35{:}56{.}968 \dashrightarrow 00{:}35{:}59{.}987$ family history was and we we recommend

NOTE Confidence: 0.764845291428571

 $00{:}35{:}59{.}987 \dashrightarrow 00{:}36{:}02{.}630$ starting ten years prior to that

NOTE Confidence: 0.764845291428571

 $00:36:02.630 \dashrightarrow 00:36:05.590$ initial youngest family member diagnosis.

NOTE Confidence: 0.764845291428571

 $00{:}36{:}05{.}590 \dashrightarrow 00{:}36{:}07{.}066$ And this should.

NOTE Confidence: 0.764845291428571

 $00{:}36{:}07{.}066 \dashrightarrow 00{:}36{:}10{.}510$ This should not start prior to age

NOTE Confidence: 0.764845291428571

 $00:36:10.510 \longrightarrow 00:36:14.046$ 34 for MRI to similar start 10 years

NOTE Confidence: 0.764845291428571

 $00:36:14.046 \rightarrow 00:36:17.787$ 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

 $00{:}36{:}23{.}410 \dashrightarrow 00{:}36{:}25{.}170$ including medications which I'll

NOTE Confidence: 0.764845291428571

 $00:36:25.170 \longrightarrow 00:36:26.490$ briefly touch on,

 $00:36:26.490 \rightarrow 00:36:28.638$ as well as continuing to emphasize

NOTE Confidence: 0.764845291428571

 $00{:}36{:}28.638 \dashrightarrow 00{:}36{:}30.875$ breast awareness so your patients report

NOTE Confidence: 0.764845291428571

 $00:36:30.875 \rightarrow 00:36:33.835$ 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

 $00:36:35.996 \rightarrow 00:36:38.778$ can be high risk apart from family history,

NOTE Confidence: 0.764845291428571

 $00{:}36{:}38{.}780 \dashrightarrow 00{:}36{:}42{.}400$ and that includes tho racic radiation

NOTE Confidence: 0.764845291428571

 $00:36:42.400 \rightarrow 00:36:45.172$ 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

 $00:36:48.373 \rightarrow 00:36:51.946$ where imaging typically starts eight years

NOTE Confidence: 0.764845291428571

 $00:36:51.946 \rightarrow 00:36:55.490$ after radiation but not prior to age 30,

NOTE Confidence: 0.764845291428571

 $00:36:55.490 \dashrightarrow 00:36:59.386$ 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

 $00{:}37{:}01{.}605 \dashrightarrow 00{:}37{:}04{.}389$ that are recognizable to most of you,

NOTE Confidence: 0.764845291428571

 $00{:}37{:}04{.}390 \dashrightarrow 00{:}37{:}07{.}306$ and it's the high penetrance and

 $00:37:07.306 \rightarrow 00:37:09.776$ moderate penetrance genes that are

NOTE Confidence: 0.764845291428571

 $00:37:09.776 \dashrightarrow 00:37:12.416$ that have very firm guidelines about

NOTE Confidence: 0.764845291428571

 $00:37:12.416 \dashrightarrow 00:37:15.750$ 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

 $00{:}37{:}18{.}950 \dashrightarrow 00{:}37{:}20{.}686$ which have insufficient evidence,

NOTE Confidence: 0.764845291428571

 $00{:}37{:}20.686 \dashrightarrow 00{:}37{:}24.312$ we don't have as clear and evidence in

NOTE Confidence: 0.764845291428571

00:37:24.312 --> 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 those category.

NOTE Confidence: 0.764845291428571

00:37:29.820 --> 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

 $00{:}37{:}35{.}700 \dashrightarrow 00{:}37{:}37{.}445$ 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

 $00{:}37{:}39{.}755 \dashrightarrow 00{:}37{:}41{.}484$ decision making juncture so.

NOTE Confidence: 0.764845291428571

 $00:37:41.484 \longrightarrow 00:37:42.948$ But as you can see here,

 $00{:}37{:}42.950 \dashrightarrow 00{:}37{:}45.666$ the highest risk genes are listed in

NOTE Confidence: 0.764845291428571

 $00{:}37{:}45.666 \dashrightarrow 00{:}37{:}48.488$ the red box and just reemphasizing

NOTE Confidence: 0.764845291428571

 $00{:}37{:}48{.}488{\:}-{:}>00{:}37{:}51{.}113$ the need for alternating mammogram

NOTE Confidence: 0.764845291428571

 $00:37:51.113 \rightarrow 00:37:54.915$ and MRI starting at an early age and

NOTE Confidence: 0.764845291428571

 $00:37:54.915 \rightarrow 00:37:57.092$ certainly at risk reducing mastectomy

NOTE Confidence: 0.764845291428571

 $00:37:57.092 \dashrightarrow 00:38:00.228$ 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

 $00:38:04.737 \longrightarrow 00:38:06.711$ 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

 $00{:}38{:}10.766 \dashrightarrow 00{:}38{:}12.581$ 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

 $00{:}38{:}14.765 \dashrightarrow 00{:}38{:}17.057$ guidelines and do not necessarily have

NOTE Confidence: 0.872184048125

 $00{:}38{:}17.057 \dashrightarrow 00{:}38{:}19.325$ 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

 $00:38:26.310 \rightarrow 00:38:28.802$ both those with a history of breast

NOTE Confidence: 0.872184048125

 $00{:}38{:}28{.}802 \dashrightarrow 00{:}38{:}31{.}860$ cancer as well as those who do not have

NOTE Confidence: 0.872184048125

 $00{:}38{:}31{.}860 \dashrightarrow 00{:}38{:}33{.}810$ a personal history of breast cancer

NOTE Confidence: 0.872184048125

 $00:38:33.810 \rightarrow 00:38:35.670$ but have a strong family history.

NOTE Confidence: 0.872184048125

00:38:35.670 --> 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

 $00{:}38{:}42.520 \dashrightarrow 00{:}38{:}45.110$ 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

 $00:38:47.018 \longrightarrow 00:38:49.016$ out that your patient is high risk?

NOTE Confidence: 0.872184048125

 $00:38:49.020 \rightarrow 00:38:51.420$ Certainly it does change their screening.

NOTE Confidence: 0.872184048125

 $00{:}38{:}51{.}420 \dashrightarrow 00{:}38{:}53{.}575$ Recommendation as we talked about

NOTE Confidence: 0.872184048125

00:38:53.575 - 00:38:56.851 there is an option of risk reducing

 $00:38:56.851 \rightarrow 00:38:59.965$ chemoprevention with a number of drugs,

NOTE Confidence: 0.872184048125

 $00:38:59.970 \rightarrow 00:39:03.045$ with tamoxifen being available for

NOTE Confidence: 0.872184048125

 $00:39:03.045 \rightarrow 00:39:05.505$ premenopausal and postmenopausal women.

NOTE Confidence: 0.872184048125

 $00:39:05.510 \rightarrow 00:39:08.228$ 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

 $00{:}39{:}11{.}810 \dashrightarrow 00{:}39{:}13{.}910$ 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

 $00:39:16.010 \rightarrow 00:39:18.860$ 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 --> 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

 $00:39:29.980 \longrightarrow 00:39:30.338$ Really,

NOTE Confidence: 0.872184048125

00:39:30.338 --> 00:39:32.844 if you're not sure if they have

NOTE Confidence: 0.872184048125

 $00{:}39{:}32{.}844 \dashrightarrow 00{:}39{:}35{.}604$ very high risk of history such as

 $00:39:35.604 \longrightarrow 00:39:37.574$ 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 --> 00:39:41.636 a strong family history,

NOTE Confidence: 0.872184048125

 $00:39:41.636 \rightarrow 00:39:44.056$ that's very confusing or finding

NOTE Confidence: 0.872184048125

 $00{:}39{:}44.056 \dashrightarrow 00{:}39{:}46.668$ of LCIS atypical ductal hyperplasia

NOTE Confidence: 0.872184048125

 $00{:}39{:}46.668 \dashrightarrow 00{:}39{:}49.860$ 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

 $00:39:55.840 \dashrightarrow 00:39:58.088$ So in your busy practices I know this

NOTE Confidence: 0.872184048125

 $00{:}39{:}58.088 \dashrightarrow 00{:}40{:}00.565$ can be a lot to take on sometimes

NOTE Confidence: 0.872184048125

 $00:40:00.565 \rightarrow 00:40:02.759$ 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

 $00:40:05.240 \rightarrow 00:40:07.896$ So take home points for high risk patients.

NOTE Confidence: 0.872184048125

 $00{:}40{:}07{.}900 \dashrightarrow 00{:}40{:}09{.}848$ Annual mammogram alternating with

NOTE Confidence: 0.872184048125

00:40:09.848 --> 00:40:11.796 an annual breast MRI,

 $00:40:11.800 \rightarrow 00:40:14.425$ 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

 $00:40:16.717 \longrightarrow 00:40:18.901$ essentially offering your patient

NOTE Confidence: 0.872184048125

 $00:40:18.901 \rightarrow 00:40:21.085$ close observation through imaging

NOTE Confidence: 0.872184048125

 $00{:}40{:}21.159 \dashrightarrow 00{:}40{:}22.320$ 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

 $00:40:26.860 \rightarrow 00:40:29.110$ 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

 $00{:}40{:}36{.}710 \dashrightarrow 00{:}40{:}37{.}916$ 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

 $00{:}40{:}41{.}430 \dashrightarrow 00{:}40{:}43.166$ 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 --> 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

 $00{:}40{:}49{.}811 \dashrightarrow 00{:}40{:}53{.}790$ 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

 $00:41:01.150 \rightarrow 00:41:05.398$ 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

 $00:41:07.620 \rightarrow 00:41:09.396$ 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

 $00{:}41{:}11{.}880 \dashrightarrow 00{:}41{:}16{.}566$ our activity level even in adolescence.

NOTE Confidence: 0.872184048125

 $00{:}41{:}16.570 \dashrightarrow 00{:}41{:}19.934$ 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

 $00:41:23.123 \rightarrow 00:41:26.579$ even patients who are who are not active,

NOTE Confidence: 0.872184048125

 $00:41:26.580 \longrightarrow 00:41:27.044$ inactive,

NOTE Confidence: 0.872184048125

 $00{:}41{:}27.044 \dashrightarrow 00{:}41{:}28.900$ and a dolescence but become

NOTE Confidence: 0.872184048125

 $00:41:28.900 \longrightarrow 00:41:30.756$ active later in life,

- NOTE Confidence: 0.872184048125
- $00:41:30.760 \longrightarrow 00:41:32.255$ have the option of reducing
- NOTE Confidence: 0.872184048125
- 00:41:32.255 --> 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
- $00{:}41{:}37{.}826 \dashrightarrow 00{:}41{:}39{.}190$ 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
- $00:41:41.980 \longrightarrow 00:41:44.626$ but it's something that that should
- NOTE Confidence: 0.829417977333333
- $00:41:44.626 \rightarrow 00:41:46.529$ definitely be discussed for patient.
- NOTE Confidence: 0.829417977333333
- 00:41:46.530 --> 00:41:48.750 So in terms of next steps,
- NOTE Confidence: 0.829417977333333
- $00:41:48.750 \longrightarrow 00:41:51.450$ 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
- $00{:}41{:}54{.}241 \dashrightarrow 00{:}41{:}57{.}166$ 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 --> 00:42:02.866 system level support for weight management,
- NOTE Confidence: 0.829417977333333
- $00{:}42{:}02{.}870 \dashrightarrow 00{:}42{:}05{.}370$ physical activity and diet interventions,
- NOTE Confidence: 0.829417977333333

 $00{:}42{:}05{.}370 \dashrightarrow 00{:}42{:}08{.}730$ and particularly the high risk populations

NOTE Confidence: 0.829417977333333

 $00{:}42{:}08{.}730 \dashrightarrow 00{:}42{:}11.688$ and continue to promote health education

NOTE Confidence: 0.829417977333333

 $00{:}42{:}11.688 \dashrightarrow 00{:}42{:}14.153$ within the Community with awareness

NOTE Confidence: 0.829417977333333

 $00:42:14.153 \rightarrow 00:42:16.775$ of the role of obesity, obesity,

NOTE Confidence: 0.829417977333333

 $00{:}42{:}16.775 \dashrightarrow 00{:}42{:}20.730$ activity level and higher breast cancer risk,

NOTE Confidence: 0.829417977333333

 $00:42:20.730 \rightarrow 00:42:22.848$ without, of course, shaming more patients.

NOTE Confidence: 0.829417977333333

 $00{:}42{:}22.850 \dashrightarrow 00{:}42{:}26.786$ 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

 $00{:}42{:}29.736 \dashrightarrow 00{:}42{:}33.609$ and it's not any one patient's fault.

NOTE Confidence: 0.829417977333333

00:42:33.610 - 00:42:35.974 However, if we can even make

NOTE Confidence: 0.829417977333333

00:42:35.974 --> 00:42:37.550 some steps toward modifying,

NOTE Confidence: 0.829417977333333

 $00{:}42{:}37{.}550 \dashrightarrow 00{:}42{:}38{.}810$ 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

 $00{:}42{:}42{.}930 \dashrightarrow 00{:}42{:}45{.}860$ I have my cell phone number up on the slide

NOTE Confidence: 0.829417977333333

 $00:42:45.937 \rightarrow 00:42:48.667$ and I'm happy to get curbside questions.

- NOTE Confidence: 0.829417977333333
- $00:42:48.670 \longrightarrow 00:42:50.596$ My email is also listed and
- NOTE Confidence: 0.829417977333333
- $00:42:50.596 \rightarrow 00:42:52.710$ I thank you for your time.
- NOTE Confidence: 0.829417977333333
- $00:42:52.710 \longrightarrow 00:42:53.060$ 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
- $00{:}42{:}57{.}354 \dashrightarrow 00{:}42{:}59{.}903$ and you can go ahead also and post your
- NOTE Confidence: 0.69811546948
- $00{:}42{:}59{.}903 \dashrightarrow 00{:}43{:}02{.}087$ questions to Q&A or as actor last word,
- NOTE Confidence: 0.69811546948
- $00{:}43{:}02.090 \dashrightarrow 00{:}43{:}03.478$ make herself available through
- NOTE Confidence: 0.69811546948
- $00{:}43{:}03{.}478 \dashrightarrow 00{:}43{:}05{.}213$ 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
- $00{:}43{:}14{.}368 \dashrightarrow 00{:}43{:}17{.}184$ We'll move on then to the lung cancer
- NOTE Confidence: 0.69811546948
- $00{:}43{:}17.184 \dashrightarrow 00{:}43{:}19.214$ screening with Doctor Lynn Tanui.
- NOTE Confidence: 0.69811546948

00:43:19.220 --> 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

 $00{:}43{:}32{.}450 \dashrightarrow 00{:}43{:}34{.}748$ I've actually learned a huge amount

NOTE Confidence: 0.923611447272727

 $00{:}43{:}34.750 \dashrightarrow 00{:}43{:}37.446$ so that that's a hard act to follow.

NOTE Confidence: 0.923611447272727

 $00{:}43{:}37{.}450 \dashrightarrow 00{:}43{:}38{.}970$ My name is Lynn Tanoe.

NOTE Confidence: 0.923611447272727

 $00{:}43{:}38{.}970 \dashrightarrow 00{:}43{:}40{.}560$ I'm in the Department of Medicine

NOTE Confidence: 0.923611447272727

 $00{:}43{:}40{.}560 \dashrightarrow 00{:}43{:}42{.}150$ 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 - 00:43:50.590 I don't have any disclosures.

NOTE Confidence: 0.923611447272727

 $00:43:50.590 \longrightarrow 00:43:54.644$ And tonight 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

 $00{:}43{:}56{.}513 \dashrightarrow 00{:}43{:}59{.}080$ are aware of the updated USPSTF

NOTE Confidence: 0.923611447272727

 $00:43:59.080 \rightarrow 00:44:01.310$ 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

 $00{:}44{:}03{.}356 \dashrightarrow 00{:}44{:}05{.}232$ the evidence based is demonstrating

NOTE Confidence: 0.923611447272727

 $00{:}44{:}05{.}232 \dashrightarrow 00{:}44{:}07{.}487$ 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

 $00{:}44{:}09{.}564 \dashrightarrow 00{:}44{:}11{.}736$ and lung cancer screening has been

NOTE Confidence: 0.923611447272727

00:44:11.736 --> 00:44:14.238 a long time to come to this table

NOTE Confidence: 0.923611447272727

 $00{:}44{:}14{.}240 \dashrightarrow 00{:}44{:}16{.}571$ and I hope that at the end of the

NOTE Confidence: 0.923611447272727

 $00:44:16.571 \longrightarrow 00:44:19.153$ 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

 $00:44:21.226 \rightarrow 00:44:23.726$ 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

 $00{:}44{:}25.850 \dashrightarrow 00{:}44{:}27.899$ high level lung cancer background.

NOTE Confidence: 0.923611447272727

 $00{:}44{:}27{.}900 \dashrightarrow 00{:}44{:}29{.}835$ We'll talk about the USPSTF

NOTE Confidence: 0.923611447272727

 $00{:}44{:}29.835 \dashrightarrow 00{:}44{:}31.770$ recommendations for lung cancer screening,

NOTE Confidence: 0.923611447272727

 $00{:}44{:}31{.}770 \dashrightarrow 00{:}44{:}34{.}458$ 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

 $00{:}44{:}36{.}842 \dashrightarrow 00{:}44{:}38{.}861$ that form the fundamental evidence

NOTE Confidence: 0.923611447272727

 $00{:}44{:}38{.}861 \dashrightarrow 00{:}44{:}41{.}720$ based for lung cancer screening and then,

NOTE Confidence: 0.923611447272727

 $00{:}44{:}41{.}720 \dashrightarrow 00{:}44{:}45{.}568$ with the little bit about benefits and risks.

NOTE Confidence: 0.923611447272727

 $00{:}44{:}45{.}570 \dashrightarrow 00{:}44{:}48{.}330$ So in the United States,

NOTE Confidence: 0.923611447272727

 $00{:}44{:}48{.}330 \dashrightarrow 00{:}44{:}51{.}330$ cancer is the leading cause of lung cancer.

NOTE Confidence: 0.923611447272727

 $00{:}44{:}51{.}330 \dashrightarrow 00{:}44{:}53{.}196$ Is the leading cause of cancer

NOTE Confidence: 0.923611447272727

 $00:44:53.196 \rightarrow 00:44:56.180$ death in both men and women in 2022,

NOTE Confidence: 0.923611447272727

 $00{:}44{:}56.180 \dashrightarrow 00{:}44{:}59.450$ it's estimated that about 100 eighteen

NOTE Confidence: 0.923611447272727

 $00{:}44{:}59{.}450 \dashrightarrow 00{:}45{:}03{.}033$ 118,000 men and 119,000 women will

NOTE Confidence: 0.923611447272727

 $00:45:03.033 \rightarrow 00:45:04.448$ 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

 $00{:}45{:}07{.}467 \dashrightarrow 00{:}45{:}09{.}208$ this unfortunate imbalance exists

NOTE Confidence: 0.923611447272727

 $00{:}45{:}09{.}208 \dashrightarrow 00{:}45{:}11{.}842$ that women now get lung cancer

NOTE Confidence: 0.923611447272727

 $00:45:11.842 \rightarrow 00:45:13.420$ more frequently than men.

NOTE Confidence: 0.923611447272727

 $00{:}45{:}13.420 \dashrightarrow 00{:}45{:}16.410$ 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 --> 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

 $00{:}45{:}24.690 \dashrightarrow 00{:}45{:}27.175$ These are data from the American Cancer

NOTE Confidence: 0.923611447272727

 $00:45:27.175 \longrightarrow 00:45:29.435$ Society going back to 1930 when the

NOTE Confidence: 0.923611447272727

 $00{:}45{:}29{.}435 \dashrightarrow 00{:}45{:}31{.}445$ state of first started being kept

NOTE Confidence: 0.923611447272727

 $00{:}45{:}31{.}450 \dashrightarrow 00{:}45{:}33{.}490$ 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

 $00{:}45{:}37{.}710 \dashrightarrow 00{:}45{:}39{.}734$ 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

 $00{:}45{:}41{.}490 \dashrightarrow 00{:}45{:}43{.}258$ more most common tumors.

NOTE Confidence: 0.923611447272727

 $00{:}45{:}43.258 \dashrightarrow 00{:}45{:}45.910$ 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

 $00{:}45{:}50{.}230 \dashrightarrow 00{:}45{:}52{.}810$ 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

 $00{:}45{:}55{.}701 \dashrightarrow 00{:}45{:}59{.}076$ first leading cause of cancer death and

NOTE Confidence: 0.923611447272727

 $00:45:59.076 \rightarrow 00:46:01.218$ really the problem we face with lung

NOTE Confidence: 0.923611447272727

 $00{:}46{:}01{.}218 \dashrightarrow 00{:}46{:}03{.}315$ cancer is that the five year survival

NOTE Confidence: 0.923611447272727

 $00{:}46{:}03{.}315 \dashrightarrow 00{:}46{:}06{.}624$ is so low and so in last year the

NOTE Confidence: 0.923611447272727

 $00:46:06.624 \rightarrow 00:46:10.079$ 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

 $00{:}46{:}12.024 \dashrightarrow 00{:}46{:}14.749$ than it was even ten years ago,

NOTE Confidence: 0.923611447272727

 $00{:}46{:}14.750 \dashrightarrow 00{:}46{:}17.098$ which reflects advances in

NOTE Confidence: 0.923611447272727

 $00{:}46{:}17.098 \dashrightarrow 00{:}46{:}18.859$ research and the rapies.

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 --> 00:46:23.090 I just survival really pales into

NOTE Confidence: 0.923611447272727

 $00{:}46{:}23.090 \dashrightarrow 00{:}46{:}25.242$ comparison with what we have

NOTE Confidence: 0.923611447272727

 $00{:}46{:}25{.}242 \dashrightarrow 00{:}46{:}27{.}238$ achieved for colorectal breast.

NOTE Confidence: 0.923611447272727

 $00{:}46{:}27{.}240 \dashrightarrow 00{:}46{:}29{.}020$ And prostate cancers at three.

 $00{:}46{:}29.020 \dashrightarrow 00{:}46{:}32.451$ 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

 $00:46:35.002 \rightarrow 00:46:37.174$ 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: 0.79423904111111

 $00:46:46.000 \longrightarrow 00:46:47.632$ and the reason 5 year survival

NOTE Confidence: 0.794239041111111

 $00:46:47.632 \rightarrow 00:46:49.834$ is so poor in lung cancer is

NOTE Confidence: 0.79423904111111

 $00:46:49.834 \longrightarrow 00:46:51.574$ that we diagnose cancers late,

NOTE Confidence: 0.79423904111111

 $00:46:51.580 \longrightarrow 00:46:53.197$ and so if we look at this

NOTE Confidence: 0.794239041111111

00:46:53.197 --> 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: 0.79423904111111

 $00{:}47{:}07{.}176 \dashrightarrow 00{:}47{:}10{.}200$ 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: 0.79423904111111

 $00:47:13.140 \longrightarrow 00:47:15.095$ survival for the stages 1234,

NOTE Confidence: 0.794239041111111

 $00:47:15.095 \rightarrow 00:47:17.615$ you can see how steeply that falls off.

NOTE Confidence: 0.794239041111111

 $00{:}47{:}17.620 \dashrightarrow 00{:}47{:}18.875$ We certainly need to do

NOTE Confidence: 0.794239041111111

 $00{:}47{:}18.875 \dashrightarrow 00{:}47{:}19.879$ better with stage one,

NOTE Confidence: 0.79423904111111

 $00:47:19.880 \longrightarrow 00:47:22.810$ but when you have a four 4% five

NOTE Confidence: 0.79423904111111

 $00{:}47{:}22.810 \dashrightarrow 00{:}47{:}24.210$ 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

 $00:47:26.142 \longrightarrow 00:47:27.857$ being diagnosed at that stage.

NOTE Confidence: 0.794239041111111

 $00{:}47{:}27.860 \dashrightarrow 00{:}47{:}30.052$ 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: 0.79423904111111

 $00{:}47{:}37{.}020 \dashrightarrow 00{:}47{:}39{.}498$ where half of patients with breast

 $00:47:39.498 \longrightarrow 00:47:41.523$ cancer are diagnosed at stage

NOTE Confidence: 0.794239041111111

 $00:47:41.523 \rightarrow 00:47:43.521$ one and only 6% at stage four.

NOTE Confidence: 0.79423904111111

 $00{:}47{:}43.521 \dashrightarrow 00{:}47{:}45.734$ And when you look then at five year

NOTE Confidence: 0.794239041111111

 $00{:}47{:}45.734 \dashrightarrow 00{:}47{:}47.722$ survival for each stage you can see

NOTE Confidence: 0.794239041111111

 $00{:}47{:}47{.}722 \dashrightarrow 00{:}47{:}49{.}709$ why the breast cancer survival over

NOTE Confidence: 0.79423904111111

 $00{:}47{:}49.709 \dashrightarrow 00{:}47{:}52.053$ five years is so high because most

NOTE Confidence: 0.79423904111111

 $00:47:52.053 \rightarrow 00:47:53.618$ patients are really being diagnosed

NOTE Confidence: 0.79423904111111

 $00:47:53.618 \rightarrow 00:47:56.195$ 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: 0.79423904111111

00:48:00.195 - 00:48:02.650 years we have had that ability,

NOTE Confidence: 0.79423904111111

 $00{:}48{:}02{.}650 \dashrightarrow 00{:}48{:}05{.}690$ but we've been under using it.

NOTE Confidence: 0.794239041111111

 $00:48:05.690 \rightarrow 00:48:09.833$ So in on the very last day of 2013,

NOTE Confidence: 0.79423904111111

 $00{:}48{:}09{.}833 \dashrightarrow 00{:}48{:}12.698$ USPSTF made this landmark recommendation

NOTE Confidence: 0.794239041111111

 $00{:}48{:}12.698 \dashrightarrow 00{:}48{:}15.822$ for annual screening for lung cancer

 $00:48:15.822 \rightarrow 00:48:18.362$ with low dose CT in adults aged age

NOTE Confidence: 0.79423904111111

 $00:48:18.362 \longrightarrow 00:48:21.123$ 50 to 80 years of a 30 pack year

NOTE Confidence: 0.79423904111111

 $00{:}48{:}21{.}123 \dashrightarrow 00{:}48{:}23{.}403$ smoking history and currently smoke or

NOTE Confidence: 0.794239041111111

 $00:48:23.403 \rightarrow 00:48:25.900$ have quit within the past 15 years.

NOTE Confidence: 0.79423904111111

 $00{:}48{:}25{.}900 \dashrightarrow 00{:}48{:}29{.}372$ And that was the first time that

NOTE Confidence: 0.79423904111111

 $00{:}48{:}29{.}372 \dashrightarrow 00{:}48{:}32{.}059$ USPSTF recommended any lung cancer NOTE Confidence: 0.79423904111111

 $00:48:32.059 \rightarrow 00:48:34.829$ screening in the United States.

NOTE Confidence: 0.794239041111111

 $00:48:34.830 \rightarrow 00:48:36.546$ Decades has been spent looking at

NOTE Confidence: 0.79423904111111

 $00{:}48{:}36{.}546 \dashrightarrow 00{:}48{:}38{.}839$ chest X ray as an intervention for

NOTE Confidence: 0.794239041111111

00:48:38.839 --> 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 --> 00:48:53.224 Looking at their 155,000 participants

NOTE Confidence: 0.79423904111111

 $00:48:53.224 \rightarrow 00:48:56.986$ 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: 0.794239041111111

 $00:48:59.258 \rightarrow 00:48:59.906$ no screening,

NOTE Confidence: 0.79423904111111

 $00:48:59.910 \longrightarrow 00:49:02.140$ which was actually standard of

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: 0.79423904111111

 $00:49:05.450 \longrightarrow 00:49:06.920$ Or no chest X ray,

NOTE Confidence: 0.794239041111111

 $00{:}49{:}06{.}920 \dashrightarrow 00{:}49{:}09{.}230$ because the curves for cumulative

NOTE Confidence: 0.79423904111111

 $00{:}49{:}09{.}230 \dashrightarrow 00{:}49{:}11{.}981$ deaths superimpose and so chest X

NOTE Confidence: 0.794239041111111

 $00{:}49{:}11{.}981 \dashrightarrow 00{:}49{:}14{.}159$ ray is not an effective screening

NOTE Confidence: 0.79423904111111

00:49:14.159 --> 00:49:16.600 tool because it does not increase,

NOTE Confidence: 0.79423904111111

 $00:49:16.600 \longrightarrow 00:49:19.680$ it does not decrease mortality with a

NOTE Confidence: 0.794239041111111

 $00{:}49{:}19.680 \dashrightarrow 00{:}49{:}22.641$ decrease in mortality being the gold

NOTE Confidence: 0.794239041111111

 $00{:}49{:}22.641$ --> $00{:}49{:}24.729$ standard for successful screening.

NOTE Confidence: 0.794239041111111

 $00{:}49{:}24.730 \dashrightarrow 00{:}49{:}28.490$ The USPSTF change in recommendation

NOTE Confidence: 0.794239041111111

 $00:49:28.490 \longrightarrow 00:49:29.348$ December 31st,

00:49:29.348 --> 00:49:31.493 2013 really was based predominantly

NOTE Confidence: 0.79423904111111

 $00:49:31.493 \rightarrow 00:49:34.218$ on the national lung screening trial,

NOTE Confidence: 0.794239041111111

 $00{:}49{:}34{.}220 \dashrightarrow 00{:}49{:}36{.}364$ which is the first of the three studies.

NOTE Confidence: 0.79423904111111

00:49:36.370 --> 00:49:39.488 I would like you to see and LST

NOTE Confidence: 0.79423904111111

 $00:49:39.488 \longrightarrow 00:49:41.135$ enrolled 53,000 participants

NOTE Confidence: 0.794239041111111

 $00:49:41.135 \rightarrow 00:49:44.510$ and followed them for six years.

NOTE Confidence: 0.794239041111111

 $00:49:44.510 \longrightarrow 00:49:47.275$ High risk for lung cancer for this

NOTE Confidence: 0.79423904111111

 $00:49:47.275 \longrightarrow 00:49:49.609$ study was identified was identified,

NOTE Confidence: 0.79423904111111

 $00{:}49{:}49{.}610 \dashrightarrow 00{:}49{:}52{.}615$ identified as ages 55 to 74

NOTE Confidence: 0.794239041111111

 $00:49:52.615 \rightarrow 00:49:54.565$ greater than or equal to 30.

NOTE Confidence: 0.79423904111111

 $00{:}49{:}54{.}570 \dashrightarrow 00{:}49{:}56{.}328$ Pack years of smoking and currently

NOTE Confidence: 0.79423904111111

 $00:49:56.328 \rightarrow 00:49:58.009$ smoking or quit within 15 years.

NOTE Confidence: 0.794239041111111

 $00{:}49{:}58.010 \dashrightarrow 00{:}49{:}59.135$ And if that sounds familiar

NOTE Confidence: 0.794239041111111

00:49:59.135 --> 00:50:00.260 because I just said it.

NOTE Confidence: 0.82325725375

 $00:50:00.260 \rightarrow 00:50:04.556$ For USPSTF, it's because it's based on this.

NOTE Confidence: 0.82325725375

 $00:50:04.560 \rightarrow 00:50:07.086$ Patients were randomized to either annual

 $00:50:07.086 \rightarrow 00:50:09.999$ 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 --> 00:50:15.507 over the span of three years once a year

NOTE Confidence: 0.82325725375

 $00{:}50{:}15{.}507$ --> $00{:}50{:}18{.}494$ and the study was powered so that it could NOTE Confidence: 0.82325725375

00:50:18.494 --> 00:50:21.318 identify a 20% reduction in mortality

NOTE Confidence: 0.82325725375

 $00:50:21.318 \longrightarrow 00:50:25.260$ from lung cancer which was felt to be.

NOTE Confidence: 0.82325725375

 $00{:}50{:}25{.}260 \dashrightarrow 00{:}50{:}28{.}935$ Kind of a threshold for successful screening.

NOTE Confidence: 0.82325725375

 $00{:}50{:}28{.}940 \dashrightarrow 00{:}50{:}34{.}248$ This study cost 250 million to do and and

NOTE Confidence: 0.82325725375

 $00:50:34.248 \rightarrow 00:50:36.810$ really involve so many patients because

NOTE Confidence: 0.82325725375

 $00{:}50{:}36{.}896 \dashrightarrow 00{:}50{:}40{.}400$ that was the power that was required to

NOTE Confidence: 0.82325725375

 $00:50:40.400 \rightarrow 00:50:43.400$ achieve potentially that mortality reduction

NOTE Confidence: 0.82325725375

 $00{:}50{:}43{.}400 \dashrightarrow 00{:}50{:}45{.}480$ and the data are here on the right.

NOTE Confidence: 0.82325725375

 $00{:}50{:}45{.}480 \dashrightarrow 00{:}50{:}48{.}965$ And what you can see is that in terms of NOTE Confidence: 0.82325725375

00:50:48.965 --> 00:50:50.975 the number of lung cancers identified,

NOTE Confidence: 0.82325725375

 $00{:}50{:}50{.}980 \dashrightarrow 00{:}50{:}53{.}892$ low dose CT identified more than chest

 $00:50:53.892 \rightarrow 00:50:56.340$ 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

 $00{:}50{:}59{.}490 \dashrightarrow 00{:}51{:}02{.}157$ People who were enrolled in the intervention

NOTE Confidence: 0.82325725375

 $00:51:02.157 \dashrightarrow 00:51:05.310$ 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

 $00{:}51{:}07{.}404 \dashrightarrow 00{:}51{:}09{.}544$ because it was clear that this

NOTE Confidence: 0.82325725375

 $00:51:09.544 \rightarrow 00:51:11.566$ endpoint was going to be achieved.

NOTE Confidence: 0.82325725375

 $00:51:11.570 \longrightarrow 00:51:13.900$ So what the actual mortality

NOTE Confidence: 0.82325725375

 $00{:}51{:}13{.}900 \dashrightarrow 00{:}51{:}15{.}764$ reduction could have been.

NOTE Confidence: 0.82325725375

 $00{:}51{:}15{.}770 \dashrightarrow 00{:}51{:}17{.}342$ 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

 $00{:}51{:}22{.}990 \dashrightarrow 00{:}51{:}25{.}012$ 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

 $00{:}51{:}27{.}478 \dashrightarrow 00{:}51{:}28{.}886$ in NLST were early.

NOTE Confidence: 0.82325725375

 $00:51:28.890 \rightarrow 00:51:33.309$ Age 63% were stage one and so the screening,

 $00:51:33.310 \rightarrow 00:51:35.926$ 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 -> 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

 $00{:}51{:}42.718$ --> $00{:}51{:}45.261$ and this study had probably the shortest

NOTE Confidence: 0.82325725375

 $00{:}51{:}45{.}261 \dashrightarrow 00{:}51{:}47{.}445$ conclusion I've ever seen for it.

NOTE Confidence: 0.82325725375

 $00{:}51{:}47{.}450 \dashrightarrow 00{:}51{:}49{.}725$ New England Journal of Medicine

NOTE Confidence: 0.82325725375

 $00:51:49.725 \dashrightarrow 00:51:52.547$ Paper screening with low dose CT

NOTE Confidence: 0.82325725375

 $00{:}51{:}52{.}547 \dashrightarrow 00{:}51{:}54{.}907$ reduces mortality from lung cancer.

NOTE Confidence: 0.82325725375

00:51:54.910 --> 00:51:57.185 This study was followed by a study

NOTE Confidence: 0.82325725375

 $00{:}51{:}57{.}185 \dashrightarrow 00{:}51{:}59{.}309$ in Europe called the Nelson study.

NOTE Confidence: 0.82325725375

00:51:59.310 --> 00:52:01.230 This was done in the Netherlands

NOTE Confidence: 0.82325725375

 $00{:}52{:}01{.}230 \dashrightarrow 00{:}52{:}02{.}190$ and in Belgium.

NOTE Confidence: 0.82325725375

00:52:02.190 --> 00:52:04.598 It was a smaller study but also a

NOTE Confidence: 0.82325725375

 $00{:}52{:}04{.}598 \dashrightarrow 00{:}52{:}06{.}909$ double blind randomized control trial.

00:52:06.910 --> 00:52:08.810 They had 16,000 participants,

NOTE Confidence: 0.82325725375

 $00{:}52{:}08{.}810 \dashrightarrow 00{:}52{:}11{.}185$ 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

 $00:52:13.062 \longrightarrow 00:52:15.414$ so included a a slightly younger

NOTE Confidence: 0.82325725375

 $00:52:15.414 \rightarrow 00:52:17.990$ population and less cigarette exposure.

NOTE Confidence: 0.82325725375

 $00{:}52{:}17{.}990 \dashrightarrow 00{:}52{:}20{.}426$ Greater than 15 cigarettes per day

NOTE Confidence: 0.82325725375

00:52:20.426 --> 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

 $00:52:24.310 \longrightarrow 00:52:27.054$ They were the heavy smokers and the

NOTE Confidence: 0.82325725375

 $00:52:27.054 \rightarrow 00:52:29.318$ 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

 $00{:}52{:}31{.}342 \dashrightarrow 00{:}52{:}32{.}016$ approximately smoking,

NOTE Confidence: 0.82325725375

00:52:32.020 --> 00:52:34.428 currently smoking or quit within 10 years

NOTE Confidence: 0.82325725375

 $00:52:34.428 \rightarrow 00:52:36.974$ 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

 $00:52:39.770 \rightarrow 00:52:42.283$ which are lung nodules by volume as

 $00{:}52{:}42{.}283 \dashrightarrow 00{:}52{:}45{.}244$ opposed to linear diameter and so they

NOTE Confidence: 0.82325725375

 $00:52:45.244 \rightarrow 00:52:47.504$ could actually calculate doubling time,

NOTE Confidence: 0.82325725375

 $00{:}52{:}47{.}510 \dashrightarrow 00{:}52{:}50{.}191$ which is a much more sensitive measure

NOTE Confidence: 0.82325725375

 $00:52:50.191 \rightarrow 00:52:53.080$ of growth than a than linear diameter.

NOTE Confidence: 0.82325725375

00:52:53.080 - 00:52:54.652 We do have actually the capability

NOTE Confidence: 0.82325725375

 $00:52:54.652 \rightarrow 00:52:55.438$ in our city.

NOTE Confidence: 0.82325725375

 $00:52:55.440 \longrightarrow 00:52:56.812$ 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

 $00:52:59.054 \rightarrow 00:53:00.350$ 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

 $00{:}53{:}07{.}674 \dashrightarrow 00{:}53{:}10{.}613$ but for the time being you are have

NOTE Confidence: 0.82325725375

00:53:10.613 --> 00:53:12.699 no results will be reported back to

 $00:53:12.699 \rightarrow 00:53:15.139$ 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

 $00:53:16.972 \longrightarrow 00:53:19.720$ to low dose CT screening or

NOTE Confidence: 0.825854819090909

 $00:53:19.807 \rightarrow 00:53:21.368$ nothing, but they did not

NOTE Confidence: 0.825854819090909

00:53:21.368 --> 00:53:22.760 do a chest X ray arm.

NOTE Confidence: 0.825854819090909

 $00{:}53{:}22.760 \dashrightarrow 00{:}53{:}24.867$ 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

 $00:53:31.845 \rightarrow 00:53:34.300$ 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

 $00{:}53{:}36{.}120 \dashrightarrow 00{:}53{:}38{.}976$ 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

 $00:53:43.386 \longrightarrow 00:53:44.970$ were more cancers diagnosed.

00:53:44.970 - > 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

 $00:53:54.387 \rightarrow 00:53:56.883$ screening group compared to the control.

NOTE Confidence: 0.825854819090909

 $00{:}53{:}56{.}890 \dashrightarrow 00{:}53{:}59{.}732$ So the cumulative rate ratio for death

NOTE Confidence: 0.825854819090909

 $00:53:59.732 \longrightarrow 00:54:02.990$ 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

 $00:54:04.300 \longrightarrow 00:54:06.440$ So they actually had a 24% reduction

NOTE Confidence: 0.825854819090909

 $00:54:06.440 \longrightarrow 00:54:09.170$ in lung cancer mortality and there

NOTE Confidence: 0.825854819090909

 $00{:}54{:}09{.}170 \dashrightarrow 00{:}54{:}12{.}528$ was a signal that this was actually

NOTE Confidence: 0.825854819090909

 $00:54:12.528 \longrightarrow 00:54:15.253$ stronger in women with the 34.

NOTE Confidence: 0.825854819090909

 $00{:}54{:}15{.}253 \dashrightarrow 00{:}54{:}15{.}616$ Percent,

NOTE Confidence: 0.825854819090909

00:54:15.616 --> 00:54:17.794 I'm sorry this is 24 percent

 $00:54:17.800 \longrightarrow 00:54:19.224$ 34% reduction in mortality,

NOTE Confidence: 0.825854819090909

 $00:54:19.224 \rightarrow 00:54:21.004$ but there weren't enough women

NOTE Confidence: 0.825854819090909

 $00:54:21.004 \rightarrow 00:54:22.878$ in this study unfortunately.

NOTE Confidence: 0.825854819090909

 $00:54:22.880 \rightarrow 00:54:24.780$ To reach significant significance.

NOTE Confidence: 0.825854819090909

00:54:24.780 --> 00:54:29.930 Although this was a very interesting finding.

NOTE Confidence: 0.825854819090909

 $00{:}54{:}29{.}930 \dashrightarrow 00{:}54{:}31{.}514$ Nelson also demonstrated again

NOTE Confidence: 0.825854819090909

 $00{:}54{:}31{.}514 \dashrightarrow 00{:}54{:}33{.}890$ that there is a shift towards

NOTE Confidence: 0.825854819090909

 $00:54:33.965 \rightarrow 00:54:35.950$ earlier stage when you screen,

NOTE Confidence: 0.825854819090909

 $00{:}54{:}35{.}950 \dashrightarrow 00{:}54{:}38{.}026$ and so the Nelson intervention group

NOTE Confidence: 0.825854819090909

 $00{:}54{:}38.026 \dashrightarrow 00{:}54{:}40.846$ with low dose CT is shown here in the

NOTE Confidence: 0.825854819090909

 $00:54:40.846 \dashrightarrow 00:54:43.145$ blue bars and you can see that more

NOTE Confidence: 0.825854819090909

00:54:43.145 --> 00:54:45.548 than 50% of patients were diagnosed

NOTE Confidence: 0.825854819090909

 $00:54:45.548 \rightarrow 00:54:49.068$ 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

- NOTE Confidence: 0.825854819090909
- $00:54:54.970 \longrightarrow 00:54:56.650$ 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 00:55:00.030 this is a dramatic change.
- NOTE Confidence: 0.825854819090909
- $00{:}55{:}00{.}030 \dashrightarrow 00{:}55{:}01{.}915$ From that distribution and what's
- NOTE Confidence: 0.825854819090909
- $00{:}55{:}01{.}915 \dashrightarrow 00{:}55{:}04{.}426$ really striking is that the bars in
- NOTE Confidence: 0.825854819090909
- $00{:}55{:}04{.}426 \dashrightarrow 00{:}55{:}06{.}372$ red and green are the control arm
- NOTE Confidence: 0.825854819090909
- $00:55:06.372 \rightarrow 00:55:08.698$ and green and their cancer registry,
- NOTE Confidence: 0.825854819090909
- $00:55:08.700 \longrightarrow 00:55:10.240$ 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
- $00{:}55{:}15{.}500 \dashrightarrow 00{:}55{:}17{.}208$ 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
- $00{:}55{:}19{.}170 \dashrightarrow 00{:}55{:}20{.}959$ bars compared the red and green bars,
- NOTE Confidence: 0.825854819090909
- 00:55:20.960 00:55:24.146 you really see this move with
- NOTE Confidence: 0.825854819090909

 $00:55:24.146 \rightarrow 00:55:25.739$ screening towards detecting

NOTE Confidence: 0.825854819090909

00:55:25.739 --> 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 --> 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

 $00:55:33.242 \rightarrow 00:55:34.682$ 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

 $00:55:38.290 \rightarrow 00:55:40.606$ addressed health disparities in lung

NOTE Confidence: 0.825854819090909

 $00:55:40.606 \rightarrow 00:55:42.446$ cancer and lung cancer screening.

NOTE Confidence: 0.825854819090909

 $00:55:42.450 \longrightarrow 00:55:43.848$ So, Doctor Aldrich,

NOTE Confidence: 0.825854819090909

00:55:43.848 --> 00:55:45.246 who's from Vanderbilt,

NOTE Confidence: 0.825854819090909

00:55:45.250 --> 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

 $00:55:52.803 \rightarrow 00:55:56.168$ They looked at everybody in

- NOTE Confidence: 0.825854819090909
- $00:55:56.170 \longrightarrow 00:55:59.320$ 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 --> 00:56:02.806 not academic Medical Center
- NOTE Confidence: 0.825854819090909
- $00:56:02.806 \rightarrow 00:56:05.823$ clinics and they looked at 48,000
- NOTE Confidence: 0.825854819090909
- $00{:}56{:}05{.}823 \dashrightarrow 00{:}56{:}08{.}138$ 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
- $00:56:12.816 \rightarrow 00:56:15.202$ 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
- $00:56:18.009 \longrightarrow 00:56:20.788$ was that 17% of African American
- NOTE Confidence: 0.825854819090909
- $00:56:20.788 \rightarrow 00:56:23.198$ smokers were eligible for screening
- NOTE Confidence: 0.825854819090909
- $00:56:23.200 \rightarrow 00:56:26.536$ compared to 31% of white smokers.
- NOTE Confidence: 0.825854819090909
- $00{:}56{:}26{.}540 \dashrightarrow 00{:}56{:}27{.}950$ And so there's this big
- NOTE Confidence: 0.825854819090909
- $00{:}56{:}27{.}950 \dashrightarrow 00{:}56{:}29{.}078$ discrepancy in who would.
- NOTE Confidence: 0.825854819090909
- $00:56:29.080 \rightarrow 00:56:30.810$ To be eligible of course,
- NOTE Confidence: 0.825854819090909

 $00:56:30.810 \longrightarrow 00:56:34.206$ screening that was associated with race.

NOTE Confidence: 0.825854819090909

 $00{:}56{:}34{.}210 \dashrightarrow 00{:}56{:}36{.}004$ They then looked at all of

NOTE Confidence: 0.825854819090909

 $00:56:36.004 \rightarrow 00:56:37.200$ the cancers that occurred

NOTE Confidence: 0.854431875882353

 $00:56:37.265 \rightarrow 00:56:39.568$ 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 --> 00:56:50.144 the African American patients

NOTE Confidence: 0.854431875882353

 $00{:}56{:}50{.}144 \dashrightarrow 00{:}56{:}52{.}252$ 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

 $00{:}56{:}54{.}170 \dashrightarrow 00{:}56{:}57{.}476$ Based on the USPSTF criteria compared

NOTE Confidence: 0.854431875882353

 $00{:}56{:}57{.}476 \dashrightarrow 00{:}57{:}00{.}550$ to 56% of white so many more.

NOTE Confidence: 0.854431875882353

00:57:00.550 - 00:57:03.170 Whites were eligible for lung

NOTE Confidence: 0.854431875882353

 $00:57:03.170 \longrightarrow 00:57:05.094$ cancer screening than blacks,

NOTE Confidence: 0.854431875882353

 $00:57:05.094 \rightarrow 00:57:07.716$ and really the lack of eligibility

 $00:57:07.716 \longrightarrow 00:57:10.106$ was primarily associated with lesser

NOTE Confidence: 0.854431875882353

 $00{:}57{:}10.106 \dashrightarrow 00{:}57{:}12.026$ smoking among African Americans

NOTE Confidence: 0.854431875882353

 $00{:}57{:}12.026 \dashrightarrow 00{:}57{:}15.003$ who got lung cancer with the median

NOTE Confidence: 0.854431875882353

 $00:57:15.003 \rightarrow 00:57:17.990$ pack years of 26 compared to 48 in.

NOTE Confidence: 0.854431875882353

 $00:57:17.990 \dashrightarrow 00:57:20.360$ 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

 $00:57:30.520 \rightarrow 00:57:34.060$ 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

 $00{:}57{:}38{.}180 \dashrightarrow 00{:}57{:}40{.}088$ So that ald riches group.

NOTE Confidence: 0.854431875882353

 $00{:}57{:}40.088 \dashrightarrow 00{:}57{:}42.473$ Has recommended that the smoking

NOTE Confidence: 0.854431875882353

 $00{:}57{:}42{.}473 \dashrightarrow 00{:}57{:}44{.}974$ pack here eligibility criteria for

NOTE Confidence: 0.854431875882353

 $00{:}57{:}44{.}974 \dashrightarrow 00{:}57{:}47{.}884$ 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

 $00:57:50.982 \rightarrow 00:57:53.198$ health disparity where fewer African

NOTE Confidence: 0.854431875882353

00:57:53.198 --> 00:57:55.493 Americans were being screened because

NOTE Confidence: 0.854431875882353

 $00:57:55.493 \rightarrow 00:57:57.857$ they weren't eligible on the basis

NOTE Confidence: 0.854431875882353

 $00{:}57{:}57{.}857 \dashrightarrow 00{:}57{:}59{.}705$ of the smoking intensity and if

NOTE Confidence: 0.854431875882353

 $00{:}57{:}59{.}705 \dashrightarrow 00{:}58{:}01{.}962$ that were to be implemented that

NOTE Confidence: 0.854431875882353

 $00:58:01.962 \rightarrow 00:58:03.847$ 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

 $00:58:05.850 \rightarrow 00:58:08.339$ who would be eligible for screening

NOTE Confidence: 0.854431875882353

 $00:58:08.339 \rightarrow 00:58:10.865$ 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

 $00:58:13.334 \rightarrow 00:58:15.268$ 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

 $00:58:18.000 \rightarrow 00:58:20.460$ the population with the existing

NOTE Confidence: 0.854431875882353

00:58:20.460 --> 00:58:21.670 USPSTF guidelines,

NOTE Confidence: 0.854431875882353

 $00:58:21.670 \rightarrow 00:58:23.470$ what is the sensitivity of screening

 $00:58:23.470 \longrightarrow 00:58:26.222$ 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

 $00:58:28.658 \rightarrow 00:58:31.332$ the solid orange line and whites in

NOTE Confidence: 0.854431875882353

 $00:58:31.332 \rightarrow 00:58:33.933$ the dotted orange line and you can

NOTE Confidence: 0.854431875882353

 $00:58:33.933 \rightarrow 00:58:36.159$ see that the sensitivity of screening

NOTE Confidence: 0.854431875882353

 $00{:}58{:}36{.}159 \dashrightarrow 00{:}58{:}39{.}787$ 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

 $00:58:41.730 \rightarrow 00:58:44.155$ Bring that sensitivity more equitably

NOTE Confidence: 0.854431875882353

00:58:44.155 --> 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 --> 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

 $00{:}58{:}57{.}008 \dashrightarrow 00{:}58{:}58{.}832$ orange line and the dotted orange

 $00:58:58.832 \rightarrow 00:59:00.458$ line still don't quite meet,

NOTE Confidence: 0.854431875882353

00:59:00.460 --> 00:59:02.080 but they become much closer,

NOTE Confidence: 0.854431875882353

 $00:59:02.080 \rightarrow 00:59:04.810$ 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: 0.854431875882353

 $00{:}59{:}08{.}420 \dashrightarrow 00{:}59{:}09{.}386$ And so on.

NOTE Confidence: 0.854431875882353

 $00{:}59{:}09{.}386 \dashrightarrow 00{:}59{:}12{.}060$ The basis of that and actually many other

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

 $00:59:16.844 \rightarrow 00:59:18.428$ USPSTF updated its recommendation

NOTE Confidence: 0.854431875882353

 $00:59:18.428 \rightarrow 00:59:20.739$ for lung cancer screening to include

NOTE Confidence: 0.854431875882353

 $00:59:20.739 \longrightarrow 00:59:23.400$ adults now ages 50 to 80 years.

NOTE Confidence: 0.854431875882353

 $00:59:23.400 \longrightarrow 00:59:25.871$ So younger population with a 20 pack

NOTE Confidence: 0.854431875882353

 $00:59:25.871 \rightarrow 00:59:28.060$ year smoking history along the lines

NOTE Confidence: 0.854431875882353

 $00:59:28.060 \longrightarrow 00:59:30.190$ of the recommendation of the group

NOTE Confidence: 0.854431875882353

 $00:59:30.190 \rightarrow 00:59:31.965$ from Vanderbilt who are currently

NOTE Confidence: 0.854431875882353

 $00:59:31.965 \rightarrow 00:59:34.599$ smoking or quit within the past 15 years.

 $00:59:34.600 \rightarrow 00:59:39.164$ 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

 $00:59:42.344 \rightarrow 00:59:45.420$ 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 --> 00:59:57.800 Lung cancer screening does differ

NOTE Confidence: 0.854431875882353

 $00:59:57.800 \rightarrow 01:00:00.130$ 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 --> 01:00:04.496 that you do it to be for the test

NOTE Confidence: 0.854431875882353

 $01{:}00{:}04.496 \dashrightarrow 01{:}00{:}06.783$ to be reimbursed by Medicare so

NOTE Confidence: 0.854431875882353

 $01{:}00{:}06.783 \dashrightarrow 01{:}00{:}08.768$ that there must be documentation

NOTE Confidence: 0.886341455416667

 $01:00:08.833 \rightarrow 01:00:10.758$ that is shared decision making

 $01:00:10.758 \longrightarrow 01:00:12.898$ 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 --> 01:00:17.780 The updated guidelines.

NOTE Confidence: 0.886341455416667

 $01:00:17.780 \longrightarrow 01:00:20.628$ Now do not make it necessary for that

NOTE Confidence: 0.886341455416667

 $01:00:20.628 \rightarrow 01:00:22.817$ shared decision making to occur with.

NOTE Confidence: 0.886341455416667

01:00:22.820 --> 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 healthcare

NOTE Confidence: 0.886341455416667

01:00:30.920 --> 01:00:33.350 providing person can now do that

NOTE Confidence: 0.886341455416667

 $01{:}00{:}33{.}350 \dashrightarrow 01{:}00{:}35{.}328$ 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 --> 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

 $01:00:42.550 \rightarrow 01:00:44.750$ potential harms that we're very

NOTE Confidence: 0.886341455416667

 $01{:}00{:}44.750 \dashrightarrow 01{:}00{:}47.090$ clear in all of these studies.

NOTE Confidence: 0.886341455416667

 $01:00:47.090 \longrightarrow 01:00:49.729$ 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

 $01{:}00{:}55{.}390 \dashrightarrow 01{:}00{:}57{.}808$ Than other cancer screenings where it's

NOTE Confidence: 0.886341455416667

 $01{:}00{:}57{.}808 \dashrightarrow 01{:}01{:}00{.}554$ really only the organ of interest that

NOTE Confidence: 0.886341455416667

 $01{:}01{:}00.554 \dashrightarrow 01{:}01{:}04.090$ appears on whatever study is being done.

NOTE Confidence: 0.886341455416667

 $01:01:04.090 \rightarrow 01:01:06.898$ 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

 $01{:}01{:}09{.}158 \dashrightarrow 01{:}01{:}11{.}782$ so most of the nodules that are identified

NOTE Confidence: 0.886341455416667

 $01{:}01{:}11.782 \dashrightarrow 01{:}01{:}14.210$ 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 --> 01:01:20.080 American College of Radiology Lung

NOTE Confidence: 0.886341455416667

01:01:20.080 --> 01:01:22.390 Rads algorithm for natural evaluation

NOTE Confidence: 0.886341455416667

01:01:22.458 --> 01:01:24.970 is used because the intent of that is

NOTE Confidence: 0.886341455416667

01:01:24.970 --> 01:01:26.863 to minimize unnecessary evaluation of

 $01:01:26.863 \rightarrow 01:01:29.649$ nodules that are not likely to harm,

NOTE Confidence: 0.886341455416667

 $01{:}01{:}29.650 \dashrightarrow 01{:}01{:}31.354$ and it does provide this opportunity

NOTE Confidence: 0.886341455416667

 $01:01:31.354 \rightarrow 01:01:33.550$ to talk to the patient about to bacco NOTE Confidence: 0.886341455416667

 $01:01:33.550 \rightarrow 01:01:35.554$ cessation and many people feel this

NOTE Confidence: 0.886341455416667

01:01:35.554 --> 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

 $01:01:40.894 \rightarrow 01:01:43.630$ the expert about lung cancer screening,

NOTE Confidence: 0.886341455416667

 $01{:}01{:}43.630 \dashrightarrow 01{:}01{:}45.889$ that that may be the time when your 3

NOTE Confidence: 0.886341455416667

 $01{:}01{:}45.889 \dashrightarrow 01{:}01{:}47.979$ minutes of smoking cessation counseling.

NOTE Confidence: 0.886341455416667

01:01:47.980 --> 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

 $01{:}01{:}53.259 \dashrightarrow 01{:}01{:}55.015$ 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

 $01:01:59.494 \longrightarrow 01:02:02.756$ Those only offered by Medicare to

NOTE Confidence: 0.886341455416667

 $01:02:02.756 \rightarrow 01:02:04.586$ patients with that pretty incentive.

- NOTE Confidence: 0.886341455416667
- 01:02:04.590 --> 01:02:05.480 Smoking history.
- NOTE Confidence: 0.886341455416667
- $01{:}02{:}05{.}480 \dashrightarrow 01{:}02{:}08{.}150$ This is the prostate lung colon
- NOTE Confidence: 0.886341455416667
- $01:02:08.150 \rightarrow 01:02:10.628$ ovarian model that was developed in
- NOTE Confidence: 0.886341455416667
- $01:02:10.630 \rightarrow 01:02:13.710 2012$ based on the PL fuel population.
- NOTE Confidence: 0.886341455416667
- $01{:}02{:}13.710 \dashrightarrow 01{:}02{:}16.125$ This is the website where you can
- NOTE Confidence: 0.886341455416667
- $01:02:16.125 \rightarrow 01:02:18.488$ 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
- $01:02:20.054 \rightarrow 01:02:22.400$ 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
- $01:02:26.670 \rightarrow 01:02:29.107$ that there are a lot of risk factors
- NOTE Confidence: 0.886341455416667
- 01:02:29.107 --> 01:02:30.612 for lung cancer besides smoking.
- NOTE Confidence: 0.886341455416667
- $01:02:30.620 \rightarrow 01:02:33.340$ 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
- $01:02:36.762 \rightarrow 01:02:38.634$ of all comers with lung cancer,
- NOTE Confidence: 0.886341455416667

 $01:02:38.640 \longrightarrow 01:02:40.850$ 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

 $01:02:46.035 \rightarrow 01:02:48.405$ Whether you have other lung disease.

NOTE Confidence: 0.886341455416667

 $01{:}02{:}48{.}410 \dashrightarrow 01{:}02{:}51{.}506$ 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

 $01{:}02{:}56{.}138 \dashrightarrow 01{:}02{:}59{.}650$ influence based on race and ethnicity

NOTE Confidence: 0.886341455416667

 $01{:}02{:}59{.}650 \dashrightarrow 01{:}03{:}01{.}771$ as well as smoking intensity and the

NOTE Confidence: 0.886341455416667

01:03:01.771 $\operatorname{-->}$ 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

 $01:03:05.782 \dashrightarrow 01:03:07.728$ 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

 $01:03:11.520 \rightarrow 01:03:13.816$ That lung cancer risk is about 5%

NOTE Confidence: 0.886341455416667

 $01:03:13.820 \longrightarrow 01:03:16.641$ and that actually turns out to be

- NOTE Confidence: 0.886341455416667
- 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
- $01:03:21.076 \rightarrow 01:03:22.748$ considered very high risk even though
- NOTE Confidence: 0.886341455416667
- $01:03:22.748 \rightarrow 01:03:24.540$ 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
- $01:03:26.220 \longrightarrow 01:03:27.972$ 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
- $01{:}03{:}31{.}310 \dashrightarrow 01{:}03{:}33{.}134$ So the benefits of lung cancer
- NOTE Confidence: 0.889394671
- $01:03:33.134 \rightarrow 01:03:35.290$ 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
- $01{:}03{:}36.678 \dashrightarrow 01{:}03{:}38.066$ detection of lung cancer,
- NOTE Confidence: 0.889394671
- $01:03:38.070 \longrightarrow 01:03:39.938$ early stage detection of
- NOTE Confidence: 0.889394671
- 01:03:39.938 --> 01:03:41.806 disease when it's treatable,
- NOTE Confidence: 0.889394671
- $01:03:41.810 \rightarrow 01:03:44.029$ improvement in survival and quality of life,
- NOTE Confidence: 0.889394671

 $01:03:44.030 \rightarrow 01:03:45.770$ and providing that teachable

NOTE Confidence: 0.889394671

01:03:45.770 --> 01:03:47.510 moment for tobacco 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

 $01:03:51.024 \rightarrow 01:03:53.416$ the high false positive.

NOTE Confidence: 0.889394671

 $01:03:53.420 \longrightarrow 01:03:55.205$ Likelihood of finding a nodules

NOTE Confidence: 0.889394671

 $01:03:55.205 \longrightarrow 01:03:57.380$ 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

 $01{:}04{:}01{.}700 \dashrightarrow 01{:}04{:}03.885$ emotional and physical costs which

NOTE Confidence: 0.889394671

01:04:03.885 --> 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 --> 01:04:11.908 Meeting of Longreads given to us by PCR.

NOTE Confidence: 0.889394671

 $01:04:11.910 \rightarrow 01:04:14.016$ There can be false negative results.

NOTE Confidence: 0.889394671

 $01{:}04{:}14{.}020 \dashrightarrow 01{:}04{:}16{.}657$ We used to worry a lot more about the

NOTE Confidence: 0.889394671

 $01{:}04{:}16.657 \dashrightarrow 01{:}04{:}18.509$ detection of indolent disease that

- NOTE Confidence: 0.889394671
- $01:04:18.509 \rightarrow 01:04:20.753$ 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
- $01:04:24.408 \rightarrow 01:04:26.168$ Exposure related to having a
- NOTE Confidence: 0.889394671
- $01:04:26.168 \rightarrow 01:04:28.169$ 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
- $01:04:30.156 \longrightarrow 01:04:31.939$ 10s of thousands of examinations
- NOTE Confidence: 0.889394671
- $01:04:31.939 \rightarrow 01:04:34.267$ to generate enough harm that one
- NOTE Confidence: 0.889394671
- 01:04:34.267 --> 01:04:36.693 person would get lung cancer or
- NOTE Confidence: 0.889394671
- $01:04:36.693 \rightarrow 01:04:38.688$ another cancer from their screening.
- NOTE Confidence: 0.889394671
- $01:04:38.690 \rightarrow 01:04:40.305$ And then I've already mentioned
- NOTE Confidence: 0.889394671
- $01{:}04{:}40.305 \dashrightarrow 01{:}04{:}43.056$ 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
- $01{:}04{:}46.870 \dashrightarrow 01{:}04{:}49.210$ Speaking with patients in these and
- NOTE Confidence: 0.889394671

01:04:49.210 --> 01:04:51.310 these shared decision making visits

NOTE Confidence: 0.889394671

01:04:51.310 --> 01:04:54.315 makes it clear what that there are

NOTE Confidence: 0.889394671

01:04:54.315 --> 01:04:56.047 actually individual patient level

NOTE Confidence: 0.889394671

01:04:56.047 --> 01:04:57.893 barriers to lung cancer screening

NOTE Confidence: 0.889394671

01:04:57.893 --> 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

 $01{:}05{:}02{.}392 \dashrightarrow 01{:}05{:}04{.}394$ confused with a closed MRI and

NOTE Confidence: 0.889394671

01:05:04.394 --> 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

 $01{:}05{:}07{.}360 \dashrightarrow 01{:}05{:}09{.}503$ 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

 $01{:}05{:}14.550 \dashrightarrow 01{:}05{:}16.794$ You know, medical the rapy.

NOTE Confidence: 0.889394671

 $01:05:16.794 \rightarrow 01:05:17.916$ By screening,

NOTE Confidence: 0.889394671

 $01{:}05{:}17{.}920 \dashrightarrow 01{:}05{:}20{.}426$ 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.

- NOTE Confidence: 0.889394671
- $01{:}05{:}22.536 \dashrightarrow 01{:}05{:}24.500$ 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 --> 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 $\operatorname{-->}$ 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
- $01:05:37.968 \rightarrow 01:05:39.798$ 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 --> 01:05:43.530 relatively new screening program.
- NOTE Confidence: 0.889394671
- 01:05:43.530 --> 01:05:46.290 We should have had this long
- NOTE Confidence: 0.889394671
- $01:05:46.290 \rightarrow 01:05:48.880$ ago because lung cancer kills so
- NOTE Confidence: 0.889394671
- $01:05:48.880 \longrightarrow 01:05:50.584$ many patients every year.
- NOTE Confidence: 0.889394671
- $01{:}05{:}50{.}590 \dashrightarrow 01{:}05{:}52{.}798$ These are these are statistics across
- NOTE Confidence: 0.889394671
- $01:05:52.798 \longrightarrow 01:05:55.797$ the states in the United States in 2020,
- NOTE Confidence: 0.889394671

 $01:05:55.797 \dashrightarrow 01:05:58.506$ and this is Connecticut and you can

NOTE Confidence: 0.889394671

 $01:05:58.506 \rightarrow 01:06:01.150$ see that in 2020 in Connecticut,

NOTE Confidence: 0.889394671

 $01:06:01.150 \longrightarrow 01:06:03.370$ 7% of eligible patients underwent.

NOTE Confidence: 0.889394671

 $01:06:03.370 \rightarrow 01:06:06.716$ Cell cancer screening which is really low.

NOTE Confidence: 0.889394671

 $01{:}06{:}06{.}720 \dashrightarrow 01{:}06{:}08{.}184$ We really need to increase that

NOTE Confidence: 0.889394671

 $01:06:08.184 \rightarrow 01:06:09.960$ number if we want to get to that.

NOTE Confidence: 0.889394671

 $01{:}06{:}09{.}960 \dashrightarrow 01{:}06{:}12{.}381$ We can save 20 out of 100 lives from

NOTE Confidence: 0.889394671

 $01{:}06{:}12.381 \dashrightarrow 01{:}06{:}14.309$ cancer and what's really ironic on

NOTE Confidence: 0.889394671

01:06:14.309 $\operatorname{-->}$ 01:06:16.719 this slide is the state of Kentucky,

NOTE Confidence: 0.889394671

 $01{:}06{:}16.720 \dashrightarrow 01{:}06{:}18.485$ which has the highest smoking

NOTE Confidence: 0.889394671

 $01{:}06{:}18.485 \dashrightarrow 01{:}06{:}20.250$ prevalence in the country and

NOTE Confidence: 0.889394671

01:06:20.313 --> 01:06:22.228 the highest lung cancer incidence

NOTE Confidence: 0.889394671

 $01:06:22.228 \rightarrow 01:06:24.143$ actually is screening twice as

NOTE Confidence: 0.889394671

01:06:24.206 --> 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

 $01:06:27.680 \rightarrow 01:06:29.738$ and the reason that this is actually

 $01{:}06{:}29.738 \dashrightarrow 01{:}06{:}32.033$ 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

 $01{:}06{:}34.070 \dashrightarrow 01{:}06{:}36.742$ 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

 $01:06:39.623 \rightarrow 01:06:41.751$ 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

 $01{:}06{:}43.920 \dashrightarrow 01{:}06{:}46.070$ advocacy groups that have to take in

NOTE Confidence: 0.791462477368421

 $01:06:46.070 \rightarrow 01:06:48.286$ this on and so the take home points

NOTE Confidence: 0.791462477368421

 $01{:}06{:}48.286 \dashrightarrow 01{:}06{:}50.471$ for to night from this section is that

NOTE Confidence: 0.791462477368421

 $01:06:50.471 \rightarrow 01:06:52.404$ remember lung cancer is the leading

NOTE Confidence: 0.791462477368421

 $01{:}06{:}52{.}404 \dashrightarrow 01{:}06{:}54{.}860$ cause of cancer deaths in both men and

NOTE Confidence: 0.791462477368421

 $01{:}06{:}54.860 \dashrightarrow 01{:}06{:}57.168$ 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

 $01{:}06{:}59{.}420 \dashrightarrow 01{:}07{:}02{.}450$ 1.6 million deaths last year,

NOTE Confidence: 0.791462477368421

 $01{:}07{:}02.450 \dashrightarrow 01{:}07{:}04.448$ detection of disease at early stage.

 $01{:}07{:}04.450 \dashrightarrow 01{:}07{:}05.914$ 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 --> 01:07:09.280 There's a very strong evidence

NOTE Confidence: 0.791462477368421

 $01:07:09.280 \rightarrow 01:07:10.800$ based demonstrating that screening

NOTE Confidence: 0.791462477368421

01:07:10.800 --> 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

 $01{:}07{:}14.600 \dashrightarrow 01{:}07{:}16.980$ 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

 $01{:}07{:}19.356 \dashrightarrow 01{:}07{:}22.920$ 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

 $01{:}07{:}27{.}544 \dashrightarrow 01{:}07{:}30{.}010$ that we see for African Americans

NOTE Confidence: 0.791462477368421

 $01:07:30.073 \rightarrow 01:07:32.353$ and women who are now increasingly

NOTE Confidence: 0.791462477368421

 $01{:}07{:}32{.}353 \dashrightarrow 01{:}07{:}34{.}619$ 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 --> 01:07:38.894 but right now we're screening only

 $01:07:38.894 \rightarrow 01:07:41.970$ 5 to 10% and so just to remind you,

NOTE Confidence: 0.791462477368421

 $01:07:41.970 \longrightarrow 01:07:44.210$ 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

 $01:07:48.446 \rightarrow 01:07:50.750$ 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

 $01:07:53.510 \rightarrow 01:07:55.040$ 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 --> 01:08:04.856 getting more and more patients

NOTE Confidence: 0.661004378

 $01{:}08{:}04.856 \dashrightarrow 01{:}08{:}06.586$ referred for lung cancer screening.

NOTE Confidence: 0.661004378

 $01:08:06.590 \longrightarrow 01:08:08.870$ As important as you've shown.

NOTE Confidence: 0.661004378

01:08:08.870 --> 01:08:10.718 Very good and we're gonna move

NOTE Confidence: 0.661004378

 $01{:}08{:}10.718 \dashrightarrow 01{:}08{:}13.280$ on now to the last presentation.

 $01:08:13.280 \rightarrow 01:08:15.898$ And that's on a colorectal cancer screening.

NOTE Confidence: 0.917452572222222

01:08:19.910 --> 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

 $01{:}08{:}26.070 \dashrightarrow 01{:}08{:}28.731$ 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 --> 01:08:33.051 with ALITIES and also we'll review

NOTE Confidence: 0.917452572222222

 $01:08:33.051 \rightarrow 01:08:34.780$ 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

 $01:08:36.817 \rightarrow 01:08:39.690$ of you are familiar with already.

NOTE Confidence: 0.917452572222222

 $01:08:39.690 \longrightarrow 01:08:41.220$ So colorectal cancer,

NOTE Confidence: 0.917452572222222

 $01:08:41.220 \longrightarrow 01:08:43.770$ 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

 $01{:}08{:}47.960 \dashrightarrow 01{:}08{:}50.888$ 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,

- NOTE Confidence: 0.917452572222222
- $01:08:52.150 \longrightarrow 01:08:53.618$ on colorectal cancer is
- NOTE Confidence: 0.917452572222222
- $01:08:53.618 \rightarrow 01:08:55.086$ what I'm showing here,
- NOTE Confidence: 0.917452572222222
- $01:08:55.090 \rightarrow 01:08:58.018$ which is these very nice steady
- NOTE Confidence: 0.917452572222222
- $01{:}08{:}58{.}018 \dashrightarrow 01{:}09{:}00{.}511$ decrease in both incidence and
- NOTE Confidence: 0.917452572222222
- $01:09:00.511 \rightarrow 01:09:02.978$ mortality since the mid 1980s,
- NOTE Confidence: 0.917452572222222
- 01:09:02.978 --> 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
- $01{:}09{:}07.676 \dashrightarrow 01{:}09{:}11.059$ 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
- $01:09:12.930 \longrightarrow 01:09:15.695$ which is this steady increase also in
- NOTE Confidence: 0.917452572222222
- $01:09:15.695 \rightarrow 01:09:18.219$ the utilization of colonoscopy as we.
- NOTE Confidence: 0.917452572222222
- $01:09:18.220 \longrightarrow 01:09:20.436$ Been doing more colonoscopies,
- NOTE Confidence: 0.917452572222222
- $01:09:20.436 \longrightarrow 01:09:22.058$ uh, we've seen that decrease
- NOTE Confidence: 0.917452572222222
- $01{:}09{:}22.058 \dashrightarrow 01{:}09{:}23.126$ in the incidence rate.
- NOTE Confidence: 0.917452572222222
- $01{:}09{:}23.130 \dashrightarrow 01{:}09{:}25.573$ Other factors have played also a role
- NOTE Confidence: 0.917452572222222

 $01:09:25.573 \rightarrow 01:09:28.050$ 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

 $01:09:30.550 \rightarrow 01:09:33.806$ very important role over the last few years.

NOTE Confidence: 0.917452572222222

 $01:09:33.810 \rightarrow 01:09:35.408$ We've been hearing more and more

NOTE Confidence: 0.917452572222222

 $01{:}09{:}35{.}410 \dashrightarrow 01{:}09{:}38{.}555$ about not starting with colonoscopy

NOTE Confidence: 0.917452572222222

 $01:09:38.555 \rightarrow 01:09:42.450$ screening as the first screening option,

NOTE Confidence: 0.917452572222222

 $01{:}09{:}42{.}450 \dashrightarrow 01{:}09{:}46{.}668$ 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

 $01{:}09{:}48.780 \dashrightarrow 01{:}09{:}51.996$ Studies have shown their their usefulness

NOTE Confidence: 0.917452572222222

 $01:09:51.996 \rightarrow 01:09:54.140$ for colorectal cancer screening,

NOTE Confidence: 0.917452572222222

 $01:09:54.140 \longrightarrow 01:09:56.240$ 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

 $01:10:00.516 \rightarrow 01:10:03.229$ 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

 $01{:}10{:}06{.}419 \dashrightarrow 01{:}10{:}09{.}502$ stool or some a cold blood plus DNA

NOTE Confidence: 0.917452572222222

 $01:10:09.502 \rightarrow 01:10:11.830$ abnormalities related to malignant

 $01{:}10{:}11{.}830 \dashrightarrow 01{:}10{:}16{.}143$ cells that at the end of the day would

NOTE Confidence: 0.917452572222222

 $01:10:16.143 \rightarrow 01:10:18.807$ 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

 $01:10:22.458 \rightarrow 01:10:25.066$ issue about this test is that really

NOTE Confidence: 0.917452572222222

 $01{:}10{:}25.066 \dashrightarrow 01{:}10{:}28.192$ 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

 $01{:}10{:}42.318 \dashrightarrow 01{:}10{:}44.869$ 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 --> 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 the also stated that

NOTE Confidence: 0.917452572222222

 $01:10:51.244 \rightarrow 01:10:53.097$ 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

 $01{:}10{:}56{.}142 \dashrightarrow 01{:}10{:}57{.}832$ 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

 $01:11:02.940 \longrightarrow 01:11:05.480$ So with that in mind,

NOTE Confidence: 0.917452572222222

01:11:05.480 --> 01:11:06.713 they try USPSTF.

NOTE Confidence: 0.917452572222222

 $01:11:06.713 \rightarrow 01:11:09.590$ What they did is they commissioned what

NOTE Confidence: 0.917452572222222

 $01{:}11{:}09.670 \dashrightarrow 01{:}11{:}13.018$ they called the cancer intervention and

NOTE Confidence: 0.917452572222222

01:11:13.018 --> 01:11:15.250 Surveillance Modeling network sysnet

NOTE Confidence: 0.917452572222222

 $01{:}11{:}15{.}331 \dashrightarrow 01{:}11{:}17{.}826$ 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

 $01:11:22.190 \rightarrow 01:11:24.740$ inform really recommendations for

01:11:24.740 --> 01:11:25.922 colorectal cancer screening.

NOTE Confidence: 0.917452572222222

 $01{:}11{:}25{.}922 \dashrightarrow 01{:}11{:}27{.}892$ These are the three different

NOTE Confidence: 0.917452572222222

 $01:11:27.892 \longrightarrow 01:11:29.996$ 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 --> 01:11:33.641 historical colorectal cancer incidence

NOTE Confidence: 0.917452572222222

 $01{:}11{:}33.641 \dashrightarrow 01{:}11{:}36.260$ 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

 $01{:}11{:}39{.}296 \dashrightarrow 01{:}11{:}41{.}133$ 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

 $01{:}11{:}51{.}076$ --> $01{:}11{:}54{.}141$ harms and burden of colorectal

NOTE Confidence: 0.917452572222222

01:11:54.141 --> 01:11:55.367 cancer screening.

NOTE Confidence: 0.917452572222222

 $01{:}11{:}55{.}370 \dashrightarrow 01{:}11{:}57{.}206$ 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

 $01{:}12{:}00{.}110 \dashrightarrow 01{:}12{:}02{.}397$ 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

 $01{:}12{:}06{.}510 \dashrightarrow 01{:}12{:}08{.}874$ You see all the different modalities

NOTE Confidence: 0.7747178925

 $01{:}12{:}08.874 \dashrightarrow 01{:}12{:}10.450$ 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

NOTE Confidence. 0.1141110925

01:12:12.942 --> 01:12:15.108 multi target stool DNA every year,

NOTE Confidence: 0.7747178925

 $01{:}12{:}15{.}110 \dashrightarrow 01{:}12{:}16{.}598$ which is not the recommended one.

NOTE Confidence: 0.7747178925

 $01{:}12{:}16.600 \dashrightarrow 01{:}12{:}18.406$ Recommended one is every three years.

NOTE Confidence: 0.7747178925

 $01{:}12{:}18{.}410 \dashrightarrow 01{:}12{:}19{.}994$ The other ones are.

NOTE Confidence: 0.7747178925

 $01{:}12{:}19{.}994 \dashrightarrow 01{:}12{:}21{.}578$ 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

 $01:12:23.740 \rightarrow 01:12:25.894$ specific time frame and there were several

NOTE Confidence: 0.7747178925

 $01:12:25.894 \rightarrow 01:12:28.010$ 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

 $01:12:31.004 \rightarrow 01:12:33.459$ thousand individual screen and what

 $01{:}12{:}33{.}459 \dashrightarrow 01{:}12{:}36{.}451$ they saw is I'm showing here the the

NOTE Confidence: 0.7747178925

 $01{:}12{:}36{.}451 \dashrightarrow 01{:}12{:}39{.}597$ middle of the different of the different

NOTE Confidence: 0.7747178925

 $01{:}12{:}39{.}597 \dashrightarrow 01{:}12{:}42{.}950$ brackets when it comes to the estimates.

NOTE Confidence: 0.7747178925

 $01:12:42.950 \rightarrow 01:12:44.380$ According to the three models,

NOTE Confidence: 0.7747178925

01:12:44.380 --> 01:12:47.726 so they life years gained per thousand

NOTE Confidence: 0.7747178925

 $01:12:47.726 \longrightarrow 01:12:50.240$ colonoscopies actually using colonoscopies.

NOTE Confidence: 0.7747178925

 $01:12:50.240 \longrightarrow 01:12:54.104$ Primary methods would be 270 will end

NOTE Confidence: 0.7747178925

 $01{:}12{:}54{.}104 \dashrightarrow 01{:}12{:}56{.}603$ the one with the lowest performance will

NOTE Confidence: 0.7747178925

 $01{:}12{:}56.603 \dashrightarrow 01{:}12{:}59.041$ be flexible sigmoid oscopy 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

 $01:13:01.520 \longrightarrow 01:13:06.343$ Though all the all the different screening

NOTE Confidence: 0.7747178925

 $01:13:06.343 \rightarrow 01:13:09.322$ modalities were within were yielding

NOTE Confidence: 0.7747178925

 $01:13:09.322 \longrightarrow 01:13:12.354$ within the 18% range of the highest

NOTE Confidence: 0.7747178925

 $01:13:12.354 \rightarrow 01:13:14.850$ performer which would be colonoscopy here.

NOTE Confidence: 0.7747178925

 $01{:}13{:}14.850 \dashrightarrow 01{:}13{:}17.700$ 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 --> 01:13:22.819 For 1000 screen individuals,

NOTE Confidence: 0.7747178925

 $01{:}13{:}22.820 \dashrightarrow 01{:}13{:}24.505$ 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 --> 01:13:28.630 Deaths averted per thousand screen

NOTE Confidence: 0.7747178925

 $01:13:28.630 \longrightarrow 01:13:32.075$ 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

 $01:13:41.240 \longrightarrow 01:13:42.920$ But at the end of the day again,

NOTE Confidence: 0.7747178925

 $01:13:42.920 \longrightarrow 01:13:44.816$ a difference of one to four,

NOTE Confidence: 0.7747178925

 $01:13:44.820 \rightarrow 01:13:47.977$ 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

 $01:13:49.654 \rightarrow 01:13:50.770$ among the different screening.

 $01:13:50.770 \longrightarrow 01:13:53.145$ Questions per thousand screened individuals

NOTE Confidence: 0.7747178925

 $01:13:53.145 \rightarrow 01:13:56.600$ and they look also for complications.

NOTE Confidence: 0.7747178925

 $01{:}13{:}56{.}600 \dashrightarrow 01{:}13{:}59{.}687$ And here obviously the more aggressive test

NOTE Confidence: 0.7747178925

 $01:13:59.687 \rightarrow 01:14:02.699$ 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 --> 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

 $01{:}14{:}17{.}100 \dashrightarrow 01{:}14{:}19{.}698$ so a difference overall from four

NOTE Confidence: 0.7747178925

 $01{:}14{:}19.698 \dashrightarrow 01{:}14{:}21.430$ to six complication difference.

NOTE Confidence: 0.7747178925

 $01{:}14{:}21{.}430 \dashrightarrow 01{:}14{:}24{.}154$ 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

 $01{:}14{:}28{.}937 \dashrightarrow 01{:}14{:}31{.}467$ 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

 $01:14:34.277 \rightarrow 01:14:36.710$ require per thousand individual screen.

 $01{:}14{:}36{.}710 \dashrightarrow 01{:}14{:}38{.}906$ So when they looked at colonoscopies

NOTE Confidence: 0.7747178925

 $01:14:38.906 \rightarrow 01:14:41.238$ needed when you are using colonoscopy

NOTE Confidence: 0.7747178925

 $01:14:41.238 \longrightarrow 01:14:43.632$ 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

 $01:14:51.934 \rightarrow 01:14:53.746$ if we look at the lowest,

NOTE Confidence: 0.7747178925

 $01:14:53.750 \rightarrow 01:14:55.820$ 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

 $01{:}15{:}04{.}370 \dashrightarrow 01{:}15{:}06{.}050$ per thousand individual screens.

NOTE Confidence: 0.7747178925

 $01{:}15{:}06{.}050 \dashrightarrow 01{:}15{:}08{.}078$ So that would mean that basically

NOTE Confidence: 0.7747178925

 $01{:}15{:}08.078 \dashrightarrow 01{:}15{:}11.225$ that would cut in half the number of

NOTE Confidence: 0.7747178925

 $01{:}15{:}11{.}225 \dashrightarrow 01{:}15{:}13{.}350$ colonoscopies needed per patient from

- NOTE Confidence: 0.7747178925
- $01:15:13.350 \rightarrow 01:15:15.450$ 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
- $01:15:18.230 \rightarrow 01:15:21.387$ Even using the these other pre screening.
- NOTE Confidence: 0.7747178925
- $01:15:21.390 \longrightarrow 01:15:23.830$ Test if if we choose to do so,
- NOTE Confidence: 0.7747178925
- $01:15:23.830 \longrightarrow 01:15:26.590$ but certainly it would definitely decrease
- NOTE Confidence: 0.7747178925
- $01{:}15{:}26{.}590 \dashrightarrow 01{:}15{:}29{.}660$ the overall burden of for colonoscopy.
- NOTE Confidence: 0.809567796933333
- $01{:}15{:}29.660 \dashrightarrow 01{:}15{:}32.015$ 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
- $01:15:35.542 \rightarrow 01:15:37.177$ 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
- $01{:}15{:}38{.}880 \dashrightarrow 01{:}15{:}42{.}378$ the USPSTF really departed from the
- NOTE Confidence: 0.809567796933333
- $01:15:42.378 \rightarrow 01:15:45.699$ 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
- $01{:}15{:}47{.}248 \dashrightarrow 01{:}15{:}49{.}300$ 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
- NOTE Confidence: 0.809567796933333

 $01:15:51.300 \longrightarrow 01:15:52.900$ no longer emphasizing that,

NOTE Confidence: 0.809567796933333

 $01:15:52.900 \rightarrow 01:15:54.860$ and really emphasizing that the

NOTE Confidence: 0.809567796933333

 $01{:}15{:}54.860 \dashrightarrow 01{:}15{:}56.820$ clinical decision should involve all

NOTE Confidence: 0.809567796933333

 $01:15:56.880 \rightarrow 01:15:58.945$ the considerations that we're talking

NOTE Confidence: 0.809567796933333

 $01{:}15{:}58{.}945 \dashrightarrow 01{:}16{:}01{.}460$ about in not only evidence alone

NOTE Confidence: 0.809567796933333

 $01{:}16{:}01{.}460 \dashrightarrow 01{:}16{:}04{.}036$ 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

 $01:16:06.780 \longrightarrow 01:16:09.258$ And more options can result in

NOTE Confidence: 0.809567796933333

 $01:16:09.258 \longrightarrow 01:16:10.497$ better screening uptake.

NOTE Confidence: 0.809567796933333

01:16:10.500 --> 01:16:12.282 Some individuals may be more amenable

NOTE Confidence: 0.809567796933333

 $01:16:12.282 \rightarrow 01:16:14.619$ 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

 $01:16:17.539 \rightarrow 01:16:19.556$ some tests, particularly colonoscopy,

NOTE Confidence: 0.809567796933333

 $01:16:19.556 \longrightarrow 01:16:22.496$ may not be as available,

NOTE Confidence: 0.809567796933333

 $01{:}16{:}22{.}500 \dashrightarrow 01{:}16{:}25{.}938$ and therefore the stool based test,

NOTE Confidence: 0.809567796933333

 $01:16:25.940 \longrightarrow 01:16:27.128$ for instance,

- NOTE Confidence: 0.809567796933333
- 01:16:27.128 --> 01:16:30.098 or city colonography could be
- NOTE Confidence: 0.809567796933333
- $01:16:30.098 \rightarrow 01:16:31.286$ more attractive.
- NOTE Confidence: 0.809567796933333
- 01:16:31.290 --> 01:16:31.750 Choices,
- NOTE Confidence: 0.809567796933333
- $01:16:31.750 \rightarrow 01:16:34.050$ so individualized decision making to
- NOTE Confidence: 0.809567796933333
- $01{:}16{:}34.050 \dashrightarrow 01{:}16{:}36.377$ the specific patient or situation
- NOTE Confidence: 0.809567796933333
- 01:16:36.377 --> 01:16:38.861 as well as local availability of
- NOTE Confidence: 0.809567796933333
- $01:16:38.861 \rightarrow 01:16:40.973$ 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
- $01:16:44.197 \longrightarrow 01:16:46.429$ Tannous comment about the shared
- NOTE Confidence: 0.809567796933333
- $01:16:46.429 \rightarrow 01:16:49.063$ decision making where more and more
- NOTE Confidence: 0.809567796933333
- 01:16:49.070 01:16:51.038 with all the options that we have and
- NOTE Confidence: 0.809567796933333
- $01:16:51.038 \rightarrow 01:16:53.449$ 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
- NOTE Confidence: 0.809567796933333

 $01:17:03.710 \longrightarrow 01:17:05.534$ possibilities that can actually

NOTE Confidence: 0.809567796933333

01:17:05.534 --> 01:17:07.788 fit our individual patient.

NOTE Confidence: 0.809567796933333

01:17:07.790 --> 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

 $01{:}17{:}12{.}970 \dashrightarrow 01{:}17{:}15{.}224$ and this is an important message that

NOTE Confidence: 0.809567796933333

 $01:17:15.224 \rightarrow 01:17:17.785$ came out from those guidelines in 2016.

NOTE Confidence: 0.809567796933333

 $01{:}17{:}17{.}785 \dashrightarrow 01{:}17{:}20{.}215$ 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

 $01{:}17{:}23.018 \dashrightarrow 01{:}17{:}25.338$ occur in concert cohesively and

NOTE Confidence: 0.809567796933333

 $01:17:25.417 \longrightarrow 01:17:27.715$ in an organized way for benefits

NOTE Confidence: 0.809567796933333

 $01:17:27.715 \longrightarrow 01:17:30.345$ to be realized from the point of

NOTE Confidence: 0.809567796933333

 $01:17:30.345 \rightarrow 01:17:31.805$ 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 --> 01:17:36.571 for successful administration of

- NOTE Confidence: 0.809567796933333
- $01:17:36.571 \longrightarrow 01:17:37.747$ 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
- $01:17:39.440 \rightarrow 01:17:41.848$ Or sedation with endoscopy to the timely
- NOTE Confidence: 0.809567796933333
- $01:17:41.848 \rightarrow 01:17:44.259$ 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
- $01:17:47.694 \rightarrow 01:17:49.479$ 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 --> 01:17:57.524 We are going to fail in in really
- NOTE Confidence: 0.809567796933333
- $01:17:57.524 \rightarrow 01:17:59.859$ 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
- $01:18:01.750 \rightarrow 01:18:04.230$ if we don't have a proper way to
- NOTE Confidence: 0.809567796933333
- 01:18:04.230 $\operatorname{-->}$ 01:18:05.964 really follow up and make sure
- NOTE Confidence: 0.809567796933333
- $01:18:06.036 \rightarrow 01:18:07.986$ that they happen in the either.
- NOTE Confidence: 0.809567796933333

01:18:07.990 --> 01:18:10.192 Yearly or every three years for

NOTE Confidence: 0.809567796933333

01:18:10.192 --> 01:18:12.050 the multitarget stool DNA test.

NOTE Confidence: 0.809567796933333

 $01:18:12.050 \rightarrow 01:18:13.805$ We are not going to be able to succeed.

NOTE Confidence: 0.809567796933333

 $01:18:13.810 \longrightarrow 01:18:15.114$ 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

 $01:18:17.936 \rightarrow 01:18:21.610$ really maximize the benefit from it.

NOTE Confidence: 0.809567796933333

 $01{:}18{:}21{.}610 \dashrightarrow 01{:}18{:}24{.}039$ So with all these where we stand

NOTE Confidence: 0.809567796933333

 $01{:}18{:}24.039 \dashrightarrow 01{:}18{:}26.269$ with oral cancer screening in the

NOTE Confidence: 0.809567796933333

 $01{:}18{:}26.269 \dashrightarrow 01{:}18{:}28.129$ US after all these years,

NOTE Confidence: 0.809567796933333

 $01:18:28.130 \rightarrow 01:18:30.895$ 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

 $01{:}18{:}35{.}680 \dashrightarrow 01{:}18{:}39{.}229$ 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

 $01:18:45.684 \rightarrow 01:18:47.374$ with screening would be individuals

 $01:18:47.374 \rightarrow 01:18:49.906$ 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

 $01:18:50.261 \rightarrow 01:18:52.367$ people with less than high school.

NOTE Confidence: 0.75358565

01:18:52.370 --> 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

 $01{:}18{:}55{.}660 \dashrightarrow 01{:}18{:}58{.}546$ So there's these groups of individuals

NOTE Confidence: 0.75358565

 $01:18:58.546 \rightarrow 01:19:01.335$ were really screening is a dismal

NOTE Confidence: 0.75358565

 $01{:}19{:}01{.}335 \dashrightarrow 01{:}19{:}03.675$ 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 --> 01:19:11.629 So even though for many years we've been

NOTE Confidence: 0.75358565

 $01{:}19{:}11{.}629 \dashrightarrow 01{:}19{:}13{.}639$ recommending to start screening at age 50,

NOTE Confidence: 0.75358565

01:19:13.640 --> 01:19:16.660 we still underperformed dramatically in

NOTE Confidence: 0.75358565

 $01{:}19{:}16.660 \dashrightarrow 01{:}19{:}19{.}060$ that age, and there are a lot of reasons.

NOTE Confidence: 0.75358565

 $01{:}19{:}19{.}060 \dashrightarrow 01{:}19{:}21{.}195$ 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

 $01:19:29.374 \rightarrow 01:19:31.460$ while before they become convinced,

NOTE Confidence: 0.75358565

 $01{:}19{:}31{.}460 \dashrightarrow 01{:}19{:}32{.}820$ but also they are.

NOTE Confidence: 0.75358565

 $01{:}19{:}32{.}820 \dashrightarrow 01{:}19{:}34{.}860$ The other reason is that more

NOTE Confidence: 0.75358565

 $01:19:34.938 \rightarrow 01:19:37.026$ as as the population is younger,

NOTE Confidence: 0.75358565

 $01:19:37.026 \rightarrow 01:19:39.306$ 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

 $01:19:41.160 \rightarrow 01:19:42.270$ 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

 $01:19:47.530 \longrightarrow 01:19:49.410$ but also have of the,

NOTE Confidence: 0.75358565

 $01{:}19{:}49{.}410 \dashrightarrow 01{:}19{:}51{.}433$ even though we said that Medicaid and

NOTE Confidence: 0.75358565

 $01:19:51.433 \rightarrow 01:19:53.538$ uninsured have the lowest screening rates.

- NOTE Confidence: 0.75358565
- $01:19:53.540 \longrightarrow 01:19:55.754$ Half of the.

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

 $01:19:57.970 \rightarrow 01:20:00.007$ and a quarter of medical patients do

NOTE Confidence: 0.75358565

 $01{:}20{:}00.007 \dashrightarrow 01{:}20{:}02.438$ are not up to date with screenings.

NOTE Confidence: 0.75358565

 $01{:}20{:}02{.}440 \dashrightarrow 01{:}20{:}03{.}980$ 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

 $01:20:04.618 \rightarrow 01:20:06.532$ 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

 $01:20:08.480 \longrightarrow 01:20:10.050$ talking about individuals we have.

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}12.630 \dashrightarrow 01{:}20{:}14.555$ Context and then regular basis

NOTE Confidence: 0.840105356666667

 $01{:}20{:}14.555 \dashrightarrow 01{:}20{:}16.095$ with our healthcare system,

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}16.100 \dashrightarrow 01{:}20{:}18.044$ we really need to figure out a way

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}18.044 \dashrightarrow 01{:}20{:}19.912$ to really reach out those those

NOTE Confidence: 0.8401053566666667

 $01:20:19.912 \rightarrow 01:20:21.567$ individuals who are not regularly

 $01:20:21.567 \rightarrow 01:20:23.311$ seen by medical providers and who

NOTE Confidence: 0.8401053566666667

 $01:20:23.311 \rightarrow 01:20:25.212$ happen to be in this younger age.

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}25{.}212 \dashrightarrow 01{:}20{:}27{.}109$ And I'll show you in a minute

NOTE Confidence: 0.8401053566666667

 $01:20:27.109 \longrightarrow 01:20:28.678$ why that is so important.

NOTE Confidence: 0.8401053566666667

 $01:20:28.680 \longrightarrow 01:20:31.638$ So without this.

NOTE Confidence: 0.8401053566666667

 $01:20:31.640 \longrightarrow 01:20:35.042$ In in, in one of the facts that we

NOTE Confidence: 0.840105356666667

 $01{:}20{:}35.042 \dashrightarrow 01{:}20{:}38.293$ really recognize over the last few years

NOTE Confidence: 0.8401053566666667

 $01:20:38.293 \longrightarrow 01:20:41.989$ is that in spite of these wonderful.

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}41{.}990 \dashrightarrow 01{:}20{:}44{.}550$ Data over the last 30 years or so

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}44.550 \dashrightarrow 01{:}20{:}47.590$ on the steady decrease in incidence.

NOTE Confidence: 0.8401053566666667

 $01:20:47.590 \longrightarrow 01:20:50.476$ Colorectal cancer in older than 50.

NOTE Confidence: 0.8401053566666667

 $01:20:50.480 \longrightarrow 01:20:53.280$ We have seen this very steady increase

NOTE Confidence: 0.8401053566666667

 $01:20:53.280 \longrightarrow 01:20:55.738$ in the incidence of the younger

NOTE Confidence: 0.8401053566666667

 $01{:}20{:}55{.}738 \dashrightarrow 01{:}20{:}58{.}489$ individuals in between 20 and 49 that's

NOTE Confidence: 0.840105356666667

 $01{:}20{:}58.566 \dashrightarrow 01{:}21{:}01{.}134$ translated in an increase in annual

NOTE Confidence: 0.8401053566666667

 $01:21:01.134 \rightarrow 01:21:05.370$ increase of 1.8% from 2006 to 2015.

- NOTE Confidence: 0.8401053566666667
- 01:21:05.370 --> 01:21:09.360 Individuals that are younger than 55 really
- NOTE Confidence: 0.8401053566666667
- 01:21:09.360 --> 01:21:12.200 pretty significant increase particularly.
- NOTE Confidence: 0.8401053566666667
- $01:21:12.200 \rightarrow 01:21:14.200$ So when comparing with the
- NOTE Confidence: 0.8401053566666667
- $01:21:14.200 \longrightarrow 01:21:15.995$ overall numbers in that,
- NOTE Confidence: 0.8401053566666667
- $01:21:15.995 \rightarrow 01:21:19.020$ so I'm adults younger than 55,
- NOTE Confidence: 0.8401053566666667
- $01:21:19.020 \longrightarrow 01:21:22.266$ there's been a 51% increase in
- NOTE Confidence: 0.8401053566666667
- $01{:}21{:}22{.}266 \dashrightarrow 01{:}21{:}24{.}176$ incidence of colorectal cancer from
- NOTE Confidence: 0.8401053566666667
- $01{:}21{:}24{.}180 \dashrightarrow 01{:}21{:}27{.}512$ 94 to 2014 and an 11% increase
- NOTE Confidence: 0.8401053566666667
- $01:21:27.512 \longrightarrow 01:21:29.753$ in mortality from 2005 to 2015.
- NOTE Confidence: 0.8401053566666667
- $01:21:29.753 \longrightarrow 01:21:32.070$ And if you look at here in
- NOTE Confidence: 0.8401053566666667
- $01:21:32.155 \longrightarrow 01:21:34.639$ this graph here we have years,
- NOTE Confidence: 0.8401053566666667
- 01:21:34.640 --> 01:21:38.536 year of birth, and if you look closely,
- NOTE Confidence: 0.8401053566666667
- $01{:}21{:}38{.}540 \dashrightarrow 01{:}21{:}41{.}520$ basically almost all individuals.
- NOTE Confidence: 0.8401053566666667
- $01{:}21{:}41{.}520 \dashrightarrow 01{:}21{:}46{.}902$ Uh, were born after eight after uh, 1960.
- NOTE Confidence: 0.8401053566666667
- $01:21:46.902 \rightarrow 01:21:48.950$ In all age groups,
- NOTE Confidence: 0.8401053566666667

- $01:21:48.950 \longrightarrow 01:21:51.782$ we see an uptick in colorectal
- NOTE Confidence: 0.8401053566666667
- $01:21:51.782 \longrightarrow 01:21:52.726$ cancer incidence.
- NOTE Confidence: 0.8401053566666667
- 01:21:52.730 --> 01:21:55.150 So anyone basically who has
- NOTE Confidence: 0.8401053566666667
- $01:21:55.150 \longrightarrow 01:21:57.983$ been born after that after 1960,
- NOTE Confidence: 0.8401053566666667
- $01{:}21{:}57{.}983 \dashrightarrow 01{:}22{:}00{.}461$ we've seen that increase in colorectal
- NOTE Confidence: 0.8401053566666667
- $01{:}22{:}00{.}461 \dashrightarrow 01{:}22{:}02{.}936$ cancer incidence and the increase in
- NOTE Confidence: 0.8401053566666667
- $01{:}22{:}02{.}936 \dashrightarrow 01{:}22{:}05{.}264$ the annual percentage change in the
- NOTE Confidence: 0.8401053566666667
- $01:22:05.264 \rightarrow 01:22:07.624$ incidence rate for adults aged 40 to 49,
- NOTE Confidence: 0.8401053566666667
- 01:22:07.630 --> 01:22:10.480 which is a which has been on average 1.3%
- NOTE Confidence: 0.8401053566666667
- $01:22:10.480 \rightarrow 01:22:13.270$ has been more than twice that of the adults.
- NOTE Confidence: 0.8401053566666667
- $01:22:13.270 \longrightarrow 01:22:15.178$ Age 50 to 54.
- NOTE Confidence: 0.8401053566666667
- $01:22:15.178 \longrightarrow 01:22:18.040$ So really dramatic increase in the
- NOTE Confidence: 0.8401053566666667
- $01:22:18.148 \longrightarrow 01:22:20.979$ younger side of the of these patients.
- NOTE Confidence: 0.8401053566666667
- $01:22:20.979 \longrightarrow 01:22:22.857$ This suggests that the risk for
- NOTE Confidence: 0.8401053566666667
- $01{:}22{:}22{.}857 \dashrightarrow 01{:}22{:}24.626$ the younger cohort will continue
- NOTE Confidence: 0.8401053566666667
- $01:22:24.626 \rightarrow 01:22:26.951$ to carry forward into the group age

- NOTE Confidence: 0.8401053566666667
- $01:22:26.951 \longrightarrow 01:22:29.256$ 50 to 54 over the next few years.
- NOTE Confidence: 0.8401053566666667
- 01:22:29.260 --> 01:22:29.700 Therefore,
- NOTE Confidence: 0.8401053566666667
- $01:22:29.700 \longrightarrow 01:22:32.340$ the the effect will be really
- NOTE Confidence: 0.8401053566666667
- $01:22:32.340 \rightarrow 01:22:34.240$ important and and what I'm really
- NOTE Confidence: 0.8401053566666667
- $01:22:34.240 \longrightarrow 01:22:36.544$ 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: 0.8401053566666667
- $01{:}22{:}39.798 \dashrightarrow 01{:}22{:}42.560$ and and that clearly is been shown
- NOTE Confidence: 0.8401053566666667
- $01:22:42.560 \longrightarrow 01:22:44.129$ here where basically.
- NOTE Confidence: 0.8401053566666667
- 01:22:44.130 --> 01:22:44.599 Uh,
- NOTE Confidence: 0.8401053566666667
- $01:22:44.599 \longrightarrow 01:22:47.882$ what we've seen is that the incidence
- NOTE Confidence: 0.8401053566666667
- $01{:}22{:}47.882 \dashrightarrow 01{:}22{:}51.291$ of a of the colorectal cancer at
- NOTE Confidence: 0.840105356666667
- 01:22:51.291 --> 01:22:55.130 age 45 in 2015 has reached the same
- NOTE Confidence: 0.8401053566666667
- $01:22:55.130 \rightarrow 01:22:58.330$ incidence that we had at age 15,
- NOTE Confidence: 0.8401053566666667
- 01:22:58.330 --> 01:22:59.304 nineteen, 93,
- NOTE Confidence: 0.8401053566666667
- $01:22:59.304 \rightarrow 01:23:02.462$ which is about 30 per 100,000 individuals.
- NOTE Confidence: 0.8401053566666667

 $01:23:02.462 \rightarrow 01:23:05.230$ And that's where we say 45 is the

NOTE Confidence: 0.8401053566666667

01:23:05.230 --> 01:23:06.830 new 50 in colorectal cancer,

NOTE Confidence: 0.8401053566666667

 $01:23:06.830 \longrightarrow 01:23:08.126$ because that's where we.

NOTE Confidence: 0.8401053566666667

 $01:23:08.126 \rightarrow 01:23:10.070$ That's where we are right now.

NOTE Confidence: 0.8401053566666667

 $01:23:10.070 \longrightarrow 01:23:12.596$ And that's how backing away we've

NOTE Confidence: 0.8401053566666667

 $01:23:12.596 \longrightarrow 01:23:14.280$ moved from that standpoint.

NOTE Confidence: 0.8401053566666667

01:23:14.280 --> 01:23:14.830 Unfortunately,

NOTE Confidence: 0.8401053566666667

 $01:23:14.830 \longrightarrow 01:23:18.143$ so adults born around 1990 have twice

NOTE Confidence: 0.8401053566666667

 $01{:}23{:}18{.}143 \dashrightarrow 01{:}23{:}20{.}369$ the risk of colorectal cancer and

NOTE Confidence: 0.8401053566666667

 $01{:}23{:}20.369 \dashrightarrow 01{:}23{:}23.077$ four times the risk of rectal cancer

NOTE Confidence: 0.8401053566666667

 $01:23:23.077 \rightarrow 01:23:25.654$ compared to adults born around 1950,

NOTE Confidence: 0.8401053566666667

 $01{:}23{:}25{.}654 \dashrightarrow 01{:}23{:}30{.}910$ so and so we can see that while in

NOTE Confidence: 0.8401053566666667

 $01{:}23{:}30{.}910 \dashrightarrow 01{:}23{:}32{.}780$ 1996.4% of colorectal cancers were

NOTE Confidence: 0.8401053566666667

 $01{:}23{:}32.780 \dashrightarrow 01{:}23{:}34.650$ among individuals younger than 50

NOTE Confidence: 0.840105356666667

 $01:23:34.714 \rightarrow 01:23:38.294$ that in 2015 had doubled to 12.4%,

NOTE Confidence: 0.8401053566666667

 $01:23:38.294 \rightarrow 01:23:40.310$ so really significant increase,

- NOTE Confidence: 0.8401053566666667
- 01:23:40.310 --> 01:23:42.090 and I think that really,
- NOTE Confidence: 0.8401053566666667
- $01:23:42.090 \rightarrow 01:23:44.746$ 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
- $01:23:47.320 \rightarrow 01:23:49.084$ lower in this younger population,
- NOTE Confidence: 0.9089634125
- 01:23:49.084 --> 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
- $01:23:54.784 \rightarrow 01:23:56.984$ disease in the group of 45 to 49,
- NOTE Confidence: 0.9089634125
- $01{:}23{:}56{.}990 \dashrightarrow 01{:}23{:}58{.}448$ that's about 10% of all life
- NOTE Confidence: 0.9089634125
- $01{:}23{:}58{.}448 \dashrightarrow 01{:}24{:}00{.}159$ 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 --> 01:24:09.800 Argument to make a about
- NOTE Confidence: 0.9089634125
- $01:24:09.800 \rightarrow 01:24:12.590$ decreasing screening at age to 45.
- NOTE Confidence: 0.9089634125
- $01{:}24{:}12{.}590 \dashrightarrow 01{:}24{:}14{.}810$ So the with all these data,
- NOTE Confidence: 0.9089634125
- $01{:}24{:}14{.}810 \dashrightarrow 01{:}24{:}17{.}029$ the ACS in 2018 that decided to
- NOTE Confidence: 0.9089634125

- $01:24:17.029 \rightarrow 01:24:19.172$ 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
- $01:24:21.052 \rightarrow 01:24:22.689$ and basically what they did.
- NOTE Confidence: 0.9089634125
- $01:24:22.690 \longrightarrow 01:24:24.082$ 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
- $01{:}24{:}26.870 \dashrightarrow 01{:}24{:}30.104$ One of these modeling groups that
- NOTE Confidence: 0.9089634125
- $01{:}24{:}30{.}104 \dashrightarrow 01{:}24{:}33{.}901$ actually USPSTF has been using and what
- NOTE Confidence: 0.9089634125
- $01:24:33.901 \rightarrow 01:24:36.997$ they did is they analyzed outcomes.
- NOTE Confidence: 0.9089634125
- $01{:}24{:}37{.}000 \dashrightarrow 01{:}24{:}39{.}514$ Not only under that assumption that
- NOTE Confidence: 0.9089634125
- $01{:}24{:}39{.}514 \dashrightarrow 01{:}24{:}42{.}839$ that the of the prescreening years,
- NOTE Confidence: 0.9089634125
- $01:24:42.840 \longrightarrow 01:24:45.136$ but also the what they did is
- NOTE Confidence: 0.9089634125
- 01:24:45.136 --> 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 --> 01:24:51.436 young set colorectal cancer.
- NOTE Confidence: 0.9089634125
- $01:24:51.440 \longrightarrow 01:24:52.340$ And in that case,

- NOTE Confidence: 0.9089634125
- $01:24:52.340 \longrightarrow 01:24:53.690$ 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
- $01{:}24{:}56{.}980 \dashrightarrow 01{:}25{:}00{.}120$ 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
- $01:25:05.386 \rightarrow 01:25:08.278$ starting training range we would increase.
- NOTE Confidence: 0.9089634125
- 01:25:08.280 --> 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
- $01{:}25{:}15.655 \dashrightarrow 01{:}25{:}17.561$ convincingly demonstrated that due to
- NOTE Confidence: 0.9089634125
- $01:25:17.561 \rightarrow 01:25:19.371$ 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
- NOTE Confidence: 0.9089634125

 $01:25:22.885 \longrightarrow 01:25:25.619$ between the ages of 45 and 75

NOTE Confidence: 0.9089634125

 $01{:}25{:}25{.}619 \dashrightarrow 01{:}25{:}27{.}307$ 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

 $01:25:31.662 \rightarrow 01:25:33.211$ per life years gained,

NOTE Confidence: 0.9089634125

 $01{:}25{:}33{.}211 \dashrightarrow 01{:}25{:}35{.}797$ so the trend of increasing colorectal

NOTE Confidence: 0.9089634125

01:25:35.797 --> 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

 $01{:}25{:}40{.}235 \dashrightarrow 01{:}25{:}42{.}111$ suggests that these recommendations NOTE Confidence: 0.9089634125

 $01:25:42.111 \rightarrow 01:25:44.269$ 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

 $01:25:46.764 \rightarrow 01:25:49.164$ balance strongly favors changing to 45.

NOTE Confidence: 0.9089634125

 $01{:}25{:}49{.}170 \dashrightarrow 01{:}25{:}49{.}788$ After that,

NOTE Confidence: 0.9089634125

 $01{:}25{:}49{.}788 \dashrightarrow 01{:}25{:}51{.}642$ 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

 $01:25:53.105 \rightarrow 01:25:54.566$ same modeling groups again,

- NOTE Confidence: 0.9089634125
- $01:25:54.566 \rightarrow 01:25:56.354$ and they did the same process
- NOTE Confidence: 0.9089634125
- $01:25:56.354 \rightarrow 01:25:59.430$ that it did before in 2016,
- NOTE Confidence: 0.9089634125
- $01:25:59.430 \rightarrow 01:26:03.966$ 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
- $01:26:06.328 \rightarrow 01:26:07.900$ additional live years game.
- NOTE Confidence: 0.9089634125
- $01{:}26{:}07{.}900 \dashrightarrow 01{:}26{:}10{.}077$ And basically what they saw is that
- NOTE Confidence: 0.9089634125
- $01:26:10.077 \rightarrow 01:26:12.900$ 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
- $01{:}26{:}16.200 \dashrightarrow 01{:}26{:}18.727$ The number of additional life years gained
- NOTE Confidence: 0.9089634125
- 01:26:18.727 --> 01:26:21.560 per hundred per thousand individual screen.
- NOTE Confidence: 0.9089634125
- 01:26:21.560 --> 01:26:23.445 Here they looked at additional
- NOTE Confidence: 0.9089634125
- 01:26:23.445 --> 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
- $01{:}26{:}28{.}029 \dashrightarrow 01{:}26{:}31{.}105$ would result in three more additional
- NOTE Confidence: 0.9089634125
- $01{:}26{:}31{.}105 \dashrightarrow 01{:}26{:}34{.}214$ colorectal cancers a verted out of 1000
- NOTE Confidence: 0.9089634125

- $01:26:34.214 \rightarrow 01:26:37.616$ individual screen would again with 17% more.
- NOTE Confidence: 0.9089634125
- 01:26:37.616 --> 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
- $01{:}26{:}39{.}810 \dashrightarrow 01{:}26{:}41{.}880$ USPSTF came up with the same
- NOTE Confidence: 0.9089634125
- $01{:}26{:}41{.}880 \dashrightarrow 01{:}26{:}43{.}566$ recommendation with it that the
- NOTE Confidence: 0.9089634125
- $01{:}26{:}43.566 \dashrightarrow 01{:}26{:}46.577$ ACS came up with in 2018 which was
- NOTE Confidence: 0.9089634125
- $01{:}26{:}46.577 \dashrightarrow 01{:}26{:}49.013$ starting screening for average
- NOTE Confidence: 0.9089634125
- 01:26:49.013 --> 01:26:51.924 average risk individuals at 45 instead
- NOTE Confidence: 0.9089634125
- $01:26:51.924 \rightarrow 01:26:54.940$ 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
- $01:27:04.100 \rightarrow 01:27:06.075$ 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
- $01:27:08.560 \rightarrow 01:27:10.726$ The benefits of early detection and

- NOTE Confidence: 0.858586135
- $01:27:10.726 \longrightarrow 01:27:12.170$ intervention for colorectal cancer
- NOTE Confidence: 0.858586135
- 01:27:12.231 --> 01:27:14.591 screening seem to decline after age 75
- NOTE Confidence: 0.858586135
- $01{:}27{:}14.591 \dashrightarrow 01{:}27{:}17.897$ 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
 --> 01:27:23.186 and the individual one considering over
- NOTE Confidence: 0.858586135
- $01{:}27{:}23.186 \dashrightarrow 01{:}27{:}26.066$ our health prior screening history and
- NOTE Confidence: 0.858586135
- 01:27:26.066 --> 01:27:28.814 benefiting after age 85 seems to be a very,
- NOTE Confidence: 0.858586135
- $01:27:28.820 \longrightarrow 01:27:31.285$ very unlikely benefit given the
- NOTE Confidence: 0.858586135
- 01:27:31.285 --> 01:27:33.257 potential for adverse events.
- NOTE Confidence: 0.858586135
- 01:27:33.260 --> 01:27:37.068 So, with all these,
- NOTE Confidence: 0.858586135
- 01:27:37.070 --> 01:27:39.366 group of us have tried to really.
- NOTE Confidence: 0.858586135
- $01:27:39.370 \longrightarrow 01:27:42.346$ Incorporate all that type of information
- NOTE Confidence: 0.858586135
- $01:27:42.350 \longrightarrow 01:27:44.950$ in a way that the providers in our
- NOTE Confidence: 0.858586135
- $01{:}27{:}44.950 \dashrightarrow 01{:}27{:}47.236$ system will have all the tools to
- NOTE Confidence: 0.858586135
- $01:27:47.236 \rightarrow 01:27:49.040$ really work on that decision making
- NOTE Confidence: 0.858586135

 $01:27:49.040 \longrightarrow 01:27:50.490$ process shared with the patients

NOTE Confidence: 0.858586135

 $01{:}27{:}50{.}537 \dashrightarrow 01{:}27{:}52{.}103$ and trying to really find the

NOTE Confidence: 0.858586135

 $01:27:52.103 \rightarrow 01:27:53.770$ appropriate way to screen individuals.

NOTE Confidence: 0.858586135

 $01{:}27{:}53{.}770 \dashrightarrow 01{:}27{:}56{.}178$ And that came out came life in

NOTE Confidence: 0.858586135

 $01:27:56.178 \longrightarrow 01:27:58.259$ the epic system wide at Yale,

NOTE Confidence: 0.858586135

01:27:58.260 --> 01:28:00.600 New Haven Health just yesterday.

NOTE Confidence: 0.858586135

 $01:28:00.600 \rightarrow 01:28:03.294$ And that's the correct cancer screening

NOTE Confidence: 0.858586135

 $01:28:03.294 \rightarrow 01:28:07.025$ pathway where we really go through the

NOTE Confidence: 0.858586135

 $01{:}28{:}07{.}025 \dashrightarrow 01{:}28{:}09{.}604$ different recommendations when it comes for.

NOTE Confidence: 0.858586135

 $01:28:09.604 \rightarrow 01:28:10.860$ Uh, when we should?

NOTE Confidence: 0.858586135

 $01:28:10.860 \longrightarrow 01:28:12.380$ We should not screen,

NOTE Confidence: 0.858586135

 $01:28:12.380 \longrightarrow 01:28:15.969$ but then after that it gives you the takes

NOTE Confidence: 0.858586135

 $01{:}28{:}15.969 \dashrightarrow 01{:}28{:}18.429$ you into evaluating if the individual

NOTE Confidence: 0.858586135

01:28:18.429 --> 01:28:21.186 is high risk versus average risk.

NOTE Confidence: 0.858586135

 $01:28:21.186 \rightarrow 01:28:24.324$ Here we have some examples where

NOTE Confidence: 0.858586135

 $01:28:24.324 \rightarrow 01:28:27.060$ basically as you hover in all

- NOTE Confidence: 0.858586135
- 01:28:27.060 --> 01:28:28.892 these blue text you'll see,

01:28:28.892 --> 01:28:29.580 for instance,

NOTE Confidence: 0.858586135

 $01:28:29.580 \rightarrow 01:28:31.736$ this is hovering over stool based testing

NOTE Confidence: 0.858586135

 $01:28:31.736 \longrightarrow 01:28:34.600$ will be a benefits and risk for instance.

NOTE Confidence: 0.858586135

 $01:28:34.600 \longrightarrow 01:28:36.724$ Or actually you can have here

NOTE Confidence: 0.858586135

01:28:36.724 --> 01:28:39.329 opening up a table of sensitivity,

NOTE Confidence: 0.858586135

 $01:28:39.330 \longrightarrow 01:28:42.100$ specificity of all the different.

NOTE Confidence: 0.858586135

 $01:28:42.100 \rightarrow 01:28:45.796$ Screening tests for both polyps and cancer,

NOTE Confidence: 0.858586135

 $01{:}28{:}45{.}800 \dashrightarrow 01{:}28{:}49{.}094$ and it takes you down here helps you also

NOTE Confidence: 0.858586135

 $01{:}28{:}49{.}094 \dashrightarrow 01{:}28{:}51{.}770$ analyze who is at high risk and therefore

NOTE Confidence: 0.858586135

 $01:28:51.770 \rightarrow 01:28:54.251$ we would be suggesting colonoscopy

NOTE Confidence: 0.858586135

01:28:54.251 --> 01:28:56.280 versus non colonoscopy approaches

NOTE Confidence: 0.858586135

 $01{:}28{:}56{.}280 \dashrightarrow 01{:}28{:}59{.}740$ and basically at the end of the day.

NOTE Confidence: 0.858586135

 $01{:}28{:}59{.}740 \dashrightarrow 01{:}29{:}02{.}260$ Once you make that decision,

NOTE Confidence: 0.858586135

 $01{:}29{:}02{.}260 \dashrightarrow 01{:}29{:}04{.}570$ it also allows you to really place

- $01:29:04.570 \rightarrow 01:29:06.600$ the orders directly for colonoscopy,
- NOTE Confidence: 0.858586135
- $01{:}29{:}06{.}600 \dashrightarrow 01{:}29{:}08{.}472$ for City colonography and
- NOTE Confidence: 0.858586135
- $01:29:08.472 \longrightarrow 01:29:11.650$ for a stool based test so it.
- NOTE Confidence: 0.858586135
- $01:29:11.650 \longrightarrow 01:29:13.498$ Within the same path we were able to
- NOTE Confidence: 0.858586135
- $01:29:13.498 \rightarrow 01:29:15.327$ really go through the whole process,
- NOTE Confidence: 0.858586135
- $01:29:15.330 \longrightarrow 01:29:16.902$ so we hope that these two
- NOTE Confidence: 0.858586135
- 01:29:16.902 --> 01:29:17.950 will be really helpful,
- NOTE Confidence: 0.858586135
- $01:29:17.950 \rightarrow 01:29:19.516$ not only to increase screening grades,
- NOTE Confidence: 0.858586135
- 01:29:19.520 --> 01:29:22.215 but also to help the providers to
- NOTE Confidence: 0.858586135
- $01:29:22.215 \rightarrow 01:29:24.598$ have those discussions with the right
- NOTE Confidence: 0.858586135
- $01{:}29{:}24{.}598 \dashrightarrow 01{:}29{:}26{.}908$ information and and making sure that NOTE Confidence: 0.858586135
- $01:29:26.908 \rightarrow 01:29:29.515$ that every patient does have the
- NOTE Confidence: 0.858586135
- $01:29:29.515 \longrightarrow 01:29:32.905$ benefit of really being able to.
- NOTE Confidence: 0.858586135
- $01{:}29{:}32{.}910 \dashrightarrow 01{:}29{:}36{.}318$ Make a well informed decision about
- NOTE Confidence: 0.858586135
- $01:29:36.318 \rightarrow 01:29:39.450$ screening approaches and that is all
- NOTE Confidence: 0.858586135
- 01:29:39.450 --> 01:29:42.522 I wanted to talk to you about tonight

- NOTE Confidence: 0.858586135
- $01:29:42.617 \rightarrow 01:29:45.585$ and I think we'll run out of time.
- NOTE Confidence: 0.858586135
- $01:29:45.590 \longrightarrow 01:29:48.230$ So.
- NOTE Confidence: 0.858586135
- $01:29:48.230 \rightarrow 01:29:51.324$ We may not have time for answers,
- NOTE Confidence: 0.858586135
- $01:29:51.330 \rightarrow 01:29:54.290$ but anyone can feel free to email us
- NOTE Confidence: 0.858586135
- $01:29:54.290 \longrightarrow 01:29:57.572$ and we'll be very happy to to address
- NOTE Confidence: 0.858586135
- $01:29:57.572 \rightarrow 01:29:59.940$ any questions from this session.
- NOTE Confidence: 0.858586135
- 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
- $01:30:04.890 \rightarrow 01:30:09.538$ again, thanking tremendously doctors.
- NOTE Confidence: 0.858586135
- $01:30:09.540 \longrightarrow 01:30:14.220$ There is a tanui and lasberg for being here,
- NOTE Confidence: 0.858586135
- $01:30:14.220 \longrightarrow 01:30:15.483$ sharing their knowledge,
- NOTE Confidence: 0.858586135
- $01:30:15.483 \rightarrow 01:30:17.588$ and in such wonderful presentations
- NOTE Confidence: 0.858586135
- 01:30:17.588 --> 01:30:19.934 it's been a pleasure to to share
- NOTE Confidence: 0.858586135
- $01:30:19.934 \longrightarrow 01:30:21.082$ that time with them.
- NOTE Confidence: 0.858586135

 $01{:}30{:}21.090 \dashrightarrow 01{:}30{:}23.330$ Thank you all for being here to night.

NOTE Confidence: 0.858586135

01:30:23.330 --> 01:30:23.770 Goodnight