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CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

# Strategies and Opportunities Around Primary Prevention of Cancer



# Moderator & Speakers



**Nicole Kluz, MPH**  
*Moderator*

*Assistant Director for Cancer Prevention  
Research  
Dell Medical School  
University of Texas  
at Austin Dell Medical Center*



**Karen M. Basen-Engquist,  
PhD, MPH**

*Distinguished Professor  
The University of Texas MD  
Anderson Cancer Center*



**Michael Pignone, MD,  
MPH**

*Inaugural Chair  
Department of Internal Medicine  
The University of Texas  
at Austin Dell Medical School*



**Jananie Ramesh, MD**

*Assistant Professor  
Department of Internal Medicine  
The University of Texas  
at Austin Dell Medical School*



# Screening and treatment for unhealthy alcohol use as a means of cancer prevention in Federally Qualified Health Centers



CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

## Principal Investigator

Michael Pignone, MD, MPH

Dell Medical School, University of Texas at Austin

**FUNDING:** Cancer Prevention and Research Institute of Texas (CPRIT)

Lone ★ Star  
*Circle of Care*

# Alcohol Use in the United States

- 86.3% of US adults report some lifetime alcohol use
  - 70% reported alcohol use within the past year
- 28% have drinking above recommended limits
- 14.4 million adults (5.8%) with alcohol use disorder

# Definitions of Unhealthy Alcohol Use

- Unhealthy use
  - Women: >1 standard alcoholic beverage/day or > 7 per week
  - Men: >2 standard alcoholic beverages/day or > 14 per week
- Binge drinking: for men:  $\geq 5$  drinks on single occasion; for women:  $\geq 4$
- Alcohol use disorder
  - Mild
  - Moderate
  - Severe



*38 million US adults drink too much; only 1 in 6 have discussed with health provider*

# Unhealthy Alcohol Use and Cancer Risk

- Alcohol misuse is third-leading cancer risk factors
- Most people understand link between alcohol and liver disease or injuries, but cancer is also important
- Alcohol is a risk factor for:
  - breast cancer
  - colorectal cancer
  - esophageal / head and neck cancers
  - liver cancer
- Over 32,000 cancer deaths per year in US (over 3,200 in Texas) attributable to alcohol misuse

*If we identify alcohol misuse and intervene, we can reduce cancer incidence and mortality*

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# Screening and Counseling for Unhealthy Alcohol Use

- USPSTF recommends screening for unhealthy alcohol use in primary care settings for adults 18 years or older (B recommendation)
- Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions
- Encourage pharmacotherapy for patients diagnosed with likely AUD

## Our Approach: Overview

- Brief screen for risky drinking with AUDIT-C
- Refer those screening positive to bilingual social work-trained counselor-navigator
- Perform full AUDIT
  - Moderate score -> brief counseling (two sessions)
  - High score (likely AUD) -> brief intervention and recommend pharmacotherapy



**Goal 1: Screen all consecutive patients for unhealthy alcohol use a single clinical site in each of 2 central Texas FQHC systems and provide appropriate assessment for concurrent risk factors and follow-up.**

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**Objective 1:** Screen 1,000 consecutive patients at each site (2,000 total) and administer the full AUDIT in 80% of patients (320/400) who screen positive for unhealthy alcohol use on the single question screener.

- |   |   |
|---|---|
| ➤ <b>3338 total screened (at CUC)</b>     | ➤ <b>29916 total screened (at LSCC)</b> |
| ➤ <b>514 (15%) screened positive</b>      | ➤ <b>3078 (10%) screened positive</b>   |
| ➤ <b>468 of 514 (91%) completed AUDIT</b> | ➤ <b>70 (2%) completed AUDIT</b>        |

# Screening Demographics (CUC)

Screening using the AUDIT-C		
Total screened	3338	
Negative screen	2824	
Positive	514	15.4%
score 3-5	321	62.4%
scores 6-8	143	27.8%
scores 9-12	50	9.7%

		POSITIVE	514	NEGATIVE	2824
AGE	mean age	45.2		48.5	
GENDER	male	293	57.0%	1097	38.8%
	female	221	43.0%	1727	61.2%
RACE	white	338	65.8%	1964	69.5%
	black	51	9.9%	291	10.3%
	other	12	2.3%	104	3.7%
	not reported	113	22.0%	465	16.5%
ETHNICITY	Hispanic	315	61.3%	1852	65.6%
	Non-Hispanic	146	28.4%	778	27.5%
	Not reported	53	10.3%	194	6.9%
LANGUAGE	English	318	61.9%	1476	52.3%
	Spanish	191	37.2%	1291	45.7%
	Other	5	1.0%	57	2.0%
PAYOR	Map	243	47.3%	1265	44.8%
	Medicare	44	8.6%	406	14.4%
	Medicaid	73	14.2%	554	19.6%
	Commercial	99	19.3%	368	13.0%
	Other	23	4.5%	123	4.4%
	not reported	32	6.2%	108	3.8%

\* data from Epic report  
(filtered to IM + FM clinic only)

Data last updated 9/8/2023



**Goal 1: Screen all consecutive patients for unhealthy alcohol use a single clinical site in each of 2 central Texas FQHC systems and provide appropriate assessment for concurrent risk factors and follow-up.**

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**Objective 3:** At 3-6 month return clinic visit, follow-up on all 300-360 patients who screen positive for unhealthy drinking or alcohol use disorder with an AUDIT re-assessment

➤ **237/335 (71%) completed follow up AUDIT within 6 months**

**Goal 2: Deliver appropriate brief intervention (1-2 sessions) to at least 50% of patients (150/300) screening positive for unhealthy alcohol use.**

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**Objective 1:** Administer brief intervention to at least 50% of patients within each Central Texas FQHC with risky drinking but low likelihood of alcohol use disorder.

- **Of the 514 who screened positive, 425 (83%) received the brief intervention (CUC)**

## **Goal 2: Deliver appropriate brief intervention (1-2 sessions) to at least 50% of patients (150/300) screening positive for unhealthy alcohol use.**

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**Objective 2:** Refer patients with high likelihood of alcohol use disorder for additional evaluation and treatment, with the support of patient navigation.

**Target:** 80% of patients scoring >12 will receive additional assessment by navigator. Of those with AUD likely, at least 20% will receive the brief intervention & 20% will undergo intensive treatment.

### **Current Status:**

- **141/148 (95%) of patients scoring >12 received the brief intervention**
  - **52/148 (35%) of patients with likely AUD have been referred for additional evaluation/treatment and 27/148 (18%) preferred additional SW sessions**
  - **18/52 (35%) patients received pharmacotherapy for AUD**
-

**Goal 3: Reduce the prevalence of drinking above recommended levels by 25% at 3-6 month follow up for those who receive treatments for unhealthy drinking or alcohol use disorder (N=200)**

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**Objective 1:** Reduce the prevalence of drinking above recommended levels by 25% at 3-6 month follow-up for those who receive treatment for unhealthy drinking or alcohol use disorder (n=200).

**Target:** There will be a [meaningful] reduction in AUDIT score among patients that receive the brief intervention

**Current Status:** Mean 3.9 pt. AUDIT score reduction 95% CI (3.3, 4.6)\*

*\*Based on 244 people who have pre and post values from 9/6/2023*



# Lessons Learned

- Screening is feasible in primary care!
- Brief intervention is feasible and effective when delivered by social work-trained, bilingual counselor-navigator
  - Telephone delivery works!
  - Design for equity key!
- Referral to specialty-led AUD treatment not feasible
- Primary care physicians can partner to deliver pharmacotherapy
- Plenty of unmet need to address!



# PROGRAM TEAM



**Program Director**  
Michael Pignone, MD, MPH  
[pignone@austin.utexas.edu](mailto:pignone@austin.utexas.edu)



**Social Worker/Patient Navigator**  
Karen Mendoza, LCSW  
[karen.mendoza@austin.utexas.edu](mailto:karen.mendoza@austin.utexas.edu)



**Subject Matter Expert**  
Mary Marden Velasquez, PhD  
[velasquez@austin.utexas.edu](mailto:velasquez@austin.utexas.edu)



**Project Manager (DMS)**  
Nicole Kluz, MPH  
[nicole.kluz@austin.utexas.edu](mailto:nicole.kluz@austin.utexas.edu)





# PROGRAM TEAM



**Site Program Manager/Support (CUC)**

Napatkamon (Yui) Ayutyanont, PhD, CPHQ

[NapatkamonYui.Ayutyanont@communitycaretx.org](mailto:NapatkamonYui.Ayutyanont@communitycaretx.org)



**Provider/Referral (CUC/DMS)**

Matt Hubley, DO

[james.hubley@ascension.org](mailto:james.hubley@ascension.org)



**Program Coordinator (DMS)**

Jocelyn Labrada, BA

[jocelyn.labrada@austin.utexas.edu](mailto:jocelyn.labrada@austin.utexas.edu)



**Provider/Referral (CUC)**

John Weems, MD

[John.Weems@communitycaretx.org](mailto:John.Weems@communitycaretx.org)



# PROGRAM TEAM



**Site Program Manager/Support (LSCC)**

Melissa Valdez, MD, PhD, MSHCT

[mvaldez@lscctx.org](mailto:mvaldez@lscctx.org)



**Social Worker/Patient Navigator (LSCC)**

Stephanie Gill, MA

[stgill@lscctx.org](mailto:stgill@lscctx.org)



**Site Program Manager/Support (LSCC)**

Dydia Burnsed, LCSW

[dburnsed@lscctx.org](mailto:dburnsed@lscctx.org)



# ACTIVE LIVING AFTER CANCER

## Active Living After Cancer

Karen Basen-Engquist, PhD, MPH

Professor | Department of Health Disparities Research

[kbasenen@mdanderson.org](mailto:kbasenen@mdanderson.org) | [@K\\_BasenEngquist](https://twitter.com/K_BasenEngquist)

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MDAnderson  
~~Cancer~~ Center

Making Cancer History®

# Exercise and cancer prevention



American College of Sports Medicine, 2019

Exercise after diagnosis of cancer improves survival for survivors of

- Breast cancer
- Colon cancer
- Prostate cancer

# Exercise restores physical and mental well-being for people with cancer

## MOVING THROUGH CANCER: Exercise for people living with and beyond cancer

### TO GET STARTED

Avoid inactivity; moving more and sitting less benefits nearly everyone

### FOR OVERALL HEALTH

Aim to meet the current exercise guidelines for adults<sup>1</sup>



Moderate Aerobic Exercise  
At least 150–300 mins per week

OR

Vigorous Aerobic Exercise  
At least 75–150 mins per week  
(or a combination of moderate/vigorous aerobic exercise)



+



Resistance Exercise  
2x per week

# EXERCISE IS MEDICINE!

## FOR PEOPLE DURING & FOLLOWING CANCER TREATMENT

Research shows lower amounts of exercise can still help with the following cancer treatment-related symptoms:



Cancer-related fatigue



Health-related quality of life



Physical function



Anxiety



Depression



Sleep



Lymphedema<sup>2</sup>



Bone health<sup>3</sup>

### To improve these symptoms, choose an exercise plan below:



Aerobic Exercise  
3x per week  
30–60 mins

Helps to manage the following symptoms:



OR



Resistance Exercise  
2x per week  
2 sets/8–15 reps

Helps to manage the following symptoms:



OR



Aerobic Exercise  
2-3x per week  
20–40 mins

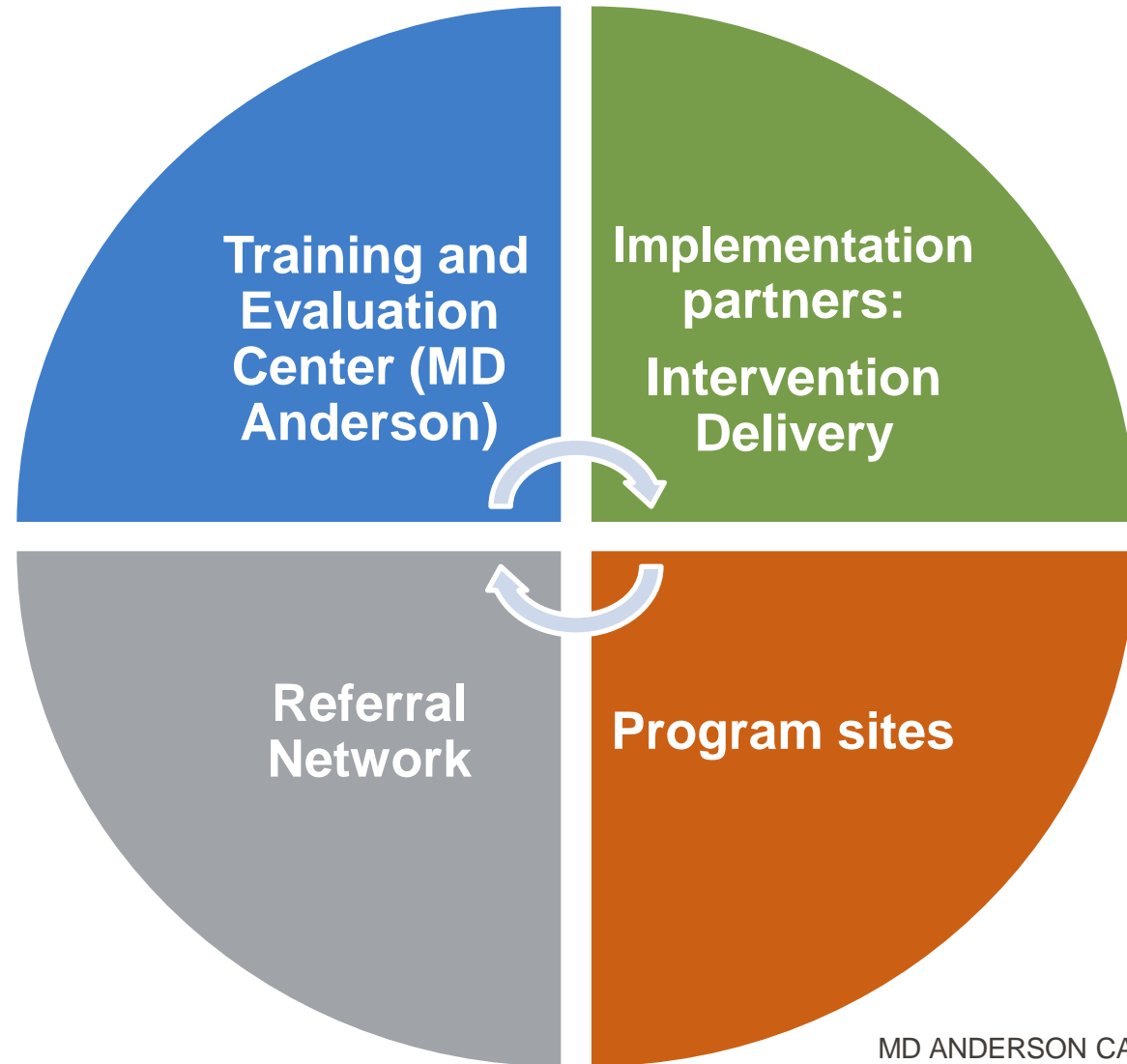
Resistance Exercise  
2x per week  
2 sets/8–15 reps

Helps to manage the following symptoms:



**Funding from the Cancer Prevention & Research Institute of Texas to provide the program to minority and medically underserved cancer survivors, in partnership with community organizations**

Dissemination to Community:  
Active Living after Breast Cancer  
(CPRIT PP130079; 170023; 200028)



## Physical activity goal:

Accumulating 30 or more minutes of activity on at least 5 days each week

## Participant materials:

Manual, pedometer, resistance bands



## Session topics:

Week	Cognitive and Behavioral Skill (~45 min)	Activity (~10 min)	Survivorship Topic (~30 min)
1	Identifying Moderate Intensity	Walking	None
2	Readiness to Change, Goal Setting	Walking	Nutrition
3	Benefits and Barriers	Zumba	Treatment side effects
4	Problem Solving Skills	Walking	Talking to Your Doctor
5	Goal Setting	Resistance Bands	Spirituality
6	Rewarding Yourself	Zumba	Emotional Distress
7	Time Management	Resistance Bands	Fatigue
8	Getting Confident	Zumba	Cancer Screening
9	Finding Social Support	Resistance Bands	Relationships
10	Cognitive Restructuring	Balloon Volleyball	Body Image
11	Relapse Prevention	Walking, Resistance bands	Nutrition Revisited
12	Identifying places to be physically active in your community	Zumba	Final Party

## Tailored components:

Stage of change assessed every 2-3 weeks  
Stage-appropriate print material provided

# ALAC timeline



**2001 - 2004**  
Active for Life  
(R21CA089519)



**2013**  
Phase 1: Active Living  
After **Breast Cancer**  
(CPRIT PP130079)



**2017**  
Phase 2: Expansion to **all**  
**cancer survivors**  
and to **El Paso**  
(CPRIT PP170023)



**2019**  
Expansion to **MD**  
**Anderson Houston**  
**Locations** (clinic-based  
model)



**2020**  
Phase 3: Expansion to  
**Beaumont and Tyler**  
(CPRIT PP200028)



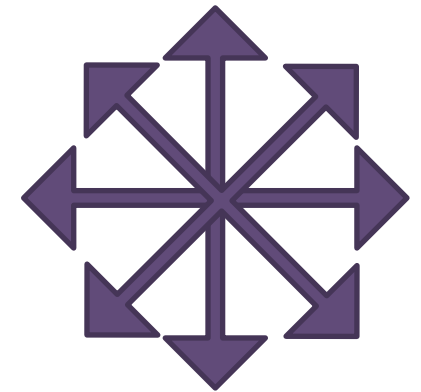
**2020**  
Referral program in  
**LBJ Survivorship**  
**Clinic**  
(COE Seed Funding)



**2021**  
Statewide  
expansion via  
virtual program



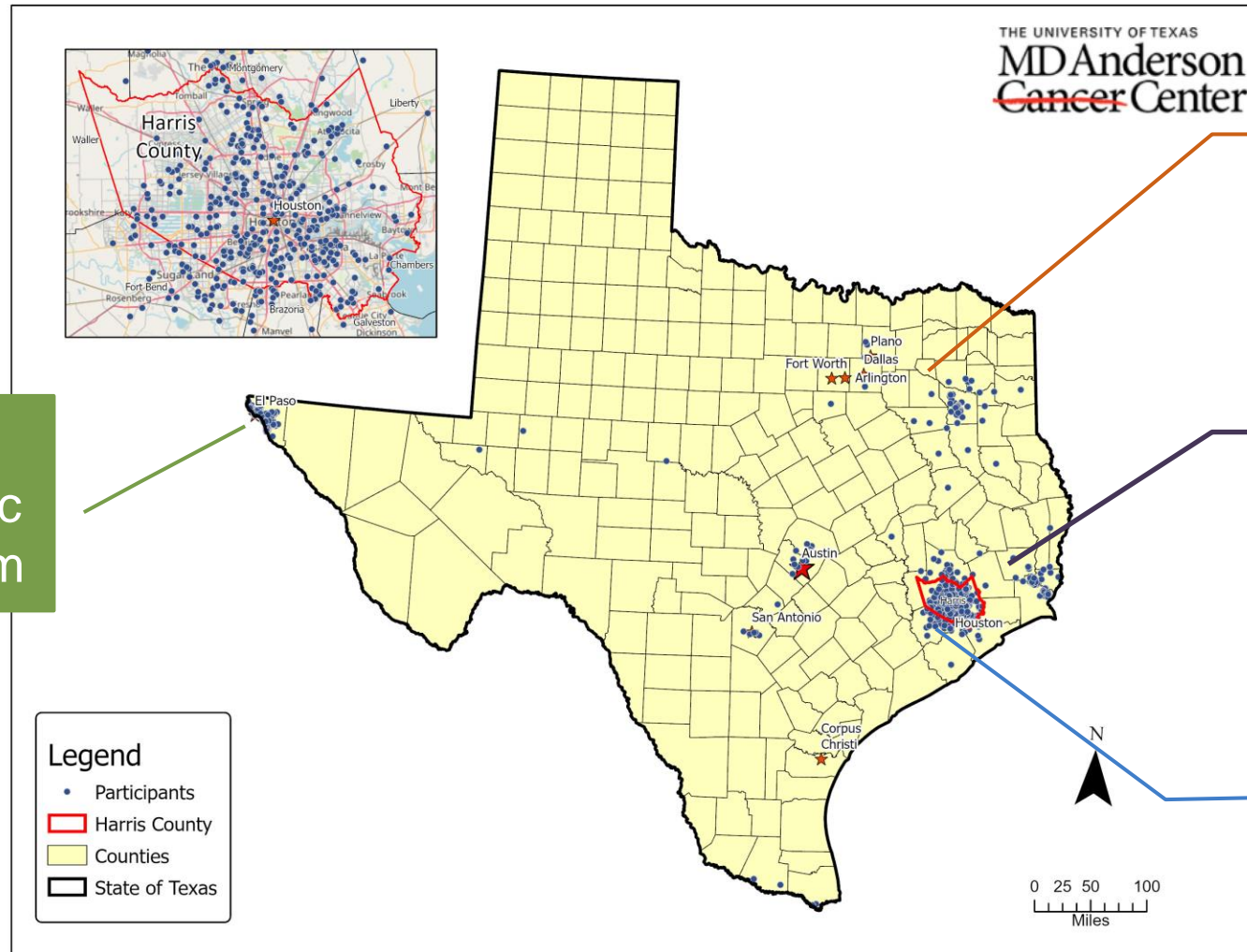
**2023**  
Maintenance grant,  
added CME  
(CPRIT PP230074)



**2023**  
Dissemination to Texas  
Community Cancer  
Centers (CPRIT  
PP230069)



# ALAC is offered through partnerships with community organizations across Texas



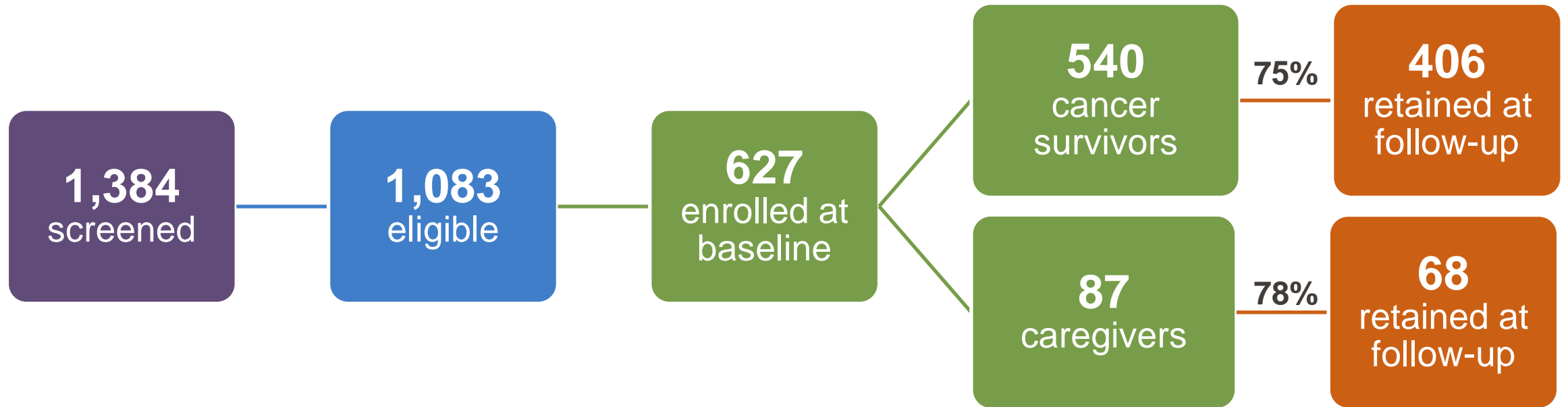


# Phase 2-4 – Training and technical support



Date	Didactic Topic/Presenter	Case Topic/Presenter
2/11/2019	Partnering with Faith Based Organizations to Promote Health Terrence Adams	A Case Update: When a Participant Loses their Pedometer Luz Pena
2/25/2019	Year 2 Wrap-Up Lizette Rangel	Improving participant recruitment strategies Adriana Valdes
3/25/2019	Financial Hardship in Cancer Survivors Sara Flores	Facilitating Classroom Discussion Involving Potentially Triggering and Graphic Content Isora Colmenares
4/22/2019	Lymphedema Treatment Sarah Cleveland	How to Keep a Participant Motivated Past ALAC? Stacy Duriso

# Participant flow, Phase 2 (2017-2020)



## Demographic characteristics (N=627)

	Cancer survivors (n=540) N (%)	Caregivers (n=87) N (%)
Age (M ± SD years)	61.1 ± 11.3	62.3 ± 13.1
Body mass index (M ± SD kg/m <sup>2</sup> )	32.0 ± 11.3	30.6 ± 6.1
Sex		
Female	499 (92.4)	74 (85.1)
Male	41 (7.6)	13 (14.9)
Race/ethnicity		
Asian	8 (1.5)	0 (0.0)
Black or African American	116 (21.5)	5 (5.7)
Hispanic	310 (57.4)	73 (83.9)
Non-Hispanic White	92 (17.0)	7 (8.0)
Other	14 (2.6)	2 (2.3)
Medically underserved	461 (85.4)	81 (93.1)

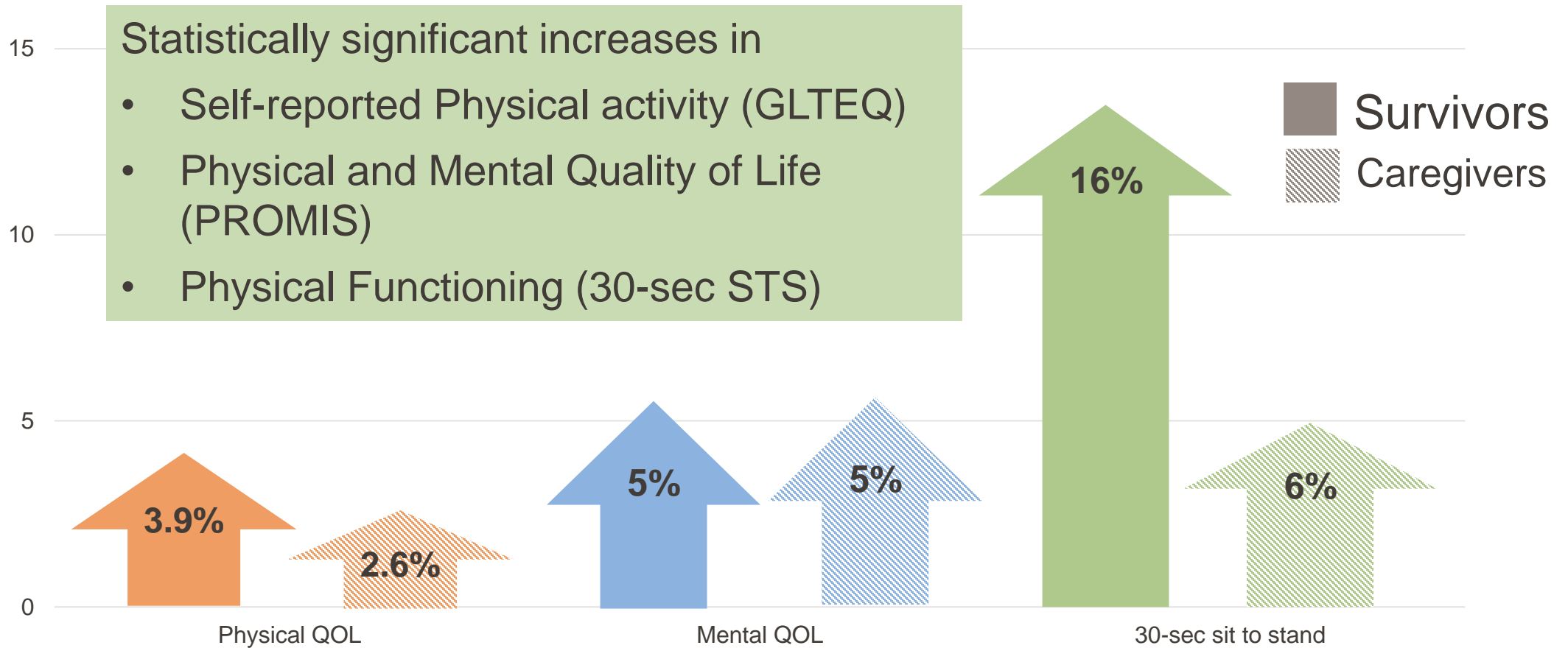
## Cancer history characteristics (N=627)

	Cancer survivors (n=540) N (%)	Caregivers (n=87) N (%)
Cancer type		
Breast	372 (69.4)	9 (81.8)
Bone	21 (3.9)	2 (18.2)
Colorectal	18 (3.4)	0 (0.0)
Gynecologic	18 (3.4)	0 (0.0)
Head and neck	12 (2.2)	0 (0.0)
Cancer stage		
0-I	194 (36.8)	-
II	132 (25.0)	-
III	98 (18.6)	-
IV	45 (8.5)	-
Time since diagnosis (M ± SD years)	7.0 ± 8.1	-



# ALAC Phase 2 results

Percent increase in Physical Activity, Quality of Life (PROMIS) & Physical Functioning



# Summary of additional findings

**Similar effects for breast cancer survivors and survivors of other cancers**

**ALAC equally effective among cancer survivors and caregivers**

**For physical activity and physical functioning, some differences by race/ethnicity and education**

- Largest increases in MVPA in Asian ( $\Delta=261.7$  min/week), followed by Black ( $\Delta=209.2$  min/week), Hispanic ( $\Delta=159.7$  min/week), and non-Hispanic white ( $\Delta=69.2$  min/week)
- Largest improvement in physical function (30-sec sit to stand) in those with a 4-year degree or higher (3.1 repetitions), smallest improvement among those with a HS ed or less (0.7 repetitions)



# Dissemination to community cancer centers

## Development



Implementation toolkit

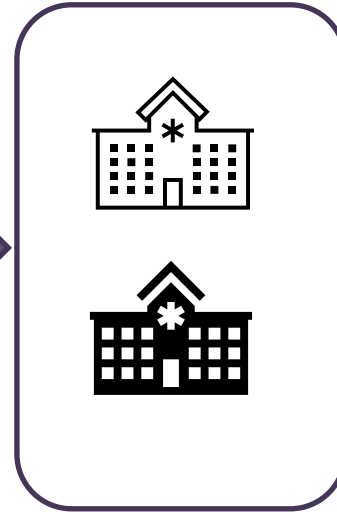


Online training

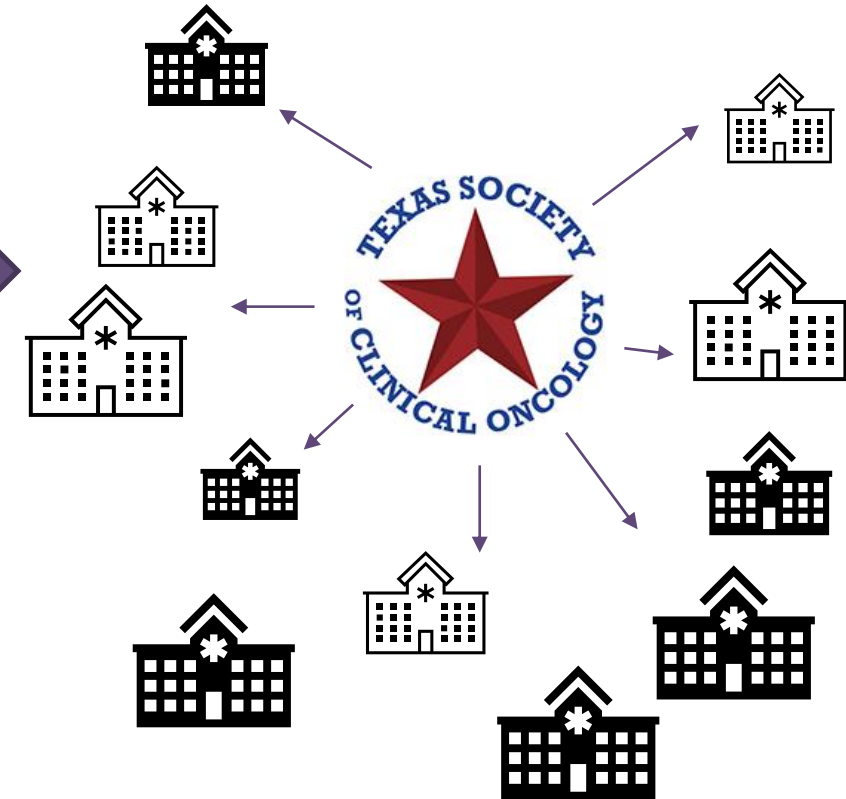


Project ECHO support

## Pilot testing and revision



## Dissemination





## Active Living After Cancer – Lessons learned

- **Possible to reach a large number of survivors in the community through partnerships, but recruitment is a constant challenge**
- **Program can be delivered effectively by personnel with different levels of training and qualifications**
- **Virtual delivery is feasible and effective**
- **Doesn't require special space/equipment**
- **Project ECHO enables dissemination by providing ongoing support to implementers**
- **Challenges enrolling men – different approaches needed?**

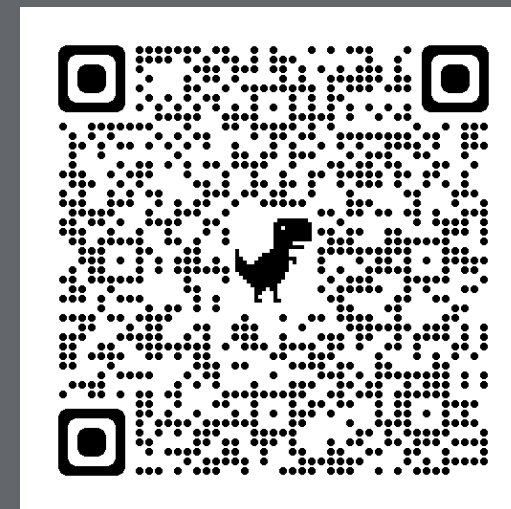




[www.mdanderson.org/activeliving](http://www.mdanderson.org/activeliving)

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Making Cancer History<sup>®</sup>



Karen Basen-Engquist, PhD, MPH

[kbasenen@mdanderson.org](mailto:kbasenen@mdanderson.org) | [@K\\_BasenEngquist](https://twitter.com/K_BasenEngquist)



Questions?



THANK YOU

# VI INNOVATIONS

In Cancer Prevention and Research Conference



CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

## Coming up after the break:

- **Strategies and Opportunities Around Colorectal Cancer**  
*Floral Hall A2*
- **Strategies and Opportunities Around Lung Cancer and Tobacco Cessation**  
*Floral Hall A1*
- **Computational Biology and Modeling: Drug Discovery and Development**  
*Expo Hall A4*
- **Drug Development Resources in Texas**  
*Floral Hall B*

# Share the Experience

1

Tag us on any post from or about the Innovations VI conference. [@CPRITTEXAS](#)

2

Like and Share our posts about the conference and our grantees and grantee institutions or organizations

3

Include one of our conference hashtags listed below:

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[#TexasCancerConference](#)  
[#TexansConquerCancer](#)

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