The *NEW* Maryland Comprehensive Cancer Control Plan

A Sneak Peek!

The Maryland Comprehensive Cancer Control Plan…what is it?

- A resource for all Marylanders
- A guide for health professionals
- Provides Goals/Objectives/Strategies to guide cancer control activities in Maryland
- Encourages collaboration and cohesiveness among stakeholders working to reduce the burden of cancer in Maryland

Past Maryland Cancer Plans

- Plans published: 1991, 1996
- 2001: CDC funding
  - 2004 – 2008 Maryland Comprehensive Cancer Control Plan
  - Process with 14 committees and community input to create that plan

Revising the MCCCP

- Began work to revise in 2009
- Similar in structure to 2004 – 2008 Plan
- 15 Chapters
  - Burden of Cancer in Maryland (overview)
  - Cross-cutting topics (i.e. Disparities, Survivorship)
  - Site specific (i.e. Breast Cancer, Colorectal Cancer, etc.)
    - High incidence/mortality in Maryland
    - Effective screening
    - Modifiable risk factors

Revising the MCCCP

MORE THAN 200 INDIVIDUALS WORKED ON 14 COMMITTEES

Committee Members Included:

- **Health Care Providers, Program Staff, Epidemiologists, Cancer Survivors, Lay Public**

Members Represented:

- **Academic Institutions, Community Organizations, Hospitals, Local Health Departments, Other Organizations**

Each Committee:

- **Met 5-6 times**
- **Reviewed recent data and evidence**
- **Discussed progress on the 2004-2008 Cancer Plan**
- **Drafted a revised chapter and new Goals, Objectives and Strategies**

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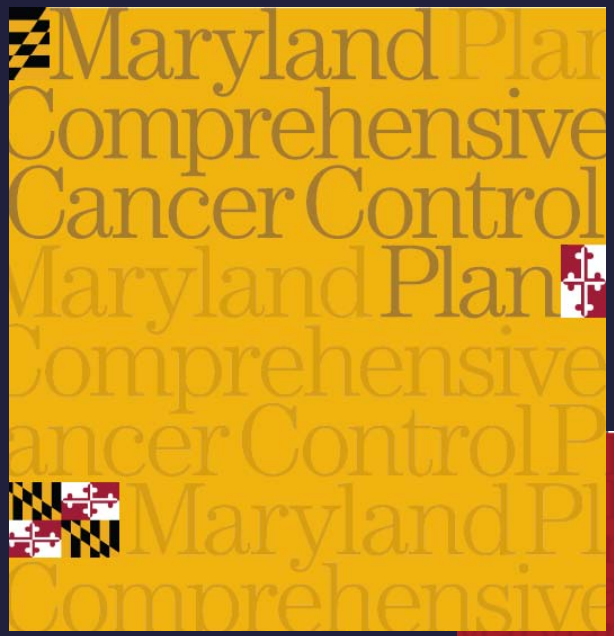

- **Living Document**
- **Easy to Use Format**
- **Interactive PDF of Plan w/ links to more info available at:**

  www.marylandcancerplan.org

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Includes for each chapter:

- **Summary of latest data and information**
- **Goals/Objectives/Strategies**
  - **SMART Objectives**
- **Links to more information to be housed at:**

  www.marylandcancerplan.org

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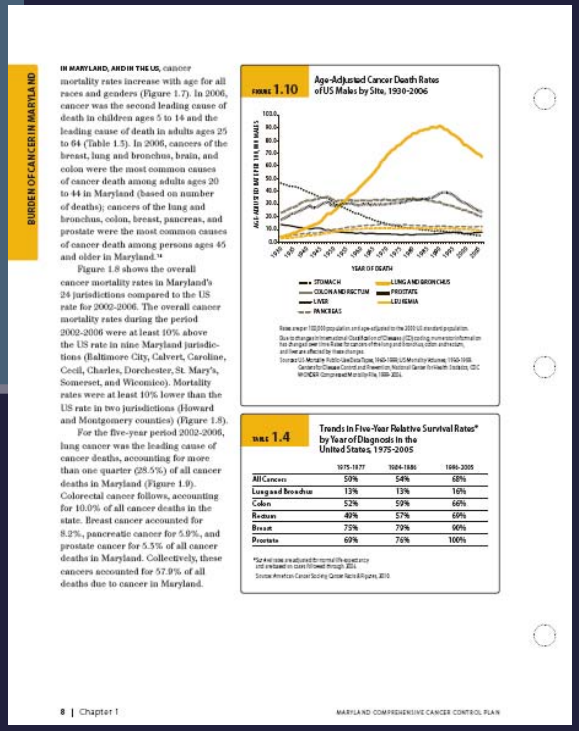
CHAPTER 1: Burden of Cancer in Maryland



BURDEN OF CANCER IN MARYLAND

IN MARYLAND, AND IN THE US, cancer mortality rates increase with age for all races and genders (Figure 1.7). In 2006, cancer was the second leading cause of death in children ages 5 to 14 and the leading cause of death in adults ages 25 to 64 (Table 1.5). In 2006, cancers of the breast, lung and bronchus, brain, and colon were the most common causes of cancer death among adults ages 20 to 44 in Maryland (based on number of deaths); cancers of the lung and bronchus, colon, breast, pancreas, and prostate were the most common causes of cancer death among persons ages 45 and older in Maryland.[14]

Figure 1.8 shows the overall cancer mortality rates in Maryland's 24 jurisdictions compared to the US rate for 2002-2006. The overall cancer mortality rates during the period 2002-2006 were at least 10% above the US rate in nine Maryland jurisdictions (Baltimore City, Calvert, Caroline, Cecil, Charles, Dorchester, St. Mary's, Somerset, and Wicomico). Mortality rates were at least 10% lower than the US rate in two jurisdictions (Howard and Montgomery counties) (Figure 1.8).

For the five-year period 2002-2006, lung cancer was the leading cause of cancer deaths, accounting for more than one quarter (28.5%) of all cancer deaths in Maryland (Figure 1.9). Colorectal cancer follows, accounting for 10.0% of all cancer deaths in the state. Breast cancer accounted for 8.2%, pancreatic cancer for 5.9%, and prostate cancer for 5.5% of all cancer deaths in Maryland. Collectively, these cancers accounted for 57.9% of all deaths due to cancer in Maryland.

FIGURE 1.10 Age-Adjusted Cancer Death Rates of US Males by Site, 1930-2006

TABLE 1.4 Trends in Five-Year Relative Survival Rates* by Year of Diagnosis in the United States, 1975-2005

	1975-1977	1984-1986	1996-2005
All Cancers	50%	54%	68%
Lung and Bronchus	13%	13%	16%
Colon	52%	59%	66%
Rectum	49%	57%	69%
Breast	75%	79%	90%
Prostate	69%	75%	100%

*Survival rates are adjusted for normal life expectancy and are based on cases followed through 2006.
Source: American Cancer Society Cancer Facts & Figures, 2010.

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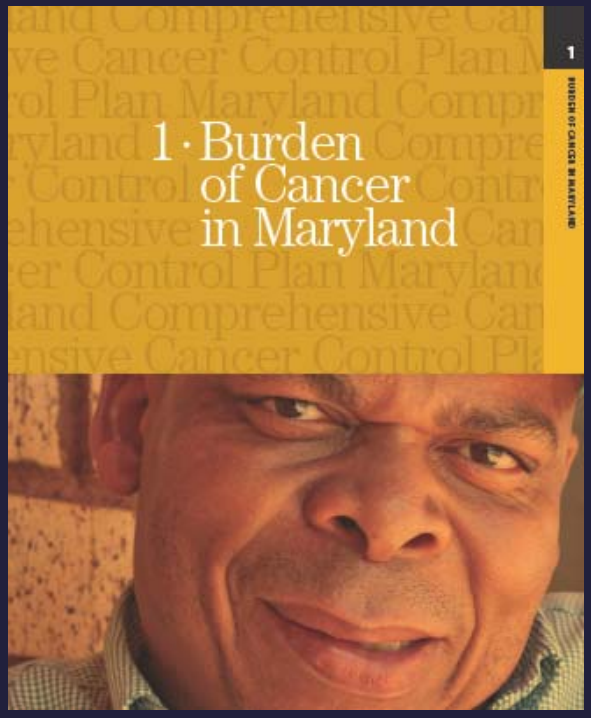

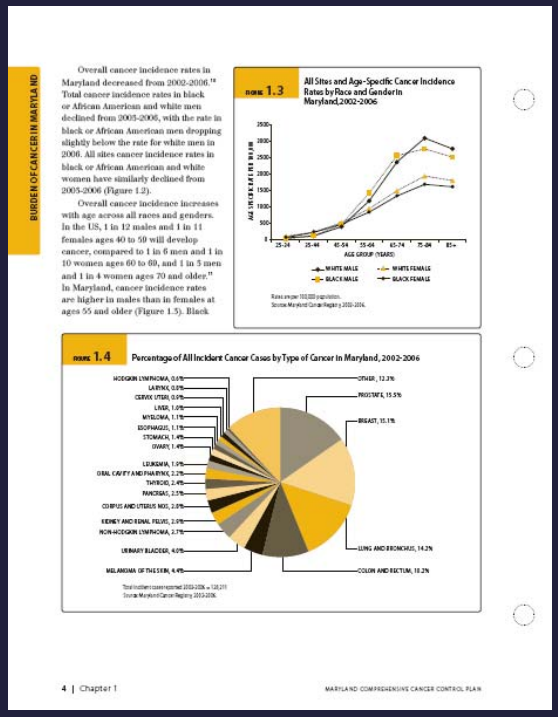

BURDEN OF CANCER IN MARYLAND

Overall cancer incidence rates in Maryland decreased from 2002-2006.[14] Total cancer incidence rates in black or African American and white men declined from 2003-2006, with the rate in black or African American men dropping slightly below the rate for white men in 2006. All sites cancer incidence rates in black or African American and white women have similarly declined from 2005-2006 (Figure 1.2).

Overall cancer incidence increases with age across all races and genders. In the US, 1 in 12 males and 1 in 11 females ages 40 to 59 will develop cancer, compared to 1 in 6 men and 1 in 10 women ages 60 to 69, and 1 in 3 men and 1 in 4 women ages 70 and older.[15] In Maryland, cancer incidence rates are higher in males than in females at ages 55 and older (Figure 1.5). Black

FIGURE 1.3 All Sites and Age-Specific Cancer Incidence Rates by Race and Gender in Maryland, 2002-2006

FIGURE 1.4 Percentage of All Incident Cancer Cases by Type of Cancer in Maryland, 2002-2006

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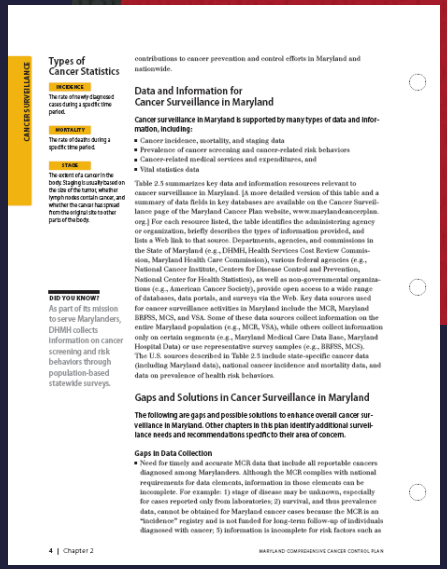
SPECIAL TOPICS IN CANCER CONTROL

CHAPTER 2: Cancer Surveillance

CHAPTER 3: Cancer Disparities

CHAPTER 4: Patient Issues and Cancer Survivorship



Types of Cancer Statistics

INCIDENCE
The rate of newly diagnosed cases during a specific time period.

MORTALITY
The rate of deaths during a specific time period.

STAGE
The extent of a cancer in the body. Staging is usually based on the size of the tumor, whether lymph nodes contain cancer, and whether the cancer has spread from the original site to other parts of the body.

DID YOU KNOW?
As part of its mission to serve Marylanders, DHMH collects information on cancer screening and risk behaviors through population-based statewide surveys.

contributions to cancer prevention and control efforts in Maryland and nationwide.

Data and Information for Cancer Surveillance in Maryland

Cancer surveillance in Maryland is supported by many types of data and information, including:

- Cancer incidence, mortality, and staging data
- Prevalence of cancer screening and cancer-related risk behaviors
- Cancer-related medical services and expenditures, and
- Vital statistics data

Table 2.5 summarizes key data and information resources relevant to cancer surveillance in Maryland. [A more detailed version of this table and a summary of data fields in key databases are available on the Cancer Surveillance page of the Maryland Cancer Plan website, www.marylandcanceplan.org.] For each resource listed, the table identifies the administering agency or organization, briefly describes the types of information provided, and lists a Web link to that source. Departments, agencies, and commissions in the State of Maryland (e.g., DHMH, Health Services Cost Review Commission, Maryland Health Care Commission), various federal agencies (e.g., National Cancer Institute, Centers for Disease Control and Prevention, National Center for Health Statistics), as well as non-governmental organizations (e.g., American Cancer Society), provide open access to a wide range of databases, data portals, and surveys via the Web. Key data sources used for cancer surveillance activities in Maryland include the MCR, Maryland BRFSS, MCS, and VSA. Some of these data sources collect information on the entire Maryland population (e.g., MCR, VSA), while others collect information only on certain segments (e.g., Maryland Medical Care Data Base, Maryland Hospital Data) or use representative survey samples (e.g., BRFSS, MCS). The U.S. sources described in Table 2.5 include state-specific cancer data (including Maryland data), national cancer incidence and mortality data, and data on prevalence of health risk behaviors.

Gaps and Solutions in Cancer Surveillance in Maryland

The following are gaps and possible solutions to enhance overall cancer surveillance in Maryland. Other chapters in this plan identify additional surveillance needs and recommendations specific to their area of concern.

Gaps in Data Collection

- Need for timely and accurate MCR data that include all reportable cancers diagnosed among Marylanders. Although the MCR complies with national requirements for data elements, information in those elements can be incomplete. For example: 1) stage of disease may be unknown, especially for cases reported only from laboratories; 2) survival, and thus prevalence data, cannot be obtained for Maryland cancer cases because the MCR is an "incidence" registry and is not funded for long-term follow-up of individuals diagnosed with cancer; 3) information is incomplete for risk factors such as

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PRIMARY PREVENTION OF CANCER

CHAPTER 5: Tobacco-Use Prevention/Cessation and Lung Cancer

CHAPTER 6: Nutrition, Physical Activity and Healthy Weight

CHAPTER 7: Ultraviolet Radiation and Skin Cancer

CHAPTER 8: Environmental/Occupational Issues and Cancer


SKIN CANCER

FIGURE 7.4 Percentage of Maryland Adults Using Sun Exposure Protection* by Age Group, Compared to Healthy People 2010 Target 1998-2006

FAST FACT

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Education

Education efforts are vital for the prevention of skin cancer among Marylanders. Education directed toward the general public should emphasize the importance of the primary prevention measures discussed above.

studies looking at this were based on sunscreens that primarily blocked Ultraviolet B (UVB). Future reports will need to be conducted to assess the efficacy of broader-spectrum agents that protect against both Ultraviolet A (UVA) and UVB.[74,75]

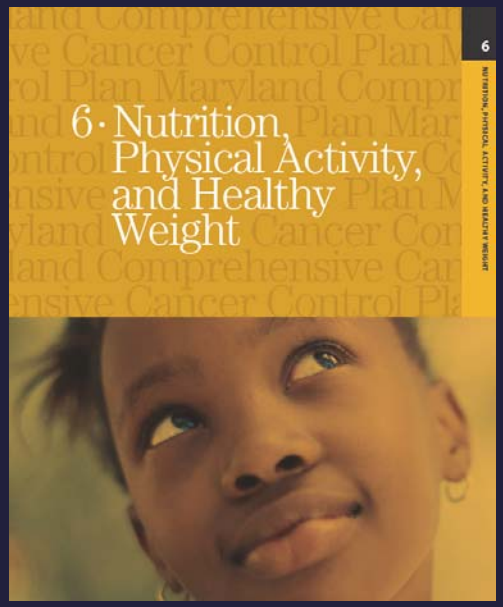
- Primary prevention also includes avoiding artificial sources of ultraviolet radiation produced by tanning beds. Numerous studies support that indoor tanning is a risk factor for both squamous and basal cell carcinoma, and, more recently, melanoma.[76,77,78]
- While vitamin D is considered necessary for the development and maintenance of strong healthy bones, the National Council on Skin Cancer Prevention does not recommend intentional exposure to natural or artificial ultraviolet radiation as a way of obtaining vitamin D. Instead, individuals with limited sun exposure can meet their daily vitamin D requirements by supplementing their diet with vitamin D-fortified foods and/or supplements.[79]

In addition, advice regarding sunscreen should include: (1) use sunscreen with SPF 15 or higher, (2) apply it 20 minutes prior to exposure, (3) use 1 ounce of sunscreen per application, and (4) reapply sunscreen every two hours or after swimming or excessive sweating.

Several population groups warrant special consideration for educational efforts, including those in occupations requiring outdoor exposure, children and adolescents, school educators, professionals who routinely see the skin of their clients (barbers, hairdressers, cosmetologists, massage therapists, etc.), and solid organ transplant recipients or those who are immunosuppressed.

Currently, Maryland has no licensing requirement for barbers, hairdressers, or cosmetologists to have knowledge of or skills in early detection of skin cancer. This presents an educational opportunity because individuals employed in those professions have direct access to their clients' skin.

Healthcare provider education in and awareness of skin cancer detection is a key factor in patient survival. Many physicians do not receive sufficient education on skin cancer screening to feel competent in this area. A survey conducted at the Boston University School of Medicine found




NUTRITION, PHYSICAL ACTIVITY, AND HEALTHY WEIGHT

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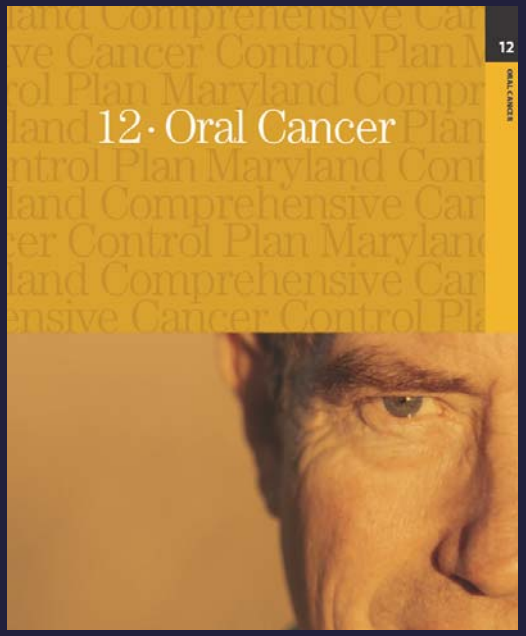
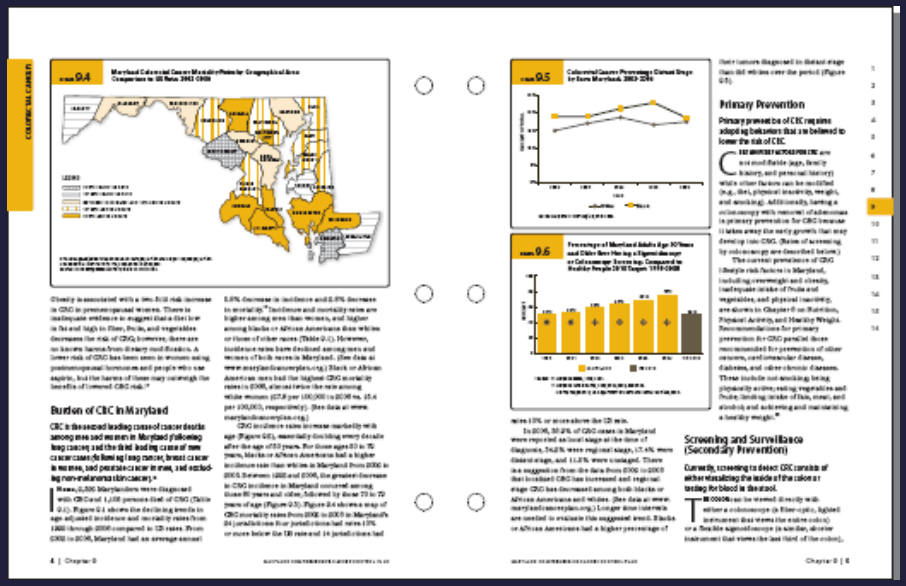
SITE SPECIFIC PREVENTION AND EARLY DETECTION OF CANCER

CHAPTER 9: Colorectal Cancer
CHAPTER 10: Breast Cancer
CHAPTER 11: Prostate Cancer
CHAPTER 12: Oral Cancer
CHAPTER 13: Cervical Cancer





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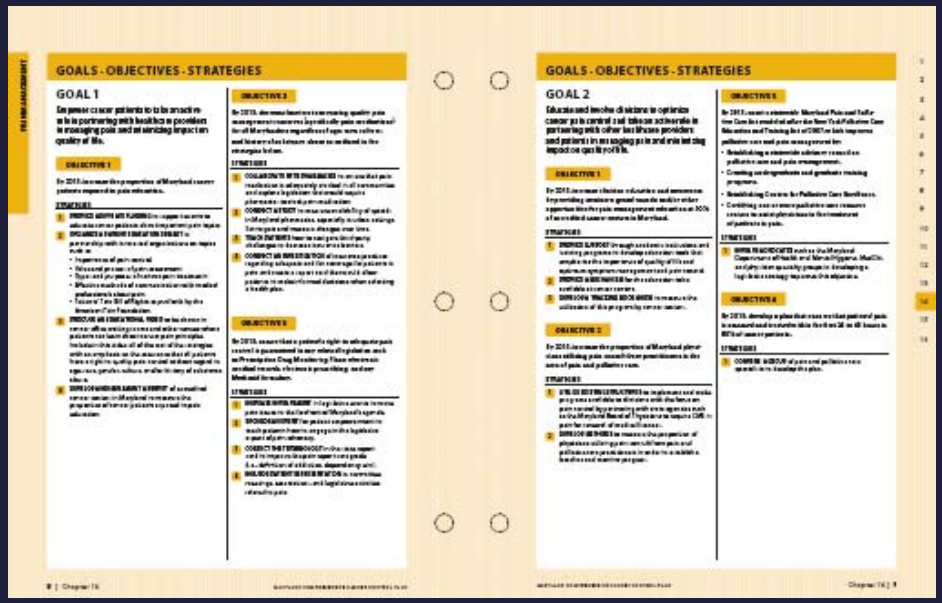
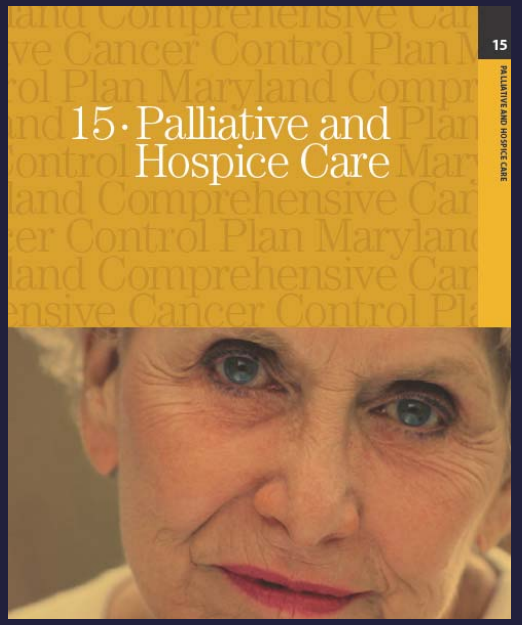
TERTIARY CANCER CONTROL TOPICS

CHAPTER 14: Pain Management

CHAPTER 15: Palliative and Hospice Care





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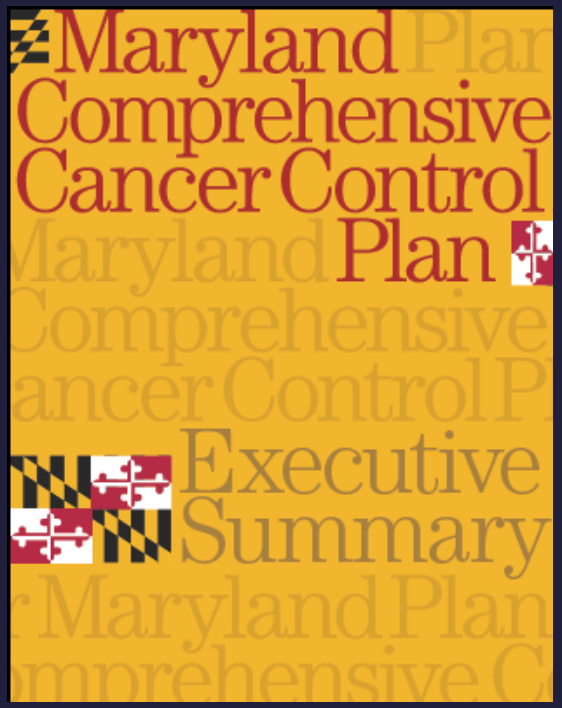
Separate Executive Summary

- **Small document for easy reference**
- **Two page summary of each chapter including the Goals/Objectives/Strategies**



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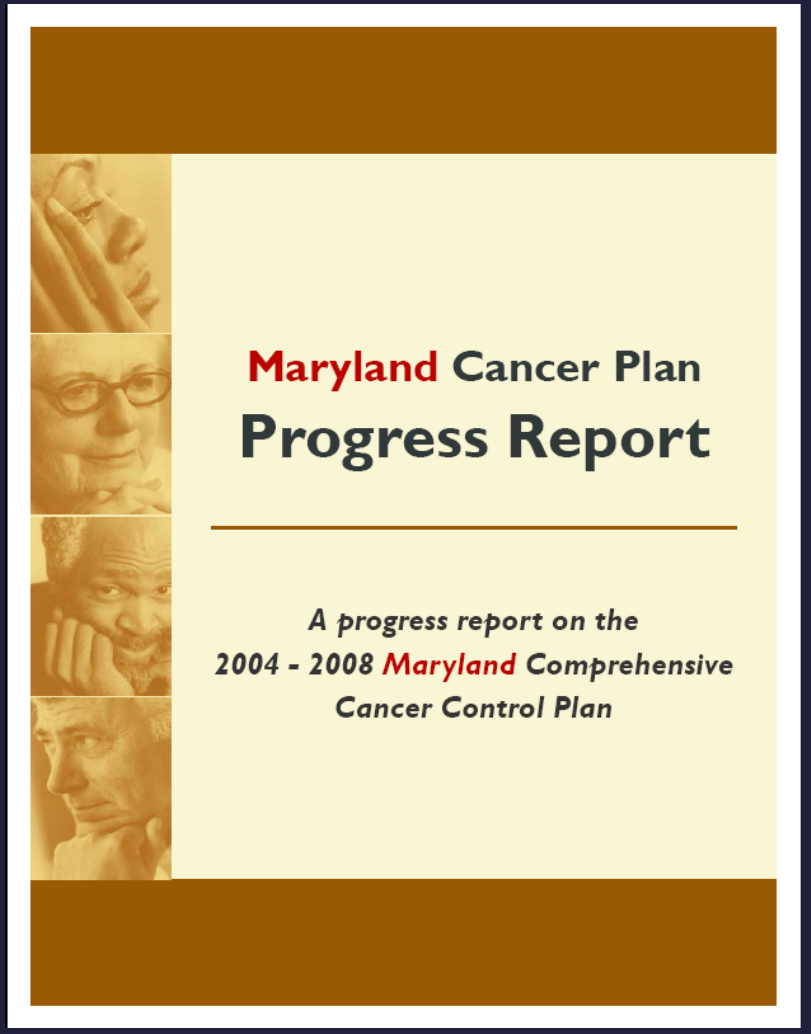
Progress Report on the 2004-2008 Cancer Plan

Includes for each chapter:

- **Summary chart showing whether Targets for Change have been met**
- **Progress Highlights**
- **Challenges**

Will be available online:
www.marylandcancerplan.org



Maryland Comprehensive Cancer Control Plan

LOOK FOR IT EARLY IN 2011

www.marylandcancerplan.org

Next Steps…

IMPLEMENTATION: ***Keep the Plan off the shelf!***

- **Maintain current partners**
- **Bring in new partners**
- **Recognize existing efforts**
- **Collaborate across disciplines and organizations**
- **Maximize resources**

Get Organized: Maryland Cancer Collaborative

GOALS

- **Work with individuals and organizations throughout the state to implement the Maryland Comprehensive Cancer Control Plan**
- **Bring together existing groups and new partners from across the state to collaborate on a common goal: reducing the burden of cancer in Maryland**

Maryland Cancer Collaborative

WHAT ABOUT FUNDING?

- MANY of the Strategies in the Plan can be implemented through partnerships and utilizing existing resources
- Some funding will be available for implementation projects

Maryland Cancer Collaborative

JOIN US!

- **Complete the JOIN US form you received today**
- **Leave it on your table OR email/fax/mail (contact info on form)**
- **Stay tuned for more information on how to participate!**

THANK YOU!

…for all that you do to reduce the burden of cancer in Maryland.

www.marylandcancerplan.org

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