Emergency Department Breast Cancer Screening Pilot: Improving Access to Screening and Diagnosis for Underserved Populations

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Introduction

- Breast cancer is the most common cancer in women. Early diagnosis is associated with a 93% higher 5-year survival rate compared to late diagnosis.
- Biennial mammogram screenings are recommended for women aged 40+.
  - In 2022, only 67.8% of the US women aged 40+ had a mammogram in the past 2 years.
  - Mammogram rates were lowest among women with no insurance or access to primary care.
- EDs serve as a safety net for those with limited access to care and present an opportunity to reach underserved women with preventive screening.

Study Objective:

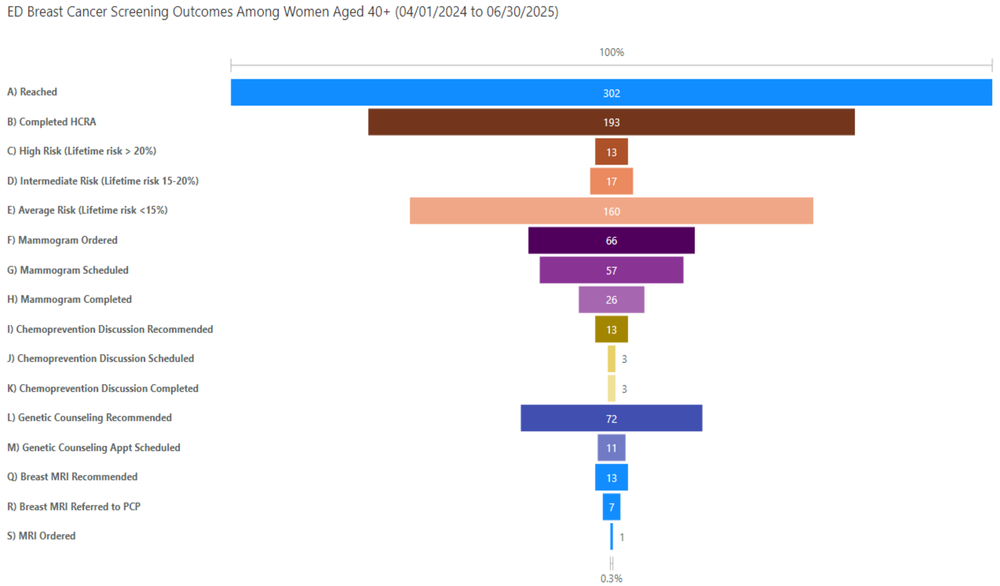
- An urban Chicago ED piloted an EHR-driven breast cancer screening program for women 40+.
- Partnered with Nest Genomics to use a digital navigator for rapid symptom screening and hereditary cancer risk assessment (HCRA).
- Used multi-modal outreach: in-person, phone, text, and email.
- Two patient navigators contacted EHR-identified patients, offered education, completed screening tools, and linked qualifying patients to mammography, breast MRI, genetic testing, and/or chemoprevention.
- This retrospective QI study evaluated outcomes from 4/1/2024–6/30/2025.

Methods

Descriptive statistics were used to summarize patient characteristics and the primary outcomes, including completion of risk assessment and linkage to mammogram.

Results

- Between 4/1/24–6/30/25:
  - **303 women (40+, mean age 51)** were reached 45% phone, 37% text/email, 18% in-person.
  - Majority were **Non-Latinx Black (66%)** and **Medicaid-insured (45%)**.
  - **Mammogram screening:**
    - 66 mammogram orders placed.
    - 57 scheduled.
    - 26 completed.
    - **50% (13/26) were first-ever mammograms.**
  - **HCRA outcomes:**
    - 64% completed HCRA (194).
    - 72 met criteria for genetic counseling/testing.
    - 13 met criteria for chemoprevention discussion.
    - 13 met criteria for supplemental breast MRI.
  - **HCRA Follow-up actions:**
    - Genetic counseling/testing: 11 scheduled; **0 completed visits**.
    - Chemoprevention: **3 scheduled and attended appointment with high-risk clinic**
    - Breast MRI: 7 referred to PCP; **1 MRI ordered**.



Conclusions

- Our ED initiative identified an underserved patient population that had not yet received recommended breast cancer screening in other venues.
- EHR-driven screening initiatives that leverage multi-modal outreach strategies and digital patient navigation can improve access to preventive health screenings for vulnerable patients seen in EDs.
- Further work is needed to address challenges in ensuring timely and effective linkage to recommended follow-up services (e.g. mammography, genetic counseling, high-risk clinic).

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