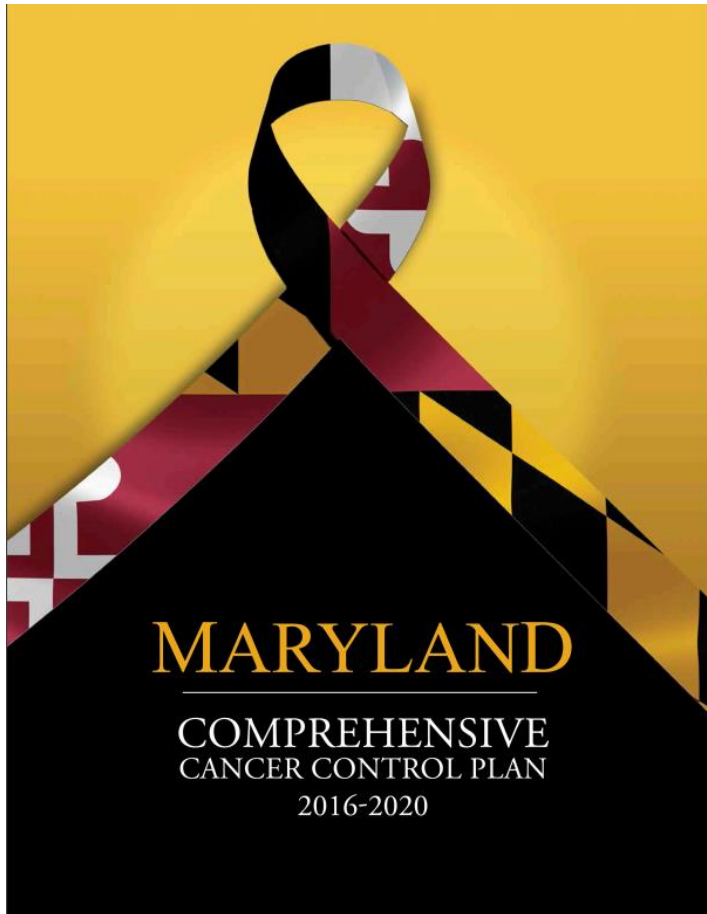




2021 – 2025 Maryland Comprehensive Cancer Control Plan:

Development, Objectives, and Implementation

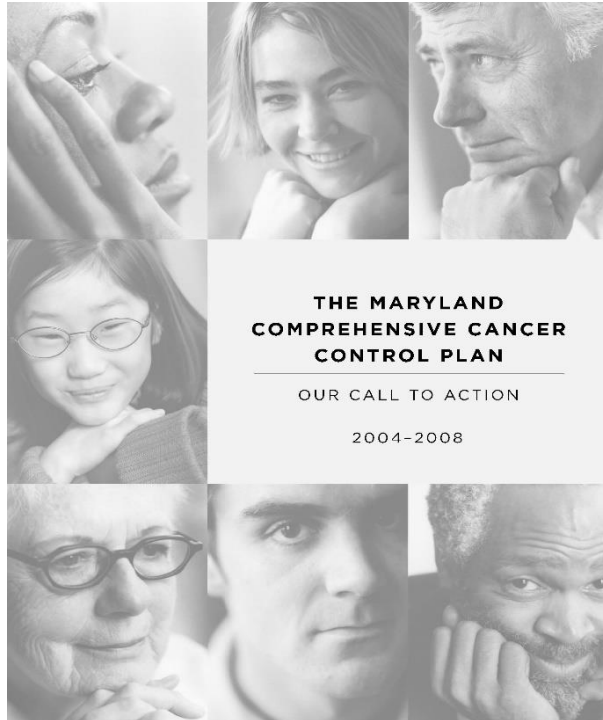
Maryland Cancer Plan



The Maryland Comprehensive Cancer Control Plan is a guide for professionals who are involved in planning, directing, implementing, evaluating, or performing research on cancer control in Maryland. It outlines goals, objectives, and strategies to guide cancer control over a five year period.

It is also a resource for all Marylanders on cancer control topics.

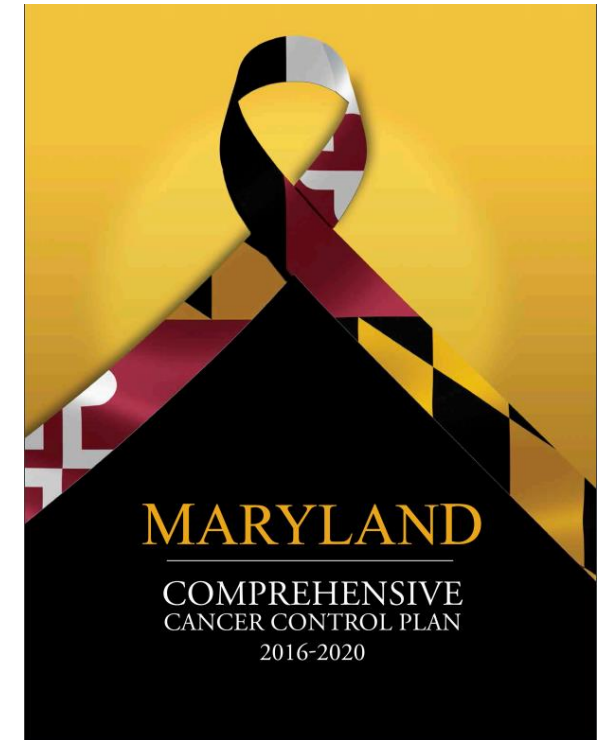
Maryland Comprehensive Cancer Control Plan



2004-2008 Cancer Plan



2011-2015 Cancer Plan



2016-2020 Cancer Plan



Cancer Plan Update

Decisions and updates from 2016 – 2020 Cancer Plan:

- Given it's popularity, we want to retain the overall style and 'voice' of the current Cancer Plan
- Update to ensure most up-to-date content based on recent evidence
- Addition of new content such as immunotherapy, cancer genetics, and advance directives

Cancer Plan Update – How Goals, Objectives, and Strategies were updated

Repeated or adapted from 2016 - 2020 Cancer Plan

- Continued focused on measurable objectives with available data
- Update prior goals, objectives, and strategies
- Addition of some new objectives and strategies
- Updated based on feedback session with the Maryland Cancer Collaborative and other stakeholders
- SMART and cross-cutting

Cancer Plan Update – How objective targets were set

- Behavioral and risk factor targets: generally set based on Healthy People 2020 objectives, goals/targets of MDH programs, and/or HP 2020 target-setting method of adjusting the baseline by 10%.
- Incidence and mortality targets: generally projected using linear forecasting.

Cancer Plan Update– How strategies were developed

- Repeated or adapted from 2016-2020 Cancer Plan
- Suggested by MDH subject matter experts and external partners
- Evidence-based (taken from The Community Guide, USPSTF recommendations, etc.)
- Cross-cutting (to the extent possible)
- Focus on policy, systems, and environmental (PSE) strategies to impact populations versus individuals

Cancer Plan Update Timeline

- June – September 2019
 - Internal MDH review and identify / begin content updates
- October 2019 – January 2020
 - Engage Subject Matter Experts and update of content
- February 2020 – April 2020
 - Internal MDH review

Cancer Plan Update Timeline

- May 2020
 - Stakeholder feedback on Goals, Objectives, and Strategies
- June 2020
 - Incorporate stakeholder feedback
- June 2020 – July 2020
 - Internal MDH review

Cancer Plan Graphic Design

- July – September
 - Cancer Plan Graphic Design and final reviews
- Decisions on Graphic Design
 - Convey hope and optimism
 - Capture the diversity of Maryland
 - Incorporate modern graphic design elements

2021 – 2025 Maryland Comprehensive Cancer Control Plan



Cancer Plan: Data Sources

- Maryland Cancer Registry
- CDC WONDER
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Youth Tobacco and Risk Behavior Survey
- National Immunization Survey
- Others



Primary Prevention

Primary Prevention Goal: Increase cancer prevention behaviors in Maryland: Tobacco and Exposure Objectives

- Objectives: Tobacco, Nutrition/Physical Activity/Healthy Weight/Breastfeeding, Alcohol, HPV, UVR Exposure, Radon Exposure, Public Access to Information

High Burden Cancers and Survivorship

High Burden Cancers Goal: Reduce the burden of cancer in Maryland.

- Objectives: Incidence, Mortality, Screening Rates, Disparities in Incidence/Mortality

Survivorship Goal: Increase the quality of life of cancer survivors in Maryland.

- Objectives: Survivor physical/mental health, pain under control, treatment summary/care plan, advance directives, CAPC Report Card grade, cancer patient hospice utilization data, improve data on sexual and gender minorities

Goal 1: Primary Prevention

GOAL 1: PRIMARY PREVENTION

INCREASING CANCER PREVENTION BEHAVIORS IN MARYLAND: TOBACCO USE AND EXPOSURE OBJECTIVES

OBJECTIVE 1: By 2025, reduce the prevalence of current cigarette smoking* among adults to 11.9%. (2018 Baseline: 12.5%)

Target Setting Method: 5% reduction

Source: BRFSS

*Targets for other tobacco products are not included because prevalence of use among adults is very low.

Strategies

1. Support and implement CDC-recommended evidence-based interventions that reduce tobacco use and increase the demand for cessation, including:³⁰
 - a. Explore an increase in the price of tobacco products, including ESDs,
 - b. Enact comprehensive tobacco-free policies, including ESDs,
6. Educate and increase engagement of health care providers to promote cessation and provide tobacco treatment resources, following USPSTF guidelines.
 - a. Conduct targeted outreach to specialists with high-risk populations, including behavioral health providers, pediatricians, pulmonologists, radiologists, oncologists, and primary care providers.

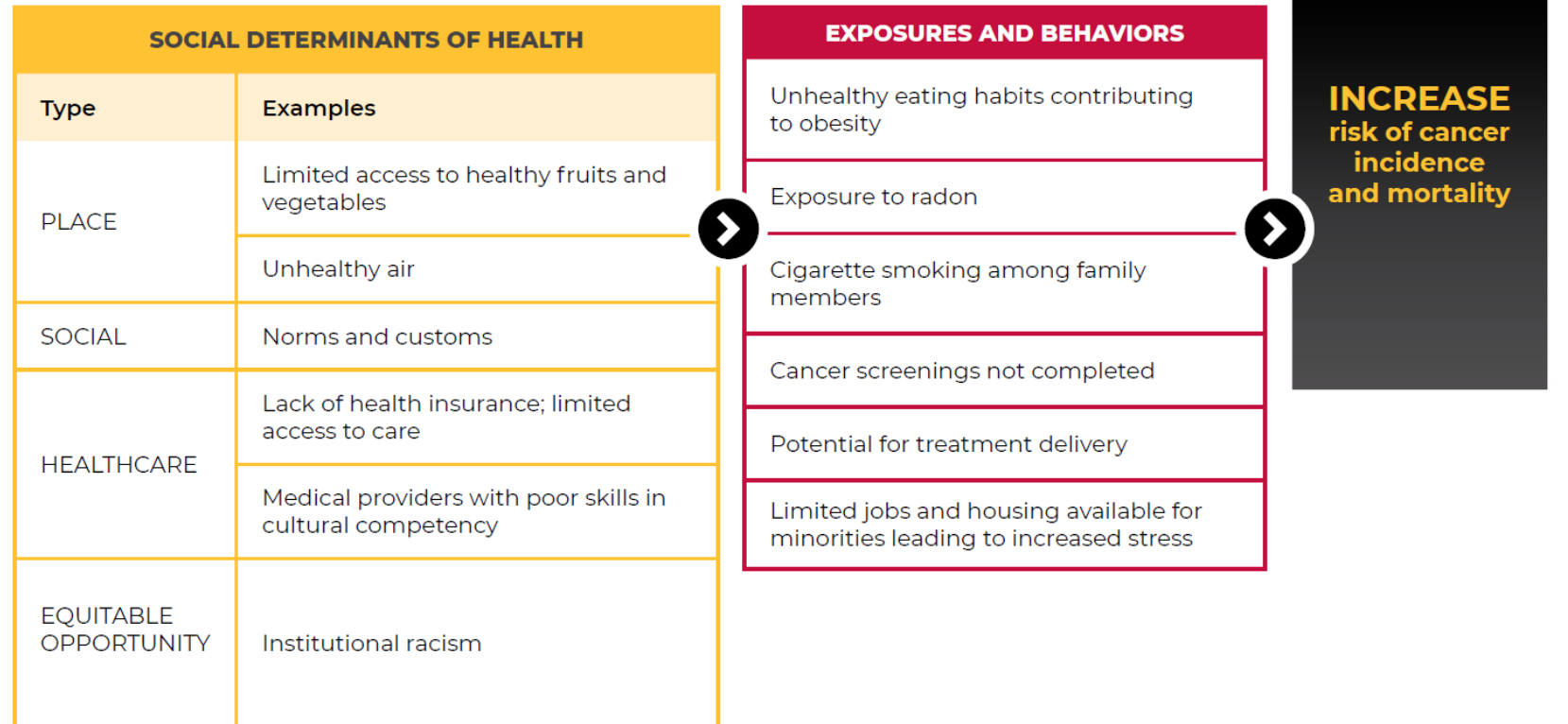
Cancer Plan: Examples of Content

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Social Determinants of Health

Table 1. Example of social determinants of health and precipitating unhealthy exposure and behaviors

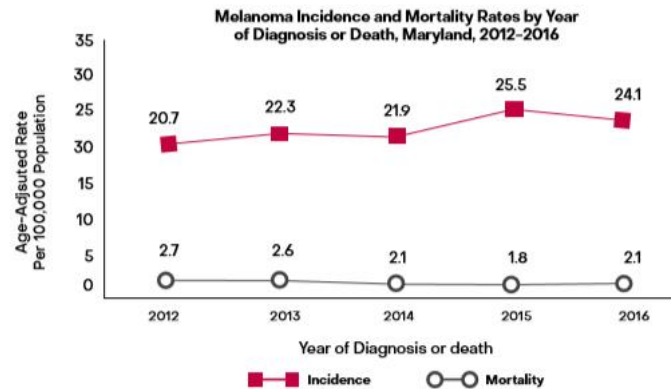


Cancer Plan: Examples of Content



Melanoma is less common but is the deadliest form of skin cancer and is reportable to the MCR. The national mortality rate for melanoma is low compared to other cancers at 2.5 deaths per 100,000 individuals. Melanoma mortality rates in Maryland are also significantly lower than in most states, with Maryland ranking 44th in the country for melanoma mortality at a rate of 2.1 deaths per 100,000 persons in 2016.

Figure 4. Melanoma Incidence and Mortality Rates by Year of Diagnosis or Death, Maryland, 2012-2016



Source: Maryland Cancer Registry; NCHS Compressed Mortality File in CDC WONDER, 2012-2016

SECTION 1: Primary Prevention of Cancer | Page 46

Cancer Plan: Examples of Content

DISPARITIES IN CANCER INCIDENCE, MORTALITY, AND SCREENING RATES

In Maryland, data indicate that the burden of cancer is not distributed equally across different races and ethnicities, sexes and genders, and geographic locations. Differences are seen in incidence and mortality rates, screening rates, and stage at diagnosis, and many of these differences can likely be classified as health disparities that are linked with social, economic, and/or environmental disadvantage. The Cancer Plan Introduction discusses cancer disparities more in-depth, including factors that are thought to play a role in disparities and social determinants of health.

The charts and maps below display statistically significant differences in cancer incidence and mortality (2012-2016) and screening rates (2018) for the seven targeted cancers. Among the targeted cancers, significant racial, ethnic, and/or sex differences are seen in the incidence and mortality rates for cervical, colorectal, female breast, lung, oral, and prostate cancers, and in screening rates for female breast, colorectal, and cervical cancers. Although the Cancer Plan focuses on differences between racial and ethnic groups and between males and females, differences and cancer disparities may also occur by other factors such as age, disability, educational status, etc.



Cancer Plan: Examples of Content

HIGH BURDEN CANCERS IN MARYLAND

Improvement in the prevention, early detection, and treatment of many types of cancer has led to a decline in cancer incidence and mortality rates in Maryland and the nation.³⁰ Despite these declines, the cancer burden remains large when measured by human suffering, loss of life, loss of quality of life, and expenditures for medical care. Section 2 examines the current cancer burden in Maryland to identify priority cancers and effective interventions to reduce cancer incidence, mortality, and disparities.

PRIORITY CANCERS IN MARYLAND

Incidence

Every year more than 31,000 Marylanders are diagnosed with invasive cancer (excluding basal and squamous cell skin cancer). The 2016 age-adjusted cancer incidence rate for Maryland is 443.6 cancer cases per 100,000, which is statistically significantly higher than the 2016 U.S. cancer incidence rate of 424.1 (Table 4). The age-adjusted incidence rate for all cancer sites among Blacks in Maryland remained below the incidence rate for Whites, continuing the trend since 2011.

Table 4. Overall Cancer Incidence and Mortality, by Sex and Race in Maryland and the United States, 2016

INCIDENCE					
	Total	Males	Females	Whites	Blacks
Maryland New Cases	31,079	15,307	15,765	21,021	8,307
Maryland Incidence Rate	443.6	481.6	419.1	453.0	430.4
US SEER Rate	424.1	458.4	402.1	432.7	434.3

MORTALITY					
	Total	Males	Females	Whites	Blacks
Maryland Deaths	10,911	5,472	5,439	7,392	3,174
Maryland Mortality Rate	156.5	183.2	138.4	154.7	176.2
US Mortality Rate	155.9	185.9	134.0	156.7	178.2

Rates are per 100,000 population and are age adjusted to the 2000 US standard population

Sources: Maryland Cancer Registry, 2016
NCI SEER*Stat (U.S. SEER 18 rates)
NCHS Compressed Mortality File in CDC WONDER
NCHS Compressed Mortality File in CDC WONDER

Cancer Plan: Examples of Content

PATIENT NAVIGATION

The complexity of the healthcare system often presents patients with many challenges and barriers in obtaining appropriate and timely care. Since the concept of patient navigation was first introduced by Harold P. Freeman in 1990, patient navigation has emerged as an effective, evidence-based strategy to increase access to information, resources, and care by addressing individual patient-level barriers. Patient navigation includes any type of service that assists an individual in overcoming obstacles from screening to treatment, as well as coping with challenges during survivorship.

Patient navigation shares many characteristics with other models of patient assistance, such as case management, but there are some differences. The principles of case management including case identification, identifying barriers to care, developing individual plans to overcome barriers, and tracking over time are undoubtedly a part of patient navigation. However, patient navigation tends to focus on one health condition and tends to track patients until completion of a finite set of health services, instead of long-term follow up.

Those who work in cancer patient navigation are often trained, culturally competent health care professionals who work with patients, families, health care providers, and the health care system to ensure cancer patients' needs are appropriately and effectively addressed. Patient navigators may be nurses, social workers, community health workers, or the lay public. Their role includes helping patients to overcome health system barriers, providing health education about cancer across the cancer continuum from prevention to survivorship, addressing patient barriers to cancer care, and providing psychosocial support. Those who work in patient navigation may coordinate medical appointments, maintain telephone contact between patients and healthcare providers, arrange transportation to and from medical services, assist with completing forms and obtaining documentation, and much more.



SECTION 2: High Burden Cancers in Maryland | Page 84

Who Should Use the Cancer Plan?

- Health care providers
 - Public health professionals
 - Academics
 - Representatives of community, nonprofit, and advocacy organizations
 - Volunteers and others
-
- **The goals, objectives, and strategies can be tailored to many settings to help guide cancer control activities.**

Local Health Departments and Community Organizations

- Use Cancer Plan as a guide when selecting and planning cancer control initiatives and research efforts.
- Promote wellness initiatives and events that promote preventive behaviors and offer early detection opportunities.
- Advocate for policies, programs, and funding that support cancer control.
- Share resources that are available to support cancer survivors.

Health Care Providers

- Be aware of the comprehensive cancer control planning efforts in Maryland.
- Educate patients about preventive behaviors, early detection, clinical trials, and survivorship resources.
- Participate in community cancer control efforts and work toward the elimination of disparities in underserved populations.
- Report cancer cases, as directed by Maryland law, to the Maryland Cancer Registry.
- Advocate for policies that support cancer control.

Academic and Other Cancer Researchers

- Use the Cancer Plan as a guide when selecting and planning cancer control research efforts.
- Distribute research findings, for which support is sufficient, widely to other cancer control stakeholders in Maryland.
- Share resources that are available to support cancer survivors

Individuals and Families

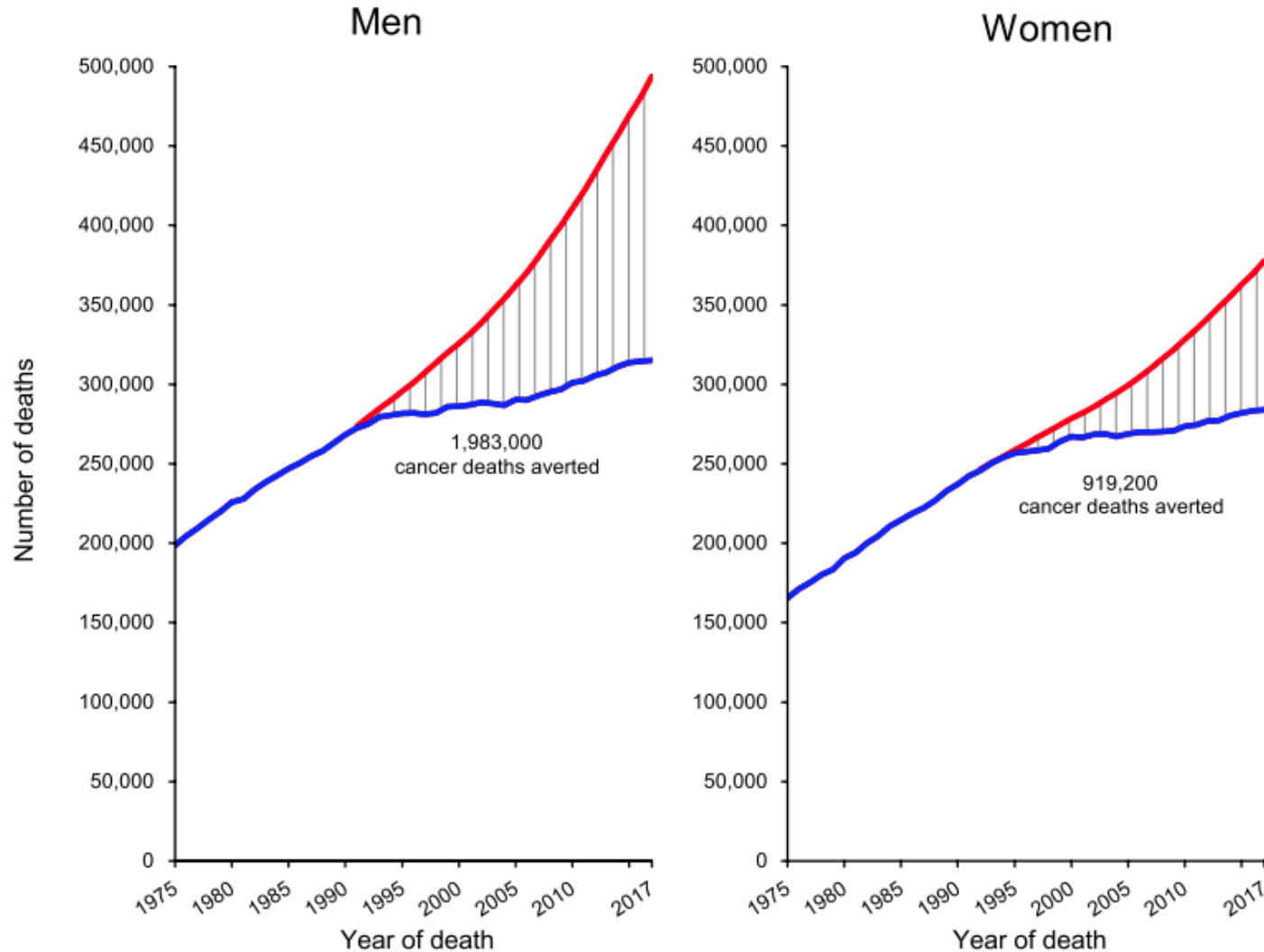
- Educate yourself and read the Cancer Plan!.
- Take action to reduce your risk of getting cancer.
- Talk to your health care provider about cancer screenings.
- Support cancer-related organizations and efforts in the community.
- Advocate for policies that support cancer control.
- Share and take advantage of resources that are available to support cancer survivors.

What Can You Do?

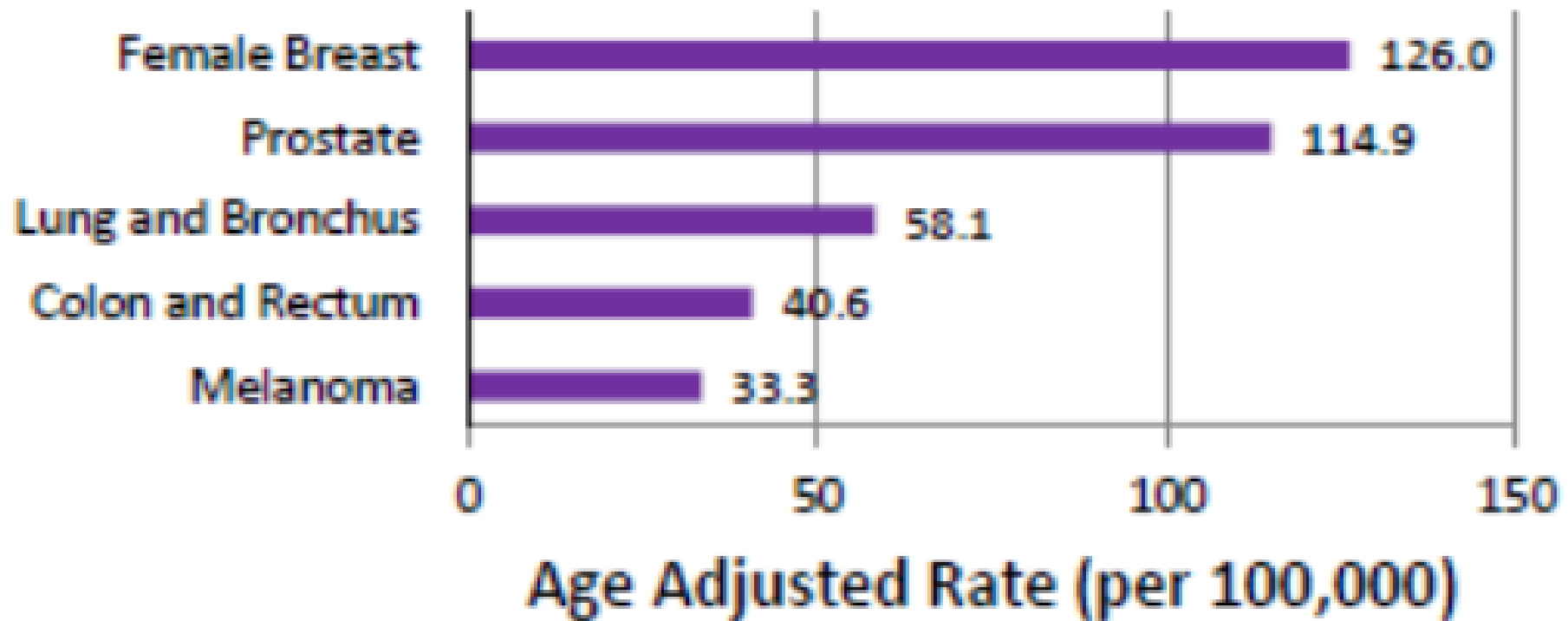
Implement!

- Review the goals, objectives, and strategies in the updated Cancer Plan and incorporate into your work and/or research.
- Join the Maryland Cancer Collaborative and partner with other cancer control stakeholders to choose and implement priorities from the Cancer Plan.

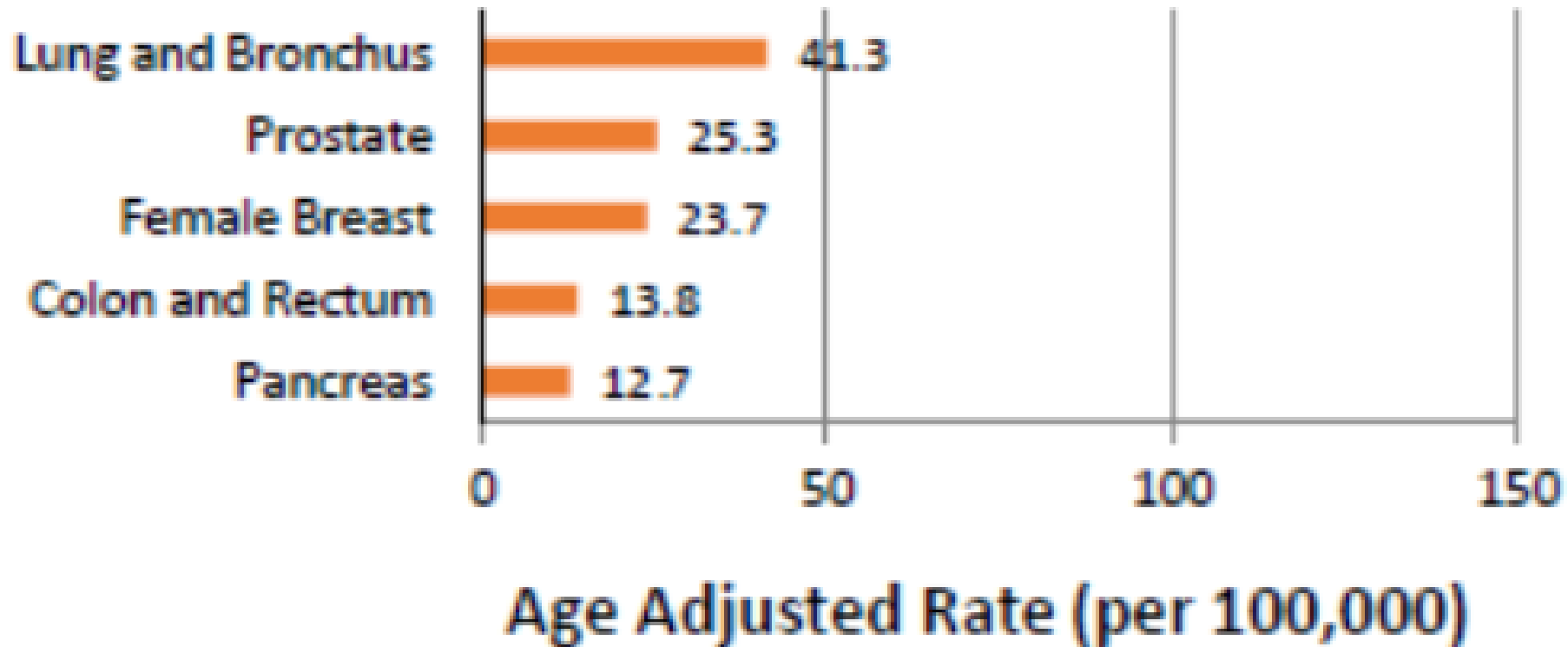
Maryland Cancer Deaths Averted 1990 - 2017



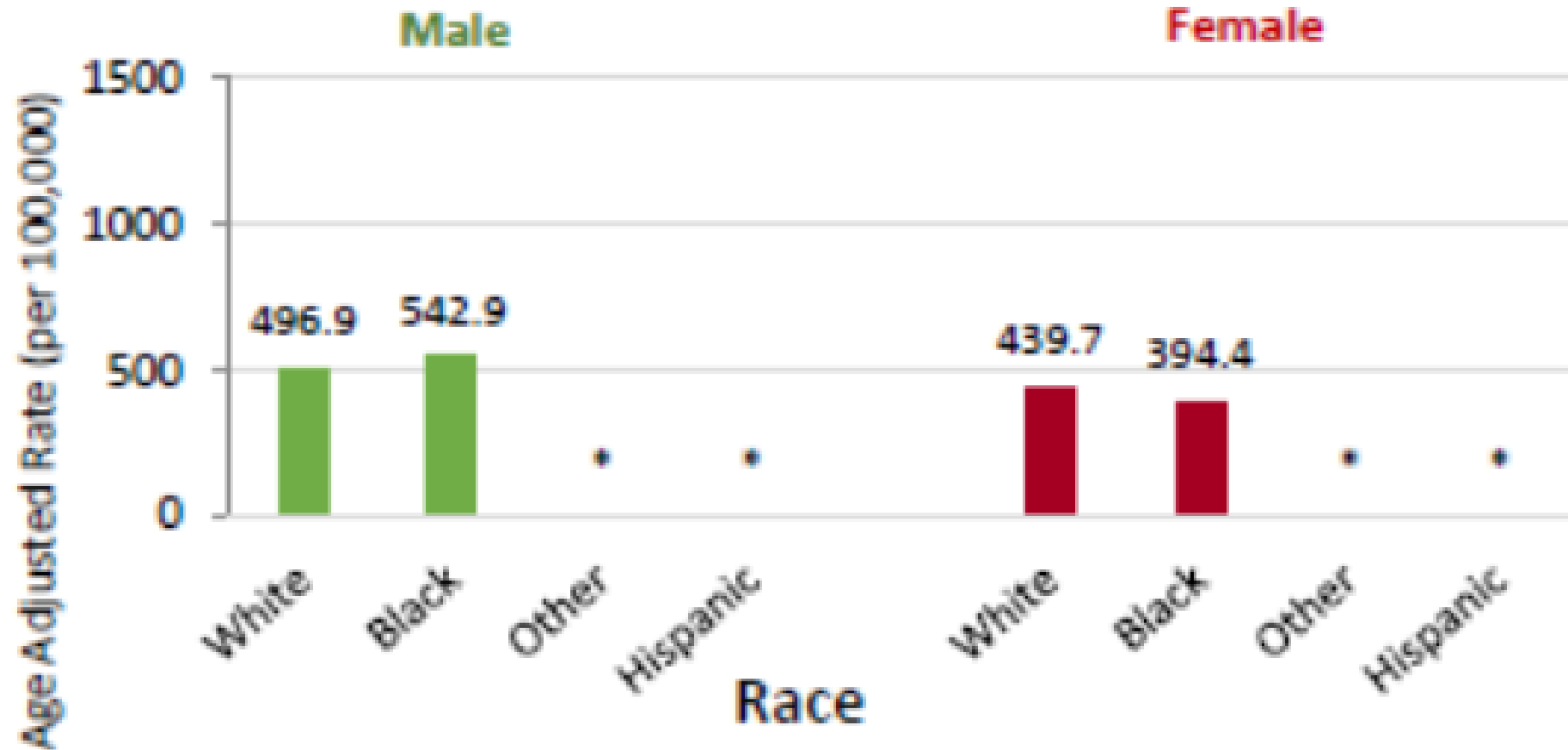
Calvert County Cancer Incidence Rates: Top 5 Cancers, 2013 - 2017



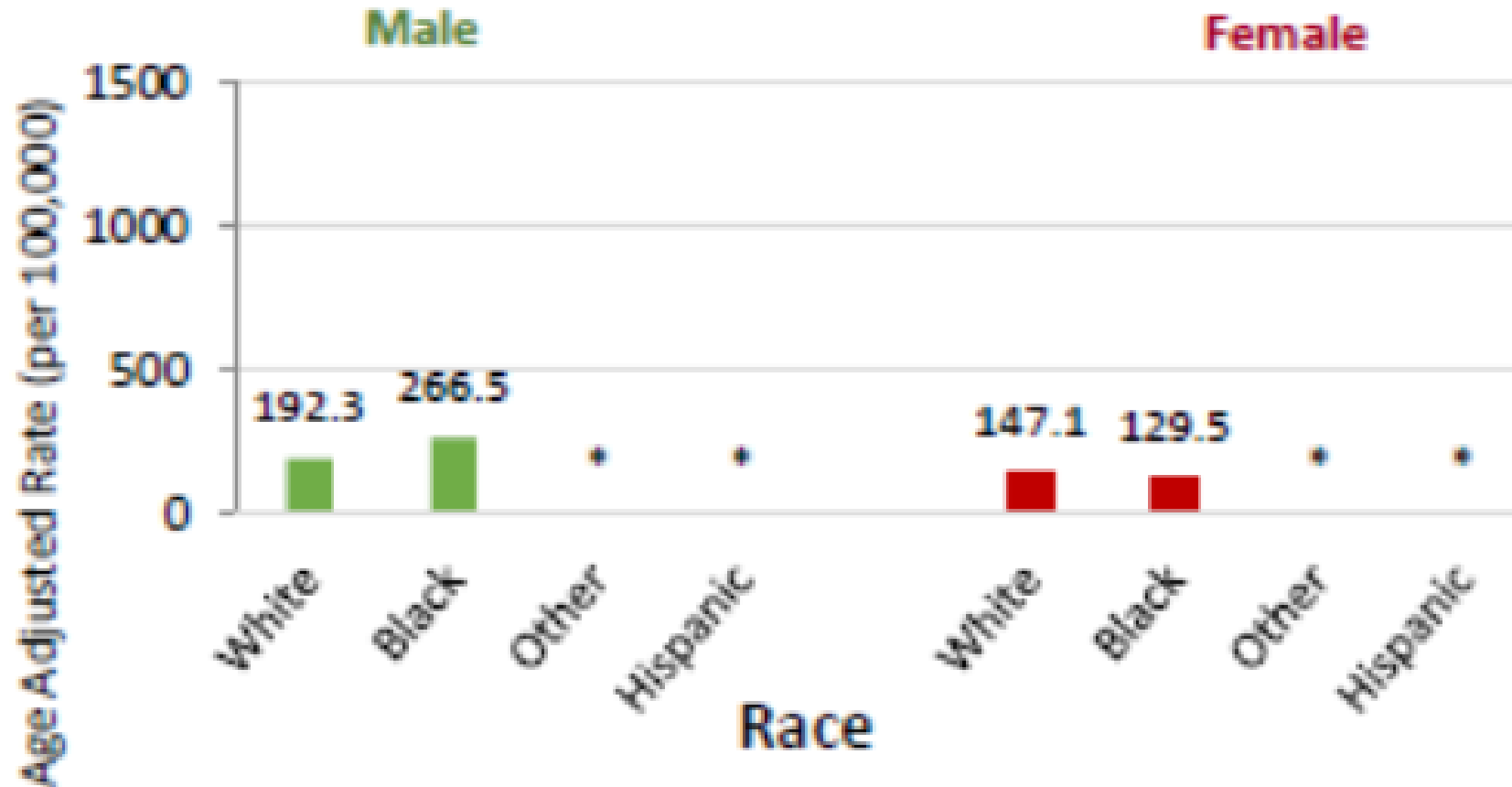
Calvert County Cancer Mortality Rates: Top 5 Cancers, 2013 - 2017



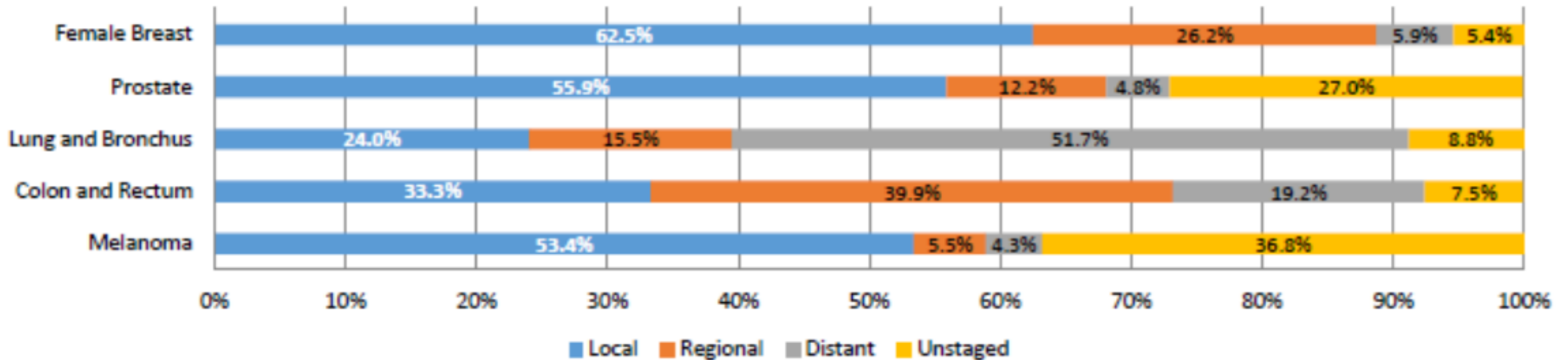
Calvert County Cancer Incidence Rates By Race/Ethnicity and Gender, 2013 - 2017



Calvert County Cancer Mortality Rates By Race/Ethnicity and Gender, 2013 - 2017



Calvert County Distribution of Stage at Diagnosis for Top 5 Cancers Based on Incidence Counts, 2013 - 2017



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<https://phpa.health.maryland.gov/cancer/cancerplan/Pages/publications.aspx>