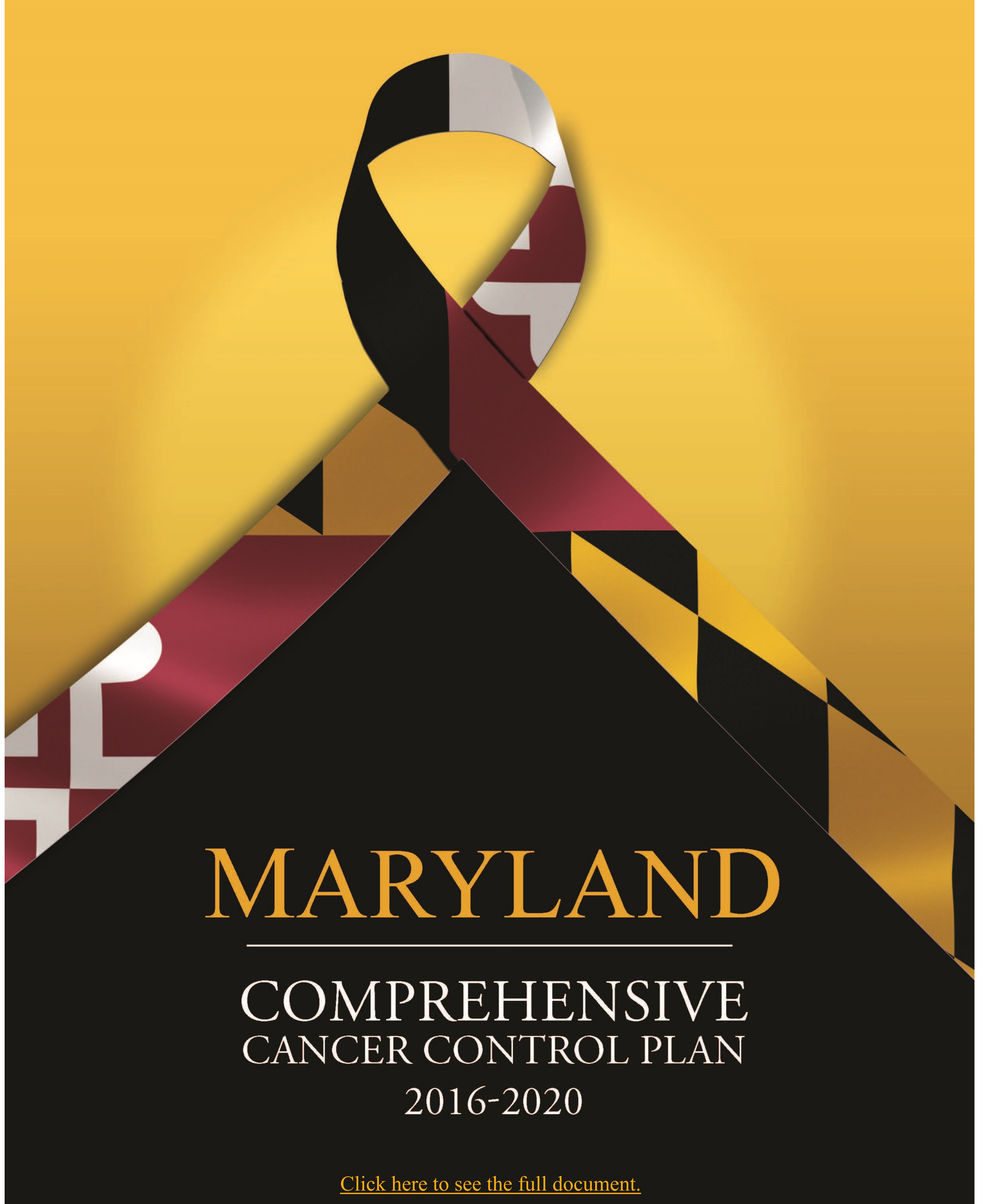
Cancer Control Success Stories

2017 Progress Report on the 2016-2020 Maryland Comprehensive Cancer Control Plan


MARYLAND
COMPREHENSIVE
CANCER CONTROL PLAN
2016-2020
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Introduction

The 2016-2020 Maryland Comprehensive Cancer Control Plan (Cancer Plan) outlines goals, objectives, and strategies that individuals, health professionals, and organizations can utilize to guide cancer prevention and control activities. The current Cancer Plan is based on three areas along the cancer continuum: Primary Prevention of Cancer; High Burden Cancers in Maryland; and Survivorship, Palliative Care, and Hospice Care. Governor Larry Hogan released the plan during a press conference in September 2016, and it represents coordinated efforts among 83 public and private stakeholders to develop objectives that are specific, measurable, attainable, relevant, and time-bound (SMART), and based on available, measurable data sources.

In 2011, the Maryland Department of Health (MDH) established the Maryland Cancer Collaborative, a statewide coalition charged with implementing the Cancer Plan. Every two years, MCC members form workgroups to implement projects related to Cancer Plan goals. The current MCC workgroups are working to continue the promotion of human papillomavirus (HPV) vaccination, improve tobacco cessation services, develop resource materials for cultural sensitivity in healthcare, improve hospice data utilization, and raise awareness of the importance of palliative care. Please refer to the Maryland Cancer Collaborative section at the end of this report for more information.

This report highlights cancer control efforts in Maryland, and progress made on priority strategies in the Cancer Plan. The report includes success stories demonstrating the impact that cancer control activities have on Marylanders and how MDH is working to eliminate health disparities, as well as legislative and policy updates.

Due to the timing of this report, several objectives under Primary Prevention of Cancer have not been updated from the 2106 Progress Report, as the most recent data from the Youth Tobacco and Risk Behavior Survey (YTRBS) are still being finalized. The surveillance data show positive change among primary prevention activities: Cigarette smoking prevalence among Maryland adults has decreased from 16.4% in 2013 to 13.7% in 2016, and HPV vaccine coverage among Maryland adolescents 13-17 is on trend to meet the Cancer Plan target in 2020. High burden cancers, however, saw an increased incidence rate for all cancers except lung and prostate, though mortality rates for these priority cancers appear to be on the decline and are projected to meet Cancer Plan targets in 2020. The decrease in mortality rates of high burden cancers speaks to the improvements in early detection and treatment in recent years, and serves as a reminder of the importance of statewide stakeholder collaboration.

The following data sources are referenced throughout the Progress Report:

BRFSS - Behavioral Risk Factor Surveillance System
CDC WONDER - Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research
MCR - Maryland Cancer Registry
NIS - National Immunization Survey
SEER*Stat - The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute
YTRBS -Youth Tobacco and Risk Behavior Survey

Acknowledgements
The MDH Center for Cancer Prevention and Control would like to thank everyone who contributed to this Progress Report, including staff from the MDH Office of Special Services, the MDH Center for Chronic Disease Prevention and Control, MedStar North Integrated Cancer Network, Primary Care Coalition, and The Johns Hopkins Thoracic Surgery Center.

Primary Prevention of Cancer

Increasing Colorectal Cancer Screening Among Maryland

Community Health Center Patients

Primary Care Coalition

Colorectal cancer is one of the leading causes of cancer death in Maryland.[1] In 2017, the American Cancer Society estimates that 2,430 new cases of colorectal cancer will be diagnosed and 860 deaths will have occurred in Maryland.[2] In many cases, colorectal cancer can be prevented by maintaining a healthy lifestyle and getting regular screening that allows health care providers to detect and remove precancerous lesions.[3] The Cancer Plan encourages Marylanders age 50 to 75 to have a colonoscopy every 10 years, a sigmoidoscopy every 5 years, or an annual Fecal Occult Blood Test (FOBT).[4]

In 2012, statewide colorectal cancer screening rates were 68%[5], significantly higher than the 4% screening rates among patients served by Montgomery County's health care safety-net clinics.[6] In response to low screening rates, Primary Care Coalition (PCC) collaborated with six safety-net clinics (Catholic Charities at McCarrick Center, Mansfield Kaseman Health Clinic, Mercy Health Clinic, Mobile Medical Care, Inc., Muslim Community Center and Proyecto Salud) to increase screening rates among their patients who are primarily low-income individuals, either uninsured or have Medicaid.

With the goal of improving colorectal cancer screening rates among their patients, PCC and the safety-net clinics implemented the following activities aimed at improving the quality and efficiency of care:

- Secure public health funding for cancer screening,
- Reduce structural barriers to screening,
- Adopt culturally sensitive patient navigation,
- Offer patients one-on-one education about cancer screenings,
- Measure health care provider adherence to screening standards and guidelines,
- Collect and monitor aggregate level data in health care provider offices, and
- Promote the use of systems-level process and quality improvement activities.

The PCC and the safety-net clinics met monthly to move the initiative forward. Together they established the criteria for measuring performance and created the infrastructure necessary to gather data and evaluate progress toward increasing cancer screening rates. They built capacity at the participating safety-net clinics by educating health professionals whose work would be affected by process changes and obtaining buy-in and support for the initiative. Through multiple, iterative scale up, the team evaluated new processes to ensure subsequent efforts focused on effective activities. In time, they were able to show that improvement in the performance measures correlated with improved clinical outcomes for patients.

Over the past 4 years, the clinics have been meeting monthly to strategize on implementation of the quality improvement objectives and share best practices. Some of the best practices identified were:

- Provider-driven championing of guidelines,

Primary Prevention of Cancer

- Adding screening days to clinics so that patients can come in without a copay and receive education on colorectal cancer and fecal immunochemical test (FIT),
- Adding a time limit to complete the FIT,
- Follow-up phone calls to patients who did not return FITs, and
- Using every patient/visit as an opportunity for screening.

In addition to the core participants in the project, the Montgomery County Cancer Crusade, Woman's Cancer Control Program, Holy Cross Hospital, and Adventist Hospital also provided support and education to clinic staff and patients.

These collaborative efforts have increased colorectal screening among safety net clinics in Montgomery County from 8% in 2013 to 39.5% in 2017. This result confirms that strong collaboration among organizations along with passionate and driven staff can achieve an impressive feat. The Maryland Comprehensive Cancer Control Plan encourages organizations and individuals to collaborate and implement strategies and goals within the Plan to screen for cancers, as PCC and its partners demonstrated.

The team at PCC and 6 safety net clinics.

Front row, left to right: Maria Caro (Montgomery County Behavioral Health), Reina Lazo (AHC), Rosa Goyas (Mary's Center)

Back row, left to right Theresa Kidwell (Mobile Med), Mary Joseph (PCC), Pat Schaefer (Mansfield Kasman Clinic), Margaret Emathe (Muslim Community Clinic), Dorys Lizama (Catholic Charities), Carmen Lezema (AHC), Natalie McLeod (Mobile Med), and Johana Mezo (Proyecto Salud)

References:

1. Maryland Department of Health. 2017 Cancer Data. Retrieved from: https://phpa.health.maryland.gov/cancer/SiteAssets/Pages/surv_data-reports/2017_CRF_Cancer_Report_(20170827).pdf.

2. American Cancer Society. Cancer Facts and Figures 2017. Retrieved from: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf.

3. American Cancer Society. Colorectal Cancer: Causes, Risk Factors, and Prevention. Retrieved from: https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html.

4. Maryland Department of Health. Maryland Comprehensive Cancer Control Plan 2016-2020. Retrieved from: https://phpa.health.maryland.gov/cancer/cancerplan/Documents/MD%20Cancer%20Program_508C%20with%20cover.pdf.

5. American Cancer Society. Cancer Facts and Figures 2017. Retrieved from: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2011-2013.pdf

6. The Hilltop Institute. Percentage of HealthChoice Participants Aged 50 – 64 Years who Received a Colorectal Cancer Screening." https://mmcp.health.maryland.gov/Documents/2017%20HealthChoice%20Evaluation%20(CY%202011-CY%202015).pdf

Primary Prevention of Cancer

3rd Annual Walk Maryland Day
October 4, 2017

Daily walking provides many health benefits, including maintaining a healthy weight, a lower risk for heart disease, stroke, type-2 diabetes, depression, and certain cancers. Maryland Governor Larry Hogan declared October 4, 2017 the third annual Walk Maryland Day, a celebration of our state's official exercise, and a call to action to promote walking for physical activity and improved health. Walk Maryland Day was developed in 2015 with support by the State Advisory Council on Physical Activity, now a Committee within the State Advisory Council on Health and Wellness.

Led by Assistant Secretary of Health Dr. Jinlene Chan, state employees participated in a 0.75 mile Walk Maryland Day walk around the State Center complex

The Walk Maryland Day Planning Committee included staff from the Maryland Departments of Aging, Education, Health, and Transportation, as well as the University of Maryland Extension. The committee offered support and collaboration to planning, promotion, implementation of Walk Maryland Day and related activities where possible, and supported sustainability efforts to keep Marylanders walking.

In its third year, the Walk Maryland Day Planning Committee scaled up the event by raising visibility of the event through social media outreach, expanding partner engagement, and development of the Walk Maryland Day Event Planning Toolkit. The Planning Committee promoted the use of the hashtag #WalkMD on all materials, and scheduled social media messages by the Maryland Department of Health (MDH) Office of Communications, and walking partners were encouraged to share, re-tweet and repost these messages. In addition, the committee provided technical assistance to walk organizers that included suggested social media messaging, links to online resources for promoting walks, and supporting local walk organizers to engage news outlets to promote their events on television and in print media.

Partnerships were vital to Walk Maryland Day success. In Baltimore County, the Black-Eyed Susan Cancer Crushers, the American Cancer Society, and the Greenleigh at Crossroads business community partnered for a one-mile walk. In Garrett County, the town of Kitzmiller and Kitzmiller Empowerment Group sponsored a river walk and historical tour of this once booming coal community. The Frederick and Howard County Health Departments partnered Walk Maryland Day with Breast Cancer Awareness Month, which also falls in October.

Walk Maryland Day was a major success!

- The event reached its goal of all 24 jurisdictions in the state registering at least one walking event.
- There was a 9% increase in schools registered compared to the 2016 Walk Maryland event.
- A total of 2475 total walkers participated in events across the state.

The Walk Maryland Day events allowed local communities to promote healthier lifestyles and contribute to primary prevention activities in an exciting way.

Primary Prevention of Cancer

Measureable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, reduce the prevalence of current cigarette smoking among adults to 15.6%.	16.4% 2013 MD BRFSS	15.6%	13.7% 2016 MD BRFSS	Meets target
Objective 2. By 2020, reduce the prevalence of tobacco use among high school youth as measured by YTRBS to reach the following targets:				
Cigarette use: 11.3%	11.9%	11.3%	8.2%	Meets target
Cigar use: 8%	12.5%	8.0%	9.0%	On trend to meet target
Smokeless tobacco use (chewing tobacco or snuff): 6.9%	7.4%	6.9%	6.2%	Meets target
Any type of tobacco (cigarettes, cigars, or smokeless tobacco): 16.1%	16.9%	16.1%	14.4%	Meets target
Source:	2013 YTRBS		2016 YTRBS	
Objective 3. By 2020, reduce exposure of high school youth to secondhand smoke as measured by YTRBS to 30.1%.	31.7% 2013 YTRBS	30.1%	25.8% 2016 YTRBS	Meets target
Objective 4. By 2020, reduce the proportion of Marylanders who are obese to meet the following targets:				
Adults age 18 years and older: 27.5%	28.3% 2013 MD BRFSS	27.5%	29.9% 2016 MD BRFSS	Not on trend to meet target
High school youth: 10.7%	11.0% 2013 YTRBS	10.7%	12.6% 2016 YTRBS	Not on trend to meet target

Primary Prevention of Cancer

Measureable Progress

Legend:

Meets target | On trend to meet target | Not on trend to meet target | No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 5. By 2020, increase the proportion of Marylanders who consume fruits and vegetables as measured by BRFSS and YTRBS to reach the following targets:				
Adults age 18 years and older: 17.6%	17.1% 2013 MD BRFSS	17.6%	18.5%* 2015 MD BRFSS	Meets target
High school youth: 20.7%*	20.1% 2013 YTRBS	20.7%	NA†	
Increase the proportion of high school students who ate fruit or drank 100% fruit juices three or more times per day (during the past 7 days)‡	20.0% 2013 YTRBS	20.6%	15.8% 2016 YTRBS	Not on trend to meet target
Increase the proportion of high school students who ate vegetables three or more times per day (during the past 7 days)‡	13.8% 2013 YTRBS	14.2%	12.0% 2016 YTRBS	Not on trend to meet target
Objective 6. By 2020, increase the proportion of infants in Maryland who are breastfed to reach the following targets:				
Ever breastfed: 81.9%	79.8%	81.9%	85.1%	Meets target
Breastfeeding at 6 months: 60.6%	60.1%	60.6%	63.3%	Meets target
Breastfeeding at 12 months: 34.1%	29.4%	34.1%	43.5%	Meets target
Source:	2011 NIS		2014 NIS	

* This was not collected in 2016

† This data is no longer available on the 2014 YTRBS (supplemental tables or via data request), although it is referenced in the text of the 2014 YTRBS report ("Overall, the percentage of students who ate fruits and vegetables five or more times per day during the past week remained unchanged between 2005 and 2014. However, there was a significant decrease in this percentage between 2013 and 2014.").

‡ These questions are not part of the Cancer Plan, but substitute for the original measure in high school students, which is no longer available.

Primary Prevention of Cancer

Measureable Progress

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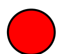
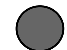
Meets target | On trend to meet target |  Not on trend to meet target |  No change from baseline

GOAL I. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 7. By 2020, promote physical activity among Maryland adults age 18 years and older:				
Reduce the proportion of adults who engage in no leisure-time physical activity to 24.0%.	25.3%	24.0%	23.1% 2016 MD BRFSS	Meets target
Increase the proportion of adults who engage in moderate physical activity for at least 150 minutes or vigorous physical activity for at least 75 minutes per week, or an equivalent combination to 50.4%.	48.6%*	50.4%	52.9% 2015 MD BRFSS	Meets target
Source:	2013 MD BRFSS			
Objective 8. By 2020, increase the proportion of Maryland youth who meet the federal physical activity guidelines [60 minutes daily] for aerobic physical activity to reach the following targets:				
High school youth: 22.7%	21.6%	22.7%	17.9%	Not on trend to meet target
Middle school youth: 30.9%	29.4%	30.9%	29.6%	On trend to meet target
Source:	2013 YTRBS		2016 YTRBS	
Objective 9. By 2020, reduce drinking among Maryland adults to reach the following targets:				
Chronic drinking (more than 2 drinks per day for men, more than one drink per day for women): 4.7%**	5.2%	4.7%	5.3%	Not on trend to meet target
Binge drinking (5 or more drinks for men and 4 or more drinks for women on a single occasion): 12.8%	14.2%	12.8%	15.3%	Not on trend to meet target
Source:	2013 MD BRFSS		2016 MD BRFSS	

* Percentage (48.0%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (48.6%).

** Per BRFSS, the 2015 calculated variable for heavy drinkers (adult men having > 14 drinks per week and adult women having > 7 drinks per week) replaces the measure used in the past. The change in the time period used to assess heavy drinking (i.e. from daily average to weekly) has no impact on prevalence estimates for heavy drinking among adults, as high average daily alcohol consumption and high weekly alcohol consumption are mathematically equivalent.

Primary Prevention of Cancer

Measureable Progress

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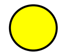
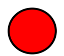
Meets target  On trend to meet target  Not on trend to meet target No change from baseline

GOAL 1. INCREASE CANCER PREVENTION BEHAVIORS IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 10. By 2020, increase coverage rates for HPV vaccine to reach the following targets:				
Girls age 13-17 that have received one dose to 80%	50.0%	80.0%	66.0%	
Girls age 13-17 that have received three doses to 80%	33.4%	80.0%	43.7%	
Boys age 13-17 that have received one dose to 80%	34.2%	80.0%	55.0%	
Source:	2013 NIS		2015 NIS	
Objective 11. By 2020, increase the proportion of Maryland adults age 18 years and older who always or almost always use at least one sun protective measure as measured by BRFSS* to 74.5%. * BRFSS collects data on the following sun protective measures: • Limit sun exposure between 10 am and 4 pm • Use sunscreen with SPF of 15 or higher when outdoors for an hour or more on a sunny day • Wear a hat with a broad brim when outdoors for an hour or more on a sunny day • Wear sun-protective clothing when outdoors for an hour or more on a sunny day	68.9%† 2012 MD BRFSS	74.5%	66.0 2016 MD BRFSS	
Objective 12. By 2020, reduce the proportion of high school youth who report using artificial sources of ultraviolet light for tanning to 9.5%.	10.5% 2013 YTRBS	9.5%	7.2% 2016YTRBS	

* Questions on sun protective measures in Maryland are part of the optional state-added skin cancer module; these questions were last asked in the 2012 BRFSS.

†The 2012 estimate is slightly different from what was previously provided due to correction of a data collection error in the 2012 data set. (2012 MD BRFSS is 68.9, not 67.7 as originally published on the Cancer Plan.)

Primary Prevention of Cancer

2017 Maryland Legislative Session Highlights

Primary Prevention of Cancer

⇒ **HB 523 - Electronic Nicotine Delivery Systems and Vaping Liquid – Licensing** passed in 2017—This legislation creates a licensing framework for Electronic Nicotine Delivery Systems (ENDS) similar to that already in place for cigarettes and other tobacco products.

⇒ **HB 185 - Department of Health and Mental Hygiene – Distribution of Tobacco Products to Minors – Prohibition and Enforcement** passed in 2017—This legislation creates a statewide civil enforcement framework for the sale of tobacco products to minors and requires Maryland Department of Health to develop strategies for enforcement and report annually to the General Assembly.

⇒ **HB 586/SB 278 - Maryland Farms and Families Act** passed in 2017—This legislation establishes the Maryland Farms and Families Program under Department of Agriculture in order to increase purchasing power of food insecure families with limited access to fresh fruits and vegetables. Grants are provided to nonprofit organizations that match purchases made with FMNP, SNAP, and WIC benefits at participating farmers markets.

High Burden Cancers

Process Improvement Study: Smoking Cessation Program

MedStar North Integrated Cancer Network

The American Cancer Society estimates that in 2017, approximately 10,650 deaths due to cancer will have occurred and 31,820 new cases of cancer will have been diagnosed in Maryland.[1] The Cancer Plan identified priority cancers in Maryland and set goals, objectives, and strategies to reduce the burden of these cancers. Among the targeted cancers is lung cancer. Lung cancer is among the top three leading causes of cancer-related deaths and the top three diagnosed cancers among Marylanders.[2] To reduce the burden of lung cancer in Maryland, many institutions established smoking cessation programs to help those who smoke cigarettes quit smoking. The MedStar North Integrated Cancer Network is among the many Maryland institutions that has implemented smoking cessation program within their organization.

The MedStar North Integrated Cancer Network (Cancer Network) is comprised of four hospitals (MedStar Franklin Square Medical Center, MedStar Harbor Hospital, MedStar Good Samaritan Hospital, and MedStar Health Bel Air Medical Campus) in the Baltimore region, and brings together oncology professionals and support staff to effectively meet the needs of cancer patients and their families and promote healthy behaviors throughout the greater Baltimore region. For several years, the Cancer Network has held free smoking cessation classes within each hospital. However, three out of four hospitals struggled with low registration, and all programs had difficulty tracking outcomes. To address these challenges, the Cancer Network set goals to improve class registration and attendance, and create better tracking and reporting mechanisms of program outcomes.

The Cancer Network convened a team to review class data across a 12-month period and identified the following issues:

- Classes from one hospital were structured differently from the other three,
- Marketing and distribution for all hospitals were inconsistent,
- There were no real synergies with local health departments,
- No accountability for reporting smoking cessation outcomes to the Cancer Program, and,
- Only one hospital within the Network saw high rates of class registration, attendance, and class completion.

Driven by these findings, the four hospitals within the Cancer Network:

- Initiated routine meetings with the cessation best practice educator and outreach director to establish cessation education and program standards,
- Applied for grants to hire a city cessation educator who is specialized in training and program development,
- Launched smoking cessation program at the MedStar Bel Air campus in partnership with Harford County Health Department,

High Burden Cancers

- Created the Baltimore Regional Cessation Group to identify, secure, and standardize smoking cessation services offered at the four hospitals,
- Implemented quarterly meetings among the four hospitals for ongoing quality improvement and to discuss challenges and successes, and to share best practices,
- Standardized program report forms,
- Established one phone number for all smoking cessation programs, and,
- Expanded outreach to potential lung screening patients.

Since the Cancer Network implemented the above action steps, there has been significant improvements, such as standardizing smoking cessation services, and streamlining collaboration among the four hospitals, doubling of class size at Bel Air Medical Campus since 2016, and marketing of the Cancer Network's services has increased significantly. The work done at the MedStar Health Cancer Network is a prime example of how an institution is implementing the Cancer Plan and creating systems change to improve processes and procedures intended to improve service delivery and health outcomes, and ultimately reduce the cancer burden in Maryland.

The MedStar Health Cancer Network /Smoking Cessation Educator Team

Top Row, left to right: Karen Kansler (MedStar Good Samaritan), Deborah Bena (MedStar Union Memorial)

Bottom Row, left to right: Karen Polite – Lamma (MedStar Franklin Square Medical Center), Linda Pegram (MedStar Bel Air Medical Campus / Harford County Health Department), Pamela Trombero (MedStar Harbor)

References:

1. American Cancer Society. Cancer Facts and Figures 2017. Accessed on January 18, 2017. Available at: http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html.

2. Hales K, Hokenmaier SC, Lewis C, Parekh S, Tai KL, Truss M. 2016-2020 Maryland Comprehensive Cancer Control Plan. Baltimore, MD: Maryland Department of Health; 2016. Available at: goo.gl/Ip5IfC.

High Burden Cancers

Measureable Progress

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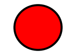
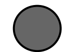
Meets target   On trend to meet target    Not on trend to meet target    No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, reduce age-adjusted cancer incidence rates to reach the following targets:				
All Cancer Sites: 391.5 per 100,000	432.1	391.5	442.0	
Cervical: 4.4 per 100,000	6.3	4.4	6.3	
Colorectal: 20.5 per 100,000	35.8	20.5	37.3	
Female Breast: 121.2 per 100,000	125.0	121.2	130.3	
Lung: 41.6 per 100,000	56.4	41.6	55.8	
Melanoma (Skin): Not > 20.7 per 100,000	20.7	≤20.7	21.9	
Oral: 9.6 per 100,000	10.5	9.6	10.5	
Prostate: 87.3 per 100,000	112.0	87.3	119.4	
Source:	2012 MCR		2014 MCR	
Objective 2. By 2020, reduce age-adjusted cancer mortality rates to reach the following targets:				
All Cancer Sites: 135.6 per 100,000	165.7	135.6	161.8	
Cervical: 1.7 per 100,000	2.0	1.7	1.8	
Colorectal: 9.0 per 100,000	14.9	9.0	14.4	
Female Breast: 17.6 per 100,000	23.7	17.6	22.9	
Lung: 30.1 per 100,000	43.5	30.1	41.3	
Melanoma (Skin): 2.6 per 100,000	2.7	2.6	2.1	
Oral: 1.8 per 100,000	2.1	1.8	2.3	
Prostate: 11.2 per 100,000	20.4	11.2	19.3	
Source:	2012 CDC WONDER		2014 CDC WONDER	

Mortality rates from CDC Wonder may fluctuate across time as the population estimates used as denominators change in order to provide the most recently available best estimate. The population counts are derived from the Census Bureau annually. The CDC Wonder data used for the Update was derived on February 28, 2017.

High Burden Cancers

Measureable Progress

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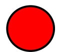
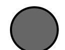
Meets target   On trend to meet target    Not on trend to meet target    No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

	Baseline	Target	Update	Trend
Objective 3. By 2020, increase cancer screening rates to reach the following targets:				
Cervical - Increase the proportion of women ages 21 to 65 who have had a Pap test in the past three years per USPSTF recommendations. • 93% of Maryland women ages 21 to 65	88.2%	93.0%	82.2%	
Colorectal - Increase the proportion of adults ages 50 to 75 who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years. • 80% of Maryland adults ages 50 to 75	70.3%*	80.0%	69.6%	
Female Breast - Increase the percentage of women ages 50 to 74 who have had a mammogram in the past 2 years per USPSTF recommendations. • 92.2% of Maryland women ages 50 to 74	83.8%	92.2%	81.1%	
Oral - Increase the proportion of adults age 18 and older who have had an oral cancer exam in the past year. • 26.7% of Maryland adults age 18 and above	24.3%	26.7%	21.6	
Prostate - Increase the proportion of men ages 55 to 69 who have discussed the advantages and disad-vantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their healthcare provider. • 38.2% of Maryland men ages 55 to 69	34.7%	38.2%	39.2%	
Source:	2012 MD BRFSS		2016 MD BRFSS	

* Percentage (67.8%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (70.3%).

High Burden Cancers

Measureable Progress

Legend:

Meets target Moving toward target Moving away from target No change from baseline

GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

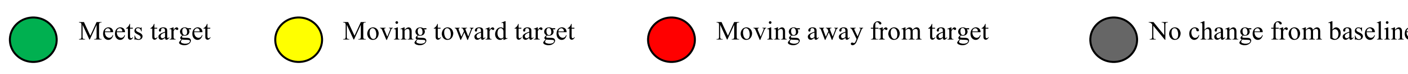
		Baseline	Target	Update	Trend
Objective 4. By 2020, reduce disparities in cancer incidence and mortality to reach the following targets:					
All Cancers - Ensure that each jurisdiction-level 5-year cancer incidence rate is no more than 10% above the U.S. 5-year cancer incidence rate, or no more than 484.8 per 100,000.		6 jurisdictions	0* jurisdictions	6 jurisdictions	
	Source:	2008-2012 MCR		2010-2014 MCR	
Cervical:	White: 4.2 per 100,000	5.9	4.2	6.3	
	Black: 4.8 per 100,000	7.6	4.8	6.1	
Colon and Rectum:	White: 20.2 per 100,000	34.5	20.2	35.8	
	Black: 22.6 per 100,000	40.1	22.6	41.8	
Lung:	White: 42.1 per 100,000	58.5	42.1	57.6	
	Black: 39.5 per 100,000	55.9	39.5	56.7	
Oral:	White: ≤ 11.7 per 100,000	11.7	≤11.7	12.1	
	Black: 5.5 per 100,000	8.3	5.5	7.5	
Prostate:	White: 68.7 per 100,000	97.5	68.7	101.3	
	Black: 130.9 per 100,000	159.7	130.9	184.5	
	Source:	2012 MCR		2014 MCR	

* Target is to have 0 jurisdictions in Maryland whose 5-year cancer incidence rate is more than 10% above the U.S. 5-year cancer incidence rate.

High Burden Cancers

Measureable Progress

Legend:



GOAL 1. REDUCE THE BURDEN OF CANCER IN MARYLAND (continued).

		Baseline	Target	Update	Trend
Objective 4 (continued). By 2020, reduce disparities in cancer incidence and mortality to reach the following targets:					
All Cancers - Ensure that each jurisdiction-level 5-year cancer mortality rate is no more than 10% above the U.S. 5-year cancer mortality rate, or no more than 164.2 per 100,000.		20 jurisdictions	0* jurisdictions	19 jurisdictions	
	Source:	2008-2012 CDC WONDER		2010-2014 CDC WONDER	
Cervical:	White: 1.6 per 100,000	1.6	1.6	1.5	
	Black: 2.0 per 100,000	3.0	2.0	2.6	
Colon and Rectum:	White: 7.4 per 100,000	13.5	7.4	13.8	
	Black: 13.6 per 100,000	20.1	13.6	18.0	
Female Breast:	White: 16.4 per 100,000	23.1	16.4	21.1	
	Black: 19.8 per 100,000	26.5	19.8	29.0	
Oral:	White: 1.7 per 100,000	2.0	1.7	2.3	
	Black: 2.0 per 100,000	2.7	2.0	2.3	
Prostate:	White: 10.0 per 100,000	17.4	10.0	15.9	
	Black: 13.5 per 100,000	35.5	13.5	35.6	
	Source:	2012 CDC WONDER		2014 CDC WONDER	

Target is to have 0 jurisdictions in Maryland whose 5-year cancer mortality rate is more than 10% above the U.S. 5-year cancer mortality rate.

High Burden Cancers

2017 Maryland Legislative Session Highlights

High Burden Cancers

⇒ **HB 740/SB 919 - President Jimmy Carter Cancer Treatment Access Act** passed in 2017—This legislation prohibits insurers from imposing step therapy or fail-first protocol on a patient who is insured or an enrollee for prescription drugs approved by the FDA if the drug is used to treat stage four metastatic cancer and its use is consistent with FDA or National Comprehensive Cancer Network Drugs and Biologics Compendium approved indication.

⇒ **HB 675/SB 61 - Health Insurance - Coverage for Digital Tomosynthesis** passed in 2017. This legislation requires that insurers that cover breast cancer screening also provide coverage for digital tomosynthesis and also requires that insurers not charge a copay or coinsurance for digital tomosynthesis that is greater than what they charge for other breast cancer screening methods.

Cancer Survivorship, Palliative Care, and Hospice Care

<u>Improving Survivorship Outcomes</u>

The Thoracic Surgery Center at the Johns Hopkins East Baltimore Campus

Cancer survivor is a term used to describe a person who has a history of cancer, from the time of diagnosis and throughout their life.[1] Because of improvements in the screening, diagnostics and treatment processes, cancer can now be detected earlier, and those with cancer are living longer. In 2016, it was estimated that there were 15.5 million cancer survivors living in the United States.[1] While the rate of people who are diagnosed with cancer is declining, the overall number of people living with cancer in the United States continues to grow.[1] The number of cancer survivors is expected to increase by 31% by 2026, demonstrating the need for a wide array of survivorship services.[2]

To address these needs, the Cancer Plan utilizes a set of strategies to address survivorship needs, including educating patients about the availability of support and survivorship groups and services, and educating survivors about the importance of health behaviors to reduce the risk of cancer recurrence.

Meeting these needs has been a challenge for providers in Maryland, as the range of needs throughout the survivorship continuum are as diverse as the patients themselves. Providers must not only treat the disease, but are faced with the challenge of providing an all-encompassing range of care that meet the needs of their patients at various stages throughout their treatment.

The Thoracic Surgery Center at the Johns Hopkins East Baltimore Campus has recognized the importance of offering patient navigation services as an effective strategy to complement ongoing treatment. To gain a greater understanding of the needs of their patients, the Thoracic Surgery Center at Johns Hopkins East Baltimore Campus developed a supportive care needs survey for thoracic surgery patients who have received a diagnosis of lung or esophageal cancer.

The supportive care needs assessment is a short-form survey designed to characterize the prevalence and intensity of supportive needs and interests in specific supportive care services among individuals with a biopsy-proven cancer diagnosis being treated at the Thoracic Surgery Center. Many of the patients at the Program have received an early stage diagnosis, and represent diverse ethnic backgrounds and socioeconomic statuses, with a median age of 70 years old.

The needs assessment was designed and reviewed by a team of oncology nurse and patient navigators, program administrators, and thoracic surgery clinical care team members, to ensure a comprehensive approach to addressing patient needs. The survey takes approximately five minutes to complete, and asks participants to rate their level of interest for assistance with various supportive care services, including: smoking cessation, financial counseling, spiritual counseling, support groups, transportation, pain, depression/anxiety, health/wellness, information about diagnosis or treatment, and/or hospice information. The Thoracic Surgery Program began administering the survey in July 2017, and have collected a total of 210 surveys.

Preliminary analysis of the surveys indicate that the highest level of interest in various supportive care services comes from patients who have been recently diagnosed (within 0-12 months). The highest level of interest in support through lung cancer support groups appears to be close to the time of diagnosis and then again around the 5 year mark. This may be due to fear of ending treatment and transition into survivorship.

Cancer Survivorship, Palliative Care, and Hospice Care

The main goals of this project are to analyze the needs assessment survey data received from thoracic surgery patients, and use the data to drive program development and focus, as well as develop strategic partnerships with experts in oncology care and supportive care services.

Based on the results of the surveys, the team has begun developing two new initiatives to better serve lung and esophageal cancer patients treated at the Thoracic Surgery Center:

Quarterly E-newsletter: The newsletter will highlight one educational topic, upcoming events, supportive care services, emerging trends in treatment, and showcase survivor stories. The educational topics chosen for the first four newsletters have been aligned with the supportive care areas of high interest to the patient population.

Thoracic Volunteer Network and Peer to Peer Program: The program will connect newly diagnosed patients with a trained volunteer survivor who has received similar treatment, to offer support and guidance. Matches will be made based on shared characteristics such as age, type of cancer diagnosis, common interests, and more.

Through the needs assessment survey, the Johns Hopkins Thoracic Surgery Center has given patients a voice in shaping the supportive care services offered not only to themselves, but for future patients as well. The data that have emerged from the survey has provided the Center with invaluable information to design innovative tools to improve the quality of life of cancer survivors, and carry out the objectives of the Cancer Plan.

References:

1. Centers for Disease Control and Prevention. Basic Information for Cancer Survivors. Accessed on December 15, 2017, 2017. Available at: https://www.cdc.gov/cancer/survivorship/basic_info/survivors/

2. National Cancer Institute. Statistics: Cancer Survivors. Accessed on December 15, 2017. Available at: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/cancer-facts-and-figures-2016.pdf

Cancer Survivorship, Palliative Care, and Hospice Care

Measureable Progress

Legend:

Meets target (green) | On trend to meet target (yellow) | Not on trend to meet target (red) | No change from baseline (gray)

GOAL 1. INCREASE THE QUALITY OF LIFE OF CANCER SURVIVORS IN MARYLAND.

	Baseline	Target	Update	Trend
Objective 1. By 2020, increase the proportion of cancer survivors who report that during the past 30 days, poor physical or mental health did not keep them from doing usual activities on any days to 76.3%.	69.4% 2013 MD BRFSS	76.3%	68.5% 2015 MD BRFSS	Red
Objective 2. By 2020, increase the proportion of cancer survivors who report that their pain is currently under control to 76.3%.	69.5%* 2013 MD BRFSS	76.3%	78.4% 2015 MD BRFSS	Green
Objective 3. By 2020, increase the proportion of cancer survivors who report receiving a written summary of all cancer treatments received and written instructions about where to return or whom to see for routine cancer check-ups after completing treatment to 50.2%.	45.0%** 2013 MD BRFSS	50.2%	35.3% 2015 MD BRFSS	Red

* Percentage (69.4%) was incorrect in the Cancer Plan due to minor errors with data analysis. It has been corrected (69.5%).

** Percentage (45.6%) was incorrect in the Cancer Plan due to errors with data analysis. It has been corrected (45.0%).

Cancer Survivorship, Palliative Care, and Hospice Care

2017 Maryland Legislative Session Highlights

Cancer Survivorship, Palliative Care, and Hospice Care

⇒ **HB 1432 - Prescription Opioids - Limits on Prescribing (The Prescriber Limits Act of 2017)** passed in 2017—This legislation requires health care providers to prescribe the lowest effective dose of an opioid and in a quantity no greater than the quantity needed for the expected duration of specified pain unless the opioid is prescribed to treat a specified disorder or specified pain, including pain associated with a cancer diagnosis. This bill requires the dosage, quantity, and duration of specified prescribed opioids to be based on an evidence-based clinical guideline for prescribing controlled dangerous substances.

The Maryland Cancer Collaborative

The Maryland Cancer Collaborative (MCC) was established in 2011 as a statewide coalition working to implement the Maryland Comprehensive Cancer Control Plan. The goals of the Collaborative are to work with individuals and organizations throughout the state to implement the Cancer Plan, and to bring together existing groups and new partners to collaborate on a common goal: reducing the burden of cancer in Maryland.

As of December 2017 there are 252 members of the MCC, representing state and local health departments, academic institutions, hospitals and healthcare systems, private providers, nonprofit and community organizations, and survivors. Members agree to:

- Support and utilize the Maryland Comprehensive Cancer Control Plan
- Take specific action to implement the Maryland Comprehensive Cancer Control Plan
- Participate in meetings regularly
- Report implementation efforts and progress to MDH
- Abide by and adhere to the Approval Procedure for Communicating beyond the Collaborative and the Policy Ground Rules, and
- Bring available resources to the Coalition.

Maryland Cancer Collaborative

Members of the MCC join topic-based workgroups that meet regularly to choose priorities from the Cancer Plan and implement action plans. Each workgroup has a Chair or Co-chairs, which comprise of the Collaborative Steering Committee. The Chair of the Collaborative is a professor at the Johns Hopkins Bloomberg School of Public Health and Deputy Chair of the Department of Epidemiology. Committees and workgroups continued to meet to review relevant chapters, goals, and objectives in the Cancer Plan, select priorities, and create and implement action plans. From 2017-18, workgroup projects include:

• **HPV Vaccination Workgroup:** Developing communications campaign materials for HPV Vaccine "Catch-Up" Uptake Project at University of Maryland, Baltimore County, as well as promoting HPV vaccination to family physicians, pediatricians and other healthcare professionals through training, quality improvement, technical assistance, and tools and resources.

• **Tobacco Cessation Workgroup:** Surveying Maryland hospital administrators to assess level of inpatient tobacco treatment services; Assist hospitals in developing and implementing evidence-based tobacco treatment services for inpatients by providing information and resources through user-friendly formats.

• **Access to Care and Services Workgroup:** Developing a Cultural Competency Training for healthcare providers, with a focus on African American and Latino populations in Maryland, to gain a greater understanding of cultural and societal barriers to care.

• **Communications Workgroup:** Developing a short-form film to raise awareness among providers of palliative care and the importance of introducing palliative care earlier to increase life expectancy and quality of life; Developing a social media toolkit for Cancer Survivor Awareness Day in June 2018.

• **Hospice Utilization Data Workgroup:** Developing and implementing a process to collect Maryland-level data on hospice utilization by cancer patients and average length of stay for cancer patients through creation of partnerships, including the Maryland BRFSS, Hospice and Palliative Care Network of Maryland, and the National Hospice and Palliative Care Organization, among others.

Workgroups will meet to select new priorities and projects in the fall of 2018 based on the goals, objectives, and strategies from the 2016-2020 Maryland Comprehensive Cancer Control Plan.

Anyone who is interested in becoming a member of the Collaborative is welcome to join. For more information, please contact:

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The Maryland Comprehensive Cancer Control Plan

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/publications.aspx