

### 2021-2025 Idaho Comprehensive Cancer Plan

#### Review of Data Measures

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- The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the National Cancer Institute or the Centers for Disease Control and Prevention.



#### Strategic Plans

 Are important for any organization to establish and guide us to accomplish our mission:

The mission of CCAI is to convene the cancer community, to ensure cancer data are accessible, and utilize our collective impact to address the cancer burden in Idaho.



#### Outline

- CDRI
- Cancer burden in Idaho
- CCAI Strategic Plan Measures



### Cancer Data Registry of Idaho

- CDRI is a statewide cancer registry that collects incidence and survival data on all cancer patients who reside in the state of Idaho and out-of-state residents who are diagnosed or treated for cancer in the state of Idaho.
- CDRI was established in 1969 and became population-based in 1971.
- Cancer is a reportable disease under state law, and operations of the registry are mandated by Idaho Code.
- Funding:
  - <1% of the Idaho tobacco tax, sole source contract from IDHW.</li>
  - CDC National Program of Cancer Registries
  - NCI Surveillance, Epidemiology, and End Results
  - Grants & contracts
    - Post-marketing surveillance for monitoring drug safety
    - Special projects



#### Cancer Burden in Idaho

- Since 2008, #1 or #2 cause of death in Idaho each year
  - About 20% of deaths are from cancer
- In 2019 in Idaho (preliminary data):

8,597 new invasive cases

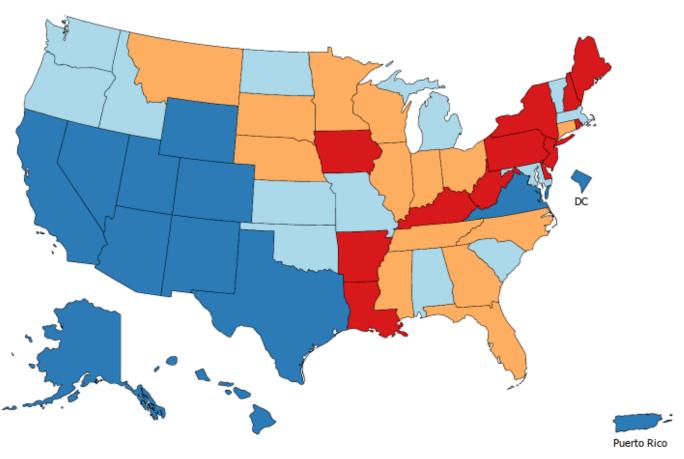
1,098 new in situ cases

2,928 cancer deaths

~31% of those diagnosed this year will die of cancer within five years



### Incidence Rates<sup>†</sup> for United States by State All Cancer Sites, 2013 - 2017 All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted

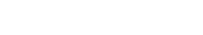
Annual Incidence Rate

(Cases per 100,000)

Quantile Interval



US (SEER + NPCR) Rate (95% C.I.) 448.7 (448.4 - 449.0)





otes: ote: Alaska, DC, Hawaii and Puerto Rico are not drawn to scale.

#### Cancer Burden in Idaho

- In 2018, Idaho ranked 10<sup>th</sup> lowest among states for lung cancer mortality, with #1 being lowest.
  - This is tied to our relatively low smoking prevalence.
- Idaho has the lowest, or among the lowest screening rates in the country (2018 data) for cancers of the
  - Colon and rectum (40<sup>th</sup>)
  - Breast (50<sup>th</sup>)
  - Cervix (51st)



### 2021-2025 Idaho Comprehensive Cancer Plan Update on Data Measures

#### Across the cancer continuum:

- Risk Factors
- Screening
- Incidence
- Treatment
- Quality of Life
- Survival
- Mortality







### Goal 1: Reduce incidence and mortality of tobacco-related cancers

Measure	Baseline	Target
1.1 Current use of any tobacco products by adults [at least 1 form of cigarettes; cigars, cigarillos, filtered little cigars; regular pipes, water pipes, hookah; e-cigarettes; and/or smokeless tobacco products every day or some days] (Age adjusted to the year 2000 standard population)	<b>27.2</b> % (BRFSS 2019)	<b>16.2</b> % (HP2030)
1.2 Current use of any tobacco products among adolescents [percent of students in grades 9 through 12 used cigarettes, e-cigarettes, cigars, smokeless tobacco, hookah, pipe tobacco, and/ or bidis in the past 30 days]	<b>22.8%</b> (YRBS 2019)	<b>18.2</b> % (CCAI 20%)



#### Boundary District 1 Bonner (Panhandle) Kootenai Benewa Shoshone District 2 (North Central) Idaho District 7 District 4 (Central) (Eastern) Valley Custer Clark Boise Bonneville Butte Elmore Blaine Bingham Sooding Lincoln Owyhee Twin Falls Cassia **District 3** District 5 District 6 (Southwest) (South Central) (Southeastern)

#### **Local Data**



# Goal 2: Increase access to healthy food options and opportunities for physical activity

Measure	Baseline	Target
2.1 Percentage of adults aged 18+ who do enough aerobic physical activity for substantial health benefits (age adjusted to the year 2000 standard population)	<b>34.5</b> % (BRFSS 2019)	<b>59.2</b> % (HP2030)
2.2 Percentage of adults aged 20+ who are at a healthy weight (BMI >= 18.5 and <= 25.0; age adjusted to the year 2000 standard population)	33.4% (BRFSS 2019)	<b>40.1%</b> (CCAI 20%)
2.3 Proportion of students in grades 9 through 12 who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	<b>47.6</b> % (YRBS 2019)	<b>57.1%</b> (CCAI 20%)



### Goal 3: Increase protective behaviors from sun and other ultraviolet radiation exposure

Measure	Baseline	Target
3.1 Percentage of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning	<b>5.1</b> % (YRBS 2019)	<b>4.1</b> % (CCAI 20%)



### Goal 4: Increase vaccination rate for vaccines shown to reduce the risk of cancer

Measure	Baseline	Target
4.1 Percentage of adolescent females aged 13-17 years who completed 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15	<b>48.3</b> % (IRIS 2020)	<b>80.0</b> % (HP2030)
4.2 Percentage of adolescent males aged 13- 17 years who completed 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15	<b>44.4</b> % (IRIS 2020)	<b>80.0</b> % (HP2030)
4.3 Percentage of newborns receiving hepatitis B vaccine (Hepatitis B vaccine administered from birth through age 3 days)	<b>75.8</b> % (IRIS 2019)	<b>91.0%</b> (CCAI 20%)



#### **Local Data**

HPV Vaccination Coverage as Measured using IRIS Data and Population Estimates from the 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15 Mid-year Vaccination Coverage Estimates
Ages calculated as of July 1 of each year
Vaccine doses administered after July 1 of each year were excluded

Area	Females	Males
Statewide	48.3%	44.4%
Public Health District 1	39.8%	36.5%
Public Health District 2	35.8%	32.6%
Public Health District 3	47.2%	43.7%
Public Health District 4	53.5%	51.2%
Public Health District 5	58.9%	55.0%
Public Health District 6	43.1%	36.8%
Public Health District 7	43.7%	37.8%



# Goal 5: Reduce cancer risk related to environmental carcinogens

Measure	Baseline	Target
5.1 Percentage of adults living in households ever been tested for radon (age adjusted to the year 2000 standard population)	<b>23.4</b> % (BRFSS 2018)	<b>28.1%</b> (CCAI 20%)



### Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection

Measure	Baseline	Target
6.1 Percentage of women aged 50 to 74 who had a mammogram within the past two years (age adjusted to the year 2000 standard population)	<b>67.8</b> % (BRFSS 2018)	<b>77.1</b> % (HP2030)
6.2 Age-adjusted rate per 100,000 females of breast cancer diagnoses at late stage (regional and distant)	<b>45.6</b> % (CDRI 2018)	<b>41.0</b> % (CCAI 10%)
6.3 Age-adjusted mortality rate, female breast cancer	<b>18.5</b> (BVRHS 2019)	<b>15.3</b> (HP2030)



### Goal 7: Reduce deaths and numbers of new cases of cervical cancer through screening and early detection

Measure	Baseline	Target
7.1 Percentage of women aged 21-65 who receive a cervical cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population)	<b>79.9</b> % (BRFSS 2018)	<b>84.3</b> % (HP2030)
7.2 Age-adjusted rate per 100,000 females of invasive cervical cancer diagnoses	8.2 (CDRI 2018)	<b>6.6</b> (CCAI 20%)
7.3 Age-adjusted cervical cancer mortality rate per 100,000 females	<b>1.8</b> (BVRHS 2019)	<b>1.4</b> (CCAI 20%)



Goal 8: Reduce the numbers of deaths and new cases of colorectal cancers through screening and early detection

Measusest	Baseline	Target
8.1 Percentage of adults aged 30-75 who reported receiving a colorectal cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population) [*Baseline reflects FOBT, FIT, sigmoidoscopy, colonoscopy]	<b>66.2</b> % (BRFSS 2018)	<b>74.4</b> % (HP2030)
8.2 Age-adjusted rate per 100,000 of invasive colorectal cancer incidence	<b>35.4</b> (CDRI 2018)	<b>28.3</b> (CCAI 10%)
8.3 Age-adjusted mortality rate, colorectal cancer	<b>12.3</b> (BVRHS 2019)	<b>8.9</b> (HP2030)



Goal 9: Reduce lung cancer deaths and rate of distant stage diagnosis through screening and early detection

Measure	Baseline	Target
9.1 Proportion of adults who received a lung cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population)	<b>16.2</b> % (BRFSS 2019)	<b>19.4%</b> (CCAI 20%)
9.2 Age-adjusted rate per 100,000 of lung cancer diagnoses at distant stage	<b>23.3</b> (CDRI 2018)	<b>21.0</b> (CCAI 10%)
9.3 Age-adjusted mortality rate, lung cancer	26.3 (BVRHS 2019)	<b>25.1</b> (HP2030)



### Goal 10: Reduce prostate cancer deaths through close monitoring of early stage cases

Measure	Baseline	Target
10.1 Age-adjusted mortality rate, prostate cancer	<b>19.6</b> (BVRHS 2019)	<b>16.9</b> (HP2030)



# Goal 11: Monitor the development and implementation of screening and early detection methods for other cancers



### Goal 12: Increase timely access to quality cancer diagnostic and treatment services for all Idahoans

Measure	Baseline	Target
12.1 Percentage of Idaho adults aged 18-64 with health care coverage (age adjusted to the year 2000 standard population)	<b>78.7</b> % (BRFSS 2019)	<b>94.4</b> % (CCAI 20%)
12.2 Percentage of Idahoans who could not see a doctor due to cost sometime in past year (age adjusted to the year 2000 standard population)	<b>15.5</b> % (BRFSS 2019)	<b>12.4%</b> (CCAI 20%)
12.3 5-year relative survival ratio, adjusted for age and primary site mix (NAACCR cancer survival index)	<b>64.6</b> (CDRI 2018)	<b>66.2</b> (HP2030)



### Goal 13: Increase opportunities to access and participate in cancer treatment clinical trials

Measure	Baseline	Target
13.1 Percentage of cancer patients who enroll in treatment-related clinical trials	<b>13.1</b> % Ages 0-19	<b>50.0</b> % (CCAI)
	<b>4.2</b> % Ages 20+ (CDRI 2018)	<b>5.0</b> % Ages 20+ (CCAI)



# Goal 14: Increase provider utilization of evidence-based treatment guidelines.

#### **Objectives**

- Promote awareness, education and advocacy efforts aimed at increasing the number of patients who receive high quality care.
- Monitor Idaho performance on American College of Surgeons Commission on Cancer (CoC) standards for Cancer Program Practice Profile Report (CP3R) treatment standards.



### Goal 15: Improve the physical and mental health of cancer survivors

Measure	Baseline	Target
15.1 Percentage of cancer survivors who report poor physical health 14+ of last 30 days (age adjusted to the year 2000 standard population)	<b>22.7</b> % (BRFSS 2018)	<b>20.4%</b> (CCAI 10%)
15.2 Percentage of cancer survivors who report poor mental health 14+ of last 30 days (age adjusted to the year 2000 standard population)	<b>19.1</b> % (BRFSS 2018)	17.2% (CCAI 10%)
15.3 Percentage of cancer survivors who are current smokers (age adjusted to the year 2000 standard population)	<b>26.2</b> % (BRFSS 2018)	23.6% (CCAI 10%)
15.4 Percentage of cancer survivors who report no physical activity outside of work (age adjusted to the year 2000 standard population)	<b>25.7</b> % (BRFSS 2018)	23.1% (CCAI 10%)
15.5 Percentage of cancer survivors who report consuming 5+ servings fruit and vegetables per day (age adjusted to the year 2000 standard population)	13.4% (BRFSS 2019)	<b>14.7%</b> (CCAI 10%)



### Goal 16: Improve access and referrals to palliative care services for cancer patients

Measure	Baseline	Target
16.1 Proportion of cancer patients aged 66+ at diagnosis who received hospice care in 12 months prior to death	<b>68.8</b> % (Medicare*)	<b>75.7</b> % (CCAI 10%)

<sup>\*</sup>Medicare beneficiaries diagnosed with cancer during 2007 - 2018 who died in 2018.





#### Questions?

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