

Vermont State Cancer Plan Status Report

January 2015



| Data Source | Used to Measure Objective(s) |
|--|---|
| American College of Surgeons (ACoS) | 8.1, 8.2, 10.1 |
| American Community Survey | 12.1 |
| Advanced Directive Registry | 15.1 |
| Behavior Risk Factor Surveillance System (BRFSS) | 2.1, 4.1, 5.1, 6.1, 6.2, 11.1, 12.1, 13.1, 13.2, 13.3, 13.4, 13.5 |
| National Cancer Database (NCDB) | 9.1, 9.2, 9.3, 9.4, 9.5, 9.6 |
| Vermont Cancer Registry (VCR) | 4.2, 4.3, 5.2, 6.3 |
| National Immunization Survey (NIS) | 1.1, 1.2 |
| Vermont Department of Health Radon Program | 3.1, 3.2 |
| Vermont Ethics Network | 10.2 |
| Vermont Immunization Registry (IMR) | 1.3 |
| Vermont Vital Statistics | 14.1 |
| Youth Health Survey (YHS) | 2.3 (2006) |
| Youth Risk Behavior Survey (YRBS) | 2.2, 2.3 (2011) |
| Not yet identified | 14.2 |

The Vermont State Cancer Plan can be found here for further reference:
<http://healthvermont.gov/pubs/cancerpubs/documents/VTcancerPlan.pdf>

- Dash indicates that data are not available at this time.

* Due to small numbers, advanced stage rates are calculated as 5-year averages.

§ The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. Please see page 3 of the 2011 Vermont BRFSS Data Summary for more information:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2011_12.12.pdf

† Due to limitations in the BRFSS Survivorship Module, these values may not accurately depict the proportion of survivors with treatment summaries and survivorship plans. VCP planners will be looking for better ways to measure this objective in the future as it is a 2015 ACoS standard.

‡ May include deceased registrants.

Notes:

The definition of a cancer survivor (for analysis) in this publication excludes those reporting their only cancer was skin cancer.

Goals are for the year 2015.

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Preventing Future Cancers ^a

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| Goals 1-3 | Baseline | Current | Goal | Strategies |
|--|----------------------------|----------------------------|------------------|---|
| 1.1 Increase the percentage of females and males age 13-17 years who have received at least one dose of HPV vaccine. | (2012) F: 66% M: 26% | (2013) F: 60% M: 41% | F: 80% M: 35% | <p>A. Educate providers and parents of the importance of HPV vaccination for boys and girls for all the cancers HPV causes (cervical, mouth, throat and rectum).</p> <p>B. Work within the VDH and with external partners to develop effective strategies to promote HPV vaccine as an anti-cancer vaccine.</p> <p>C. Encourage healthcare providers to utilize client reminder/recall systems.</p> |
| 1.2 Increase the percentage of females and males age 13-17 years who have completed the three-dose HPV vaccine series. | (2012) F: 46% M: 11% | (2013) F: 43% M: 22% | F: 80% M: 25% | |
| 1.3 Increase the percentage of adolescents who have started the HPV series by age 15. | (2012) 28% | (2013) 31% | 60% | |
| 2.1 Reduce the percentage of adults reporting sunburns in the past 12 months. | (2004) 45% | (2013) 35% | 40% | <p>A. Create statewide partnerships to further sun-safety education and practices.</p> <p>B. Promote awareness of and compliance with Vermont's tanning regulations banning use of tanning beds by Vermonters under age 18.</p> <p>C. Educate the public regarding the dangers of exposure to UV light—including indoor tanning.</p> <p>D. Promote evidence-based skin cancer prevention strategies in schools and parks/recreation programs.</p> |
| 2.2 Reduce the percentage of youth (grades 9-12) reporting sunburns in the past 12 months. | - | - | - | |
| 2.3 Reduce the percentage of youth (grades 9-12) who have used a tanning booth or sun lamp in the past 12 months. | (2006) 15% | (2011) 10% | 14% | |
| 3.1 Increase the percentage of households tested for radon gas. | - | - | - | <p>A. Use media avenues to educate the public on the importance of testing their homes for radon using long-term radon test kits.</p> <p>B. Work with homebuilders and contractors to promote Radon Resistant New Construction (RRNC) building methods for new homes.</p> <p>C. Work with partners to support efforts to reduce financial barriers to installing radon mitigation systems in buildings that have elevated radon levels.</p> |
| 3.2 Increase the percentage of households that install a radon mitigation system within the calendar year during which they received a high radon test result. | (2013) 34% | (2014) 39% | - | |

Detecting New Cancers as Early as Possible

| Goals 4-7 | Baseline | Current | Goal | Strategies |
|---|----------------------|---------------------|------|--|
| 4.1 Increase the percentage of women age 50-74 getting a mammogram within the past two years. | (2008) 83% | (2012)§ 82% | 91% | <p>A. Promote nationally recognized cancer screening guidelines to the healthcare provider community and to the public.</p> <p>B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems.</p> <p>C. Educate healthcare providers and the public about low and no-cost cancer screening resources for low income Vermonters.</p> <p>D. Conduct provider education and training to increase awareness of the need for appropriate breast cancer screening and to increase awareness of the need for risk assessment in discussing breast cancer screening with women age 40-49.</p> |
| 4.2 Reduce the rate of breast cancer diagnosed at an advanced stage among women age 50 and over (per 100,000).* | (2002-2006) 102.5 | (2007-2011) 97.3 | 92.3 | |
| 4.3 Reduce the rate of breast cancer diagnosed at an advanced stage among women age 40-49 (per 100,000).* | (2002-2006) 66.2 | (2007-2011) 62.2 | 59.6 | |
| 5.1 Increase the percentage of women age 21-65 who have had a Pap test in the past 3 years. | (2008) 91% | (2012)§ 87% | 100% | <p>A. Promote nationally recognized cancer screening guidelines to healthcare provider and to the public.</p> <p>B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as client reminder and recall systems.</p> <p>C. Educate healthcare providers and the public about low and no-cost cancer screening resources for low income Vermonters.</p> <p>D. Conduct provider and public education and training to increase awareness of the need for cervical cancer screening.</p> |
| 5.2 Reduce the rate of cervical cancer diagnosed at an advanced stage among women age 20 and over (per 100,000).* | (2002-2006) 3.5 | (2007-2011) 2.0 | 3.2 | |

Continued: Detecting New Cancers as Early as Possible

| | Baseline | Current | Goal | Strategies |
|---|---------------------|---------------------|------|--|
| 6.1 Increase the percentage of people age 50-75 who receive the recommended colorectal cancer screening tests. | (2008) 70% | (2012)\$ 72% | 75% | A. Promote nationally recognized cancer screening guidelines to the healthcare provider community and to the public, highlighting populations that may be at elevated risk for colorectal cancer. B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems. C. Conduct provider education and training to increase awareness of the need for colorectal cancer screening and to increase awareness of the need for risk assessment in discussing colorectal cancer screening with patients. D. Conduct provider education and training regarding the importance of offering all CRC screening test options (colonoscopy, sigmoidoscopy or FOBT) and matching patients with the test they are most likely to complete. |
| 6.2 Increase the percentage of patients age 50-75 and older who are referred for colorectal cancer screening. | (2008) 88% | - | 97% | |
| 6.3 Reduce the rate of colorectal cancers diagnosed at an advanced stage among men and women age 50 and older (per 100,000).* | (2002-2006) 83.1 | (2007-2011) 62.7 | 74.8 | |

Providing Access to Optimal Treatment and Care

| Goals 8-12 | Baseline | Current | Goal | Strategies |
|---|----------------|----------------|------|--|
| 8.1 Increase the percentage of prospective cases presented at a multi-disciplinary cancer conference. | (2009) 75% | (2013) 89% | 83% | A. Support VTAAC and VDH participation in cancer committee meetings and activities. B. Promote available clinical trials and multidisciplinary conferences at CoC-accredited cancer programs. C. Monitor policy changes that may affect clinical trial accrual and support efforts to educate and advocate for change encouraging increased accrual. |
| 8.2 Increase the percentage of annual analytical cases accrued to clinical trials. | (2009) 18% | (2013) 18% | 20% | |
| 9.1 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% | (2012) 94% | 89% | A. Promote ACoS State Cancer Liaison in promoting regular communication and in-person meetings between staff at VT's six CoC accredited sites. B. Provide regional cancer burden data to accredited cancer committees to assist hospitals in setting treatment goals. C. Support VTAAC and VDH participation in accredited cancer committee meetings and activities. |
| 9.2 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% | (2012) 97% | 67% | |
| 9.3 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% | (2012) 89% | 100% | |
| 9.4 Increase percentage of people with colon cancer having at least 12 regional lymph nodes removed and pathologically examined. | (2007) 75% | (2012) 95% | 83% | |
| 9.5 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% | (2012) 96% | 100% | |
| 9.6 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% | (2012) 100% | 100% | |
| 10.1 Increase the number of Vermont hospitals that offer a uniform set of palliative care and pain management services. | - | - | - | A. Support ACOS Commission on Cancer Centers in work to implement palliative care standards. B. Support Act 25 Task Force work on uniform list of services in Vermont. C. Promote the funding of Vermont educational programs on palliative care. |
| 10.2 Increase the number of Vermont health care providers (MD, RN, PA, etc.) receiving continuing medical education in palliative care, pain management and/or hospice care. | - | - | - | |

Continued: Providing Access to Optimal Treatment and Care

| | Baseline | Current | Goal | Strategies |
|--|---------------|---------------|------|--|
| 11.1 Increase percentage of adults who report discussing complementary and alternative medicine (CAM) use with their primary care providers. | (2009) 24% | - | 30% | A. Work with VTAAC partners in promoting educational programs on CAM risks and benefits for patients and health care providers. B. Monitor use of CAM, using population-based data surveillance tools. C. Offer presentations on CAM (risks and benefits) at VTAAC supported meetings. |
| 12.1 Increase the percentage of adult Vermonters (18-64) with health insurance. | (2010) 89% | (2011) 90% | 98% | A. Work with partners to advocate for state policy and legislative solutions to increase the accessibility and affordability of quality healthcare coverage. B. Monitor Vermont Health Care Reform implementation and provide information to VTAAC members. C. Monitor Federal Affordable Care Act and provide information to VTAAC members. |

Improving Survival and Quality of Life

| Goal 13 | Baseline | Current | Goal | Strategies |
|--|---------------|----------------|------|--|
| 13.1 Increase the percentage of cancer survivors who have written treatment summaries and survivorship plans.† | (2009) 43% | (2012)§ 43% | 47% | A. Support Vermont Commission on Cancer Centers in developing systems to implement Survivorship Care Plans. B. Promote Vermont programs offering physical rehabilitation and psychosocial support for cancer patients. C. Assess gaps in statewide survivorship resources by collaborating with relevant partners through the VTAAC Quality of Life Workgroup. D. Promote statewide dissemination of survivor resources and services. |
| 13.2 Increase the percentage of cancer survivors who report having a medical home (a primary care provider). | (2011) 97% | (2013) 94% | 100% | |
| 13.3 Increase the percentage of cancer survivors who report seeing a dentist in the past 12 months. | (2012) 70% | - | 77% | |
| 13.4 Increase the percentage of cancer survivors who report that their general health is good to excellent. | (2011) 73% | (2013) 74% | 80% | |
| 13.5 Increase the percentage of cancer survivors who report always or usually receiving emotional/psychological support when needed. | (2012) 73% | - | 80% | |

Improving End-of-Life Care

| Goals 14 and 15 | Baseline | Current | Goal | Strategies |
|---|-----------------|------------------|--------|--|
| 14.1 Increase the percentage of Vermont residents who died a natural death from cancer and received hospice care within the 30 days before death. | (2009) 62% | (2012) 69% | 68% | A. Support opportunities for primary care providers to receive continuing medical education about hospice care. B. Support opportunities for Vermont nurses (APN, RN's, LPNs, etc.) to become certified by the End of Life Nursing Consortium. C. Support efforts in raising awareness about hospice care, such as through "Start the Conversation". |
| 14.2 Increase education and training of health care providers on end-of-life care. | - | - | - | |
| 15.1 Increase the number of Vermonters enrolled in the Advanced Directives Registry.‡ | (2008) 3,383 | (2013) 18,900 | 16,800 | A. Work with VTAAC partners (Home Health Agencies) to increase awareness of end-of-life options. B. Promote the Advance Directive Registry with VT CoC Accredited Sites. |