**The San Francisco Cancer Initiative – SF CAN**

**Progress Report for Year 5 – July 1, 2020 – June 30, 2021**

**Executive Summary**

In the fifth year of activity for SF CAN activities had to be severely curtailed because of the SARS-CoV2 pandemic. Nevertheless, work continued for all Task Forces and progress was made toward the goal of reducing the cancer burden in the City and County of San Francisco. The most recent registry data as summarized in the UCSF Health Atlas for the years 2014-18 revealed that our continued focus on the major causes of cancer mortality (except for pancreas) still accounts for 49% of all cancer deaths in the City. There were 6882 cancer deaths in San Francisco residents during this period (average of 1376/yr) from lung and bronchus (1439), colorectal (642), liver (508), breast (425), and prostate (357). In the same 5-year period there were 19,907 new cancers and our focus accounted for 49.2% of these: breast (3028), lung and bronchus (2245), prostate (1978), colorectal (1735), and liver (818). The cancer burden, however, is not just these overall statistics of mortality and incidence, but the morbidity associated with screening, diagnosis, treatment, and the cares of those surviving cancer. We continue to track our activities with milestones identified in logic models that identify detailed activities, outputs, outcomes, and impact. Furthermore, progress has been made on ways in which the Task Forces can work more closely together.

Our Year Five Progress Report is organized with an Executive Summary that focuses on last year’s accomplishments in order of the cancers with the highest mortality that cover leadership, Task Force Partners, goals, progress/accomplishments, challenges, dissemination/publication, and plans for Year 6. An invited manuscript updating progress for SF CAN at the 5-year mark is under review at Cancer Epidemiology. We would like to consider a meeting with our External Advisors in the Fall to recognize our accomplishments over the last 5 years.

**SF CAN YR05 Progress Report Summaries**

1. **Tobacco-related Cancers Task Force – 1**

**Promoting smoking cessation and smoke-free environments in San Francisco’s low income and high cancer risk populations.**

**Task Force Lead:** Maya Vijayaraghavan, MD, MAS

**Goal:** Reduce smoking among people experiencing homelessness (PEH) seeking services at emergency shelters and navigations centers through trainings for services staff to provide on-site counseling services and provision of on-site access to smoking cessation medications.

**Accomplishments:** The highest rates of tobacco use in San Francisco remain those among the homeless. This Task Force has been conducted education, counseling, and treatment activities over the last year enrolled 52 resident participants from two navigation sites into smoking cessation program. 63.5% attended all 13 visits and 78.9% attended 12 out of 13 visits. The average number of visits that participants attended was six. Overall results have shown that a smoking cessation program linked with a community pharmacist-delivered intervention was feasible to implement in homeless shelters and reduced tobacco use among PEH. Findings highlight a role for leveraging community-based pharmacies to expand smoking cessation services in homeless shelters in order to reduce tobacco use and tobacco-related health disparities among PEH.

**Dissemination:**

1. Interventions to reduce tobacco use in people experiencing homelessness. Cochrane Database Syst Rev. 2020 12 03; 12:CD013413. Vijayaraghavan M, Elser H, Frazer K, Lindson N, Apollonio D. PMID: 33284989.
2. A Community-Based Tobacco Cessation Program for Individuals Experiencing Homelessness. Hartman-Filson M, BA, Chen J, Lee P, Phan M, Apollonio D, Kroon L, Donald F, Vijayaraghavan M. Abstract submitted to the Health Disparities Research Symposium, October 2021
3. A Community-Based Tobacco Cessation Program for Individuals Experiencing Homelessness. Chen J, Lee P, Phan M, Hartman-Filson M, BA, Apollonio D, Kroon, Donald F3, Vijayaraghavan M. Presentation to the California Society of Health System Pharmacists, 2021.
4. **Tobacco-related Cancers Task Force – 2**

**Decreasing Tobacco Use Among High-Risk Young Adults**

**Task Force Lead:** Pam Ling, MD, MPH

**Goal**: Young adults have high tobacco use rates and the highest rates of use of novel tobacco products (such as e-cigarettes) in San Francisco. Young adults are also less likely to utilize evidence based smoking cessation methods, despite equal interest and success in quit attempts compared to their older adult counterparts. The goal for this TF is to close the gap in the young adult smoking cessation disparity and increase access to evidence based smoking cessation counseling by using social media.

**Accomplishments:** Two pharmacy students analyzed qualitative data from the Facebook quit groups related to use of pharmacotherapy and electronic cigarettes, working with a postdoc to write up a paper for submission. The TF also continued its partnership with HopeLab and Rescue but pivoted during the pandemic to develop a new teen vaping intervention on Instagram. Supplementing the support from SF CAN, the TF secured a grant from the Tobacco-Related Disease Research Program (TRDRP) to conduct pilot study and RCT of the intervention to start July 2021. Their work has been extended nationally and pilot tests have been completed in South Carolina and San Diego as well as San Francisco.

**Dissemination:** Presented two webinars on “Quit the Hit” to State Tobacco Programs across US.

1. Nguyen N, Holmes LM, Kim M, **Ling PM.** Using Peer Crowd Affiliation to Address Dual Use of Cigarettes and E-Cigarettes among San Francisco Bay Area Young Adults: A Cross Sectional Study. Int J Environ Res Public Health. 2020 Oct 20;17(20):7643. doi: 10.3390/ijerph17207643. PMID: 33092106; PMCID: PMC7588881.
2. Holmes LM, Thrul J, Warren N, **Ling PM.**  Local Variation in Cannabis Use Patterns among Young Adults in the San Francisco Bay Area. Spatial and Spatio-temporal Epidemiology. 2021 Jun;37:100418. DOI: 10.1016/j.sste.2021.100418.
3. McQuoid J, Keane H, **Ling PM.**  Purposeful play: exploring a bar-based, anti-tobacco intervention for young adults.  Drugs: Education, Prevention and Policy.  DOI: 10.1080/09687637.2021.1932753
4. Nguyen N, Neilands TB, Lisha N, Lyu JC, Olson SS, **Ling PM.**  Longitudinal associations between use of tobacco and cannabis among cigarette smokers in real-world smoking cessation treatment.  Journal of Addiction Medicine.  Submitted.
5. **Colorectal Cancer Task Force**

**Reducing colorectal cancer incidence, morbidity, and mortality in San Francisco.**

**Task Force Leaders:** Michael Potter, MD and Ma Somsouk, MD, MAS

**Goal**: The overall goal of the CRC Task Force is to reduce colorectal cancer incidence, morbidity, and mortality in San Francisco through increasing screening and detection, particularly within uninsured and underinsured populations.

**Accomplishments:** Supported San Francisco Community Clinic Consortium (SFCCC) to report quarterly statistics on screening rates for its 12 clinics and exchange of best practices to its clinics. The TF provided stipends and technical assistance to four SFCCC clinics – each assessed current procedures and developed process map and plan to increase screening rates for average risk patients, improve colonoscopy completion rates in patients with abnormal FIT.

SFCCC screening rates increased from 68% in April 2018 to 73.3% in Jan 2021, primarily due to robust screening and follow up at Northeast Medical Services (NEMS). Four sites that are currently receiving stipends and technical assistance during the COVID pandemic have made uneven progress (see table) but are developing plans with the TF to regain momentum in 2021-22. In addition, interviews to generate more comprehensive assessment of TF activities have been completed with 24 stakeholders.

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| **SFCCC Sites** | **January  2019** | **January  2020** | **January  2021** |
| Mission Neighborhood Health Center | 59.9% | 56.8% | 31.3% |
| South of Market Health Center | -- | 31.6% | 16.1% |
| HealthRight360 | 18.9% | 11.4% | 28.3% |
| St Anthony Health Center | 50% | 71.5% | 66.3% |

The TF has also worked with SFDPH’s SF Health Network Population Health and Quality Unit on a text message campaign for patients behind on screening. Piloted FIT mailing program with SFDPH sponsored outreach: 522 patients assigned to opt-in strategy (for receiving a FIT kit), 371 patients assigned to opt-out strategy. ~24.5 % of opt-in group completed FIT test vs 62% of the opt-out group.

The TF used a small grant from CDPH on technology enhanced navigation and worked with CipherHealth to implement a 7-day reminder for patients scheduled for endoscopy/colonoscopy at ZSFGH. 58% (726) of patients responded to outreach with 99 requesting rescheduling. Patients who confirmed appointments were more likely to show (75% vs 49%, p < 0.001). Manuscript in preparation.

Beyond the SFCCC activities the TF sponsoring “Get your Rear in Gear”, a 5K run (virtual) on July 11 to raise money for free colonoscopies for high-risk people without insurance and they participated in several local health education events in collaboration with the HDFCCC OCE, such as CARNAVAL.

Related ancillary activities that have publicized the work of SF CAN have included stakeholder engagement, education, outreach beyond San Francisco. Dr. Potter is on the Board of Directors for California Colorectal Cancer Coalition (C4), helping organize a major regional meeting of CRC stakeholders, participating in writing the California State Cancer Plan section on CRC screening, and represents UCSF on National CRC Roundtable.

An important policy impact may come from a submitted request to USPSTF to refer to colonoscopy done after abnormal FIT as “follow up colonoscopy” instead of diagnostic to encourage insurance plans to consider this part of screening process covered by Affordable Care Act and work with C4 to lobby Centers for Medicare/Medicaid Services to require its health providers to adopt CRC screening as core quality measure.

**Dissemination:**

* 1. Issaka RB, Rachocki C, Huynh M, Chen E, Somsouk M. Standardized workflows improve colonoscopy follow‐up after abnormal fecal immunochemical tests in a safety‐net system. Digestive Diseases and Sciences. March 2020. https://doi.org/10.1007/s10620‐020‐06228-z
  2. Selection of patients for large mailed fecal immunochemical test colorectal cancer screening outreach programs: A systematic review. Wang A, Lee B, Patel S, Whitaker E, Issaka RB, Somsouk M. J Med Screen. 2021 Mar 8:969141321997482. doi: 10.1177/0969141321997482. PMID: 33683155
  3. Colorectal Cancer Screening and COVID-19. Patel S, Issaka RB, Chen E, Somsouk M. Am J Gastroenterol. 2021 Feb 1;116(2):433-434. doi: 10.14309/ajg.0000000000000970. PMID: 33038127
  4. Advanced Notification Calls Prior to Mailed Fecal Immunochemical Test in Previously Screened Patients: a Randomized Controlled Trial. Lee B, Patel S, Rachocki C, Issaka R, Vittinghoff E, Shapiro JA, Ladabaum U, Somsouk M. J Gen Intern Med. 2020 Oct;35(10):2858-2864. doi: 10.1007/s11606-020-06009-4. PMID: 32748345

1. **Liver Cancer Task Force**

**Reducing morbidity and mortality from hepatocellular cancer (HCC) in San Francisco.**

**Task Force Leaders:** Rena Fox, MD and Tung Nguyen, MD

**Goal:** To reduce HCC morbidity and mortality in San Francisco through HCV elimination, HBV elimination, increased liver ca screening, improved access to state-of-the-art liver ca treatment, NAFLD education/screening/referral to care.

**Accomplishments**: The Liver Cancer Task Force has continued to provide backbone support for End HepC SF that includes rapid HCV start initiatives at places that serve people who inject drugs and the performance of 567 rapid antibody tests during Q4 of 2020 by eleven SFDPH-funded CBOs. They have created and maintained a peer navigator network made up of former HCV patients to engage infected San Francisco residents in initiating HCV treatment. In 2020-21 despite COVID-related restrictions, 356 individuals were screened for HCV, 31 individuals were linked to treatment, and 35 new navigators trained.

The TF helped fund the DeLIVER van with a Fibroscan machine that measures “liver stiffness” and estimates the degree of hepatic fibrosis, caused by HCV determining if a patient is at risk of liver cancer. In the first four weeks on site at the BART Methadone clinic, 33 individuals were seen and tested and 19 were HCV Ab + and 11 were confirmed to have chronic HCV.

The TF helped support SF Hep B Free that provides free and low-cost hepatitis B testing and vaccinations for at risk API adults. They created a Hepatitis B ECHO clinic in partnership w Project ECHO, Hep B United, Hepatitis B Foundation and National Task Force on Hep B.

Analyze and work to improve the existing care of HBV and HCV patients at UCSF. Work with Operations for the UCSF EMR to add new features to the EMR.

In systematic efforts within at-risk populations at ZSFG to assess adherence rates for HCC screening preliminary findings showed that 774 patients were identified but only 341 patients underwent a single screening with ultrasound. Mean time interval to follow-up exam completed by 433 patients was 182 days with only 42% receiving follow-up imaging within the recommended timeframe and many lost to follow up.

Finally, the TF has developed a potential algorithm to help primary care providers detect non-alcoholic fatty liver disease (NAFLD) that has a high risk of advanced fibrosis among the primary care patients with diabetes. Of 3,040 patients with diabetes and without other common liver diseases, over 1/3 had high risk scores using the FIB-4 calculator. Targeting patients under age 75, over 90 patients were referred to hepatology for further testing including Fibroscan. The TF has also conducted a survey of 115 primary care providers to assess what PCPs need to know about NAFLD and what tools they desired to help make diagnosis and management more accurate and more efficient.

**Dissemination**: The TF has delivered multiple presentation and webinars.

The DeLIVER Van was featured in a *Hepatology Communications* publication, “Key Elements in the Pathway to HCV Elimination”. Dr. Mukhtar: Created and promoted a webinar specifically on disparities in liver disease in conjunction with the American Liver Foundation

**Publications:**

1. Mehta N, Parikh N, Kelley RK, Hameed B, Singal AG. Surveillance and Monitoring of Hepatocellular Carcinoma During the COVID-19 Pandemic. Clin Gastroenterol Hepatol. 2020 Jul 8:S1542-3565(20)30938-1. doi: 10.1016/j.cgh.2020.06.072. Epub ahead of print. PMID: 32652308; PMCID: PMC7342037.
2. Mukhtar N, Fox RK. Hepatitis C Virus Cure and Obesity: Watch the Weight. J Gen Intern Med. 2020 Oct;35(10):2836-2837. doi: 10.1007/s11606-020-06004-9. PMID: 3263279
3. **Breast Cancer Task Force**

**Alignment and support for breast cancer screening and navigation programs in San Francisco.**

**Task Force Leaders:** Niharika Dixit, MD

**Goal:** To support and/or enhance existing breast cancer screening and navigation programs in San Francisco.

**Accomplishments**: The TF analyzed the impact of COVID-19 on breast cancer screening in public health clinics, which as published as a research letter in JAMA. They also created a COVID-19 flyer to address fears about mammograms during pandemic.

Working with four SF Health Network clinics, focused on African American women, and two SFCCC clinics, the TF created a Quality Improvement (QI) pilot for increasing breast cancer screening. Early results from one clinic showed that overall screening rates increased from 54% to 64%; African American screening rates increased from 41% to 58%.

The TF also hired community navigator to work with the SF Women’s Cancer Network, YMCA, and Rafiki to promote screening and facilitate coordination of care. This navigator is intended to work with the HDFCCC Office of Community Engagement (OCE) to coordinate care, participate in community based COVID testing, and help organize a fundraising walk at ZSFGH to highlight disparities and promote screening.

Finally, the TF is collaborating with the WIDSOM study to increase enrollment of minority women in this trial of risk-based breast cancer screening.

**Dissemination:**

1. Guan A, Lichtensztajn DY, Oh D, Jain J, Tao L, SF CAN Breast Cancer Task Force, Hiatt RA, Gomez SL, Fejerman L. Breast Cancer in San Francisco: Disentangling Disparities at the Neighborhood Level. Cancer Epidemiol Biomarkers Prev. 2019; 29(12):1968-1976. doi: 10.1158/1055-9965.EPI-19-0799. [Epub ahead of print] PMID: 31548180
2. Velazquez AI, Hayward JH, Gregory B, Dixit N. Trends in breast cancer screening in a safety-net hospital during the COVID-19 pandemic. JAMA Netw Open 2021 Aug 2;4(8):e2119929 PMID: 34357398.
3. **Prostate Cancer Task Force**

**Reducing Disparities in Prostate Cancer Morbidity and Mortality with a Program of Smart Screening and Smart Treatment (S3T)**

**Task Force Leaders:** Nynikka Palmer, DrPH, Rena Pasick, DrPH.

**Goal:** To reduce disparities through targeted early detection and follow-up of aggressive PCa followed by optimal treatment city-wide for all men diagnosed with PCa. The TF works to achieve this goal through community and through health care system partnerships designed to: (1) Increase rates of early detection of aggressive PCa in high-risk men; (2) Reduce under-treatment of high-risk disease and unnecessary treatment for low-risk disease.

**Accomplishments:** The activities of this TF are heavily based on community and in-person contact so have been curtailed severely by the COVID-19 pandemic. Nevertheless, the TF has maintained monthly meetings of the Prostate Cancer Action Network (PCAN) despite the shutdown and has had bi-monthly Prostate Health Support Group for African American men in San Francisco via Zoom

They also created and distributed a brochure and three update newsletters on COVID, tailored to SF’s African American community.

At a Juneteenth event, 17 men were screened with PSAs, 11 of which reported never having a PSA test or one longer than 5 years ago. Seven men are being navigated to primary care for follow-up due to an elevated PSA (>1.0 for those <60 years old; >2.0 for 60+years old). This screening illustrated the feasibility of operationalizing the planned community intervention for screening developed by the TF.

The TF distributed mini grants to four SF churches. Grantees required to attend monthly PCAN meetings, share key messages on prostate cancer awareness with their congregation and organize community education forums.

Analyses are underway to explore the dual impacts on PSA screening of the S3T addition to the Health Care Maintenance Banner in UCSF clinics and the negative effects of the pandemic.

Kaiser Permanente, a member of the TF, reported a 200% increase in PSA testing among African American men since the TF conducted multiple CMEs on S3T. Data analyses are underway to assess overall screening practices, and racial disparities and variations in care prior to and after CMEs on S3T.

TF Leaders met with new leadership at SFDPH to explore a quality collaborative, community screenings, and assessing current screening practices and racial disparities and variations in care.

In related activity beyond San Francisco, Dr. Pasick is Co-Chair of the California Cancer Plan 2021-2025– Prostate Cancer Plan. The final plan prioritized SF CAN’s S3T principles and protocols over the longstanding default to shared decision-making.

**Dissemination**: They submitted an application to the ACS/Pfizer prostate initiative to support data collection and analysis and staff support for the three health care institutions, which was unfortunately not selected for funding.

Presentations:

1. Palmer N. *Prostate Cancer: It’s Different for African American Men*. Mentoring Men’s Movement, Monthly Community Meeting. April 24, 2021 (oral presentation via Zoom)
2. Palmer N. *Prostate Cancer: It’s Different for African American Men*. Sigma Pi Phi Fraternity, Monthly Meeting. March 19, 2021 (oral presentation via Zoom)
3. Palmer N. Wake Forest School of Medicine, Cancer Prevention and Control Program Virtual Seminar. *Minding the Gap in Cancer Care: Building Multilevel Bridges to Health Equity for Underserved Populations*. January 12, 2021. (oral presentation via Zoom)