



Cancer from a Public Health Perspective

What we will cover today



- Cancer programs
 - ▣ At the Vermont Department of Health (VDH)
- State Cancer Plan and the continuum of care
- A look at disparate populations, data sources, and State activities with cancer
 - ▣ Screening
 - ▣ Diagnosis and treatment
 - ▣ Survivorship

VDH cancer programs



Programs are funded by the CDC and work towards reducing the burden of cancer in Vermont.

- Comprehensive Cancer Control Program
 - VTAAC (Vermonters Taking Action Against Cancer)
- Cancer Registry
- Ladies First

2015 Vermont State Cancer Plan

- A 5-year strategic plan to reduce the impact of cancer on individuals, families, and communities in Vermont.
- Includes more than 30 measurable objectives as Priorities for Action.
 - The current plan contains objectives for 2015.



Vermont State Cancer Plan

A statewide plan to reduce the impact of cancer in Vermont

April 2010



healthvermont.gov

http://healthvermont.gov/pubs/cancerpubs/state_cancer_plan.aspx

VDH cancer data sources



The 30 objectives are measured through various sources, including data from:

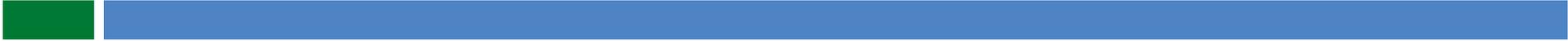
- Behavioral Risk Factor Surveillance System (BRFSS)
 - ▣ Prevalence
 - ▣ Screening rates
 - ▣ Cancer survivor quality of life
- Vermont Cancer Registry
 - ▣ Incidence
- Vital Statistics
 - ▣ Mortality

Continuum of care

- Objectives in the Vermont State Cancer Plan are organized along the continuum of care



Cancer screening



Data sources



- Behavioral Risk Factor Surveillance System (BRFSS)
 - ▣ Prevalence
 - ▣ Screening
 - ▣ Survivor quality of life
 - ▣ Demographics (age, gender, residence, race/ethnicity)
 - ▣ Disparities (income, education, health insurance)
 - ▣ Risk factors, co-morbidities, and quality of life
- Ladies First Program
 - ▣ Screening data specific to clients served by the program.

Cancer plan objective



- Increase the percentage of people age 50-75 who receive the recommended colorectal cancer screening tests.
 - ▣ 2008 Baseline: 68%
 - ▣ 2010 (Current): 71%
 - ▣ Goal: 75%

Colorectal cancer screening



Current Screening Guidelines*:

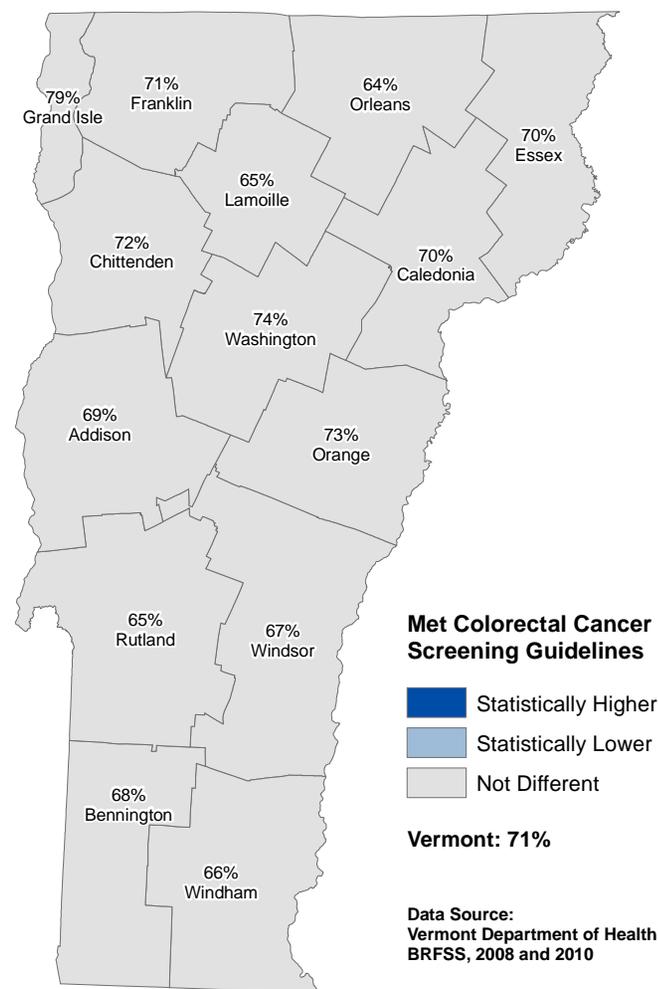
Men and women ages 50-75 who have had any of the following:

- FOBT in the last year
- A Sigmoidoscopy in last 5 years AND an FOBT in the last 3 years
- A Colonoscopy in the last 10 years

Met colorectal cancer screening By county and sex, age 50-75 years

There are no significant differences in screening rates by:

- Sex
 - ▣ 70% for males
 - ▣ 71% for females
- County
 - ▣ See map



Instant Atlas

Cancer

Percent of adults aged 50-75 receiving colorectal cancer screening (BRFSS, 2008, 2010)

*This is a Healthy Vermonters 2020 objective



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Additional Objectives
Performance Dashboard
Data Notes
Export Data
Screen Capture
Print
Help

County / State	% receive screening	Statistically compared to state
Addison	69	Same
Bennington	68	Same
Caledonia	70	Same
Chittenden	72	Same
Essex	70	Same
Franklin	71	Same
Grand Isle	79	Same
Lamoille	65	Same
Orange	73	Same
Orleans	64	Same
Rutland	65	Same
Washington	74	Same
Windham	66	Same
Windsor	67	Same
Vermont	71	N/A

Using this webpage

This webpage is interactive. To sort, click table column headings. To display data on the TREND chart, select the table, map, or legend (ctrl-click for multiple selections). To watch a slideshow of changes over time, click Play on the TREND slider bar below. To view by a different geography, choose below the LEGEND.

About this indicator

2008 guidelines recommend adults aged 50 to 75 receive screening using: Fecal Occult Blood Test (FOBT) within one year OR a sigmoidoscopy within 5 years AND an FOBT within 3 years OR a colonoscopy within 10 years.

LEGEND - Counties

- Better
- Same
- Worse
- N/A

Health District Offices

Hospital Service Areas

TREND 2000 20

No trend data available

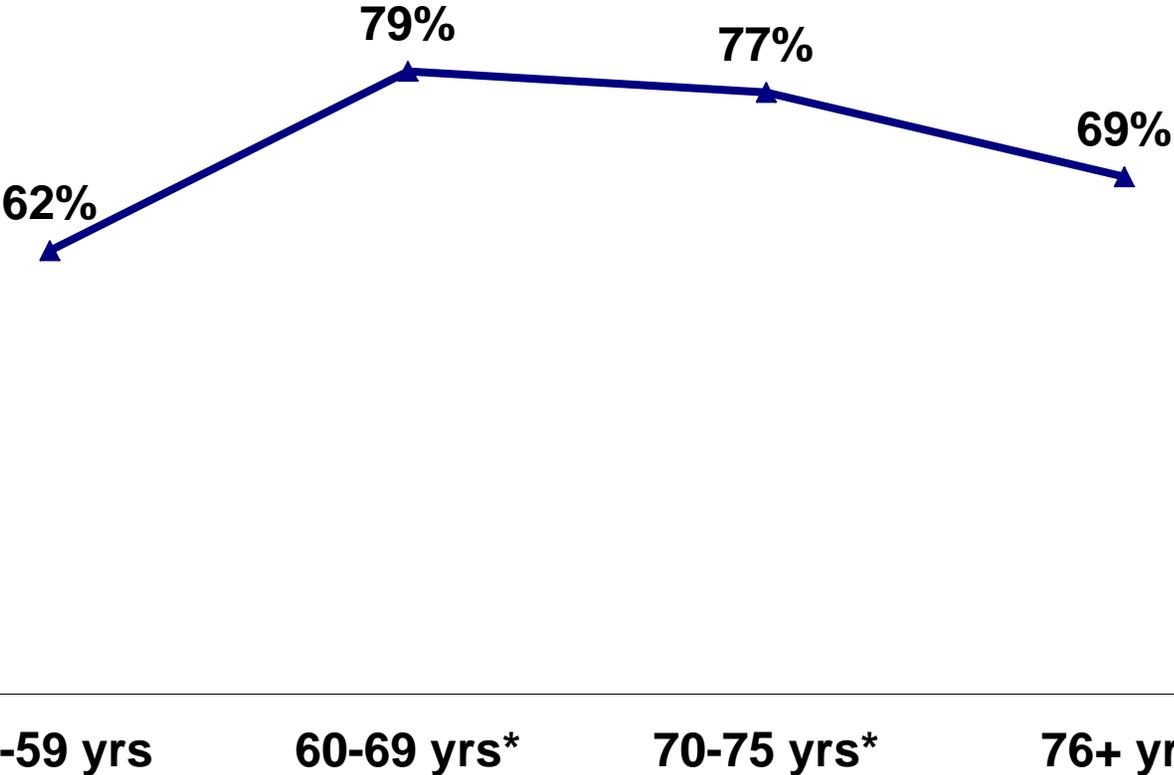
TREND - to view trend, scroll over tables, map, or legend

No trend data available



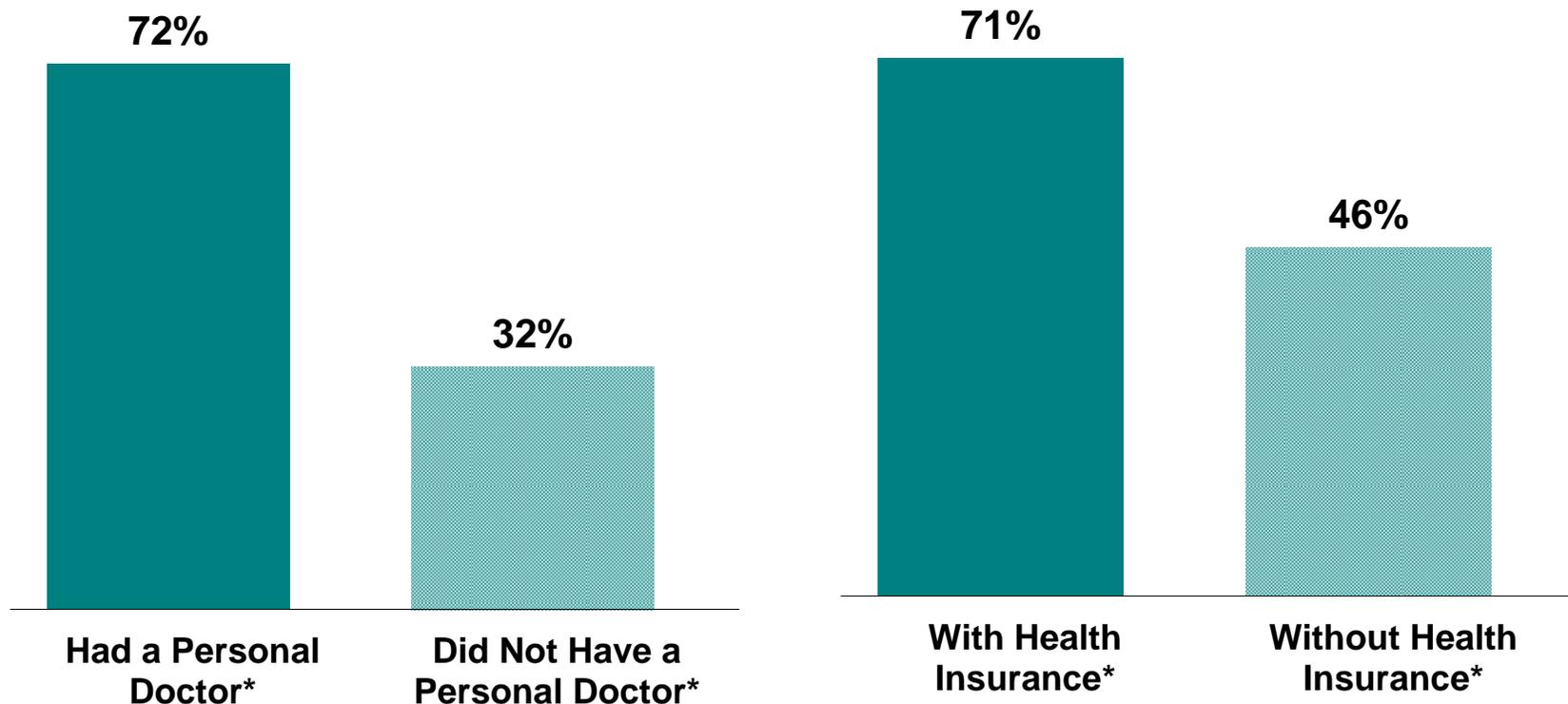
Met colorectal screening guidelines

By age



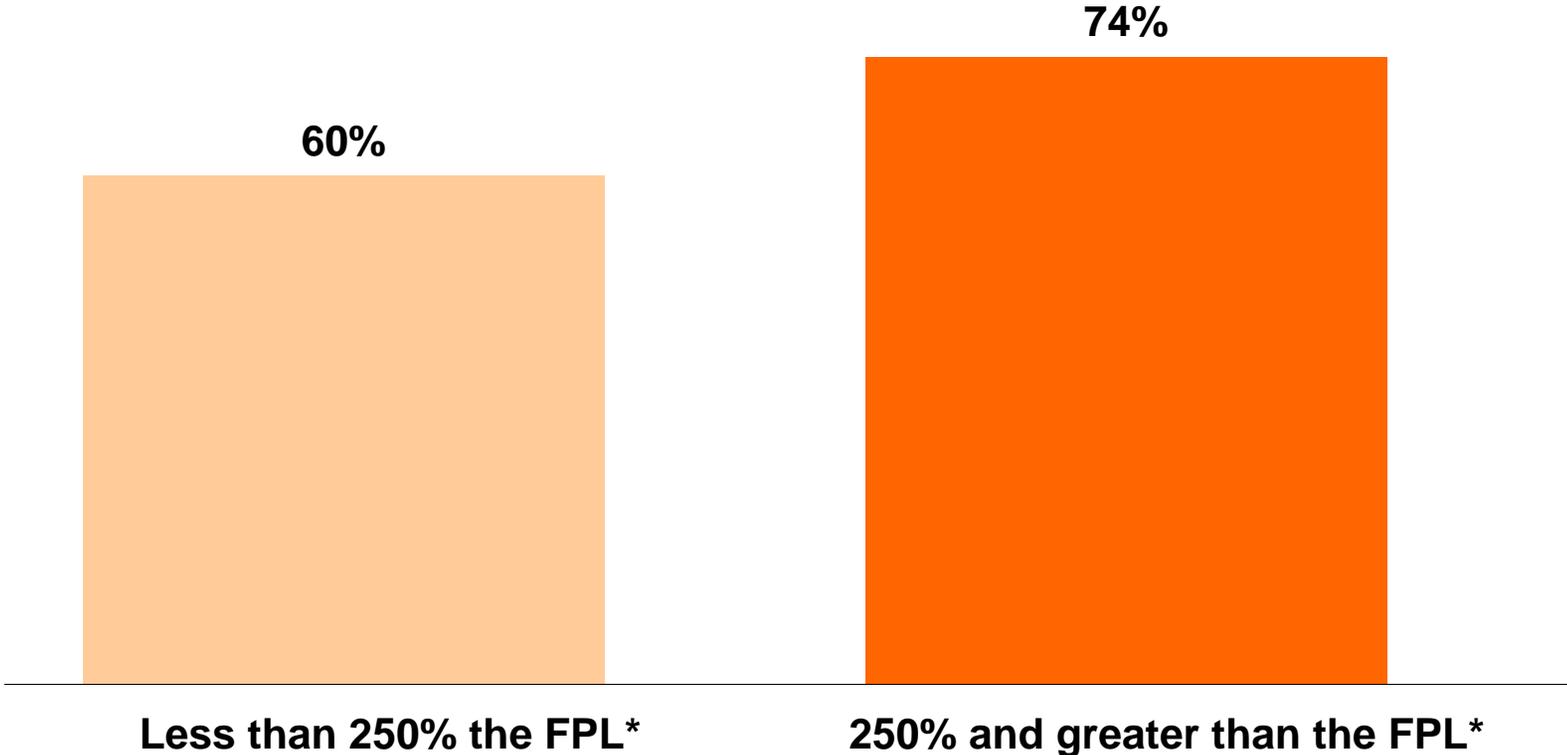
Met colorectal screening guidelines

By personal doctor and insurance, aged 50-75 years



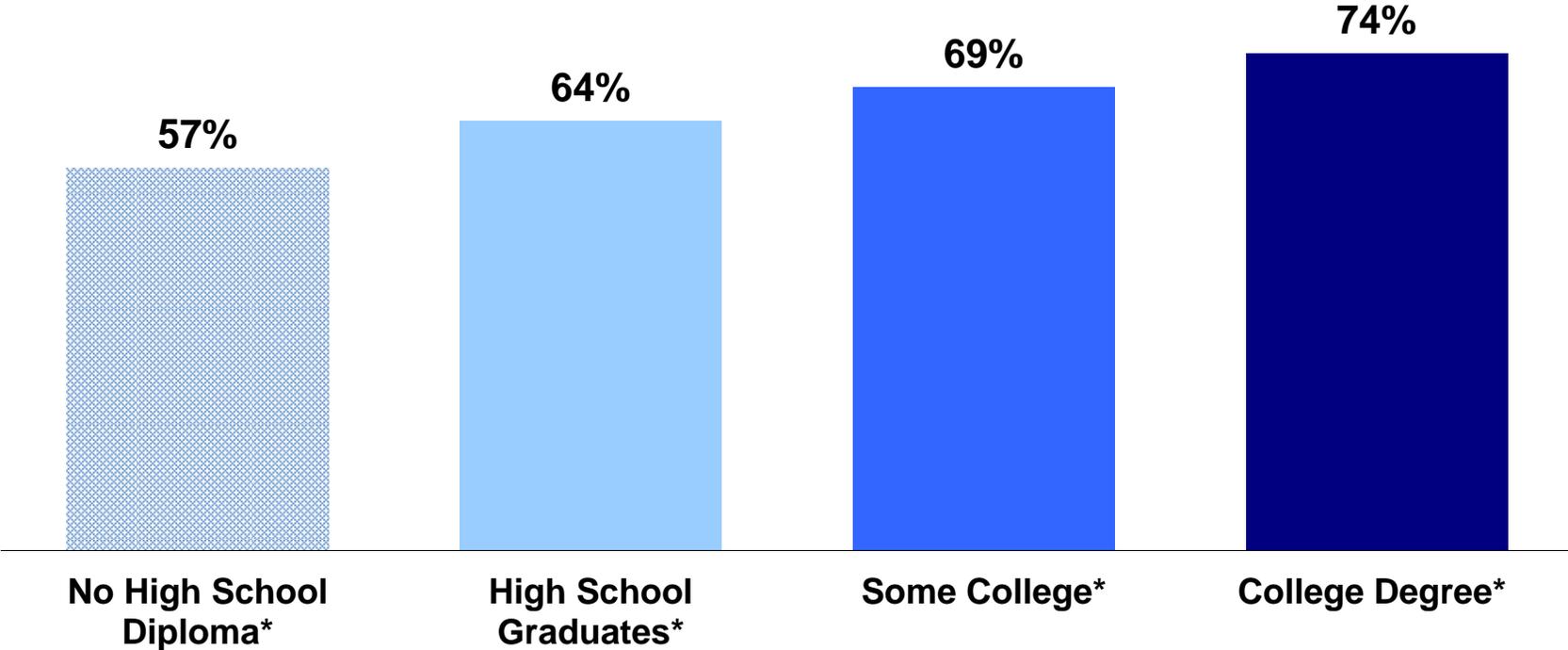
Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

Met colorectal screening guidelines By Federal Poverty Level, aged 50-75 years



Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

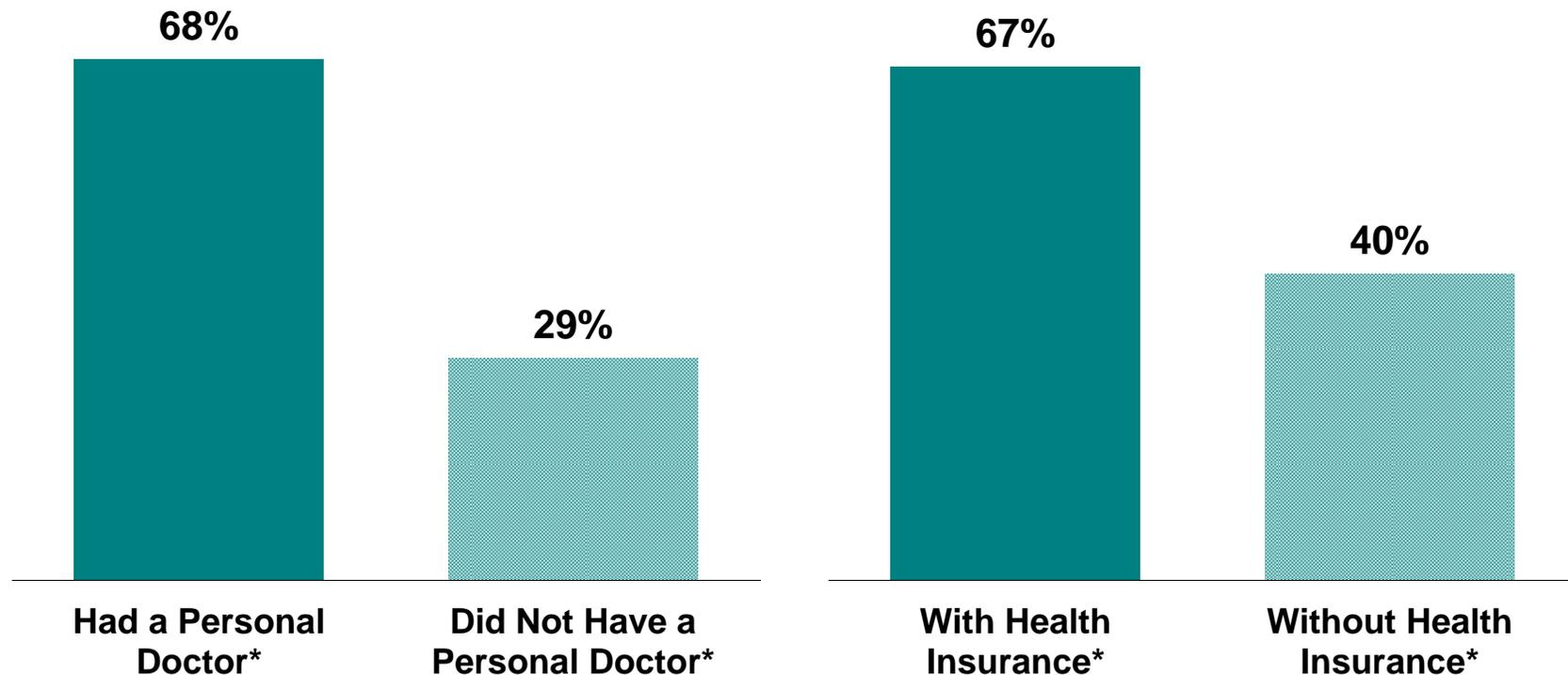
Met colorectal screening guidelines By education, aged 50-75 years



Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

Had colonoscopy within 10 years

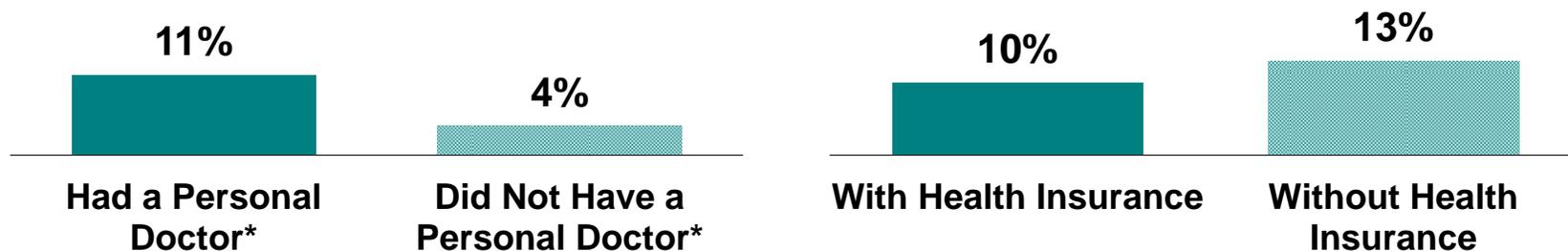
By personal doctor and insurance, aged 50-75 years



Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

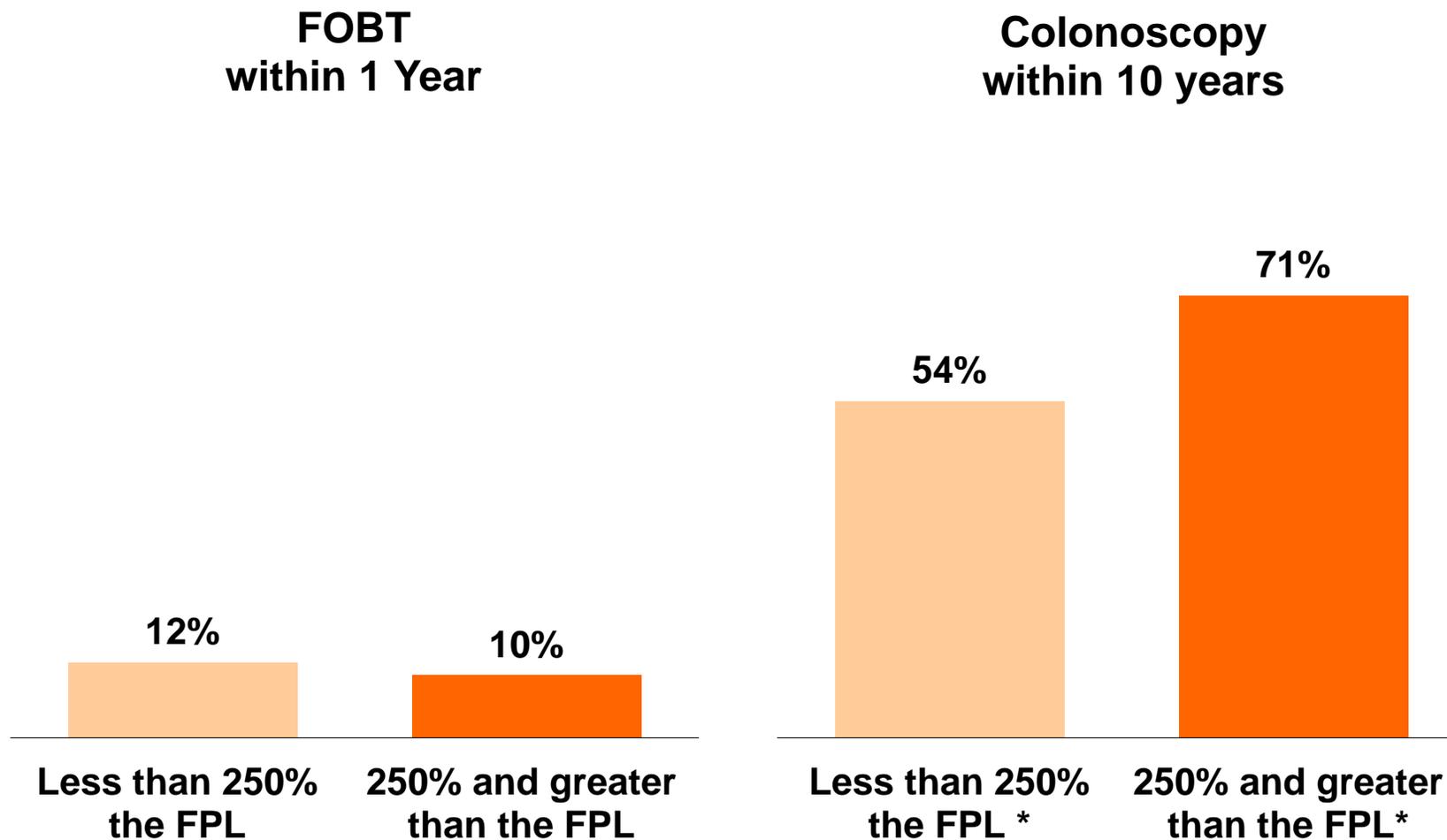
Had FOBT within 1 year

By personal doctor and insurance, aged 50-75 years



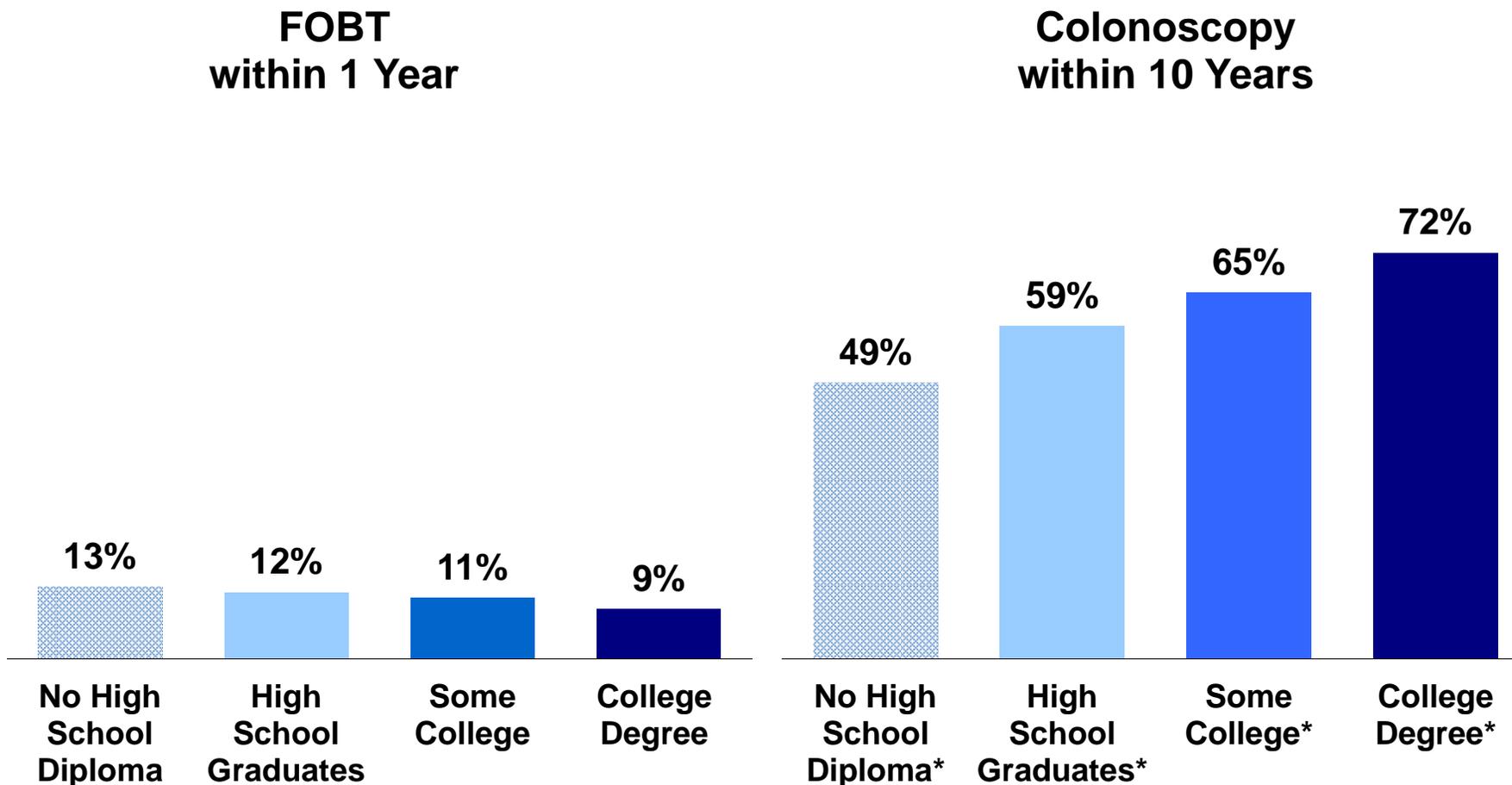
Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

Met FOBT or colonoscopy guidelines By Federal Poverty Level, aged 50-75 years



Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

Met FOBT or colonoscopy guidelines By education, aged 50-75 years



Data Source: BRFSS, 2008 & 2010
Rates are age adjusted to the 2000 U.S. standard population
* Indicates a significant difference

Learning collaborative

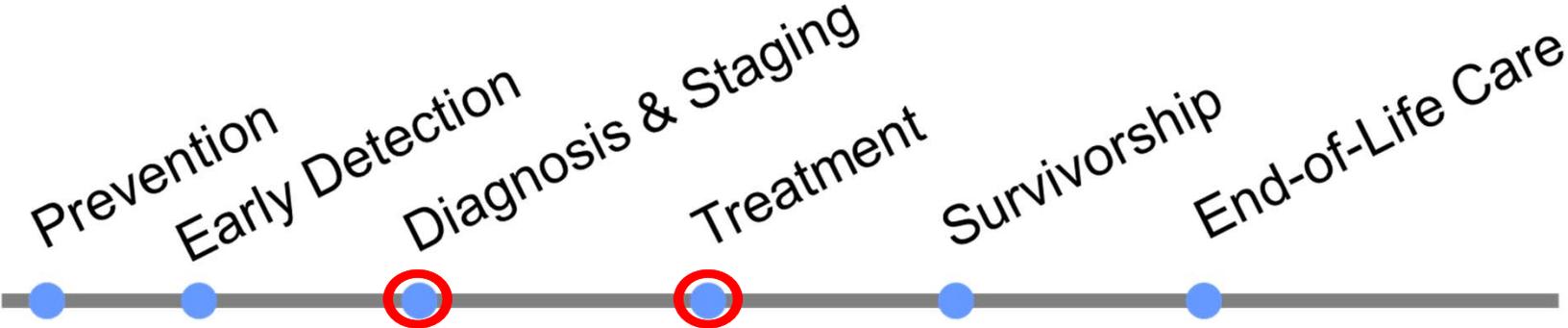
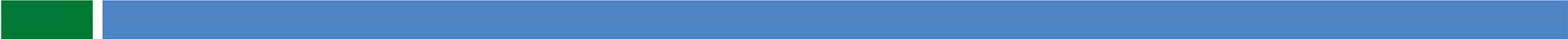
- Blueprint Preventive Services Collaborative
 - ▣ Increase cancer screening rates
 - colorectal, breast, and cervical
 - ▣ 9 month process starting May 2013
 - 5 day-long sessions + conference calls
 - ▣ 10 primary care practices
 - ▣ Experts from each field presenting
- Focus
 - ▣ Shared learning, mentoring
 - ▣ Helping practices achieve their improvement goals using evidence-based systems changes

VTAAC women's health workgroup



- Tasked with increasing the percentage of women who have met cancer screening guidelines (including colorectal).
 - ▣ Step 1. Data collection
 - ▣ Step 2. Assessment
 - Why insured women are not screened
 - ▣ Step 3. Increase screening rates
 - Use assessment findings and proven practices to increase screening rates

Cancer diagnosis and treatment



Data sources



- Vermont Cancer Registry
 - ▣ Incidence (all cancers diagnosed since 1994)
 - ▣ Demographics (age, gender, residence, race/ethnicity)
 - ▣ Disparities (primary payer)
- National Cancer Database (NCDB)
 - ▣ NCCN treatment standards for breast and colorectal cancers at Vermont ACoS cancer centers
- CoC Program standards data
 - ▣ Comes from hospitals

Cancer plan objectives

- Increase % of prospective cases presented at a multi-disciplinary cancer conference
 - ▣ 2009 (Baseline): 75%
 - ▣ 2010 (Current): 97%
 - ▣ Goal: 83%
- Increase % of annual analytical cases accrued to clinical trials
 - ▣ 2009 (Baseline): 18%
 - ▣ 2010 (Current): 15%
 - ▣ Goal: 20%
- Many objectives to increase adherence to NCCN treatment standards for breast and colorectal cancers at Vermont ACoS cancer centers.

Cancer plan objectives



- Specific to colorectal cancer:
 - ▣ Reduce the rate of colorectal cancers diagnosed at an advanced stage among men and women age 50 and older (per 100,000).
 - ▣ 2002-2006 (Baseline): 83.1
 - ▣ 2005-2009 (Current): 65.0
 - ▣ Goal: 74.8

Cancer Incidence Report

Vermont Cancer Incidence Report

Colorectal Cancer 2001-2008



VERMONT
DEPARTMENT OF HEALTH
Vermont Cancer Registry

Cancer Type
Data Notes
Screen Capture
Print
Export Data
Help

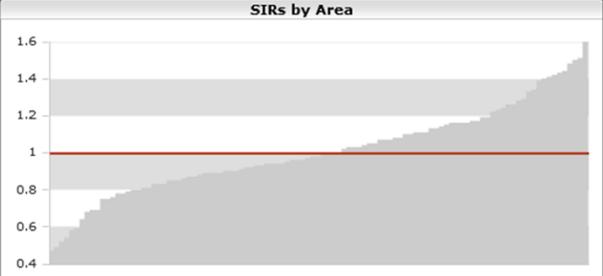
Standardized Incidence Ratio (SIR) = Observed Cases / Expected Cases

Area	Observed Cases	Expected Cases	SIR	Statistically Compared to State
Addison County Central	22	27.0	0.81	Not Different
Addison County East	-	-	-	< 6 cases
Addison County North	43	30.7	1.40	Not Different
Addison County West	22	23.8	0.93	Not Different
Bristol	14	14.1	0.99	Not Different
Middlebury	36	33.7	1.07	Not Different
Bennington City - Downtown	27	30.2	0.90	Not Different
Bennington City - NE	-	-	-	< 6 cases
Bennington City - SE	28	28.8	0.97	Not Different
Bennington City - West	15	17.3	0.87	Not Different
Bennington County Central	17	17.3	0.98	Not Different
Bennington County North	22	25.8	0.85	Not Different

Data not shown in areas with fewer than 6 observed cases. Statistical comparison to state based on multiple comparisons correction.

Statewide	SIR	Observed Cases
VERMONT	1.00	2,585

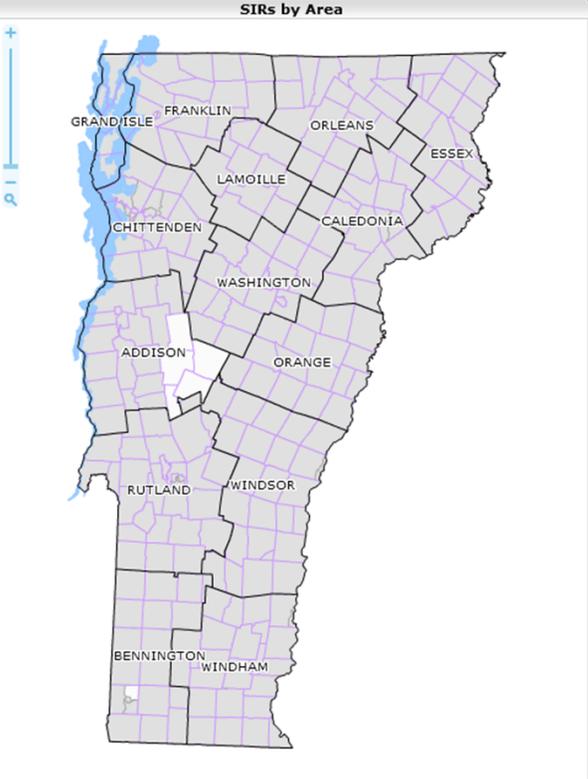
SIRs by Area



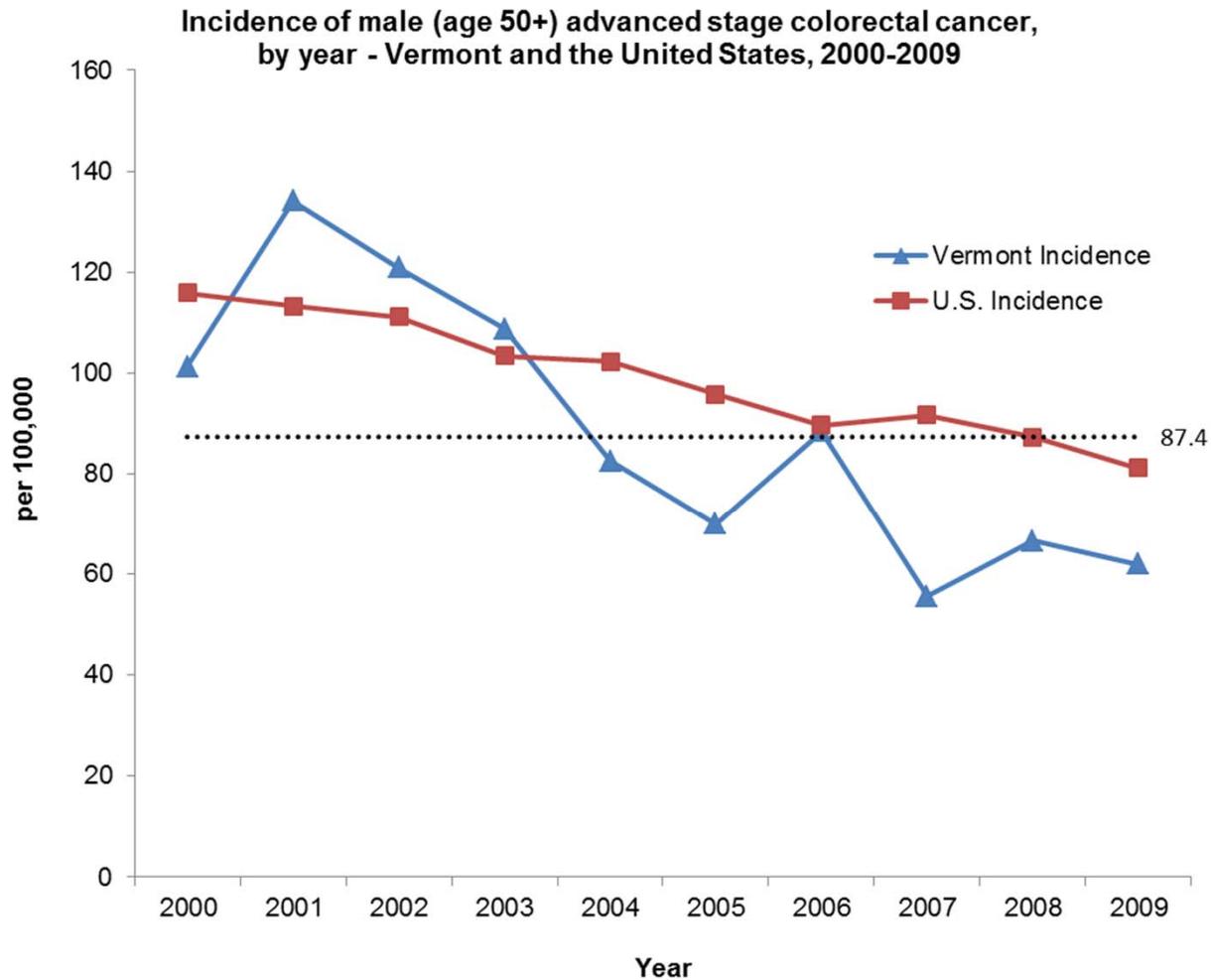
Legend

- : Statistically Lower
- : Statistically Higher
- : Not Different
- : < 6 Cases
- Vermont Counties
- Vermont Towns
- Lake Champlain

SIRs by Area

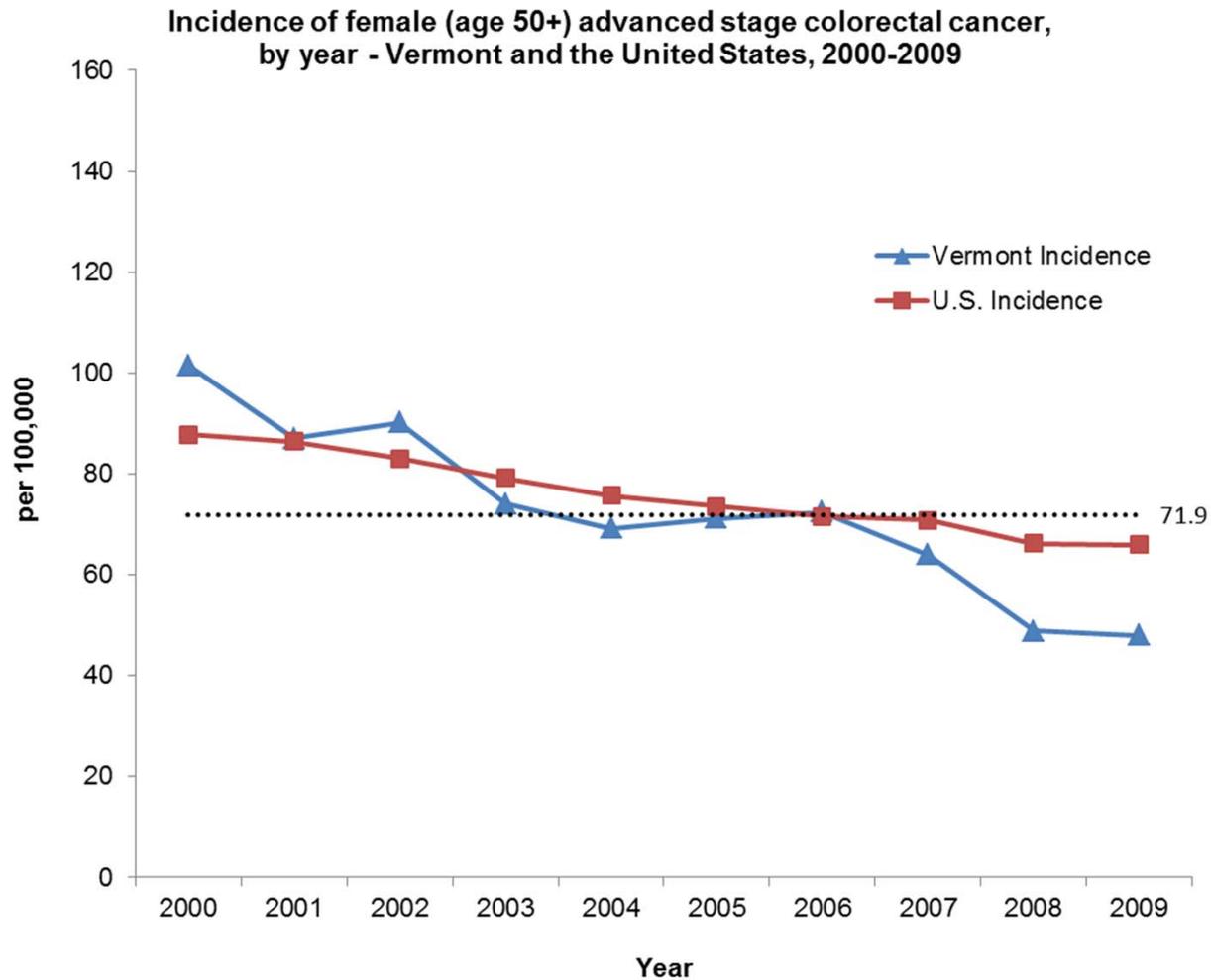


Advanced stage by year - male



NOTE: Advanced stage colorectal cancer is defined as regional or distant (AJCC Stage IIA or higher)

Advanced stage by year - female



NOTE: Advanced stage colorectal cancer is defined as regional or distant (AJCC Stage IIA or higher)

Colorectal Cancer: Invasive Dx by Primary Payer

2006-2009

	Age <65	Percent <65	Age 65+	Percent 65+
Not insured	15	3%	<6	<1%
Not insured, self pay				
Insurance, NOS	351	74%	34	4%
Private Insurance: Managed care, HMO, or PPO				
Private Insurance: Fee-for-Service				
Medicaid	56	12%	29	4%
Medicaid - Administered through a Managed Care plan				
Medicare/Medicare, NOS	35	7%	652	85%
Medicare with supplement, NOS				
Medicare - Administered through a Managed Care plan				
Medicare with private supplement				
Medicare with Medicaid eligibility				
TRICARE	8	2%	19	2%
Military				
Veterans Affairs				
Indian/Public Health Service				
Insurance status unknown	11	2%	31	4%
Blank(s)				

Note: Under age 65, individuals may qualify for Medicare coverage if there is a disability or with end-stage renal disease (permanent kidney failure requiring dialysis or transplant).

Tracking and sharing data

- State Cancer Plan Objectives
 - ▣ Tracked in our State Cancer Plan Status Report

3. Providing access to optimal treatment and care

	Baseline	Current	Goal
Increase the percentage of women under age 70 receiving breast-conserving surgery for breast cancer who receive radiation therapy within 1 year of diagnosis.	(2007) 81%	(2010) 98%	89%
Increase percentage of women with AJCC T1cN0M0 or Stage II or III hormone receptive positive breast cancer who have considered or received Tamoxifen or third generation aromatase inhibitor within 1 year of diagnosis.	(2007) 61%	(2010) 100%	67%
Increase percentage of women under age 70 with AJCC T1cN0M0 or Stage II or III hormone receptive negative breast cancer who have considered or received combination chemotherapy within 4 months of diagnosis.	(2007) 100%	(2010) 100%	100%
Increase percentage of people with colon cancer having at least 12 regional lymph nodes removed and pathologically examined.	(2007) 75%	(2010) 88%	83%
Increase percentage of people under the age of 80 with lymph node positive colon cancer who have considered or received adjuvant chemotherapy within 4 months of diagnosis.	(2007) 100%	(2010) 100%	100%
Increase percentage of people under the age of 80 with clinical or pathological AJCC T4N0M0 or Stage III rectal cancer receiving surgical resection who have considered or received radiation therapy within 6 months of diagnosis.	(2007) 100%	(2010) 100%	100%

- Data requests
 - ▣ Ex. Time to initiation of adjuvant chemotherapy (TTC) for women with breast cancer and factors associated with any delays
- VTAAC and VDH staff participate in the FAHC CoC meetings.
- Hosted regional meetings in Rutland, Bennington, and St. Albans

Cancer survivorship



Data sources



- Behavioral Risk Factor Surveillance System (BRFSS)
 - ▣ Prevalence
 - ▣ Screening
 - ▣ Survivor quality of life
 - ▣ Demographics (age, gender, residence, race/ethnicity)
 - ▣ Disparities (income, education, health insurance)
 - ▣ Risk factors, co-morbidities, and quality of life

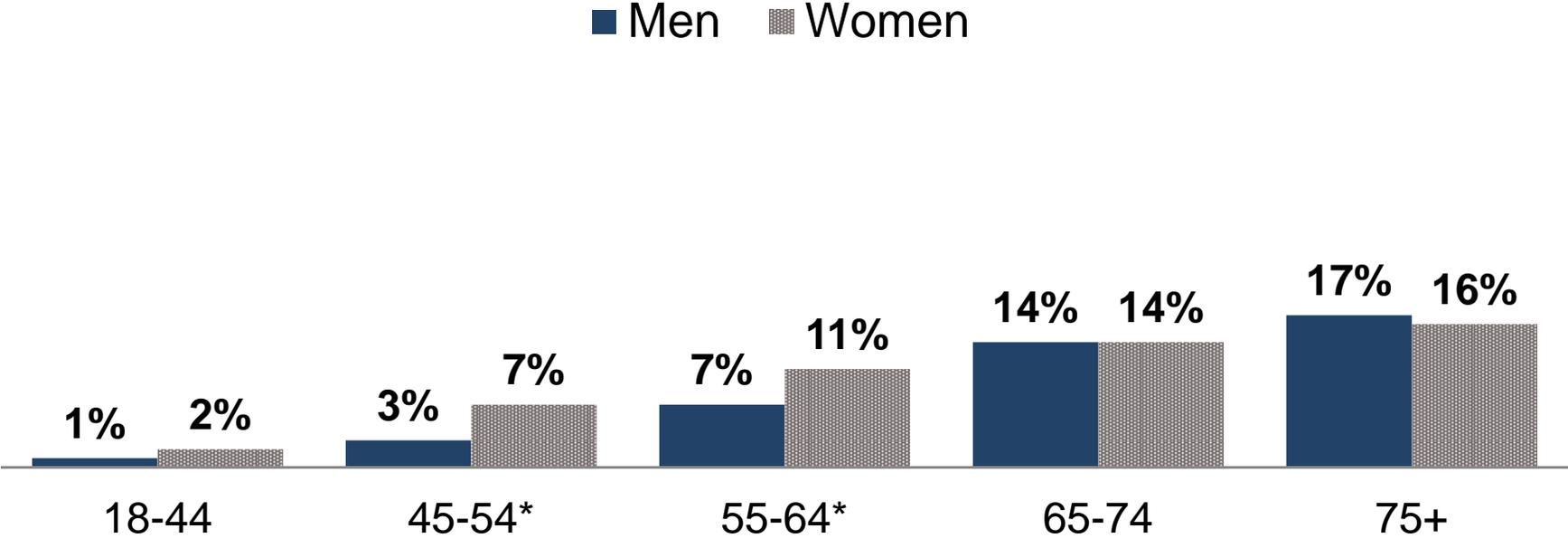
Cancer plan objective

- Increase % of cancer survivors who report always or usually receiving emotional/psychological support when needed.
 - ▣ 2008 Baseline: 82%
 - ▣ 2010 (Current): 83%
 - ▣ Goal: 90%

- Increase % of cancer survivors who report that their general health is good to excellent.
 - ▣ 2008 Baseline: 75%
 - ▣ 2010 (Current): 76%
 - ▣ Goal: 83%

Cancer survivors

By age and sex



Data Source: BRFSS, 2008 & 2010

* Indicates a significant difference

Quality of life among cancer survivors

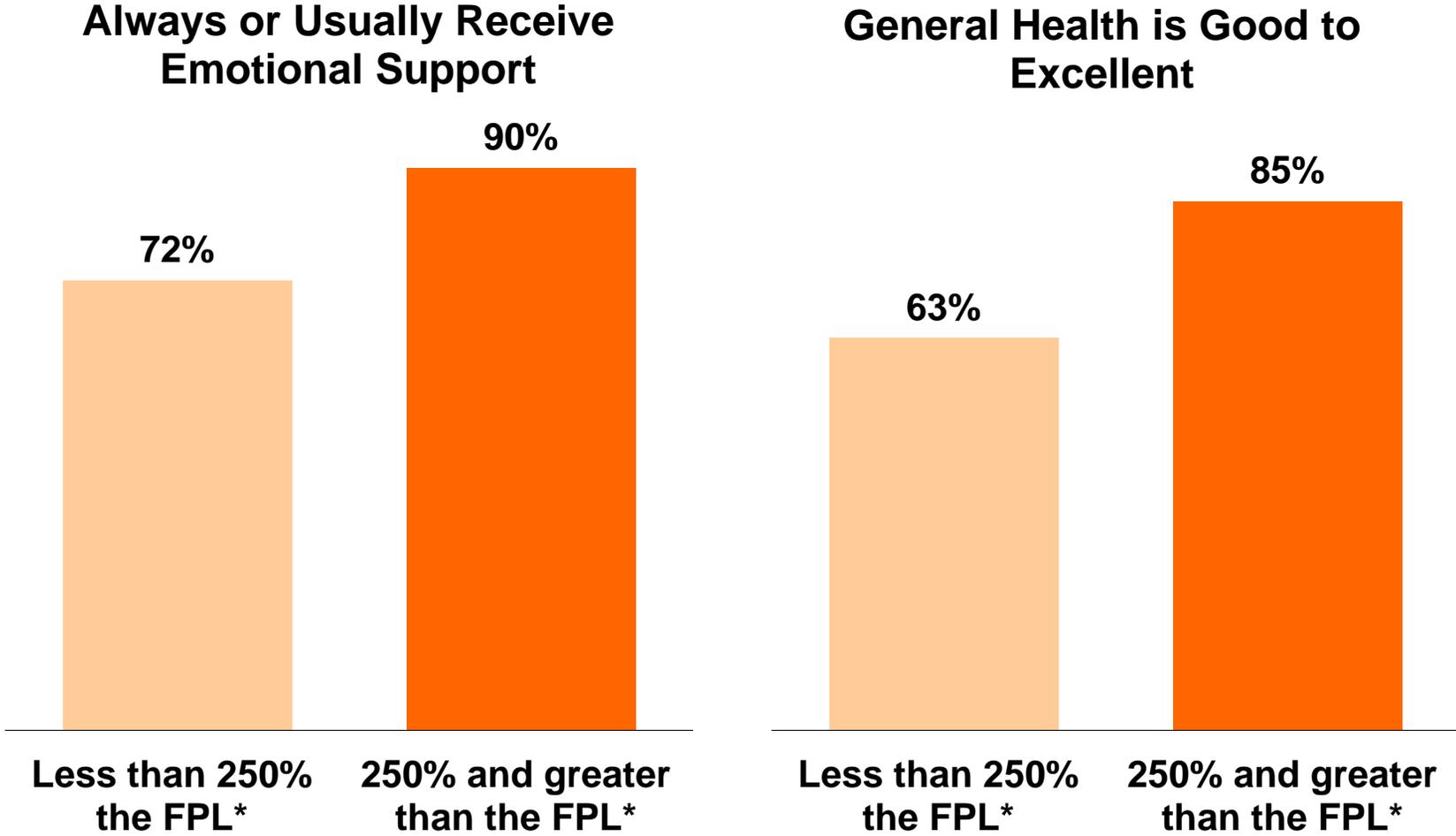
By personal doctor and insurance



- Numbers are too small to compare those with and without a personal doctor and insurance.

- Because, among cancer survivors...
 - ▣ 98% have health insurance
 - ▣ 95% have a personal doctor

Quality of life among cancer survivors By Federal Poverty Level

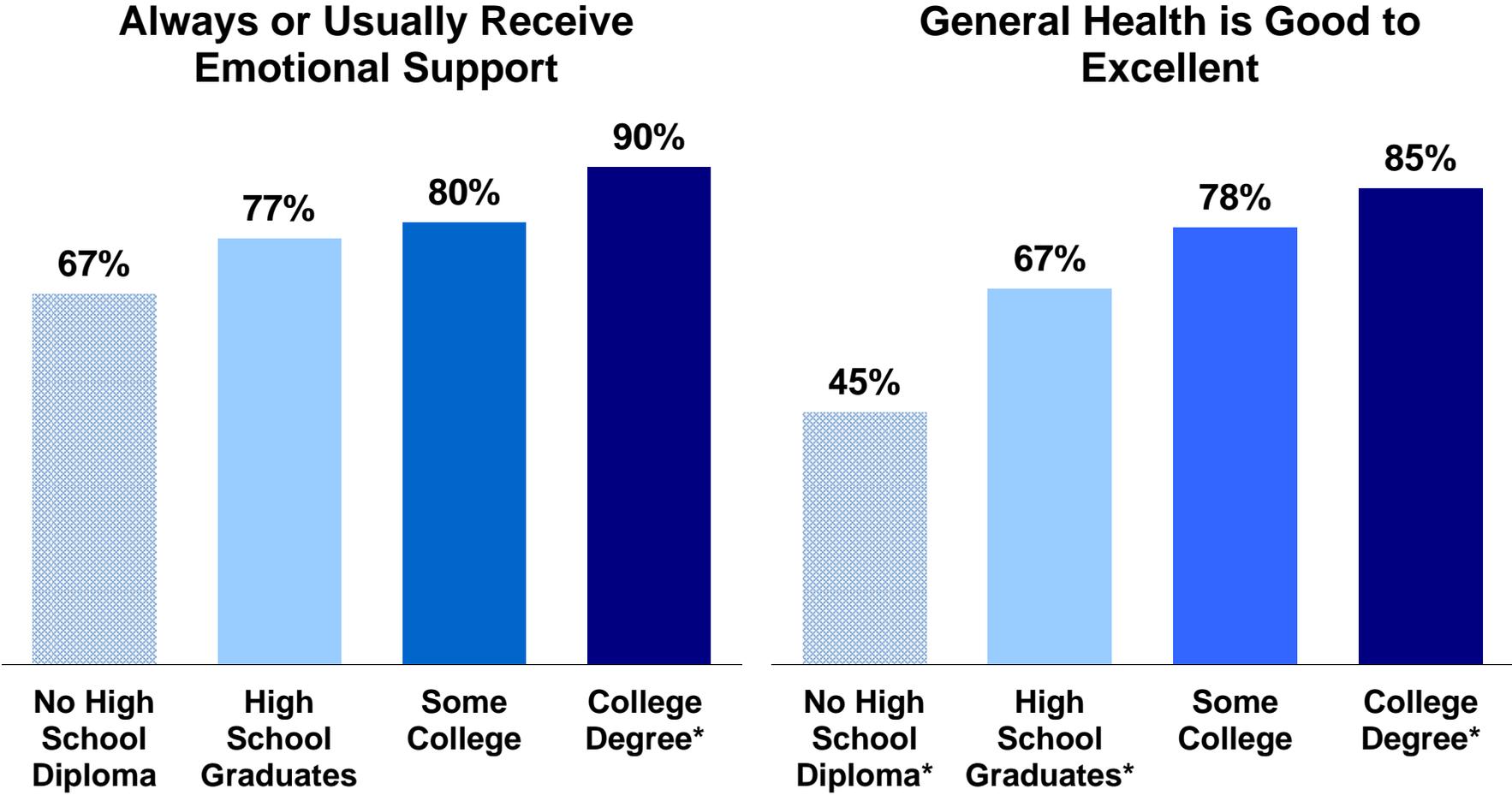


Data Source: BRFSS, 2008 & 2010

* Indicates a significant difference

Quality of life among cancer survivors

By education



Quality of life workgroup



- Tasked with developing strategies to achieve quality of life goals in the State Cancer Plan
 - ▣ Survivorship plans
 - ▣ Palliative care
 - ▣ Emotional/psychological support
 - ▣ Complementary and alternative medicine
 - ▣ End-of-life care

Additional survivorship efforts



- Many other survivorship efforts throughout VT
 - ▣ Kindred Connections Program (VDH Supported)
 - ▣ Cancer Survivor Community Study
 - ▣ Stowe Weekend of Hope for cancer survivors
 - ▣ Data presentations at cancer support group meetings

In closing



- We encourage the use of public health data from VDH
- Online sources available to all
 - ▣ Publications
 - ▣ Instant Atlas
 - ▣ Cancer Incidence Report
- Contact info available for specific data requests



Any questions?

Contact information for questions or for a copy of this presentation:

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For questions or to become involved with any number of cancer activities through VTAAC:

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