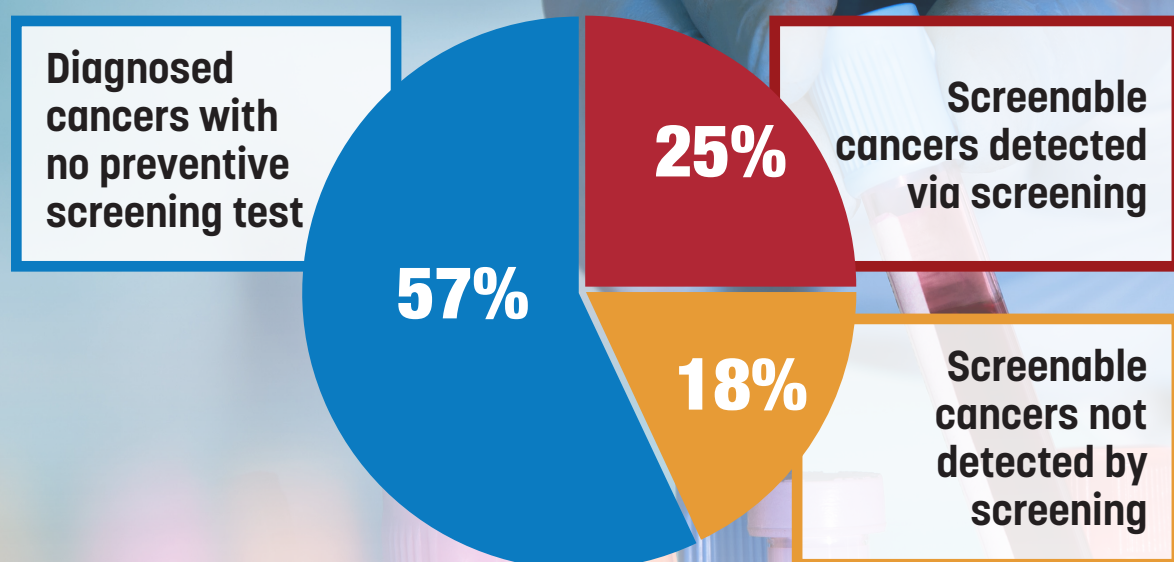


SHOULD YOU CONSIDER MULTI-CANCER EARLY DETECTION (MCED) SCREENING?

ONLY 25% OF CANCERS ARE DETECTED BY A PREVENTIVE SCREENING TEST



The addition of MCED testing to routine cancer screening could result in 3x as many cancers diagnosed as routine screening alone, with at least 17% fewer cancer deaths per year.

2023 USPSTF RECOMMENDATIONS FOR SCREENING ASYMPTOMATIC PATIENTS

CANCER	SCREENING	CRITERIA	YEAR PUBLISHED
BREAST	Biennial screening mammography	Women aged 40-74 years	Draft Recommendation Statement (May 2023)
CERVICAL	<ul style="list-style-type: none"> Cervical cytology every 3 years 	Women aged 21-29 years	2018; update in progress
	<ul style="list-style-type: none"> Cervical cytology every 3 years OR High-risk human papillomavirus (hrHPV) every 5 years OR hrHPV + cervical cytology every 5 years 	Women aged 30-65 years	
COLORECTAL	<ul style="list-style-type: none"> Stool-based testing <ul style="list-style-type: none"> Annual fecal immunochemical test (FIT) or high-sensitivity guaiac-based testing sDNA-FIT (stool DNA test with FIT) every 1 to 3 years Colonoscopy every 10 years Computed tomography colonography every 5 years Flexible sigmoidoscopy <ul style="list-style-type: none"> Every 5 years Every 10 years + annual FIT 	<ul style="list-style-type: none"> Age 45-75 years Certain populations aged 76-85 years 	2021
	LUNG	Annual low-dose computed tomography (LDCT)	Age 50-80 years and ≥ 20 pack per year history of smoking and currently smoke or quit within the past 15 years
PROSTATE	Prostate-specific antigen (PSA) testing	Men aged 55-69 years when elected with shared decision-making	2018

ELIGIBILITY FOR MCED SCREENING

✓ WHO IS ELIGIBLE

- Age ≥ 50 years
- Family or personal history of cancer
- History of childhood cancer
- Known genetic mutations

RISK FACTORS

- Alcohol
- Exposure to cancer-causing substances (eg, fire smoke, tobacco smoke, radiation, sunlight)
- Chronic inflammation
- Diet
- Hormones
- Immunosuppression
- Infectious agents (eg, viruses, parasites)
- Overweight/obesity
- Tobacco

✗ WHO IS NOT ELIGIBLE

- Pediatric populations (<21 years)
- Pregnant patients
- Patients with active cancer diagnosis or treated for cancer in last 3 years

PATIENT RESOURCES

Overview of MCED: www.preventcancer.org/multi-cancer-early-detection/

Frequently asked questions about MCED: www.preventcancer.org/multi-cancer-early-detection/frequently-asked-questions/

Learn more about the currently available blood-based MCED test: www.galleri.com

HOW TO IMPLEMENT MCED SCREENING IN PRACTICE

1 ASSESS PATIENT ELIGIBILITY BASED ON RISK FACTORS

2 PRETEST COUNSELING

- Educate patients about the MCED test and implications of possible results
- Order MCED test for interested patients
 - » Currently available MCED tests can be ordered through the manufacturer’s website either by the clinician’s office or directly by the patient. Patient schedules blood draw through participating laboratory.

3 MCED TEST PROCESSING

- Patient blood sample sent to test manufacturer
- Results delivered via portal within 2 weeks of sample receipt by laboratory

4 PATIENT NOTIFICATION

A. “No Cancer Signal Detected”

- Patient notified and additional health screenings discussed as needed

B. “Cancer Signal Detected”

- Diagnostic results and next steps discussed with patient

CLINICAL CARE PATHWAYS FOLLOWING A “SIGNAL DETECTED” RESULT

CANCER SIGNAL ORIGIN PREDICTION	PROPOSED FIRST-LINE PROCEDURES
MULTIPLE MYELOMA	Blood workup including peripheral blood smear, CBC with differential; chemistry tests including creatinine clearance, protein electrophoresis of blood/urine
UPPER GI (ESOPHAGUS, STOMACH)	Endoscopy
COLORECTAL	Colonoscopy
HEAD AND NECK	Physical exam, fiber optic exam, ultrasound
PANCREAS, GALLBLADDER	CT abdomen with IV contrast, MRCP, GI referral
OVARY	Abdominal/pelvic exam, ultrasound (preferred)
LUNG	Blood Work CT chest with or without IV contrast
LIVER, BILE DUCT	Ultrasound, CT, GI referral
BREAST	Diagnostic mammography with ultrasound (MRI if mammography screening within last 3 months)
LYMPHOID NEOPLASM	CT (neck, chest, abdomen, pelvis) with IV contrast, PET-CT
INDETERMINATE	CT (neck, chest, abdomen, pelvis) with IV contrast, PET-CT



Please visit www.ExchangeCME.com/MCEDJeopardyResources to access the references used in this handout and other clinician resources about MCEs.