

Vermont State Cancer Plan 2015 Final Evaluation Report

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Overview:

Since the publication of the 2015 Vermont State Cancer Plan (2011-2015), significant progress on cancer control has been made throughout the state by various organizations and individuals. Measurable targets were set for each of the 38 objectives in the Plan.* Work continues towards meeting and exceeding these targets and many have been met. This progress is summarized briefly below and in more detail in the following pages.

Thirty-one of the 38 objectives (82%) in the Vermont State Cancer Plan* were truly measurable objectives. Of these:

- 55% (17) reached or exceeded the goal.
- 23% (7) had progress towards the goal, but did not reach it.
- 23% (7) had no change or moved in the direction opposite the goal.

Of the seven remaining objectives:

- Five have no current measure (2.2^a, 3.1^b, 6.2^c, 10.1^b, 11.1^c)
- Two (10.2, 14.2) were unmeasurable but the goals are considered to have been met.^d

The 2015 Vermont State Cancer Plan* included 48 strategies spread across 15 goals. Of these:

- 100% (15) of goals had at least one strategy implemented.
- 83% (40) of strategies were implemented.

Symbol Key	Objectives	Strategies
✓	The most recent measure of this objective reached or exceeded the goal.	At least one activity addressing this strategy was implemented between 2011 and 2015.
Δ	The most recent measure of this objective moved in the direction of the goal, but did not reach it.	
X	The most recent measure of this objective had no change relative to baseline, or moved in the direction opposite of the goal.	No activities addressing this strategy were implemented between 2011 and 2015.
-	Dash indicates that data are not available at this time.	

* 2015 Vermont State Cancer Plan Interim Revision version (released 02/28/2014)

^a The question addressing this objective was not added to the Vermont Youth Risk Behavior Survey prior to 2015.

^b There is no available data source for this objective.

^c This question has not been added to the Vermont Behavioral Risk Factor Surveillance System since the baseline measure was taken.

^d Vermont legislation passed in 2011 requires continuing education on hospice, palliative care and pain management as part of relicensure for physicians. This legislation addresses the intent of these two objectives.

Preventing Future Cancers

Reduce tobacco use; improve physical activity and nutrition; increase the use of oral health services.

Prevention of cancer and cancer recurrence through decreased tobacco use, improved physical activity and nutrition, and the use of oral health services is fundamental to the overall reduction of cancer's impact in Vermont. Within Vermont Department of Health are the following programs that address these chronic disease areas:

- Vermont Tobacco Prevention and Control Program
- Vermont Physical Activity and Nutrition Program
- Vermont Office of Oral Health

Specific measures addressing tobacco, physical activity and nutrition and oral health were not included in the 2015 Vermont Cancer Plan due to the existence of these programs and their associated goals. Nevertheless, between 2010 and 2015, the Department of Health Cancer Programs, VTAAC and VTAAC partners coordinated with these partners to support and promote their programmatic goals, objectives and strategies. More information on the status of the Vermont goals, objectives and strategies related to tobacco, physical activity and nutrition, and oral health can be found on the Vermont Department of Health website at <http://healthvermont.gov/>.

Goal 1: Prevent HPV infections among young Vermonters.

Objectives	Baseline	Current	Goal
F X 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%	(2014) F: 63% M: 51%	F: 80% M: 35%
F Δ 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%	(2014) F: 50% M: 31%	F: 80% M: 25%
Δ 1.3 Increase the percentage of adolescents who have started the HPV series by age 15.	(2012) 28%	(2014) 36%	60%

Goal 2: Reduce Vermonters' exposure to UV radiation from the sun and sun lamps.

Objectives	Baseline	Current	Goal
✓ 2.1 Reduce the percentage of adults reporting sunburns in the past 12 months.	(2004) 45%	(2013) 35%	40%
- 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%

Goal 3: Reduce Vermonters' exposure to environmental hazards.

Objectives	Baseline	Current	Goal
- 3.1 Increase the percentage of households tested for radon gas.	-	-	-
Δ 3.2 Increase the percentage of households that install a radon mitigation system when they receive a high radon test result.	(2013) 34%	(2015) 49%	-

Detecting New Cancers as Early as Possible

Goal 4: Increase early detection of breast cancers among Vermont women.

Objectives	Baseline	Current	Goal
✗ 4.1 Increase the percentage of women age 50-74 getting a mammogram within the past two years.	(2008) 83%	(2014)\$ 79%	91%
Δ 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	(2008-2012) 96.5	92.3
Δ 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	(2008-2012) 64.7	59.6

Goal 5: Increase early detection of cervical cancer among Vermont women.

Objectives	Baseline	Current	Goal
✗ 5.1 Increase the percentage of women age 21-65 who have had a Pap test in the past 3 years.	(2008) 91%	(2014)\$ 86%	100%
✓ 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	(2008-2012) 2.0	3.2

Goal 6: Increase early detection of colorectal cancer among Vermont men and women.

Objectives	Baseline	Current	Goal
Δ 6.1 Increase the percentage of people age 50-75 who receive the recommended colorectal cancer screening tests.	(2008) 70%	(2014)\$ 71%	75%
- 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	(2008-2012) 62.4	74.8

Goal 7: Follow the USPSTF guideline against PSA-based screening for prostate cancer.

The goal reflects the 2012 USPSTF guidelines for prostate cancer screening. Due to the recommendation against screening, there are no measurable prostate cancer screening objectives.

Providing Access to Optimal Treatment and Care

Goal 8: Increase informed decision making among Vermont cancer patients and oncologists.

Objectives	Baseline	Current	Goal
✓ 8.1 Increase the percentage of prospective cases presented at a multi-disciplinary cancer conference.	(2009) 75%	(2014) 96%	83%
✓ 8.2 Increase the percentage of annual analytical cases accrued to clinical trials.	(2009) 18%	(2014) 21%	20%

Goal 9: Increase adherence to NCCN treatment standards for breast and colorectal cancers at Vermont ACoS cancer centers.

<i>Objectives</i>	<i>Baseline</i>	<i>Current</i>	<i>Goal</i>
✓ 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%	(2013) 90%	89%
✓ 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%	(2013) 96%	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%	(2013) 100%	100%
✓ 9.4 Increase percentage of people with colon cancer having at least 12 regional lymph nodes removed and pathologically examined.	(2007) 75%	(2013) 96%	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%	(2013) 100%	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%

Goal 10: Reduce pain, discomfort and distress among Vermont cancer patients and survivors.

<i>Objectives</i>	<i>Baseline</i>	<i>Current</i>	<i>Goal</i>
- 10.1 Increase the number of Vermont hospitals that offer a uniform set of palliative care and pain management services.	-	-	-
✓ 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.	-	-	-

Goal 11: Increase integration of complementary and alternative medicine (CAM) and oncology in Vermont.






<i>Objectives</i>	<i>Baseline</i>	<i>Current</i>	<i>Goal</i>
- 11.1 Increase percentage of adults who report discussing complementary and alternative medicine (CAM) use with their primary care providers.	(2009) 24%	-	30%

Goal 12: Reduce financial and practical barriers to optimal cancer care among Vermonters.

<i>Objectives</i>	<i>Baseline</i>	<i>Current</i>	<i>Goal</i>
Δ 12.1 Increase the percentage of adult Vermonters (18-64) with health insurance.	(2010) 88%	(2014) 93%	98%



Improving Survival and Quality of Life

Goal 13: Promote optimal health among cancer survivors in Vermont.


Objectives	Baseline	Current	Goal
 13.1 Increase the percentage of cancer survivors who have written treatment summaries and survivorship plans.†	(2009) 43%	(2012)§ 43%	47%
 13.2 Increase the percentage of cancer survivors who report having a medical home (a primary care provider).	(2011) 97%	(2014) 94%	100%
 13.3 Increase the percentage of cancer survivors who report seeing a dentist in the past 12 months.	(2012) 70%	(2014) 70%	77%
 13.4 Increase the percentage of cancer survivors who report that their general health is good to excellent.	(2011) 73%	(2014) 72%	80%
 13.5 Increase the percentage of cancer survivors who report always or usually receiving emotional/psychological support when needed.	(2012) 73%	(2014) 81%	80%

Improving End-of-Life Care

Goal 14: Increase use of hospice care for Vermont cancer survivors.

Objectives	Baseline	Current	Goal
 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%	(2013) 73%	68%
 14.2 Increase education and training of health care providers on end-of-life care.	-	-	-

Goal 15: Improve planning for end of life care for cancer survivors and other Vermonters.

Objectives	Baseline	Current	Goal
 15.1 Increase the number of Vermonters enrolled in the Advanced Directives Registry.‡	(2008) 3,383	(2014) 24,518	16,800

Data Source	Used to Measure Objective(s)
American College of Surgeons (ACoS)	8.1, 8.2
American Community Survey	12.1
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 Advance Directives Registry	15.1
Vermont Department of Health Radon Program	3.2
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	3.1, 10.1, 10.2, 14.2

Notes:

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

¶ While not measurable these objectives are considered met since legislation passed in 2011 required Vermont physicians to complete one hour of continuing education on the subject of hospice, palliative care and pain management as part of the licensure renewal process (every two years).

‡ Includes deceased registrants.

STRATEGIES

Preventing Future Cancers

Goal 1: Prevent HPV infections among young Vermonters.

- ✓ 1A. 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).
- ✓ 1B. Work within the VDH and with external partners to develop effective strategies to promote HPV vaccine as an anti-cancer vaccine.
- ✓ 1C. Encourage healthcare providers to utilize client reminder/recall systems.

Goal 2: Reduce Vermonters' exposure to UV radiation from the sun and sun lamps.

- ✓ 2A. Create statewide partnerships to further sun-safety education and practices.
- ✓ 2B. Promote awareness of and compliance with Vermont's tanning regulations banning use of tanning beds by Vermonters under age 18.
- ✓ 2C. Educate the public regarding the dangers of exposure to UV light—including indoor tanning.
- ✓ 2D. Promote evidence-based skin cancer prevention strategies in schools and parks/recreation programs.

Goal 3: Reduce Vermonters' exposure to environmental hazards.

- ✓ 3A. Use media avenues to educate the public on the importance of testing their homes for radon using long-term radon test kits.
- ✓ 3B. Work with homebuilders and contractors to promote Radon Resistant New Construction (RRNC) building methods for new homes.
- ✗ 3C. Work with partners to support efforts to reduce financial barriers to installing radon mitigation systems in buildings that have elevated radon levels.

Detecting New Cancers as Early as Possible

Goal 4: Increase early detection of breast cancers among Vermont women.

- ✓ 4A. Promote nationally recognized cancer screening guidelines to the healthcare provider community and to the public.
- ✓ 4B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems.
- ✓ 4C. Educate healthcare providers and the public about low and no-cost cancer screening resources for low income Vermonters.
- ✓ 4D. 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.

Goal 5: Increase early detection of cervical cancer among Vermont women.

- ✓ 5A. Promote nationally recognized cancer screening guidelines to healthcare provider and to the public.
- ✓ 5B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as client reminder and recall systems.
- ✓ 5C. Educate healthcare providers and the public about low and no-cost cancer screening resources for low income Vermonters.
- ✓ 5D. Conduct provider and public education and training to increase awareness of the need for cervical cancer

screening.

Goal 6: Increase early detection of colorectal cancer among Vermont men and women.

- ✓ 6A. 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.
- ✓ 6B. Encourage healthcare providers to utilize evidence-based practices to increase cancer screening rates such as provider and client reminder and recall systems.
- ✓ 6C. 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.
- ✓ 6D. 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.

Goal 7: Follow the USPSTF guideline against PSA-based screening for prostate cancer.

- ✗ 7A. Include questions for prostate informed decision making in population data surveillance tools.
- ✓ 7B. Continue to monitor medical science and screening recommendations.
- ✓ 7C. Unify the messages to providers and the public about the significant risks and limited benefits of PSA testing.

Providing Access to Optimal Treatment and Care

Goal 8: Increase informed decision making among Vermont cancer patients and oncologists.

- ✓ 8A. Support VTAAC and VDH participation in cancer committee meetings and activities.
- ✗ 8B. Promote available clinical trials and multidisciplinary conferences at CoC-accredited cancer programs.
- ✗ 8C. Monitor policy changes that may affect clinical trial accrual and support efforts to educate and advocate for change encouraging increased accrual.

Goal 9: Increase adherence to NCCN treatment standards for breast and colorectal cancers at Vermont ACoS cancer centers.

- ✗ 9A. Promote ACoS State Cancer Liaison in promoting regular communication and in-person meetings between staff at VT's six CoC accredited sites.
- ✓ 9B. Provide regional cancer burden data to accredited cancer committees to assist hospitals in setting treatment goals.
- ✓ 9C. Support VTAAC and VDH participation in accredited cancer committee meetings and activities.

Goal 10: Reduce pain, discomfort and distress among Vermont cancer patients and survivors.

- ✓ 10A. Support ACOS Commission on Cancer Centers in work to implement palliative care standards.
- ✓ 10B. Support Act 25 Task Force work on uniform list of services in Vermont.
- ✓ 10C. Promote the funding of Vermont educational programs on palliative care.

Goal 11: Increase integration of complementary and alternative medicine (CAM) and oncology in Vermont.

- ✓ 11A. Work with VTAAC partners in promoting educational programs on CAM risks and benefits for patients and health care providers.
- ✗ 11B. Monitor use of CAM, using population-based data surveillance tools.
- ✗ 11C. Offer presentations on CAM (risks and benefits) at VTAAC supported meetings.

Goal 12: Reduce financial and practical barriers to optimal cancer care among Vermonters.

- ✓ 12A. Work with partners to advocate for state policy and legislative solutions to increase the accessibility and affordability of quality healthcare coverage.
- ✓ 12B. Monitor Vermont Health Care Reform implementation and provide information to VTAAC members.
- ✗ 12C. Monitor Federal Affordable Care Act and provide information to VTAAC members.

Improving Survival and Quality of Life
Goal 13: Promote optimal health among cancer survivors in Vermont.

- ✓ 13A. Support Vermont Commission on Cancer Centers in developing systems to implement Survivorship Care Plans.
- ✓ 13B. Promote Vermont programs offering physical rehabilitation and psychosocial support for cancer patients.
- ✓ 13C. Assess gaps in statewide survivorship resources by collaborating with relevant partners through the VTAAC Quality of Life Workgroup.
- ✓ 13D. Promote statewide dissemination of survivor resources and services.

Improving End-of-Life Care
Goal 14: Increase use of hospice care for Vermont cancer survivors.

- ✓ 14A. Support opportunities for primary care providers to receive continuing medical education about hospice care.
- ✗ 14B. Support opportunities for Vermont nurses (APN, RN's, LPNs, etc.) to become certified by the End of Life Nursing Consortium.
- ✓ 14C. Support efforts in raising awareness about hospice care, such as through "Start the Conversation".

Goal 15: Improve planning for end of life care for cancer survivors and other Vermonters.

- ✓ 15A. Work with VTAAC partners (Home Health Agencies) to increase awareness of end-of-life options.
- ✓ 15B. Promote the Advance Directive Registry with VT CoC Accredited Sites.

Highlights of Cancer Prevention and Control Activities carried out by the Department of Health, VTAAC and VTAAC Partners

Preventing Future Cancers

<i>Activity</i>	<i>Addresses strategy(ies)</i>
• Coordinated and promoted several showings of the “Someone You Love: The HPV Epidemic” film.	1A, 1B
• Department of Health immunization staff worked with pediatric and primary care practices to increase HPV immunization rates through provider education and promotion of recall systems.	1A, 1C
• VTAAC Skin Cancer Prevention Taskforce created. Work plan developed to address communication and evidence-based skin cancer prevention strategies.	2A, 2C, 2D
• Vermont tanning bed legislation passed and implemented, banning use by youth under age 18.	2B
• Statewide sun safety youth coloring contest carried out to promote the dangers of UV exposure.	2C, 2D
• Creation and promotion of a Radon, Smoking and Lung Cancer Portal on the Department of Health website.	3A
• Free home radon test kits available to all Vermonters. Promotion of test kits through various media channels.	3A
• Department of Health Radon program coordination with homebuilders and contractors to promote radon resistant new construction methods.	3B

Detecting New Cancers as Early as Possible

<i>Activity</i>	<i>Addresses strategy(ies)</i>
• Cancer screening schedules for the public and health care providers developed and promoted.	4A, 4D, 5A, 5D, 6A, 6C, 6D, 7B, 7C
• Cancer Screening Learning Collaborative series for primary care providers carried out, addressing breast, cervical and colorectal cancers.	4A, 4B, 4C, 4D, 5A, 5B, 5C, 5D, 6A, 6B, 6C, 6D
• Annual UVM Cancer Center Breast Cancer/Women’s Health Conference held with Department of Health and VTAAC presence and presentations.	4A, 4B, 4C, 4D, 5A, 5B, 5C, 5D, 6A, 6B, 6C, 6D
• Promotion of the importance of breast, cervical and colorectal cancer screening and the availability of low/no cost screening for breast and cervical cancer through the Ladies First provider newsletter and Department of Health social media.	4A, 4B, 4C, 4D, 5A, 5B, 5C, 5D, 6A, 6B, 6C, 6D
• Medicaid breast cancer screening performance improvement project carried out to increase Medicaid beneficiary screening rates.	4B
• Annual media promotion of the importance of colorectal cancer screening and the ‘Screen for Life’ program during colorectal cancer awareness month.	6A
• Colorectal Cancer Summit held, with focused sessions for Vermont primary care providers around improving screening rates.	6C, 6D
• Men’s Health Conference convened to promote preventive health for men, targeting both the public and health care providers.	6A, 6C, 7C

Providing Access to Optimal Treatment and Care

<i>Activity</i>	<i>Addresses strategy(ies)</i>
• VTAAC presence at Commission at Cancer Hospital Cancer Committee meetings.	8A, 9B, 9C
• Development and promotion of county-level cancer data fact sheets by the Department of Health.	9B
• Environmental Public Health Tracking Portal created and promoted by the Department of Health to share community level data on cancer incidence.	9B
• VTAAC annual meeting sessions arranged to address work and communication between VT Commission on Cancer Centers related to standards such as palliative care.	10A
• Vermont Ethics Network coordinated Act 25 Task force addressing palliative care and conducted palliative care educational programs for providers.	10A, 10C
• Vermont legislation passed and implemented requiring continuing education for physicians around palliative care.	10C
• Laura Mann Center arranged educational programs and web resources on integrative medicine.	11A
• Legislation passed to expand insurance coverage for breast and colorectal cancer screening.	12A
• Regular educational updates on health care reform implementation provided to VTAAC Steering Committee by ACS Cancer Action Network staff.	12B

Improving Survival and Quality of Life

<i>Activity</i>	<i>Addresses strategy(ies)</i>
• VTAAC Annual Meetings session focused on survivorship care plans promoted communication between Commission on Cancer hospitals.	13A
• Funding provided to the Vermont Cancer Survivor Network by the Department of Health to implement the Kindred Connection Program.	13B, 13D
• VTAAC Quality of Life Workgroup carried out the initial development of combined survivorship resource directory.	13B, 13C, 13D
• Annual Cancer Survivor Workshops held to support improved cancer survivor quality of health.	13D
• VTAAC promoted and presented at national survivor day celebrations, Stowe Weekend of Hope and other statewide survivor-focused workshops and conferences.	13D

Improving End-of-Life Care

<i>Activity</i>	<i>Addresses strategy(ies)</i>
• Legislation passed requiring continuing education for physicians around hospice care.	14A
• “Start the Conversation” workshops presented throughout Vermont by VTAAC partners such as the Vermont Ethics Network, the Madison-Dean Initiative, and local VNA and Home Health and Hospice Agencies.	14C, 15A
• The use of advance directives was encouraged by the Vermont Ethics Network and other VTAAC partners through promotion of the VT Advanced Directives Registry and the “Difficult Conversations” booklet.	15A, 15B