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

Source: https://vtaac.org/2018-annual-meeting-gallery/
The Comprehensive Cancer Control framework relies on partnerships.

In Vermont:

- Coalition of Stakeholders
- Look at Cancer Burden
- Develop State Cancer Plan
- Implementation by Members/other Stakeholders
- Vermont Cancer Data

VT4AC
Vermonters Talking Action Against Cancer
Vermont Cancer Plan goals encompass the cancer continuum.

Disparities
Reduce cancer-related disparities in Vermont.

Prevention
Prevent cancer from occurring or recurring.

Early Detection
Detect cancer at its earliest stages.

Cancer Directed Therapy & Supportive Care
Treat cancer with appropriate, quality care.

Survivorship & End-of-Life Care
Assure the highest quality of life possible for cancer survivors.
Goal 2. Reduce exposure to tobacco among Vermonters.

Goal 5. Prevent HPV infections among young Vermonters.
Skin Cancer Taskforce/IMPACT Melanoma

Goal 6. Reduce exposure to environmental hazards among Vermonters.

6A. Ultraviolet (UV) radiation from the sun and sun lamps
Quality of Life Workgroup/Families Impacted by Cancer Taskforce


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.
Poor Diet and Lack of Physical Activity

These two behaviors have an impact on cancer incidence.
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.

All data on this page are age-adjusted to the 2000 U.S. population, except that by age.

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

- Vermont State: 28%
- Ages 45-64: 32%
- Ages 20-24: 15%
- High School Education or Less: 37%
- College Degree or More: 18%
- Low Income (< $25,000/yr): 37%
- High Income (+$75,000k/yr): 21%

All data on this page are age-adjusted to U.S. 2000 population, except that by age.
Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults by State and Territory, BRFSS, 2015-2017

Source: Behavioral Risk Factor Surveillance System

*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
Other Populations at Risk

Additional populations face health disparities throughout the state.
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.

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.

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

- Vermont State: 8%
- Ages 65+: 17%
- Ages 25-44: 4%
- Low Income (<$25,000/yr): 10%
- Highest Income (+$75,000/yr): 5%


Source: National Cancer Institute, 2015

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont State</td>
<td>79%</td>
</tr>
<tr>
<td>Low Income (&lt;$25,000/yr)</td>
<td>71%</td>
</tr>
<tr>
<td>Highest Income (+$75,000/yr)</td>
<td>88%</td>
</tr>
<tr>
<td>Living with Any Disability</td>
<td>72%</td>
</tr>
<tr>
<td>No Disability</td>
<td>81%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Meets Cervical Cancer Screening Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont State</td>
<td>84%</td>
</tr>
<tr>
<td>Ages 21-24</td>
<td>69%</td>
</tr>
<tr>
<td>Ages 25-44</td>
<td>93%</td>
</tr>
<tr>
<td>Low Income (&lt;$25,000/yr)</td>
<td>71%</td>
</tr>
<tr>
<td>Highest Income (+$75,000/yr)</td>
<td>90%</td>
</tr>
<tr>
<td>Any Disability</td>
<td>75%</td>
</tr>
<tr>
<td>No Disability</td>
<td>86%</td>
</tr>
<tr>
<td>Some College</td>
<td>80%</td>
</tr>
<tr>
<td>College Degree or More</td>
<td>89%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Meets Colorectal Cancer Screening Recommendations, Ages 50 to 75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont State</td>
<td>72%</td>
</tr>
<tr>
<td>Low Income (&lt;$25,000/yr)</td>
<td>61%</td>
</tr>
<tr>
<td>Highest Income (+$75,000/yr)</td>
<td>79%</td>
</tr>
<tr>
<td>High School Education or Less</td>
<td></td>
</tr>
<tr>
<td>College Degree or More</td>
<td>79%</td>
</tr>
<tr>
<td>Any Disability</td>
<td>66%</td>
</tr>
<tr>
<td>No Disability</td>
<td>75%</td>
</tr>
</tbody>
</table>

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

5-Year Relative Survival Rates, Vermont, 2009-2015

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>5-Year Relative Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sites*</td>
<td>94%</td>
</tr>
<tr>
<td>Prostate</td>
<td>94%</td>
</tr>
<tr>
<td>Melanoma of the Skin</td>
<td>94%</td>
</tr>
<tr>
<td>Breast</td>
<td>93%</td>
</tr>
<tr>
<td>Cervical</td>
<td>68%</td>
</tr>
<tr>
<td>Colon and Rectum</td>
<td>63%</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>23%</td>
</tr>
</tbody>
</table>

*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
Thank you!

Let’s stay in touch.

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