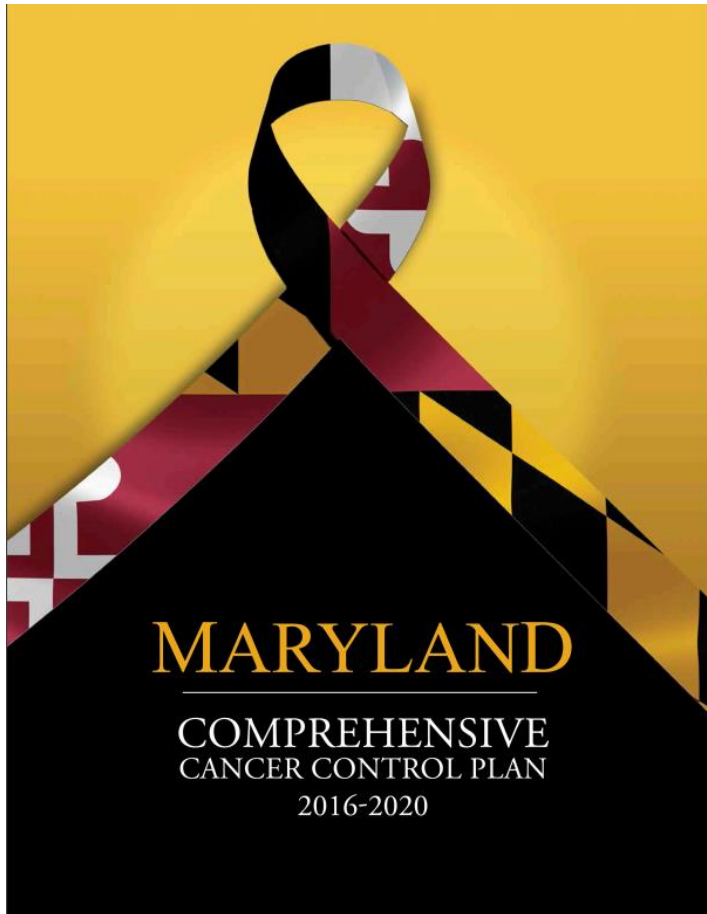# 2021 – 2025 Maryland Comprehensive Cancer Control Plan:

# 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.

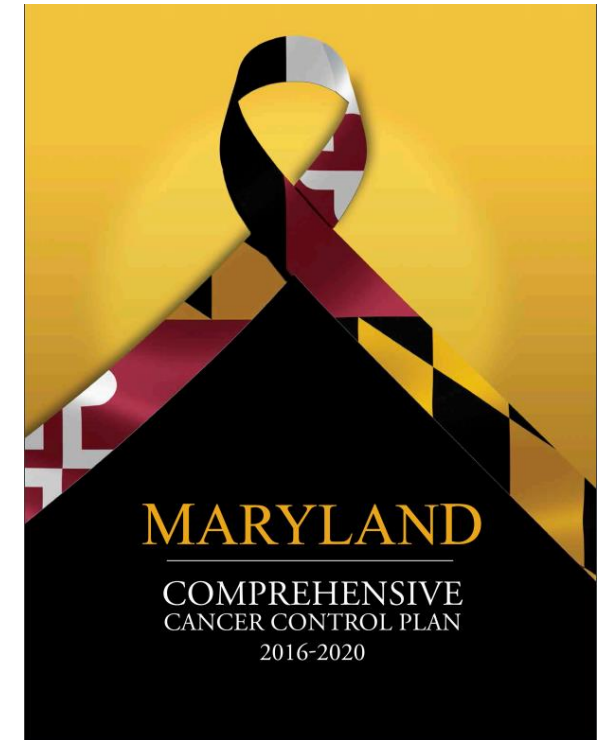It is also a resource for all Marylanders on cancer control topics.

Maryland Comprehensive Cancer Control Plan
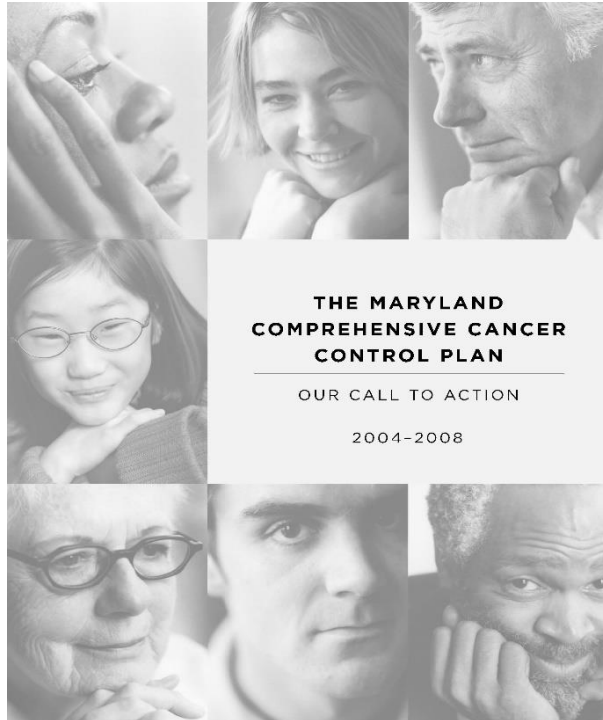
2004-2008 Cancer Plan

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

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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

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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.

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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

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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

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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

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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

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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

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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

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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

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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:[61]

    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.

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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

SOCIAL DETERMINANTS OF HEALTH		EXPOSURES AND BEHAVIORS
Type	**Examples**	
PLACE	Limited access to healthy fruits and vegetables	Unhealthy eating habits contributing to obesity
	Unhealthy air	Exposure to radon
SOCIAL	Norms and customs	Cigarette smoking among family members
HEALTHCARE	Lack of health insurance; limited access to care	Cancer screenings not completed
	Medical providers with poor skills in cultural competency	Potential for treatment delivery
EQUITABLE OPPORTUNITY	Institutional racism	Limited jobs and housing available for minorities leading to increased stress

INCREASE risk of cancer incidence and mortality

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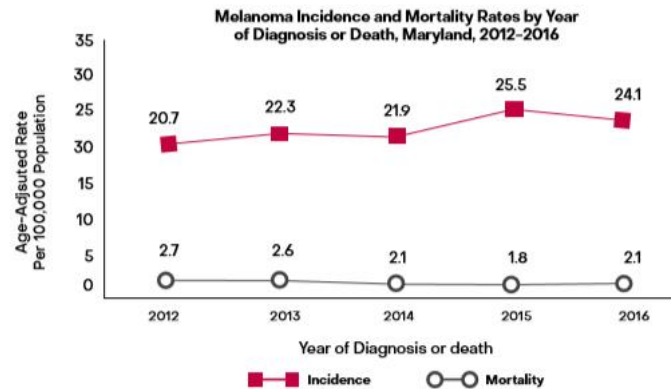
Source: Maryland Cancer Registry; NCHS Compressed Mortality File in CDC WONDER, 2012-2016

Cancer Plan: Examples of Content

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.[150] 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

SECTION 2: High Burden Cancers in Maryland | Page 65

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Cancer Plan: Examples of Content

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.**

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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.

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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.

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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

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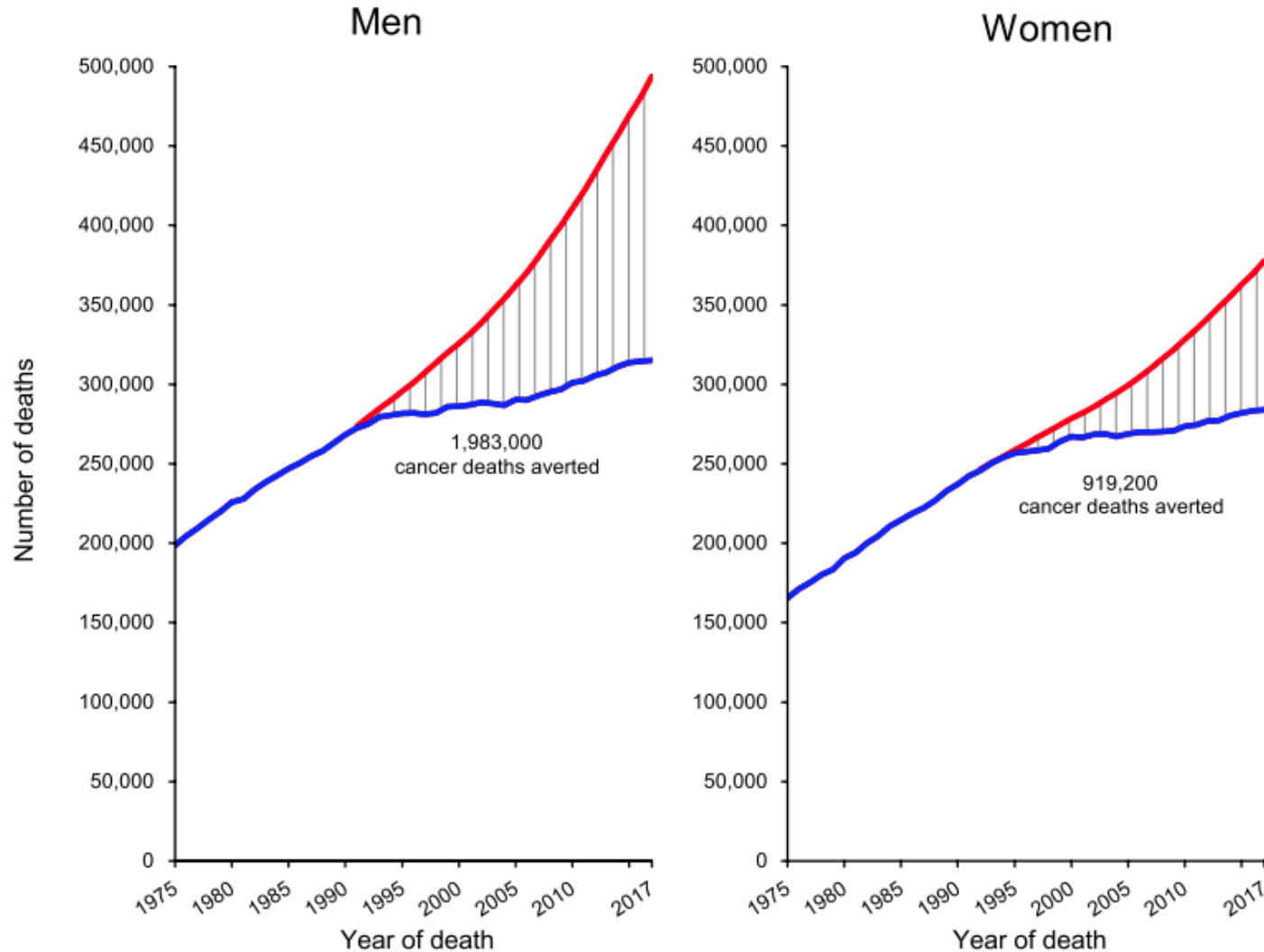
Individuals and Families

- 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.
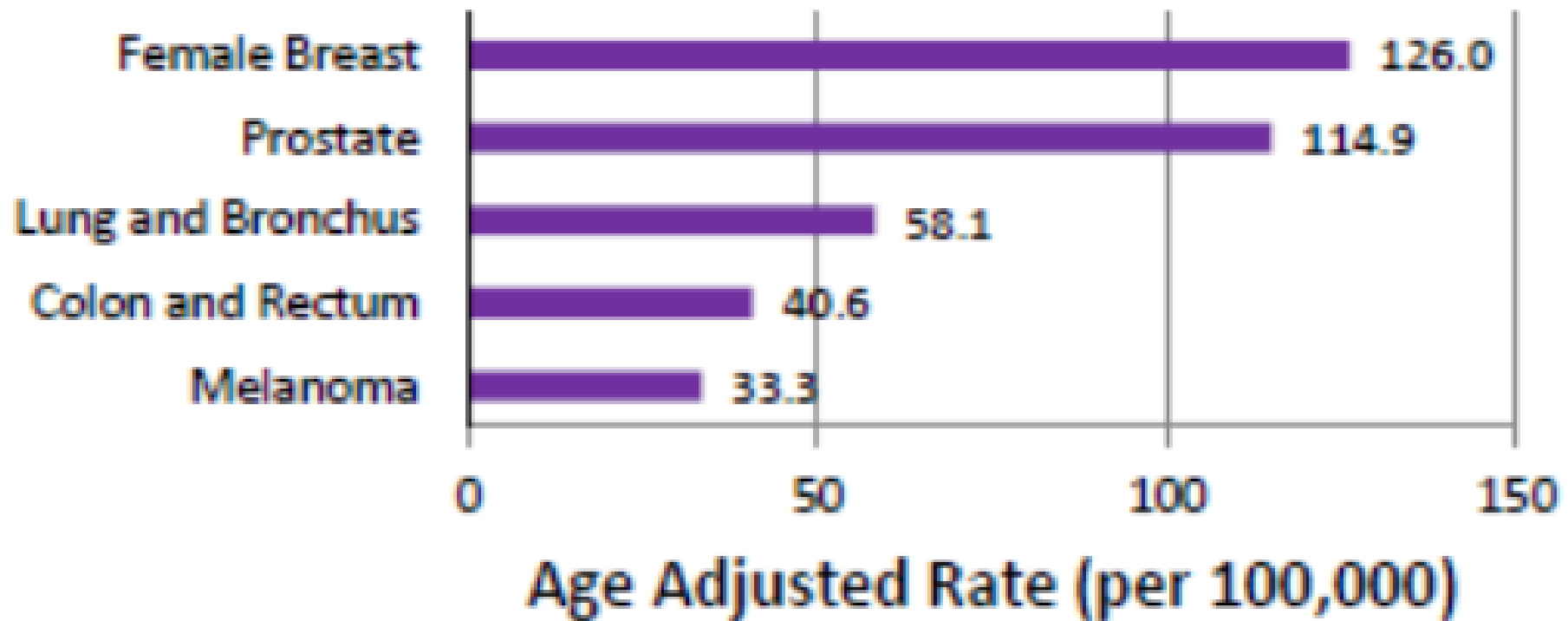
What Can You Do?

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.
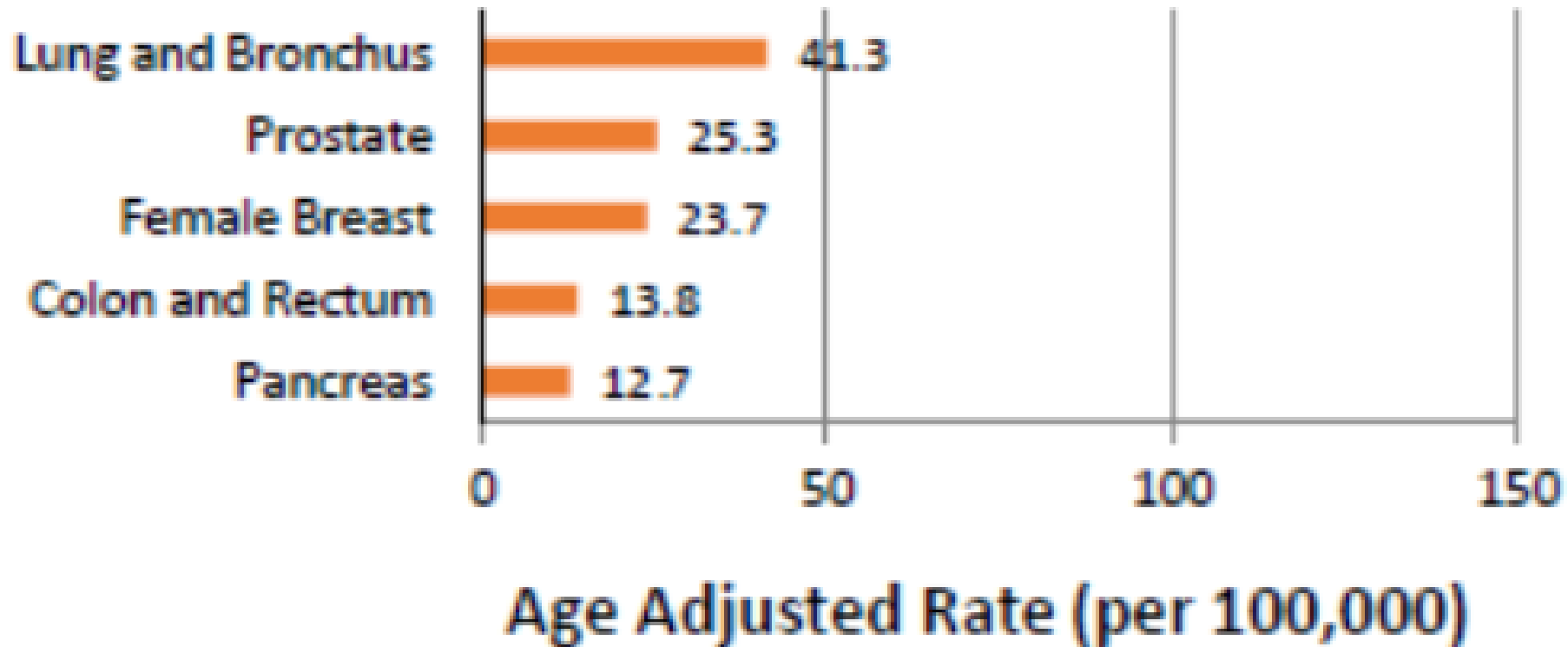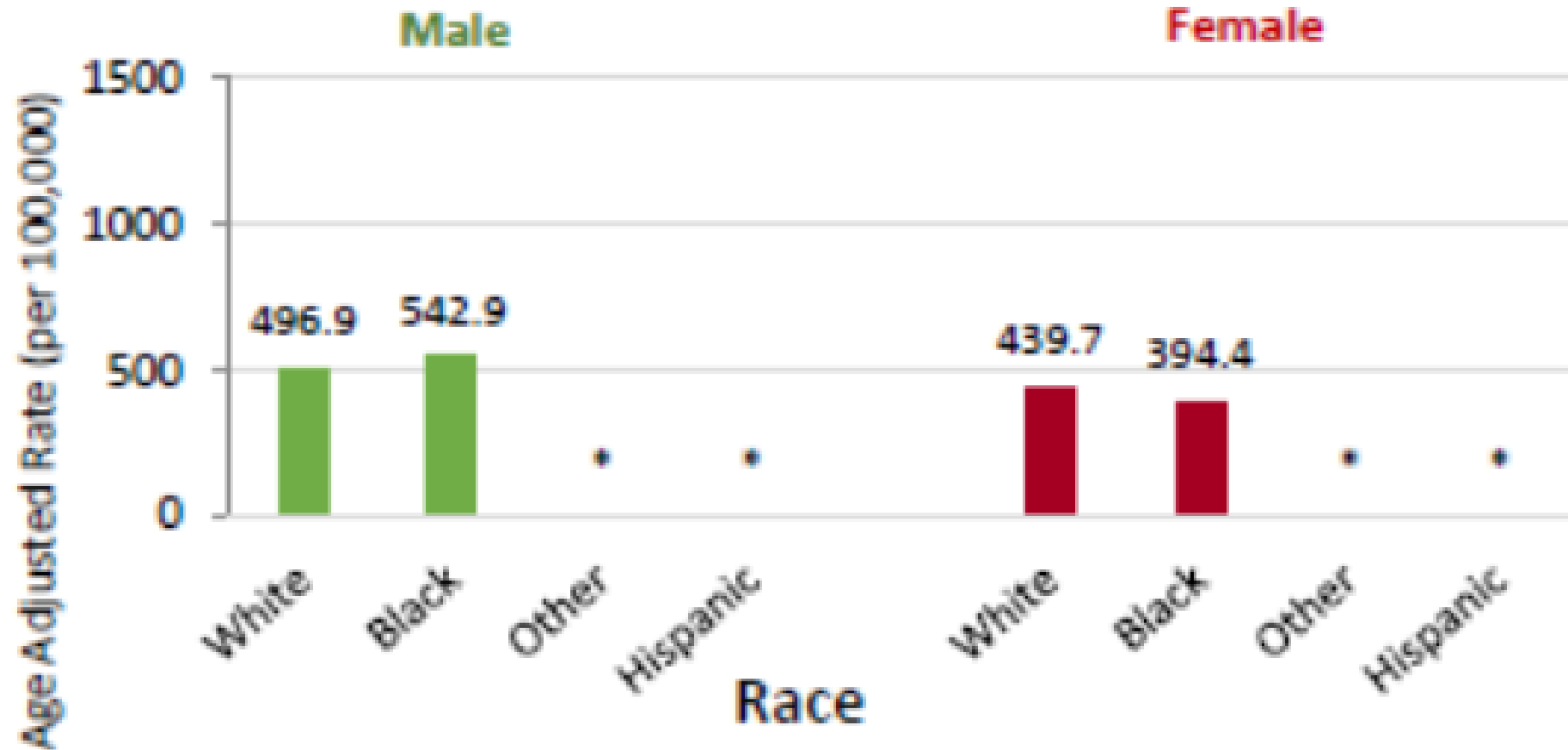
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Maryland Cancer Deaths Averted 1990 - 2017

Men

Women

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

Chart: Age Adjusted Rate (per 100,000)

- Female Breast: 126.0
- Prostate: 114.9
- Lung and Bronchus: 58.1
- Colon and Rectum: 40.6
- Melanoma: 33.3

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

Age Adjusted Rate (per 100,000)

| Cancer	Rate
Lung and Bronchus	41.3
Prostate	25.3
Female Breast	23.7
Colon and Rectum	13.8
Pancreas	12.7

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

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

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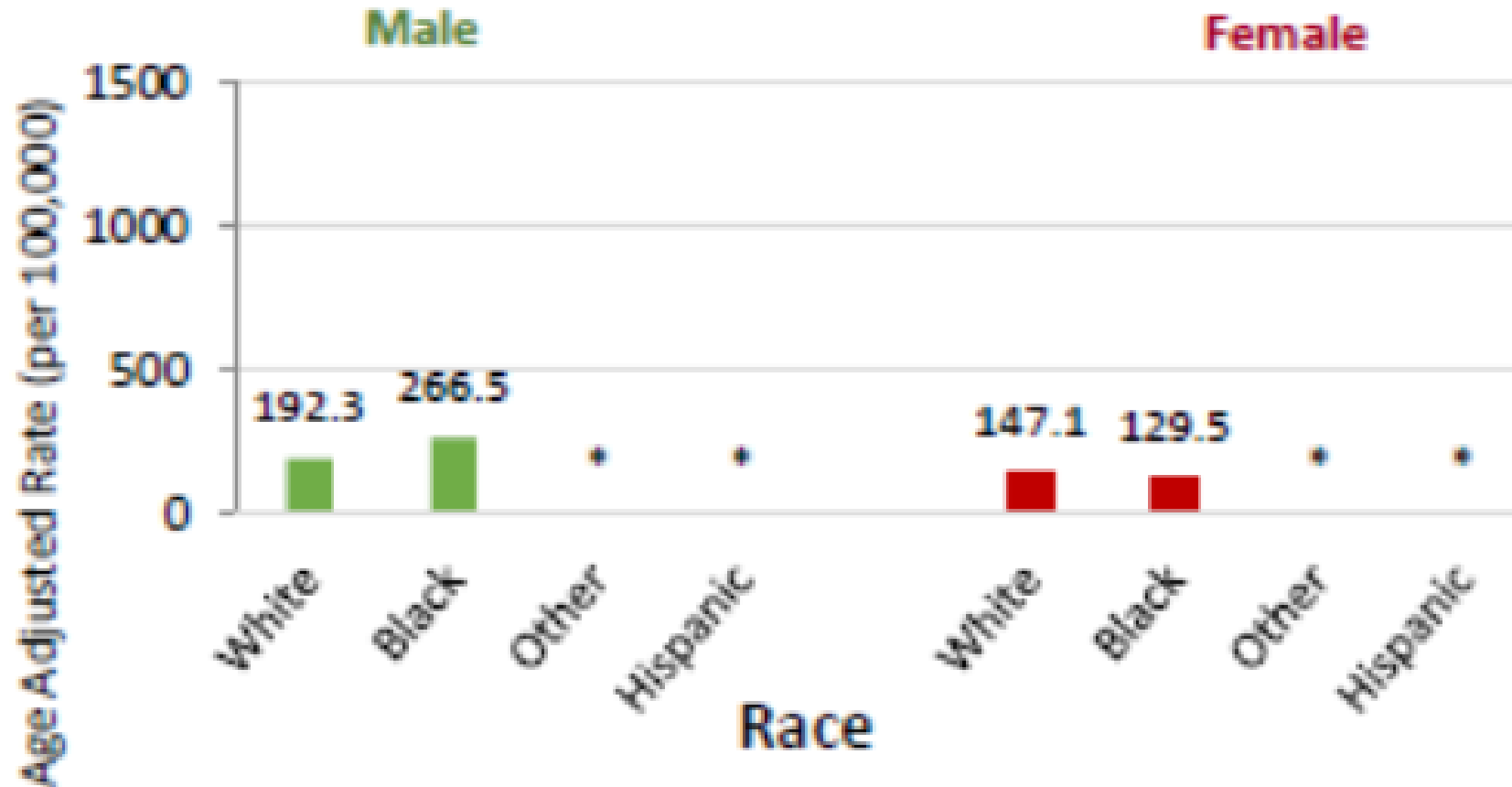
Calvert County Distribution of Stage at Diagnosis for Top 5 Cancers Based on Incidence Counts, 2013 - 2017
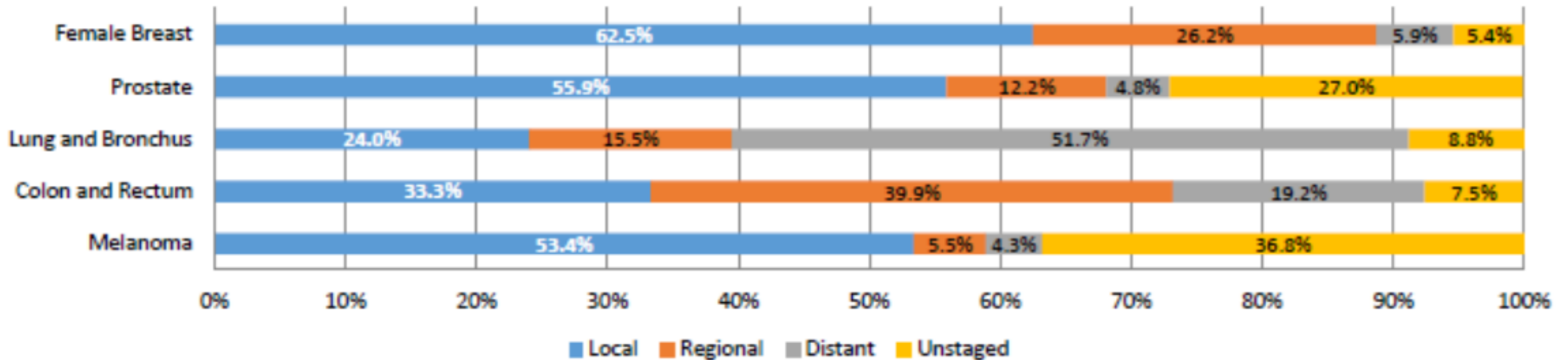
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https://phpa.health.maryland.gov/cancer/cancerplan/Pages/publications.aspx