



# **Comprehensive Cancer Control in Vermont – Challenges and Opportunities**

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**2019 VTAAC Cancer Summit**

September 20, 2019

# Summary of Today's Discussion

- VTAAC Update and Overview
- Behavioral Risk Factors for Cancer
  - Poor diet and lack of physical activity
  - Populations most at risk
- Other Populations at Risk
  - Rural Vermonters
- Cancer Survivors by Sub-population
- Cancer Screening by Sub-population
- Cancer Survival Rates

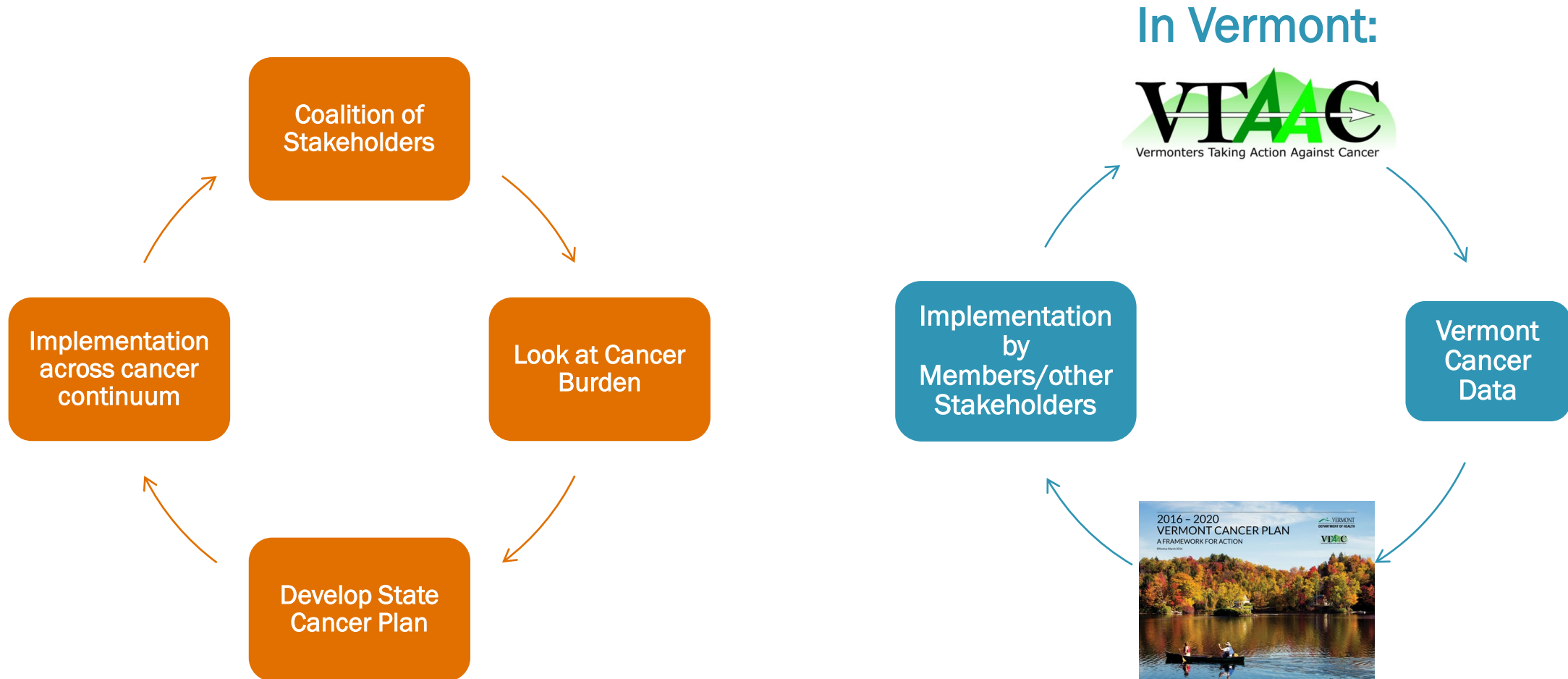


## VTAAC Update and Overview



The Richards' Impact Award, VTAAC Annual Meeting 2018

# The Comprehensive Cancer Control framework relies on partnerships.



# Vermont Cancer Plan goals encompass the cancer continuum.

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## **Disparities**

Reduce cancer-related disparities in Vermont.

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## **Prevention**

Prevent cancer from occurring or recurring.

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## **Early Detection**

Detect cancer at its earliest stages.

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## **Cancer Directed Therapy & Supportive Care**

Treat cancer with appropriate, quality care.

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## **Survivorship & End-of-Life Care**

Assure the highest quality of life possible for cancer survivors.

# Lung Cancer Screening Taskforce

Goal 2. Reduce exposure to tobacco among Vermonters.

Goal 10. Increase early detection of lung cancer among Vermonters.



**YOU'RE INVITED!**

## LUNG CANCER SCREENING SUMMIT

**NOVEMBER 15, 2018** 9 AM – 4 PM

Lake Morey Resort  
82 Clubhouse Road | Fairlee, VT 05045



The statewide cancer coalition **Vermonters Taking Action Against Cancer** is hosting a **Lung Cancer Screening Summit** on **November 15, 2018**. All lung cancer screening teams including pulmonologists, radiologists, and lung cancer screening coordinators as well as all primary care physicians and staff are invited to attend at no cost. Breakfast and lunch provided.

Register today at [bit.ly/LCScreeningSummit](https://bit.ly/LCScreeningSummit).

For more information, contact Alex Crimmin at [Alex.Crimmin@Lung.org](mailto:Alex.Crimmin@Lung.org) or 802-876-6861.



# Vermont HPV Stakeholder Roundtable and Dental/HPV Taskforce

## Goal 5. Prevent HPV infections among young Vermonters.



### FILM SCREENING & PANEL DISCUSSION

Join us for a free screening and discussion of *Someone You Love: The HPV Epidemic*. This film looks at the lives of five women affected by human papillomavirus (HPV), the widely misunderstood virus that causes several types of cancer, including cervical cancer. Come learn about ways you can protect yourself and your family from cancers caused by HPV.



#### REGISTER TODAY AT:

<https://someoneyouloverutland.eventbrite.com>

**Tuesday, September 24th**

5:30PM Light Meal & Networking, 6:00-8:00PM Film & Discussion  
Flagship Cinemas, 184 Shopping Plaza Rd, Rutland, VT 05701

\*Light meal provided\*

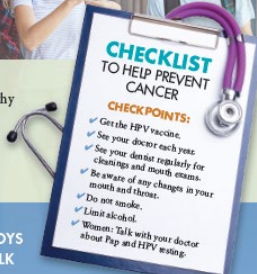


## CANCER PREVENTION AT THE DENTAL OFFICE

### HPV AND CANCER



- Almost everyone will have HPV (Human Papillomavirus) at some point in their lives.
- HPV can cause several types of cancer, including head and neck cancers.
- You can take steps to keep your family healthy and prevent cancers caused by HPV.
- Talk with your doctor about the HPV vaccine and cancer screenings.



THE HPV VACCINE IS RECOMMENDED FOR BOTH BOYS AND GIRLS AND IS BEST GIVEN AT AGES 11-12. TALK TO YOUR DOCTOR ABOUT GETTING THE VACCINE.



FOR MORE INFORMATION ABOUT CANCER PREVENTION, VISIT [WWW.VTAC.ORG](http://WWW.VTAC.ORG)



# Skin Cancer Taskforce/IMPACT Melanoma

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Goal 6. Reduce exposure to environmental hazards among Vermonters.

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6A. Ultraviolet (UV) radiation from the sun and sun lamps





# Quality of Life Workgroup/Families Impacted by Cancer Taskforce

Goal 16. Promote optimal health among Vermont cancer survivors.

16A. Emotional health

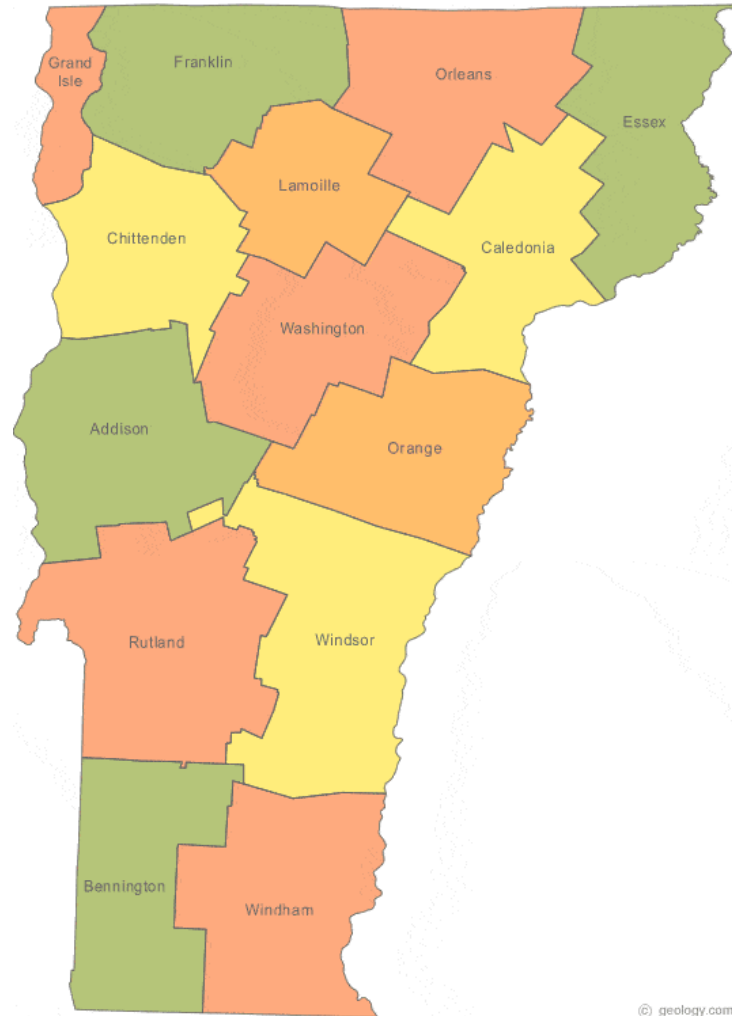
16B. Physical health

## Strategies

- Assess gaps in statewide survivorship resources.
- Promote statewide dissemination of survivor resources and services.
- Promote programs offering physical rehabilitation for cancer patients.
- Support partners in their efforts to determine effective strategies in improving emotional wellbeing among cancer survivors.
- Promote statewide use of distress screening to address cancer survivors' emotional wellbeing and the associated use of psychosocial services.



# Cancer Plan implementation is being carried out across Vermont by countless stakeholders...like YOU!



## Coming Soon! - Vermont Cancer Plan 2021-2025

- A 5-Year plan beginning January 2021.
- To be developed based on current successes, challenges, and priorities.
- Planning will begin in early 2020.
- VTAAC member/partner involvement is **essential** for Cancer Plan development.

Commentary

Cancer  
Prevention  
Research

## Physical Inactivity and Low Fitness Deserve More Attention to Alter Cancer Risk and Prognosis

American Cancer Society guidelines on nutrition and physical activity for cancer prevention<sup>†‡</sup>

Reducing the risk of cancer with healthy food choices and physical activity

Research Article

Cancer  
Epidemiology,  
Biomarkers  
& Prevention

Better Postdiagnosis Diet Quality Is Associated with Reduced Risk of Death among Postmenopausal Women with Invasive Breast Cancer in the Women's Health Initiative

## Physical Activity and the Risk of Breast Cancer Recurrence: A Literature Review

# Poor Diet and Lack of Physical Activity

These two behaviors have an impact on cancer incidence.

Health Behaviors of Cancer Survivors: Examining Opportunities for Cancer Control Intervention

IJC International Journal of Cancer



Epidemiology

The impact of dietary and lifestyle risk factors on risk of colorectal cancer: A quantitative overview of the epidemiological evidence

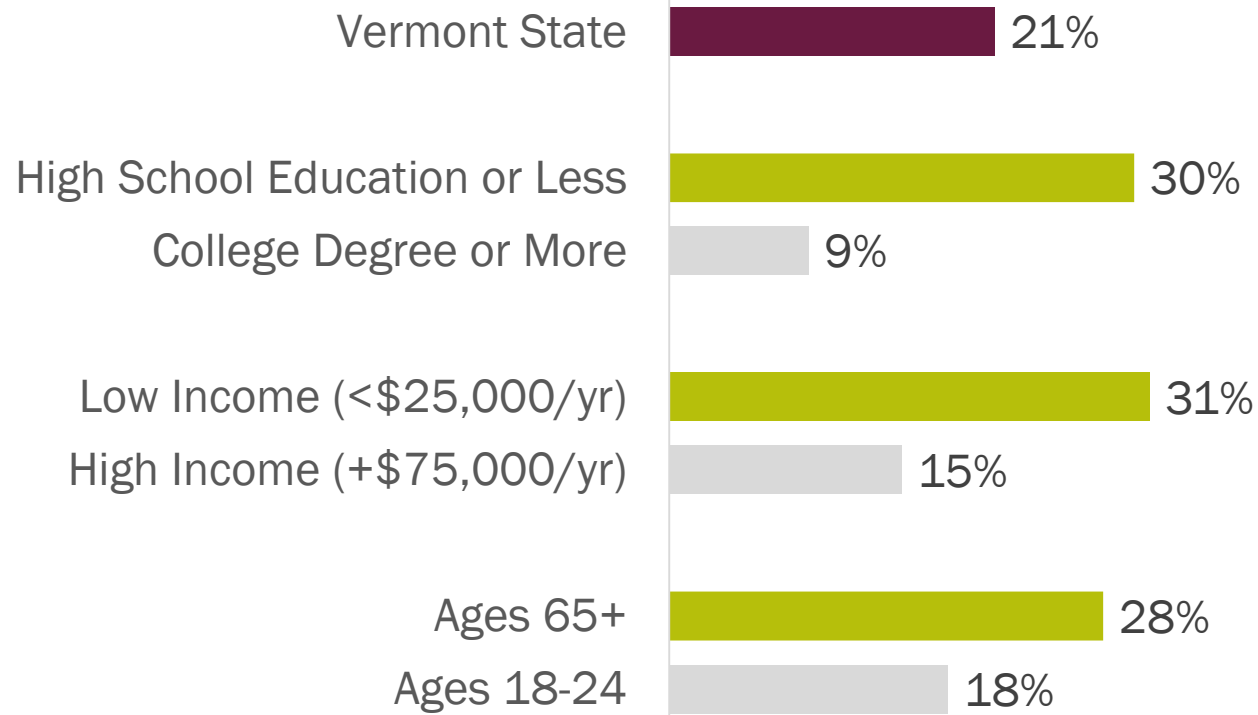
# Evaluating Differences in Poor Diet and Lack of Physical Activity

- Populations were evaluated by the following,
  - Income level
  - Education level
  - Age group
  - Gender
  - Race/ethnicity
  - LGBTQ+ status
- Only statistically significant between-group differences are shown.

# Vermont adults at increased risk of reporting no leisure time physical activity include those with less education and lower household incomes.



Vermont Adults with No Leisure Time Physical Activity

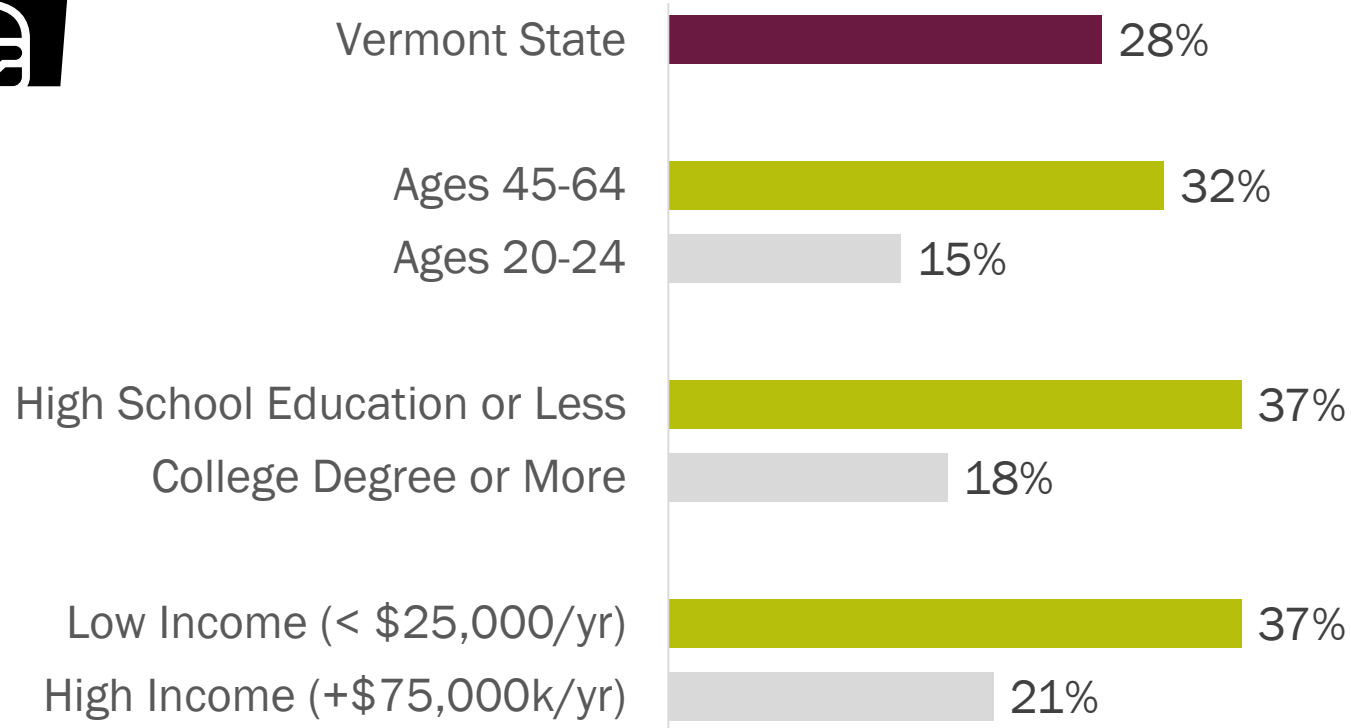


All data on this page are age-adjusted to the 2000 U.S. population, except that by age.  
Data sources: Education, Income, Age, and State Rate: BRFSS, 2017.

# Vermont adults at increased risk of being obese include those ages 45-64 and those with a high school education or less.



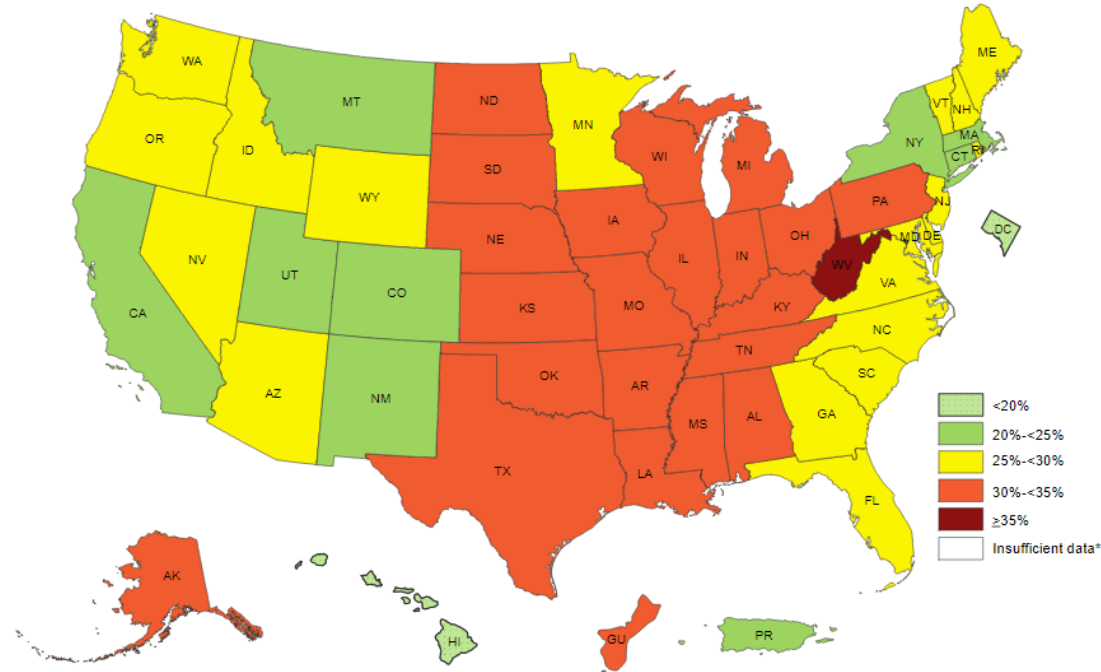
Obese Vermont Adults Ages 20 and Older



All data on this page are age-adjusted to U.S. 2000 population, except that by age.  
Data sources: Education, Income, Age, and State Rate: BRFSS, 2017.

# National Example

Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults by State and Territory, BRFSS, 2015-2017



Source: [Behavioral Risk Factor Surveillance System](https://www.cdc.gov/behavioral-risk-factor-surveillance/)

\*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%

Map source:  
[cdc.gov/obesity/data/prevalence-maps.html](https://cdc.gov/obesity/data/prevalence-maps.html)



Research Article | Original Research

## Racial Disparities and Barriers to Colorectal Cancer Screening in Rural Areas

Disparities in Preventive Health Services Among Somali Immigrants and Refugees

Barriers to Cancer Screening in Hmong Americans: The Influence of Health Care Accessibility, Culture, and Cancer Literacy

## Other Populations at Risk

Additional populations face health disparities throughout the state.

CEBP Focus: Rural Cancer Control

Rural–Urban Differences in Cancer Incidence and Trends in the United States

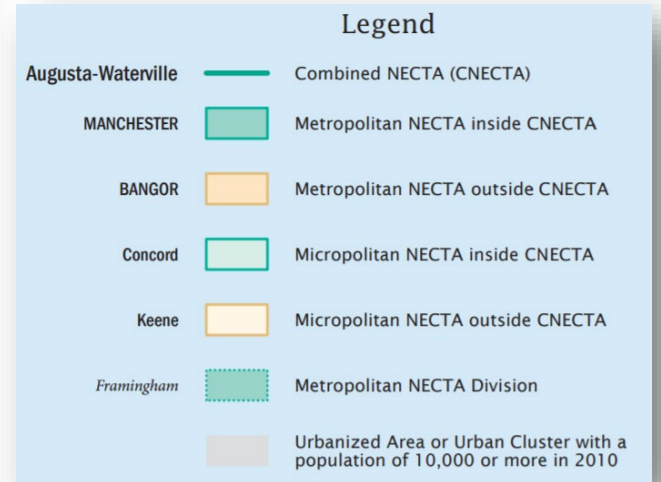
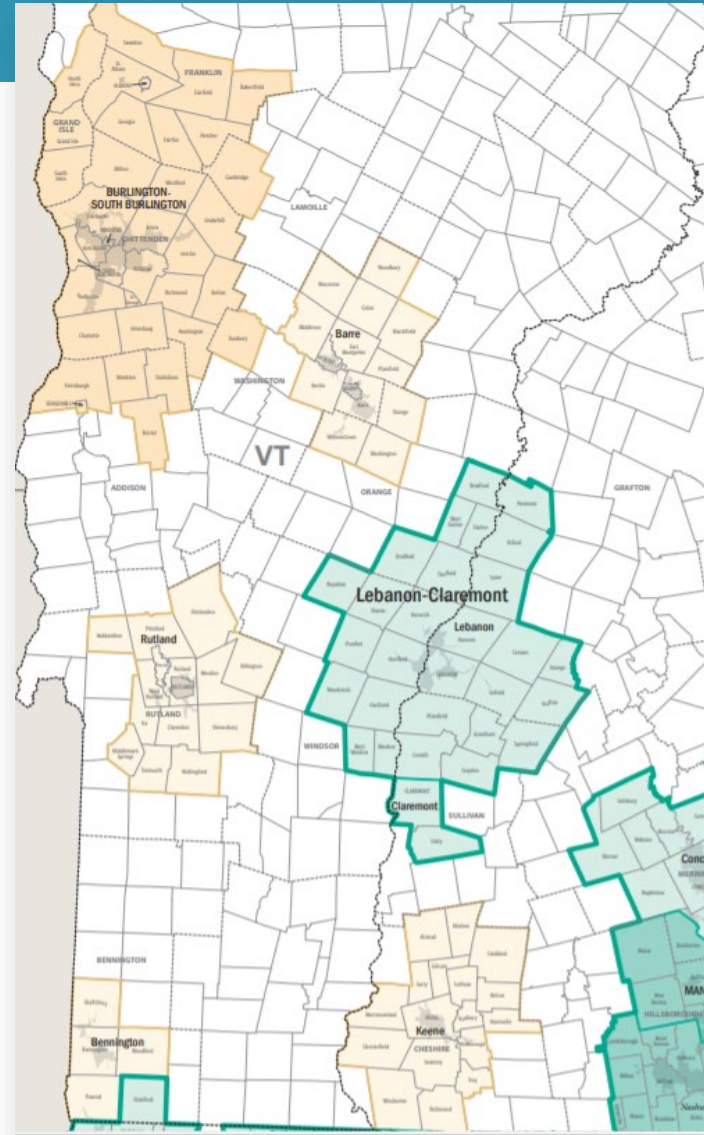
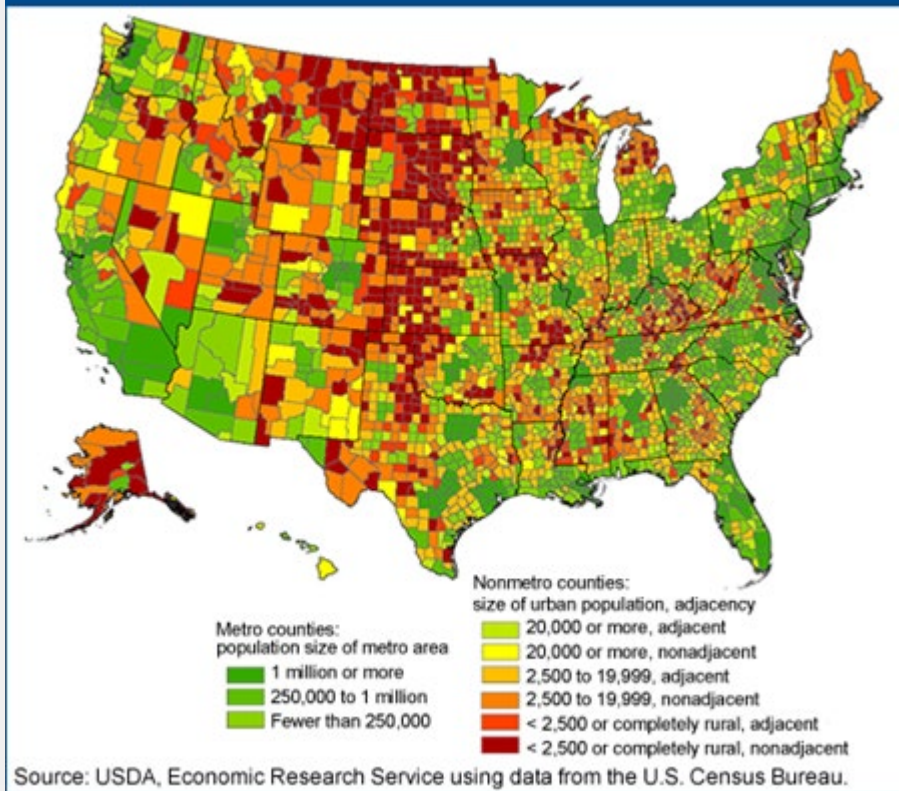
# Other Populations Affected by Health Disparities

- Rural Residents
  - The Vermont Department of Health has a workgroup to build consensus around guidelines for completing analyses related to rural/urban populations.
- Those living with a disability
- People of Color
- Native Americans
- Refugees
- Immigrants
- LGBTQ+



# There are many ways to show rural and urban in our state.

2013 Rural-Urban Continuum Codes

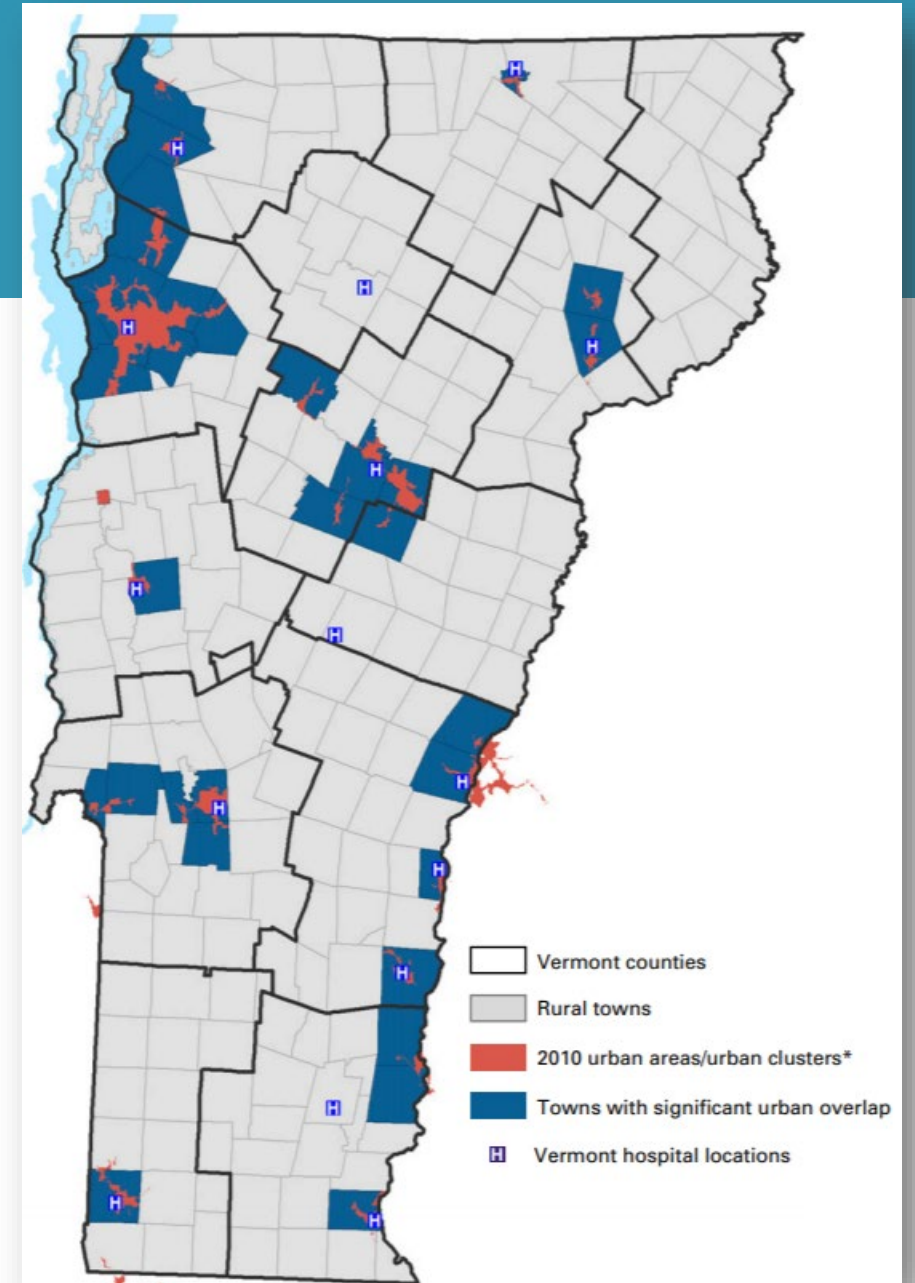


Source:  
U.S. Census Bureau, September 2018

# Rural Urban Workgroup

- Workgroup is in the process of creating a guidelines document so that cancer incidence, screening rates, and other health measures can be consistently compared for rural and urban areas of the state.

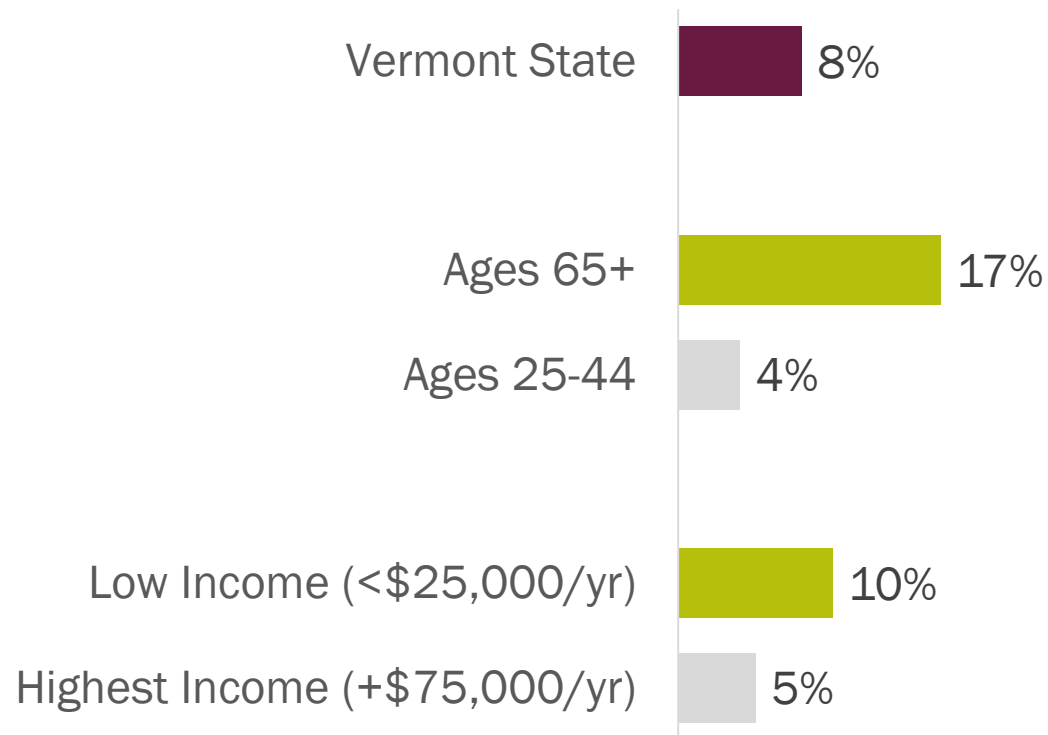
Data Source: Johnson, A., Shulman, L., Kachajian, J., Sprague, B. L., Khan, F., James, T., ... & Heimann, R. (2016). Access to care in Vermont: factors linked with time to chemotherapy for women with breast cancer—a retrospective cohort study. *Journal of oncology practice*, 12(9), e848-e857.



# Cancer Survivors by Sub-Population

# Those at increased risk of reporting ever being diagnosed with cancer include those who are over the age of 65 and those who are low-income.

Vermont Adults Diagnosed with Cancer



Data sources: Income, Age, and State Rate: BRFSS, 2017.



## Age and Cancer Risk

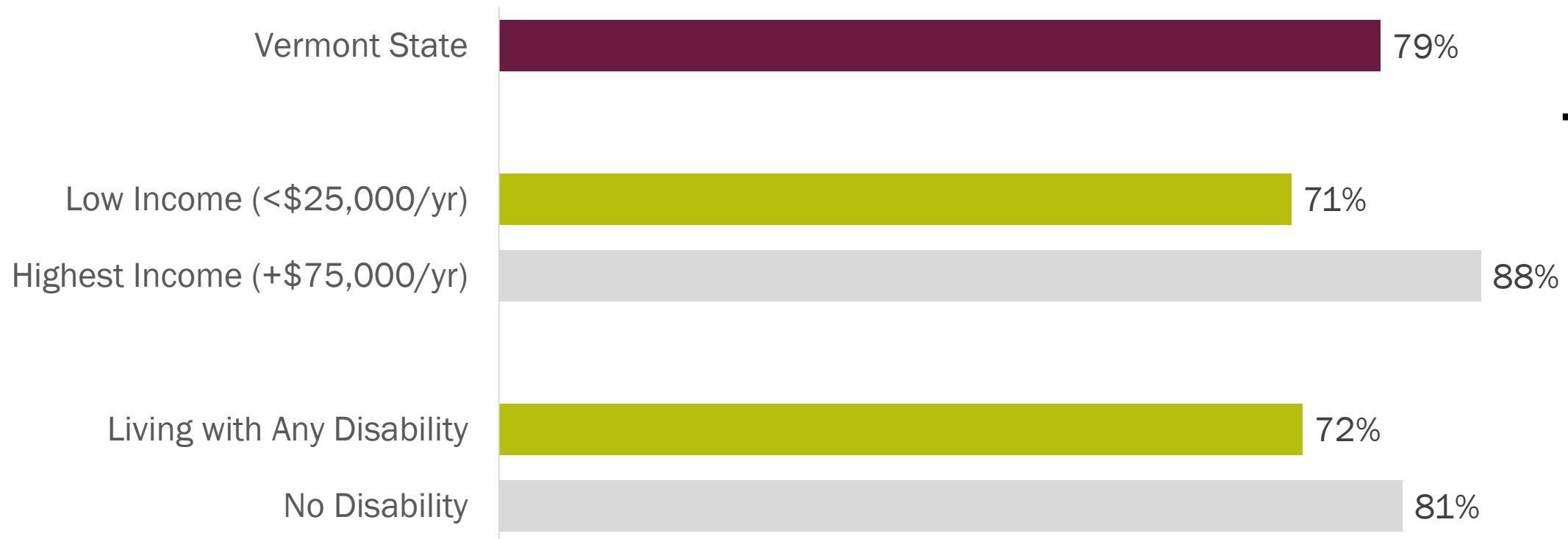
Advancing age is the most important risk factor for cancer overall, and for many individual cancer types. According to the most recent statistical data from [NCI's Surveillance, Epidemiology, and End Results program](#), the median age of a cancer diagnosis is 66 years. This means that half of cancer cases occur in people below this age and half in people above this age. One-quarter of new cancer cases are diagnosed in people aged 65 to 74.

Source: National Cancer Institute, 2015

# Cancer Screenings by Sub-Population

# Those at increased risk of not being screened for breast cancer are those with an annual household income of less than \$25,000 and those living with any disability.

Meets Breast Cancer Screening Recommendations, Ages 50-74

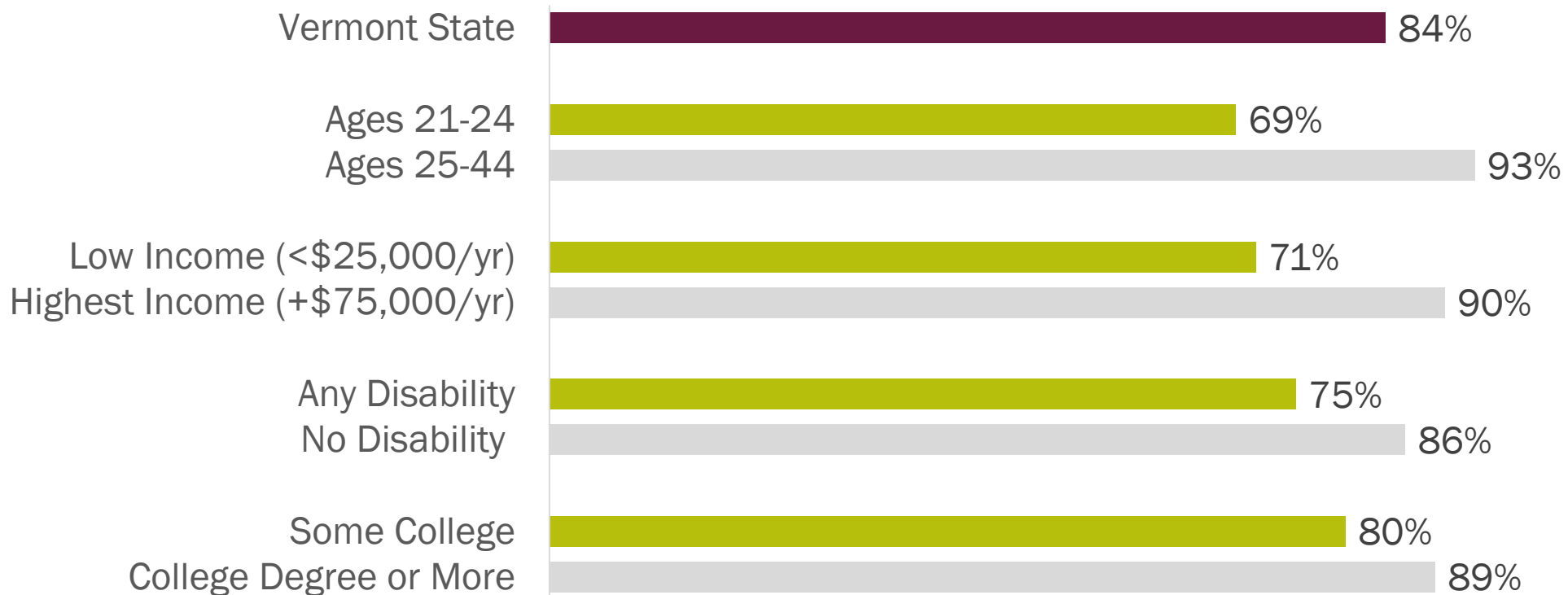


All data on this page are age-adjusted to the 2000 U.S. population.  
Data sources: Disability, Income, and State Rate: BRFSS, 2016.



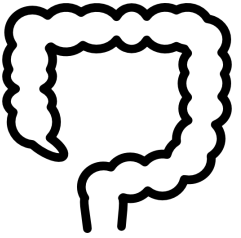
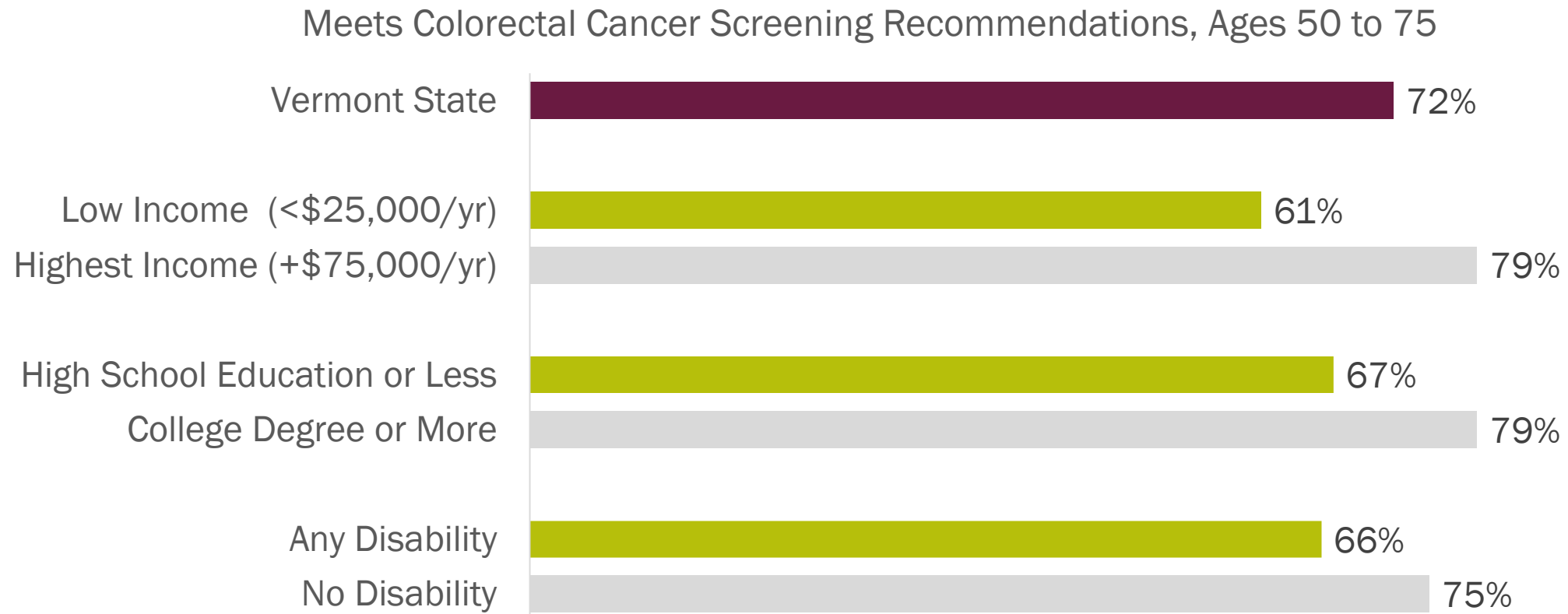
# Those at increased risk of not being screened for cervical cancer include those who are ages 21-24, those who are low income, and those living with any disability.

Meets Cervical Cancer Screening Recommendations



All data on this page are age-adjusted to the U.S. 2000 population, except that by age.  
Data sources: Disability, Education, Income, Age, and State Rate: BRFSS, 2016.

# Those at increased risk of not being up-to-date on colorectal cancer screening include those who are low income, have less education, and those living with any disability.



All data on this page are age-adjusted to the 2000 U.S. population.  
Data sources: Disability, Education, Income, and State Rate: BRFSS, 2016.

# Data Notes

**Behavioral Risk Factor Surveillance System (BRFSS)** tracks risk behaviors using this telephone survey of adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Since 1990, Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC). Over 7,000 Vermonters are randomly and anonymously selected and called annually. An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

**Age Adjustment** measures from BRFSS and YRBS are adjusted for age only if they are Healthy Vermonters 2020 goals. Age adjustment groupings come from those determined by Healthy People 2020.

**Statistical significance** refers to a confidence interval represents the range in which a parameter estimate could fall which is calculated based on the observed data. For this analysis, we used a 95% confidence interval, meaning that we are 95% confident that the true value of the parameter being examined falls within the specified confidence interval. Statistical significance is assessed by comparing the confidence intervals of different groups. If the confidence intervals from two groups, such as that for the state and a specific county, do not overlap we consider the estimates to be significantly different from one another.

**Breast cancer screening** is recommended for women ages 50-74. Women 50-74 should receive a mammogram every two years.

**Cervical cancer screening** is recommended for women ages 21 to 65. For women 21-29 this includes a PAP test every three years. For those 30-65, it includes either a PAP test every three years or a PAP test and human papilloma virus (HPV) screening every five years.

Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

**Colorectal cancer screening** recommendations are: (1) Fecal Occult Blood Test (FOBT) in the last year, OR (2) Sigmoidoscopy in the last five years, and a FOBT in the last three years, OR (3) Colonoscopy in the last 10 years.

**Any disability** is defined as self-identifying on one or any combination of questions on the BRFSS survey related to mobility, cognition, vision, hearing, self-care, and independent living. To see more information on these questions, please visit the Disability Data Pages located here <https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages.pdf>.

**Acknowledgement:** This publication was supported by Grant/Cooperative Agreement Number NU58DP006322 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

# Cancer Survival



# ***Relative cancer survival* measures the proportion of people with cancer who will be alive at a certain time after diagnosis.**

Given that they didn't die from something other than their cancer.

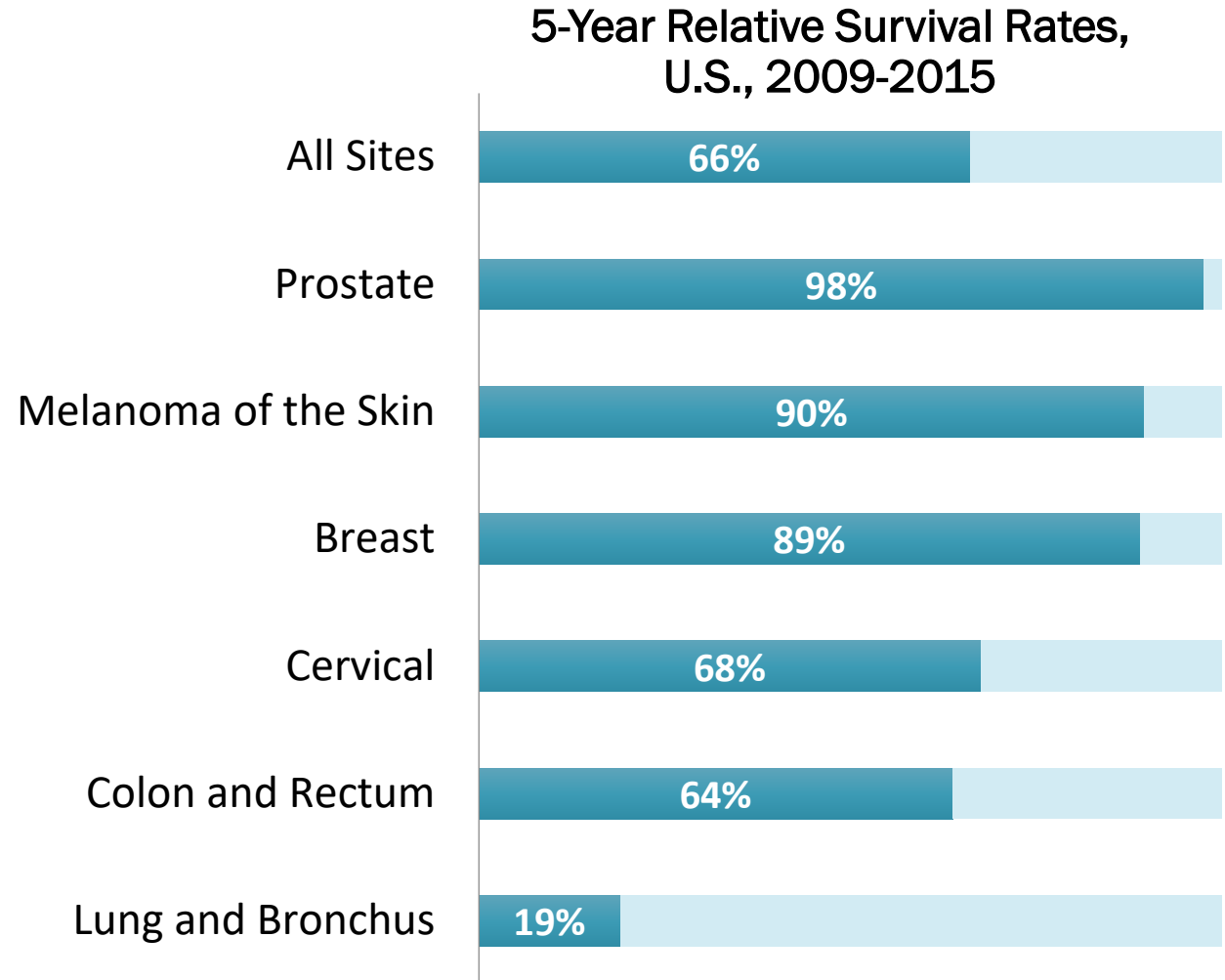
Is the proportion of observed survivors (all causes of death) in a group of cancer patients to the proportion of expected survivors in a comparable group of cancer-free individuals.

- Stated as a five-year survival rate and is the percentage of people who are alive five years after their diagnosis or the start of treatment.

# The relative survival rate shows whether the disease shortens life.

- 5-year relative survival estimates the percentage of cancer patients who will have not died from their cancer 5 years after diagnosis.
- The 5-year relative survival for **cancer in the United States is 66.1%**.

Source: United States Cancer Statistics: Data Visualizations



# Vermont data are included in the US cancer survival rates.

The CiNA report provides cancer incidence and mortality statistics for the United States and Canada.

*Volume Four: Cancer Survival in the United States and Canada* includes survival rates for **Vermont**.

Source: NAACCR, CiNA Publication (2012-2016)

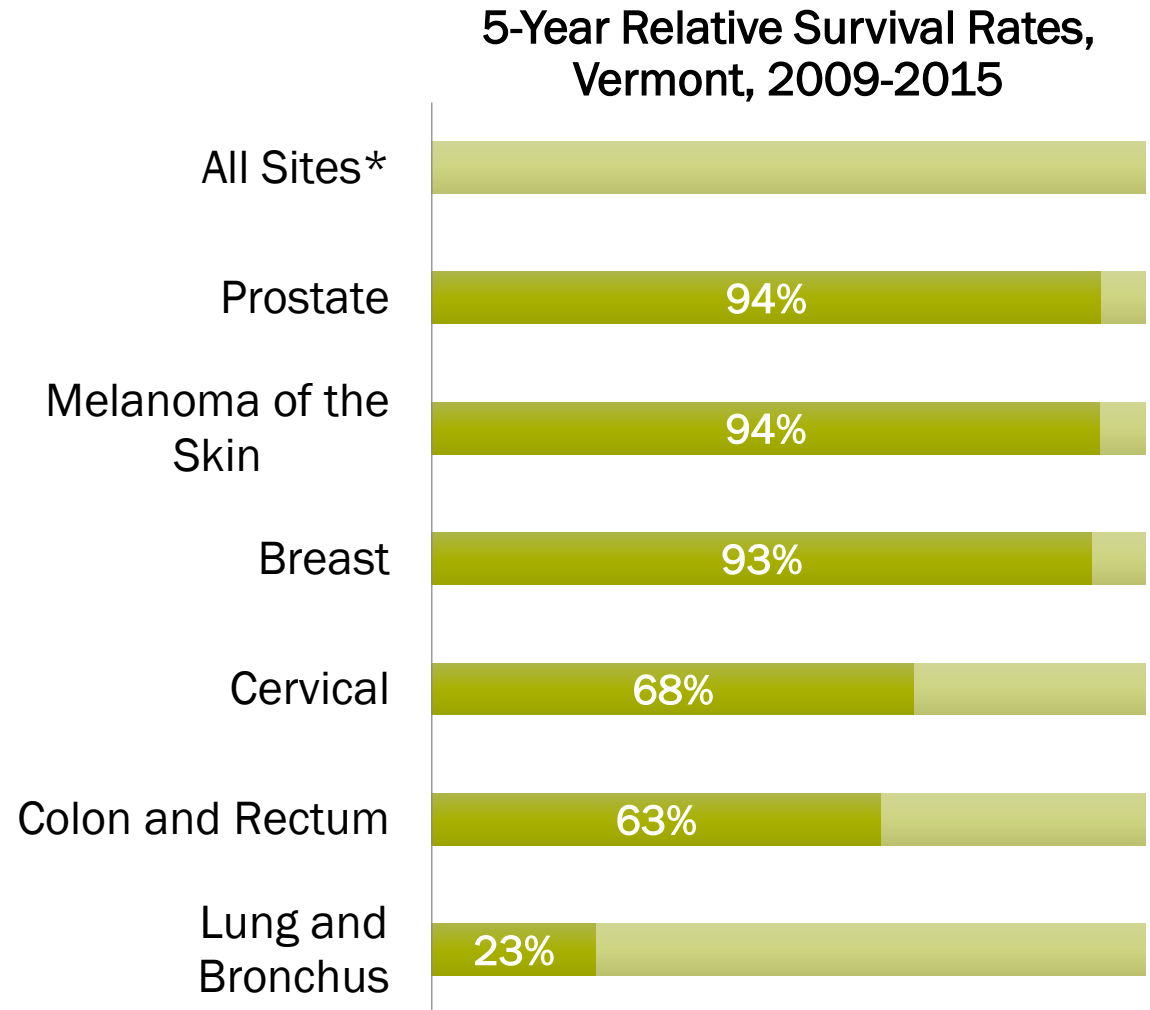


# Vermont cancer survival rates are comparable to U.S. rates.

- Vermont data are included in the U.S. cancer survival rates.

Source: NAACCR, CiNA Publication (2012-2016)

\*Suppressed when fewer than 10 cases were reported for a specific cancer, the standard error was greater or equal to 10%, or when the difference of the upper and lower confidence intervals were greater than 40%.





# The Vermont Cancer Registry is working on Vermont specific cancer survival measures.

Finalizing methodology and are currently working on a data use agreement needed to access certain data.

Expect to make Vermont cancer survival rates available to use as measures in the next State Cancer Plan

The thumbnail shows a document titled "Data Brief - Survival in Vermont" from the Vermont Department of Health. It features a blue header with the state logo and title. A dark blue bar below the header contains the text "In progress for Fall 2019". The main content area includes a section titled "Vermont Survival" and a "KEY POINTS" section with two bullet points. The text in the thumbnail is partially obscured by a repeating "survival" watermark.



**Thank you!**

**Let's stay in touch.**

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