Comprehensive Cancer Alliance for Idaho

2019 Annual Meeting

March 13, 2019

WIFI – Promo Code

Hampton60

Welcome!

Agenda

- Cancer Data Update
- Policy Update
- Networking Activity
- Cancer Prevention Efforts around Idaho
- Best Practices and Initiatives to Increase Cancer Screening
- Clinical Trials Overview and Enrollment
- Quality of Life
- Call to Action for 2020 Plan

Cancer Data Update

Chris Johnson, Cancer Data Registry of Idaho

Comprehensive Cancer Alliance for Idaho

2016-2020 Idaho Comprehensive Cancer Plan

Annual Update on Data Measures

Annual Meeting
March 13, 2017

Chris Johnson, Epidemiologist
Cancer Data Registry of Idaho
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Outline

- CCAI Strategic Plan Measures
  - Local Data

Comprehensive Cancer Alliance for Idaho

2016-2020
Idaho Comprehensive Cancer Plan
Update on Data Measures

Across the cancer continuum:

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

What is new – March 2019

- BRFSS
- YRBS
- IRIS
- CDRI – incidence and survival
- BVRHS - mortality
- Clinical trial enrollment

Data Sources

- CDRI is the source for cancer incidence and survival data in Idaho.
- Cancer mortality, risk factor, and screening data come from the Bureau of Vital Records and Health Statistics, Division of Public Health, Idaho Department of Health and Welfare.

Scorecard

Symbol	Meaning
✓	CCAI 2020 Target Achieved
▲	Progress towards Target
■	No Progress toward target
●	Losing ground, moving in wrong direction

Comprehensive Cancer Alliance for Idaho

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

Goal 1: Reduce the incidence and mortality of tobacco-related cancers								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
1.1	Percentage of adults who are current smokers (age adjusted to the year 2000 standard population)	16.5% BRFSS 2014	14.2% BRFSS 2015	15.0% BRFSS 2016	14.8% BRFSS 2017	12.0% HP2020		
1.2	Percentage of adolescents in grades 9 through 12 who used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days	17.8% YRBS 2013 (rev)	17.4% YRBS 2015		12.5% YRBS 2017	14.2% CCAI (20%)		
1.3	Percentage of adult males aged 18+ who are current users of smokeless tobacco products such as chewing tobacco, snuff, and snus (age adjusted to the year 2000 standard population)	9.4% BRFSS 2014	9.8% BRFSS 2015	11.8% BRFSS 2016	10.2% BRFSS 2017	7.5% CCAI (20%)		

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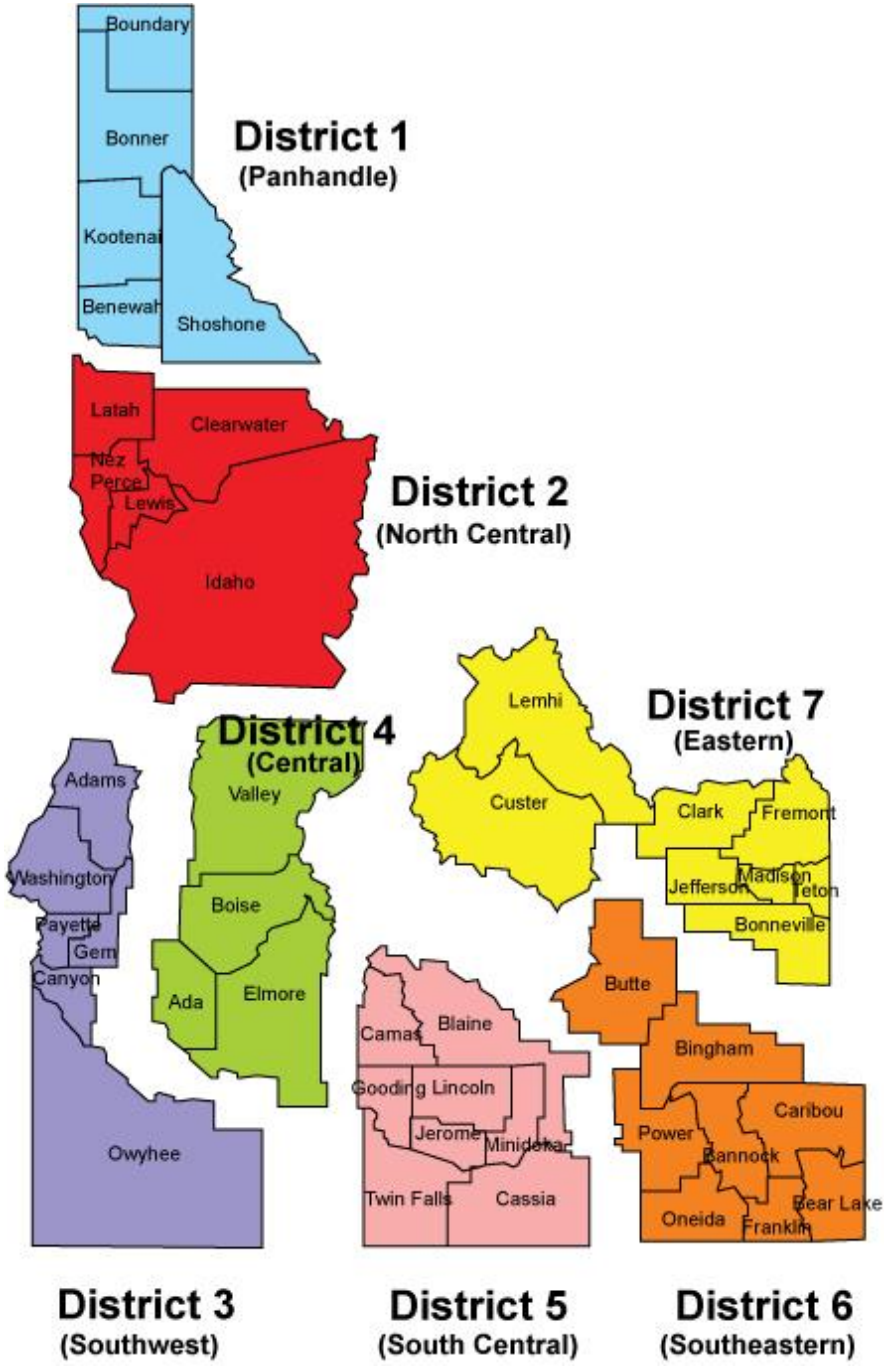
Local Data



Comprehensive Cancer Alliance for Idaho

Local Data

Prevention		2017 Estimate	95% CI		Sample Size
1.1	Percentage of adults who are current smokers (age adjusted to the year 2000 standard population)	**14.8**	13.3	16.4	4703
	District 1 *	**19.1**	15.2	23.6	659
	District 2	**15.4**	11.8	19.8	648
	District 3	**13.8**	10.5	17.9	714
	District 4	**14.2**	11.1	18.0	720
	District 5	**15.0**	11.7	19.1	623
	District 6	**13.6**	10.1	18.0	639
	District 7	**13.3**	10.3	16.9	700

Weighting: HP2020: 18-24, 25-34, 35-44, 45-64, 65+

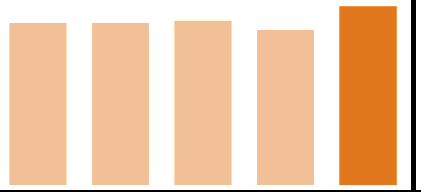
* State estimate not contained in 95% CI for district.

Prevention		2017 Estimate	95% CI		Sample Size
1.3	Percentage of adult males aged 18+ who are current users of smokeless tobacco products such as chewing tobacco, snuff, and snus (age adjusted to the year 2000 standard population)	**10.2**	8.5	12.2	2125
	District 1 *	**18.6**	13.0	25.8	301
	District 2	**12.0**	8.3	17.1	286
	District 3	**9.2**	5.9	14.0	318
	District 4	**8.4**	5.4	13.0	345
	District 5	**10.3**	6.7	15.7	269
	District 6	**10.0**	6.0	16.4	271
	District 7	**6.1**	3.5	10.3	335

Weighting: HP2020: 18-24, 25-34, 35-44, 45-64, 65+

* State estimate not contained in 95% CI for district.

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

Goal 2: Increase access to healthy food options and opportunities for physical activity								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
2.1	Percentage of adults aged 18+ who engage in the recommended level of weekly physical activity (age adjusted to the year 2000 standard population)	20.5% BRFSS 2013 (rev)	21.4% BRFSS 2015		23.7% BRFSS 2017	24.6% CCAI (20%)		
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)	32.5% BRFSS 2014	32.5% BRFSS 2015	33.1% BRFSS 2016	31.2% BRFSS 2017	35.8% CCAI (10%)		
2.3	Percentage of adolescents in grades 9 through 12 who meet physical activity guidelines for aerobic physical activity	27.9% YRBS 2013	29.6% YRBS 2013		23.7% YRBS 2017	31.6% HP2020		

Comprehensive Cancer Alliance for Idaho

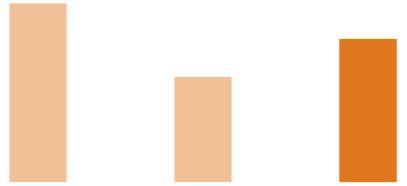
Local Data

Prevention		2017 Estimate	95% CI		Sample Size
2.1	Percentage of adults aged 18+ who engage in the recommended level of weekly physical activity (age adjusted to the year 2000 standard population)	**23.7**	21.9	25.6	4354
	District 1	**26.0**	21.6	31.0	614
	District 2	**21.1**	17.3	25.5	600
	District 3	**25.4**	20.3	31.3	647
	District 4	**27.5**	23.3	32.0	667
	District 5 *	**17.4**	13.9	21.6	570
	District 6 *	**18.0**	14.4	22.2	592
	District 7	**21.6**	18.1	25.5	664

Weighting: HP2020: 18-24, 25-34, 35-44, 45-64, 65+

* State estimate not contained in 95% CI for district.

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

Goal 3: Increase protective behaviors from sun and other ultraviolet radiation exposure								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
3.1	Percentage of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning	12.3% YRBS 2013 (rev)	9.4% YRBS 2015		5.9% YRBS 2017	9.8% CCAI (20%)		✓
3.2	Percentage of adults aged 18+ who report using artificial sources of ultraviolet light for tanning (age adjusted to the year 2000 standard population)	5.6% BRFSS 2014		3.3% BRFSS 2016		4.5% CCAI (20%)		✓
3.3	Percentage of adults aged 18+ who report having a red or painful sunburn that lasted a day or more in the past 12 months (age adjusted to the year 2000 standard population)	26.2% BRFSS 2016 (rev)				23.6% CCAI (10%)		

Change to sunburn indicator (3.3)

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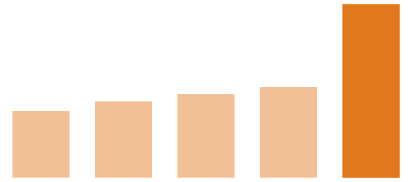
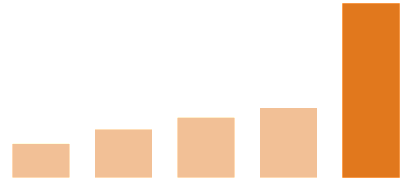
Goal 4: Increase vaccination rate for vaccines shown to reduce the risk of cancer

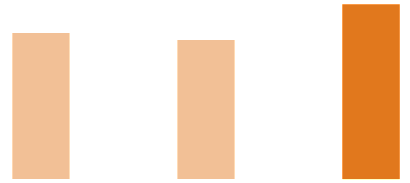
Goal 4: Increase the vaccination rate for vaccines shown to reduce the risk of cancer								
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
4.1	Percentage of adolescent females aged 13-17 years who completed 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15	31.1% IRIS 2014	35.5% IRIS 2015	39.0% IRIS 2016	41.7% IRIS 2017	80.0% HP2020		
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	15.8% IRIS 2014	22.2% IRIS 2015	27.7% IRIS 2016	32.9% IRIS 2017	80.0% HP2020		
4.3	Percentage of newborns receiving hepatitis B vaccine (Hepatitis B vaccine administered from birth through age 3 days)	83.3% IRIS 2014	80.2% IRIS 2015	80.2% IRIS 2016	78.4% IRIS 2017	85.0% HP2020		

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

Year	Gender	Age Group	District	HPV 2 or 3 dose	Pop	HPV 2 or 3	(95% CI)
2014	Female	13-17	1	1919	7349	26.1%	(+/- 1.0%)
2015	Female	13-17	1	2206	7402	29.8%	(+/- 1.0%)
2016	Female	13-17	1	2412	7522	32.1%	(+/- 1.1%)
2017	Female	13-17	1	2600	7604	34.2%	(+/- 1.1%)
2014	Female	13-17	2	716	2916	24.6%	(+/- 1.6%)
2015	Female	13-17	2	765	2940	26.0%	(+/- 1.6%)
2016	Female	13-17	2	795	2927	27.2%	(+/- 1.6%)
2017	Female	13-17	2	887	2923	30.3%	(+/- 1.7%)
2014	Female	13-17	3	3481	10480	33.2%	(+/- 0.9%)
2015	Female	13-17	3	4029	10649	37.8%	(+/- 0.9%)
2016	Female	13-17	3	4448	10887	40.9%	(+/- 0.9%)
2017	Female	13-17	3	4761	11136	42.8%	(+/- 0.9%)
2014	Female	13-17	4	5797	16309	35.5%	(+/- 0.7%)
2015	Female	13-17	4	6592	16604	39.7%	(+/- 0.7%)
2016	Female	13-17	4	7351	16919	43.4%	(+/- 0.7%)
2017	Female	13-17	4	8000	17367	46.1%	(+/- 0.7%)
2014	Female	13-17	5	2343	7042	33.3%	(+/- 1.1%)
2015	Female	13-17	5	2858	7197	39.7%	(+/- 1.1%)
2016	Female	13-17	5	3327	7293	45.6%	(+/- 1.1%)
2017	Female	13-17	5	3666	7472	49.1%	(+/- 1.1%)
2014	Female	13-17	6	1500	6466	23.2%	(+/- 1.0%)
2015	Female	13-17	6	1788	6510	27.5%	(+/- 1.1%)
2016	Female	13-17	6	2017	6624	30.4%	(+/- 1.1%)
2017	Female	13-17	6	2228	6738	33.1%	(+/- 1.1%)
2014	Female	13-17	7	1925	7963	24.2%	(+/- 0.9%)
2015	Female	13-17	7	2335	8066	28.9%	(+/- 1.0%)
2016	Female	13-17	7	2774	8333	33.3%	(+/- 1.0%)
2017	Female	13-17	7	3168	8579	36.9%	(+/- 1.0%)

Goal 5: Reduce cancer risk related to environmental carcinogens

Goal 5: Reduce cancer risk related to environmental carcinogens								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
5.1	Percentage of adults living in households ever been tested for radon (age adjusted to the year 2000 standard population)	20.7% BRFSS 2014		19.8% BRFSS 2016		24.8% CCAI (20%)		

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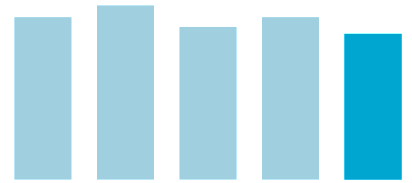
Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection

Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection								
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
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)	68.9% BRFSS 2014		64.3% BRFSS 2016		81.1% HP2020		
6.2	Age-adjusted rate per 100,000 females of breast cancer diagnoses at late stage (regional and distant)	42.7 CDRI 2013 (rev)	46.0 CDRI 2014	40.4 CDRI 2015	43.0 CDRI 2016 * Stage Change	38.4 CCAI (10%)		
6.3	Age-adjusted mortality rate, female breast cancer	20.7 BVRHS 2014	22.3 BVRHS 2015	21.4 BVRHS 2016	21.6 BVRHS 2017	18.6 CCAI (10%)		

Comprehensive Cancer Alliance for Idaho

Local Data

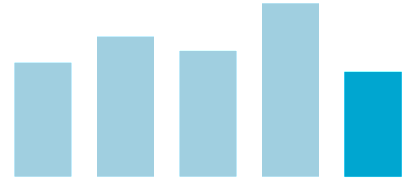
Breast - late (regional and distant) stage/2016

	Rate	Lower CI	Upper CI	Count	Rate Ratio	Ratio Lower CI	Ratio Upper CI	Ratio P-Value
State of Idaho	43.0	38.8	47.6	409				
Health District 1	47.2	35.8	61.1	66	1.10	0.82	1.45	0.555
Health District 2	45.2	29.8	66.2	30	1.05	0.68	1.56	0.865
Health District 3	43.1	33.1	55.3	66	1.00	0.76	1.31	1.000
Health District 4	37.9	30.9	46.1	108	0.88	0.70	1.10	0.285
Health District 5	42.8	30.8	57.8	45	0.99	0.71	1.37	1.000
Health District 6	48.7	35.0	66.1	44	1.13	0.80	1.57	0.494
Health District 7	45.9	33.8	61.1	50	1.07	0.77	1.45	0.717

Breast Cancer Mortality/2017/Female

	Rate	Lower CI	Upper CI	Count	Rate Ratio	Ratio Lower CI	Ratio Upper CI	Ratio P-Value
State of Idaho	21.6	18.8	24.7	222				
Health District 1	27.8	19.8	38.1	44	1.29	0.89	1.83	0.182
Health District 2	13.3	6.6	25.2	11	0.61	0.30	1.19	0.192
Health District 3	24.0	16.9	33.2	39	1.11	0.76	1.59	0.601
Health District 4	22.8	17.6	29.2	67	1.06	0.79	1.41	0.743
Health District 5	19.1	11.8	29.5	22	0.89	0.54	1.40	0.712
Health District 6	13.9	7.4	23.8	14	0.64	0.34	1.13	0.141
Health District 7	20.7	13.3	30.8	25	0.96	0.60	1.47	0.963

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

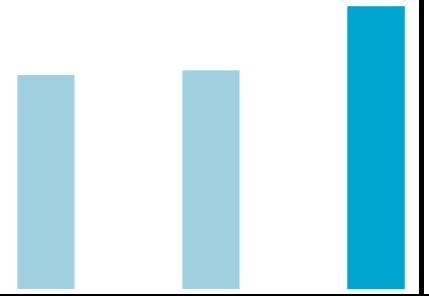
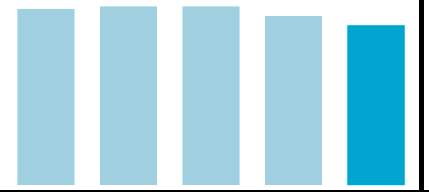
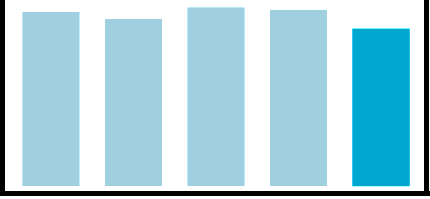
Goal 7: Reduce deaths and numbers of new cases of cervical cancer through screening and early detection								
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
7.1	Percentage of women aged 21-65 who have had a Pap test within the past three years (age adjusted to the year 2000 standard population)	76.3% BRFSS 2014		73.0% BRFSS 2016		93.0% HP2020		
7.2	Age-adjusted rate per 100,000 females of invasive cervical cancer diagnoses	5.2 CDRI 2013	6.3 CDRI 2014	5.7 CDRI 2015	7.8 CDRI 2016	4.7 CCAI (10%)		
7.3	Age-adjusted cervical cancer mortality rate per 100,000 females	2.0 BVRHS 2014	1.8 BVRHS 2015	2.1 BVRHS 2016	1.5 BVRHS 2017	1.6 CCAI (20%)		

Comprehensive Cancer Alliance for Idaho

Local Data

- There were 62 incident cases of cervical cancer in 2016 and 14 cervical cancer deaths statewide in 2017; data are too sparse to show by HD.

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

Goal 8: Reduce the numbers of deaths and new cases of colorectal cancers through screening and early detection								
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
8.1	Percentage of adults aged 50-75 who reported receiving a colorectal cancer screening based on the most recent guidelines, which include a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years. (age adjusted to the year 2000 standard population)	60.9% BRFSS 2014		61.9% BRFSS 2016		80.0% NCCRT		
8.2	Age-adjusted rate per 100,000 of invasive colorectal cancer incidence	35.8 CDRI 2013 (rev)	36.1 CDRI 2014	35.9 CDRI 2015	34.3 CDRI 2016	32.2 CCAI (10%)		
8.3	Age-adjusted mortality rate, colorectal cancer	12.9 BVRHS 2014	12.3 BVRHS 2015	13.2 BVRHS 2016	13.1 BVRHS 2017	11.6 CCAI (10%)		

Local Data

Colorectal - invasive/2016

	Rate	Lower CI	Upper CI	Count	Rate Ratio	Ratio Lower CI	Ratio Upper CI	Ratio P-Value
State of Idaho	34.3	31.6	37.1	646				
Health District 1	36.3	29.7	44.2	114	1.06	0.85	1.31	0.619
Health District 2	30.5	21.8	41.7	44	0.89	0.63	1.23	0.550
Health District 3	40.7	33.6	48.8	120	1.19	0.96	1.45	0.109
Health District 4	31.1	26.4	36.4	165	0.91	0.76	1.08	0.301
Health District 5	27.7	21.1	35.9	61	0.81	0.61	1.06	0.133
Health District 6	37.0	28.3	47.4	65	1.08	0.82	1.40	0.610
Health District 7	36.7	28.8	46.1	77	1.07	0.83	1.36	0.625

Colorectal Cancer Mortality/2017/Male and female

	Rate	Lower CI	Upper CI	Count	Rate Ratio	Ratio Lower CI	Ratio Upper CI	Ratio P-Value
State of Idaho	13.1	11.5	14.9	256				
Health District 1	14.1	10.2	19.1	46	1.08	0.76	1.50	0.705
Health District 2	13.5	7.7	22.1	18	1.03	0.58	1.72	0.984
Health District 3	16.5	12.2	21.7	52	1.25	0.91	1.71	0.172
Health District 4	10.9	8.2	14.2	58	0.83	0.61	1.12	0.249
Health District 5	10.7	6.8	15.9	25	0.81	0.51	1.24	0.401
Health District 6	15.4	10.3	22.2	30	1.17	0.77	1.73	0.471
Health District 7	12.8	8.4	18.7	27	0.98	0.62	1.46	1.000

Goal 9: Monitor the development and implementation of screening and early detection methods for other cancers

Objectives

- Disseminate updates to USPSTF cancer screening recommendations. Specific cancer screenings to address include:
  - ◊ Lung Cancer
  - ◊ Oral Cancer
  - ◊ Prostate Cancer
- Disseminate information on novel methods for screening and early detection, including imaging technologies, genomics and proteomics.

Goal 10: Increase timely access to quality cancer diagnostic and treatment services for all Idahoans

Goal 10: Increase timely access to quality cancer diagnostic and treatment services for all Idahoans								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
10.1	Percentage of Idaho adults aged 18-64 with health care coverage (age adjusted to the year 2000 standard population)	79.3% BRFSS 2014	82.2% BRFSS 2015	80.6% BRFSS 2016	80.1% BRFSS 2017	95.2% CCAI (20%)		
10.2	Percentage of Idahoans who could not see a doctor due to cost sometime in past year (age adjusted to the year 2000 standard population)	16.4% BRFSS 2014	14.3% BRFSS 2015	14.7% BRFSS 2016	14.1% BRFSS 2017	13.1% CCAI (20%)		
10.3	5-year relative survival ratio, adjusted for age and primary site mix (NAACCR cancer survival index)	63.6 CDRI 05-11	63.9 CDRI 06-12	64.4 CDRI 07-13	64.2 CDRI 08-14	65.6 CCAI (Best states)		

Comprehensive Cancer Alliance for Idaho

Local Data

Treatment		2017 Estimate	95% CI		Sample Size
10.2	Percentage of Idahoans who could not see a doctor due to cost sometime in past year (age adjusted to the year 2000 standard population)	**14.1**	12.7	15.6	4835
	District 1	**15.9**	12.4	20.1	674
	District 2 *	**19.3**	15.2	24.2	662
	District 3	**17.3**	13.3	22.2	735
	District 4	**11.5**	8.8	14.9	753
	District 5	**14.4**	11.0	18.5	641
	District 6	**12.6**	9.7	16.2	654
	District 7	**14.2**	11.4	17.6	716

Weighting: HP2020: 18-24, 25-34, 35-44, 45-64, 65+

* State estimate not contained in 95% CI for district.

Goal 11: Increase opportunities to access and participate in cancer treatment clinical trials

Goal 11: Increase opportunities to access and participate in cancer treatment clinical trials								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
11.1	Percentage of cancer patients who enroll in treatment-related clinical trials	20.5% Ages 0-19		23.3% Ages 0-19	12.5% Ages 0-19	50.0% Ages 0-19		
		1.7% Ages 20+ CDRI 2015		2.2% Ages 20+ CDRI 2016	3.4% Ages 20+ CDRI 2017	5.0% Ages 20+ CCAI		

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Goal 12: Increase provider utilization of evidence-based treatment guidelines.

Objectives

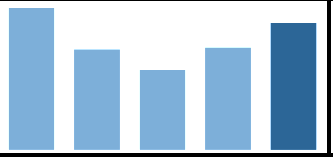
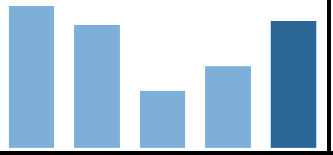
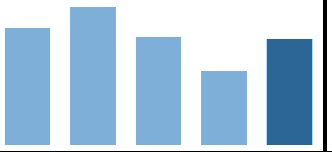
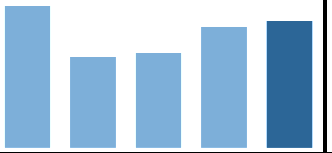
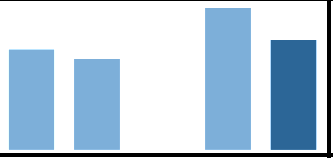
- Promote awareness, education and advocacy efforts aimed at increasing the number of patients who receive high quality care.
- Monitor Idaho performance on American College of Surgeons Commission on Cancer (CoC) standards for Cancer Program Practice Profile Report (CP3R) treatment standards.

Goal 13: Improve the physical and mental health of cancer survivors

Objectives

- Increase the proportion of cancer survivors who receive survivorship care plans.
- Decrease the proportion of cancer survivors who report poor physical health.
- Decrease the proportion of cancer survivors who report poor mental health.
- Decrease the proportion of cancer survivors who report being a current smoker.
- Decrease the proportion of cancer survivors who report no physical activity outside of work in the past month.
- Increase the proportion of cancer survivors who report eating 5+ fruits and vegetables per day.

Goal 13: Improve the physical and mental health of cancer survivors

Goal 13: Improve the physical and mental health of cancer survivors								
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Progress towards target**	**Target Met**
13.1	Proportion of cancer patients receiving survivorship care plans	TBA CoC Hospitals 2015				90.0% CoC		
13.2	Percentage of cancer survivors who report poor physical health 14+ of last 30 days (age adjusted to the year 2000 standard population)	29.0% BRFSS 2011-2012	20.5% BRFSS 2013-2014	16.5% BRFSS 2016	21.1% BRFSS 2017	26.1% CCAI (10%)		✓
13.3	Percentage of cancer survivors who report poor mental health 14+ of last 30 days (age adjusted to the year 2000 standard population)	28.6% BRFSS 2011-2012	25.0% BRFSS 2013-2014	11.5% BRFSS 2016	16.5% BRFSS 2017	25.7% CCAI (10%)		✓
13.4	Percentage of cancer survivors who are current smokers (age adjusted to the year 2000 standard population)	31.3% BRFSS 2011-2012	36.7% BRFSS 2013-2014	28.9% BRFSS 2016	19.9% BRFSS 2017	28.1% CCAI (10%)		✓
13.5	Percentage of cancer survivors who report no physical activity outside of work (age adjusted to the year 2000 standard population)	25.9% BRFSS 2011-2012 (rev)	16.8% BRFSS 2013-2014	17.3% BRFSS 2016	22.3% BRFSS 2017	23.3% CCAI (10%)		✓
13.6	Percentage of cancer survivors who report consuming 5+ servings fruit and vegetables per day (age adjusted to the year 2000 standard population)	20.0% BRFSS 2011-2012	18.0% BRFSS 2013-2014		28.2% BRFSS 2017	22.0% CCAI (10%)		✓

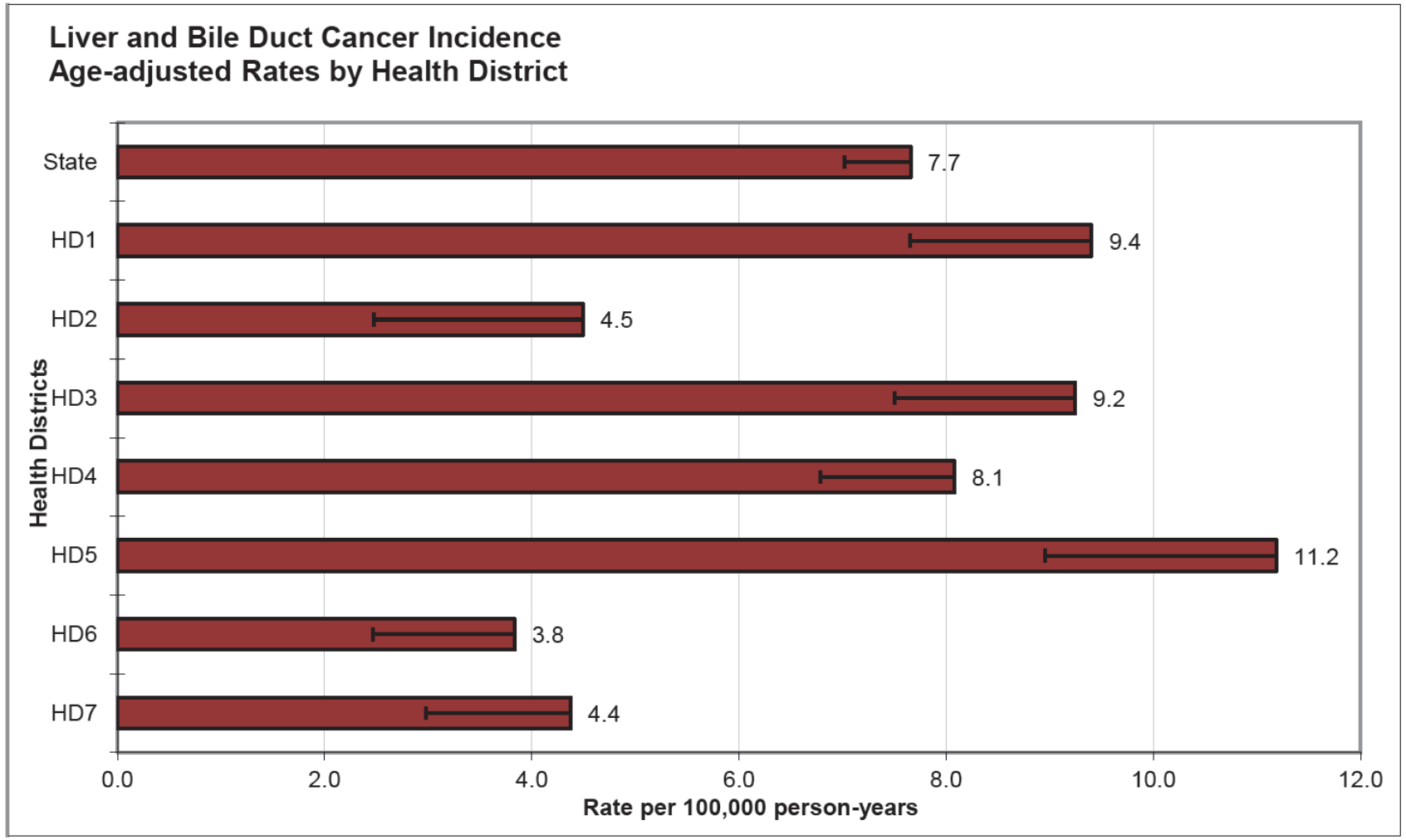
Comprehensive Cancer Alliance for Idaho

Comprehensive Cancer Alliance for Idaho

Sources for District-Level Data http://www.idcancer.org/statisticaldata

1. CDRI Annual Reports
2. Geographic Reports
3. Pediatric Cancer Reports
4. County Cancer Profiles

CDRI Annual Reports
http://www.idcancer.org/annualreports



Comprehensive Cancer Alliance for Idaho

Geographic Reports

- “Incidence of Cancers Associated with Modifiable Risk Factors and Late Stage Diagnoses for Cancers Amenable to Screening”

Pediatric Cancer Reports

PEDIATRIC CANCER IN IDAHO
2005-2014

April 2017

A Publication of the

CDRI Cancer Data Registry of Idaho

ACKNOWLEDGMENTS

The Idaho Hospital Association (IHA) contracts with, and receives funding from, the Idaho Department of Health and Welfare, Division of Public Health, to provide a statewide cancer surveillance system: the Cancer Data Registry of Idaho (CDRI).

The statewide cancer registry database is a product of collaboration among many report sources, including hospitals, physicians, surgery centers, pathology laboratories, and other states in which Idaho residents are diagnosed or treated for cancer. Their cooperation in reporting timely, accurate, and complete cancer data is acknowledged and sincerely appreciated.

CDRI would also like to thank the Division of Public Health, Idaho Department of Health and Welfare, and the Comprehensive Cancer Alliance for Idaho for their continued partnership and for using CDRI data as a tool in cancer control and prevention.

We acknowledge the Centers for Disease Control and Prevention for its support of CDRI under cooperative agreement 1U58DP003882. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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CANCER DATA REGISTRY OF IDAHO
P.O. Box 1278
Boise, Idaho 83701-1278
208-489-1380 (phone)
208-344-0180 (FAX)
http://www.idcancer.org

Idaho Hospital Association

IDAHO DEPARTMENT OF HEALTH & WELFARE

CDRI County Cancer Profiles

TWIN FALLS COUNTY CANCER PROFILE

A fact sheet from the Cancer Data Registry of Idaho, Idaho Hospital Association.

Cancer Incidence 2010-2014
Cancer Mortality 2011-2015
BRFSS 2011-2015

CANCER

Cancer is a group of more than 100 different diseases, each characterized by uncontrolled growth and spread of abnormal cells. Cancer risk increases with age, and varies by gender and race. As the average age of the population increases, the incidence of cancer will increase as well.

It is generally accepted that 65-80% of all cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender, and family history of specific cancers are also associated with cancer and aid in the identification of people at high risk.

For some cancers, effective treatment is available. For these cancers, early detection can save lives. For example, there is convincing evidence that screening for colorectal cancer reduces mortality in adults aged 50 to 75 years. Through improved prevention, early detection, and treatment, opportunities exist to lessen the burden of cancer in Idaho.

RISK FACTORS AND INTERVENTIONS

Aging:
Because the population is aging, the number of new cancer cases and cancer deaths that occur each year will continue to increase unless the trend is reversed by significant improvements in prevention, early detection, and treatment.

Smoking:
Smoking and the use of smokeless tobacco are responsible for the majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus. Smoking is the leading cause of preventable death in the United States.

Diet:
The U.S. Department of Agriculture recommends the following dietary guidelines for managing a healthy diet: eat a variety of foods; maintain a healthy weight; choose a diet with plenty of fruits, vegetables, and whole grain products; limit the use of sugar, sodium (salt), solid fats, and refined grains; and minimize alcoholic beverage consumption.

Screening:
Early detection is extremely important for those cancers that can be cured and which can be discovered early.

FOR MORE INFORMATION

Cancer Data Registry of Idaho
615 N. 7th Street
P.O. Box 1278
Boise, ID 83701
208-489-1380
http://www.idcancer.org

National Cancer Institute
Cancer Information Services
1-800-4CANCER
https://www.cancer.gov/contact/contact-center

American Cancer Society
2676 South Vista Avenue
Boise, ID 83705
208-343-4609
http://www.cancer.org

Blaine County

- 477 cases 2010-2014
  - Significantly fewer than expected
    - Colorectal –
    - Kidney & Renal Pelvis –
    - Lung & Bronchus –
    - Melanoma of the Skin +
    - Non-Hodgkin Lymphoma (female) –
    - Thyroid –
- 122 cancer deaths 2011-2015
  - Significantly fewer than expected
    - Colorectal –
    - Kidney & Renal Pelvis (male) –
    - Lung & Bronchus –

Blaine County

- Lower rate of health care coverage, higher proportion who could not see doctor due to cost
- Higher cancer screening rates
- Much lower smoking rate
- Much higher proportion OK weight, meeting physical activity guidelines
- Much higher rate home radon testing

Acknowledgment

This project has been funded in whole or in part with Federal funds from the National Cancer Institute, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN261201800006I and the Centers for Disease Control and Prevention, Department of Health and Human Services, under Cooperative Agreement 1NU58DP006270. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the National Cancer Institute.

Comprehensive Cancer Alliance for Idaho

Questions?

Email cjohnson@teamiha.org

Comprehensive Cancer Alliance for Idaho

Cancer Policy Updates

Luke Cavener, American Cancer Society-Cancer Action Network

CCAI POLICY UPDATE

Luke Cavener
Government Relations Director

American Cancer Society Cancer Action Network

WHAT'S PASSED?

- Proposition 2 passed via ballot measure by over 60%
  - More to come..
- HB11, places synthetic opioids as a schedule 1. This mirrors DEA scheduling decisions.
- HB12, allows health care professionals who don't have prescribing authority to provide Naxoline to individuals in need.

WHAT'S STILL OUT THERE?

- S1097. Adds a new chapter allowing routine medical care costs associated with a clinical trial are covered by the patient's insurance plan.
  - No action this week, no real opposition
- SB1068. Places requirements around Pharmacy Benefit Managers (PBMs). PBMs operating in Idaho will be required to register with the Department of Insurance and cannot prohibit pharmacists from informing patients on more affordable prescriptions. This bill also allows for prescription drug manufacturers and retail pharmacists to offer various payments outlined to reduce prescription cost.
  - On Senate 3rd reading calendar.

WHAT'S STILL OUT THERE?

- S1034. Directs the Department of Insurance to ensure orally administered anti-cancer medication be provided to patients on state regulated health plans at the co-insurance rate and at no more cost than injected or intravenously administered anti-cancer medication.
  - Passed out of the Senate 27-8, awaiting House Health and Welfare hearing

PROPOSITION 2

- Funding
  - Budget from the Governor and JFAC have funding allocated for unmodified implementation.
  - Includes using a combination of CAT fund savings, Millennium Fund, and general fund
- Sideboards
  - HB228/HB249. This bill places legislative sideboards around Medicaid expansion such as work requirements, referrals for substance abuse treatment for participants, seeks a waiver to provide an option for 100-138% of the specified group to stay on exchange or go on Medicaid, seeks a waiver for mental health treatment, requires legislative review in the 2023 session, and provides a sunset provision if the federal cost share changes.

PROPOSITION 2- STILL TO COME….

- What happens next?
  - Future bills?
    - Likely, as soon as end of the week
  - Unmodified implementation?
    - Potentially
  - Repeal?
    - Doubtful

WHAT ABOUT?

- Tobacco 21
  - No bill in 2019
    - Likely to see something in 2020
    - Shifts and changes from the tobacco/ electronic cigarette industry
- Regulatory issues
  - Bill is being shopped to license electronic cigarette retailers
    - $150 fee
- Taxation
    - Proposal to tax electronic cigarette products at 15% of retail, not likely to get any traction

LOCAL

- Twin Falls
  - Comprehensive smoke free
  - Vote to occur in April
- Boise
  - Adds electronic cigarette to current indoor/ parks language
  - Vote to occur in April
- Meridian
  - Public hearing to occur this spring/summer
- Kuna, Mountain Home, Lewiston, Idaho Falls
  - Active work in many Idaho cities.

QUESTIONS?

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Networking Bingo

Cancer Prevention Activities in Idaho

PREVENTION

Prevent Cancer from Occurring

Mary Kemp, ACS Cancer Action Network

Vicky Jekich, St. Luke's Community Health

Prevent Cancer from Occurring

- GOAL 1 — REDUCE THE INCIDENCE AND MORTALITY OF **TOBACCO-RELATED CANCERS**
- GOAL 2 — INCREASE ACCESS TO **HEALTHY FOOD OPTIONS** AND **OPPORTUNITIES FOR PHYSICAL ACTIVITY**
- GOAL 3 — INCREASE **PROTECTIVE BEHAVIORS FROM** SUN AND OTHER **ULTRAVIOLET RADIATION** EXPOSURE
- GOAL 4 — INCREASE THE **VACCINATION RATE** FOR VACCINES SHOWN TO REDUCE THE RISK OF CANCER
- GOAL 5 — REDUCE A CANCER RISK RELATED TO **ENVIRONMENTAL CARCINOGENS**

Goal 1

REDUCE THE INCIDENCE AND MORTALITY OF TOBACCO-RELATED CANCERS

PREVENTION

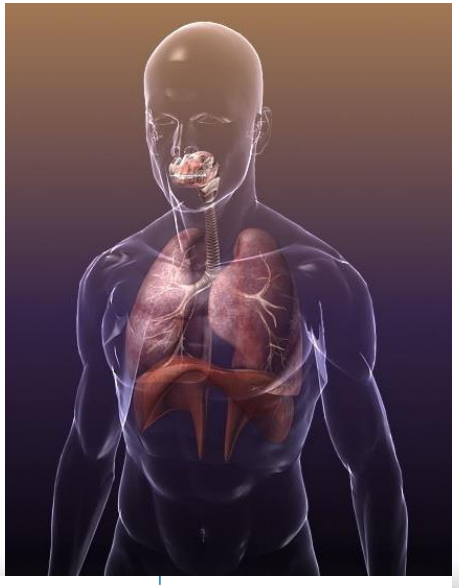
Goal 1: Reduce the incidence and mortality of tobacco-related cancers

Objectives

- Reduce cigarette smoking by adults.
- Reduce tobacco use by adolescents.
- Reduce use of smokeless tobacco products by adults.

Measures

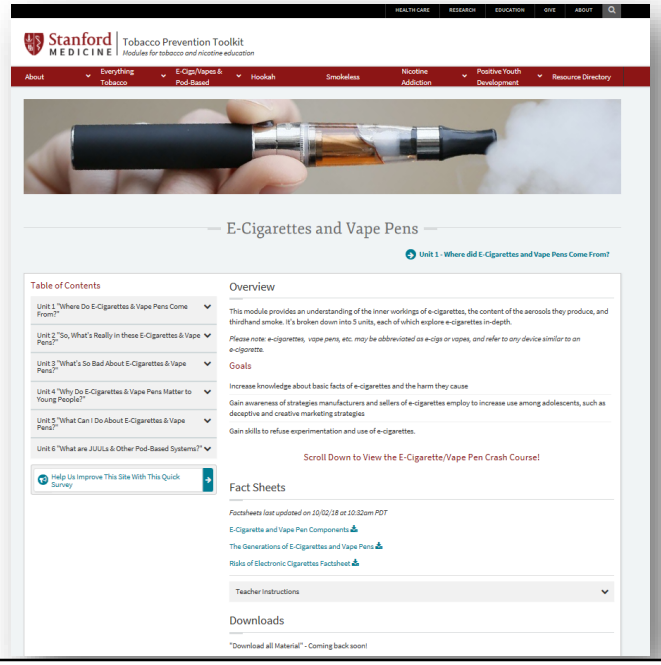
Measure	Baseline	Target
1.1 Percentage of adults who are current smokers (age adjusted to the year 2000 standard population)	16.5% BRFSS 2014	12.0% HP2020
1.2 Percentage of adolescents in grades 9 through 12 who used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days	17.0% YRBS 2015	13.6% CCAI (20%)
1.3 Percentage of adult males aged 18+ who are current users of smokeless tobacco products such as chewing tobacco, snuff and snus (age adjusted to the year 2000 standard population)	9.4% BRFSS 2014	7.5% CCAI (20%)

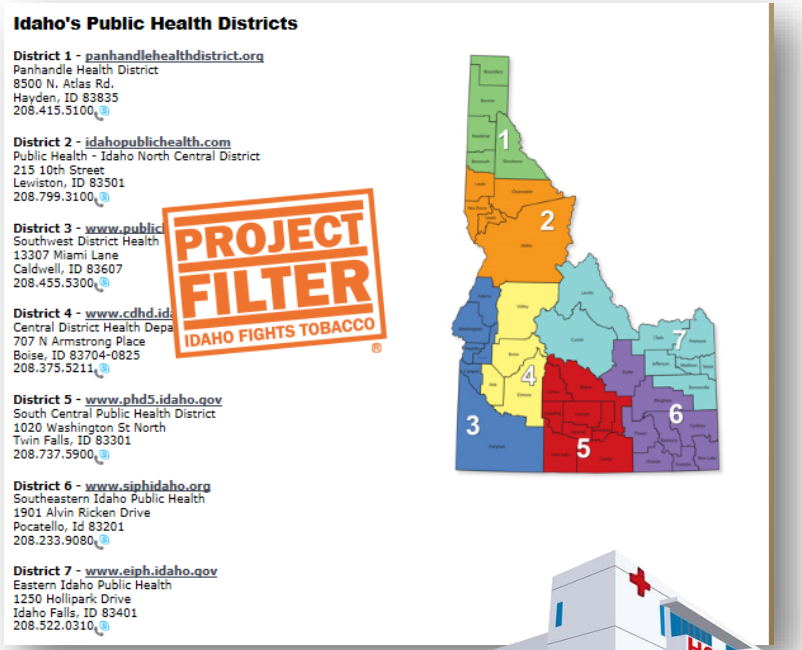


Strategic Actions

- Support and promote implementation of policy, systems, and environmental change and other evidence-based strategies that decrease tobacco use and initiation and exposure to secondhand smoke.
- Evidence-based strategies may include:
  - ◊ Promoting and implementing tobacco-free environment policies
  - ◊ Conducting youth- and adult-focused counter-marketing campaigns statewide
  - ◊ Increasing prices of cigarettes and other tobacco products
  - ◊ Supporting expanded access to and promoting use of comprehensive tobacco cessation programs and services
- Improve health professional knowledge, practice behaviors and system support related to increasing provision of or referral to tobacco cessation services.
- Conduct statewide messaging campaigns about the dangers of tobacco use.
- Support and promote implementation of evidence-based strategies to decrease disparities in gender, racial/ethnic populations, LGBT people and rural communities related to tobacco use.

- ✓School & Community Presentations
- ✓School District Meetings
- ✓Parent Night Assemblies
- ✓Employer Health Fairs





E-cigarette and Vape Epidemic: The Threat to Our Kids
Wednesday, March 13 | 4 p.m. Idaho State Capitol
Dr. Bonnie Halpern-Felsher, Professor of Pediatrics at Stanford
- *Trends in youth e-cigarette and vape use*
- *Evidence of health risks and harms*
- *Policy considerations to keep Idaho youth safe from nicotine addiction and the vaping epidemic*

Goal 2

INCREASE ACCESS TO HEALTHY FOOD OPTIONS & OPPORTUNITIES FOR PHYSICAL ACTIVITY

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

Objectives

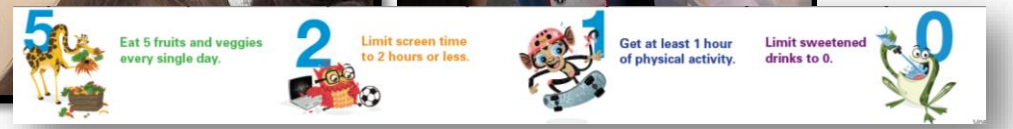
- Increase the proportion of adults who meet the recommended physical activity guidelines.
- Increase the proportion of adults who are at a healthy weight.
- Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity.

Measures

Measure	Baseline	Target
2.1 Percentage of Idaho adults aged 18+ who engage in the recommended level of weekly physical activity (age adjusted to the year 2000 standard population)	18.4% BRFSS 2013	22.1% CCAI (20%)
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)	32.5% BRFSS 2014	35.8% CCAI (10%)
2.3 Percentage of adolescents in grades 9 through 12 who meet physical activity guidelines for aerobic physical activity	27.9% YRBS 2013	31.6% HP2020

Strategic Actions

- Support the implementation of policy, systems and environmental change and other evidence-based strategies that increase access to healthy foods and physical activity opportunities to influence individual behavior change and reduce the risk of cancer related to obesity.
- Evidence-based strategies may include supporting and promoting:
  - ◊ The implementation of evidence-based school and youth community programs that promote good nutrition, physical activity and healthy weight
  - ◊ The implementation of evidence-based worksite and adult community programs that promote good nutrition, physical activity and healthy weight
  - ◊ Built environment and policy approaches designed to provide opportunities for people to be more physically active and have easy access to healthy foods
  - ◊ Improvements to health professional knowledge, practice behaviors, and system support related to increasing provision of or referral to counseling and services that promote nutrition and physical activity guidelines and obesity reduction and control
- Support and promote the adoption of the *Let's Move* Initiative.



GoNoodle

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Goal 3

INCREASE PROTECTIVE BEHAVIORS FROM SUN AND OTHER ULTRAVIOLET RADIATION EXPOSURE

PREVENTION

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

Objectives

- Reduce the proportion of adolescents in grades 9 through 12 who use artificial sources of ultraviolet light for tanning.
- Reduce the proportion of adults aged 18 years and older who use artificial sources of ultraviolet light for tanning.
- Reduce the proportion of adults aged 18 years and older who become sunburned.

Measures

Measure	Baseline	Target
3.1 Percentage of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning	9.0% YRBS 2015	7.2% CCAI (20%)
3.2 Percentage of adults aged 18+ who report using artificial sources of ultraviolet light for tanning (age adjusted to the year 2000 standard population)	5.6% BRFSS 2014	4.5% CCAI (20%)
3.3 Percentage of adults who report having a red or painful sunburn that lasted a day or more in the past 12 months (age adjusted to the year 2000 standard population)	52.0% BRFSS 2014	46.8% CCAI (10%)

Strategic Actions

- Implement policy, systems, and environmental change and other evidence-based strategies that increase the adoption of ultraviolet radiation safety behaviors.
- Evidence-based strategies may include:
  - ◊ Advocating for eliminating the use of tanning beds
  - ◊ Implementing evidence-based school, worksite and community programs that promote sun safety
  - ◊ Conducting statewide awareness campaigns on the link between solar radiation and risk of skin cancer (settings such as parks, schools, daycare centers, worksites and beaches)
  - ◊ Improving health professional knowledge, practice behaviors and system support related to skin cancer rates and sun safety

POOL COOL

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Goal 5

REDUCE A CANCER RISK RELATED TO ENVIRONMENTAL CARCINOGENS

PREVENTION

Goal 5: Reduce cancer risk related to environmental carcinogens

Objective

- Increase the proportion of persons living in homes that have been tested for radon.

Measure

Measure	Baseline	Target
5.1 Percentage of adults living in households ever been tested for radon (age adjusted to the year 2000 standard population)	20.7% BRFSS 2014	24.8% CCAI (20%)

Strategic Actions

- Implement evidence-based policies, programs and systems changes to share information among the public, researchers, regulatory agencies and industry about environmental carcinogens, specifically radon.
- Advocate for evidence-based epidemiologic and environmental monitoring and research across the life course (in utero and childhood, workplace, and multi-generational exposures).
- Improve health professional knowledge, practice behaviors and systems support related to known and emerging environmental carcinogens.

Smokers are nearly **25 times** more likely to be harmed by radon than non-smokers.

What is radon?

Radon comes from the natural breakdown of uranium in soil, rock and water and gets into the air. The greatest exposure occurs at home, where people spend most of their time.

How does radon cause cancer?

Radon gas in the air breaks down into particles that attach themselves to dust, which are then inhaled into the lungs. There, the radon can damage cells and cause cancer. Radon can be a higher risk for people with certain lung conditions such as asthma, emphysema, and whose lungs have been damaged by scarring (fibrosis).

Smoking and exposure to radon increases the risk of getting lung cancer. The chances of getting lung cancer from radon depend mostly on:

- How much radon is in the home
- The amount of time spent in the home
- Whether a person is a smoker or has ever smoked

PROTECT YOUR FAMILY
Click here to
Order your Radon Test Kit

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Goal 4

INCREASE THE VACCINATION RATE FOR VACCINES SHOWN TO REDUCE THE RISK OF CANCER

PREVENTION

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

Objectives

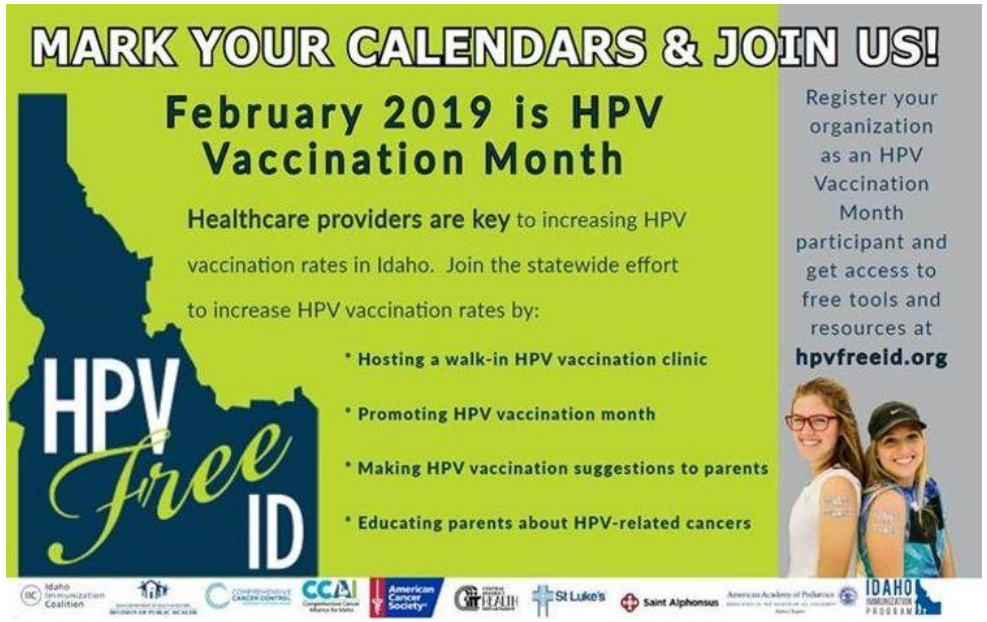
- Increase the percentage of youth and young adults who have completed the recommended HPV vaccine series according to national guidelines.
- Promote hepatitis B vaccination and adoption of CDC recommendations for hepatitis screening.

Measures

Measure	Baseline	Target
4.1 Percentage of adolescent females aged 13-17 years who completed 3 doses of the HPV vaccine	38.3% NIS-Teen 2014	80.0% HP2020
4.2 Percentage of adolescent males aged 13-17 years who completed 3 doses of the HPV vaccine	17.2% NIS-Teen 2014	80.0% HP2020
4.3 Percentage of newborns receiving hepatitis B vaccine (Hepatitis B vaccine administered from birth through age 3 days; children in the 2014 NIS born in January 2011 through May 2013)	75.4% NIS-Child 2014	85.0% HP2020

Strategic Actions

- Implement policy, systems and environmental change and other evidence-based strategies that address infectious disease causes related to cancer.
- Improve health professional knowledge, practice behaviors and system support related to increasing provision of, or referral to, immunizations against HPV and hepatitis B.
- Evidence-based strategies may include:
  - ◊ Enhancing access to vaccination services through home visits, cost reductions and vaccination programs in nontraditional settings
  - ◊ Increasing community demand through incentives, reminder systems and vaccine requirements for childcare, schools and colleges
  - ◊ Implementing provider or system-based intervention that includes immunization information tests, provider assessments and feedback and standing orders
- Improve health professional knowledge, practice behaviors and system support related to increased use of HPV and hepatitis B vaccines.



INTERMOUNTAIN WEST HPV VACCINATION COALITION

CCAI Comprehensive Cancer Alliance for Idaho

Lisa Barker, MD

Addressing HPV vaccination-hesitant parents

Responding to HPV Vaccine Hesitancy

Lisa Barker, MD

Idaho Immunization Coalition, Idaho Chapter of the AAP

March 13, 2019

Disclosures

- There are no conflicts of interest or financial disclosures for this speaker

SMARTNEWS *Keeping you current*

Australia is on Track to Eliminate Cervical Cancer

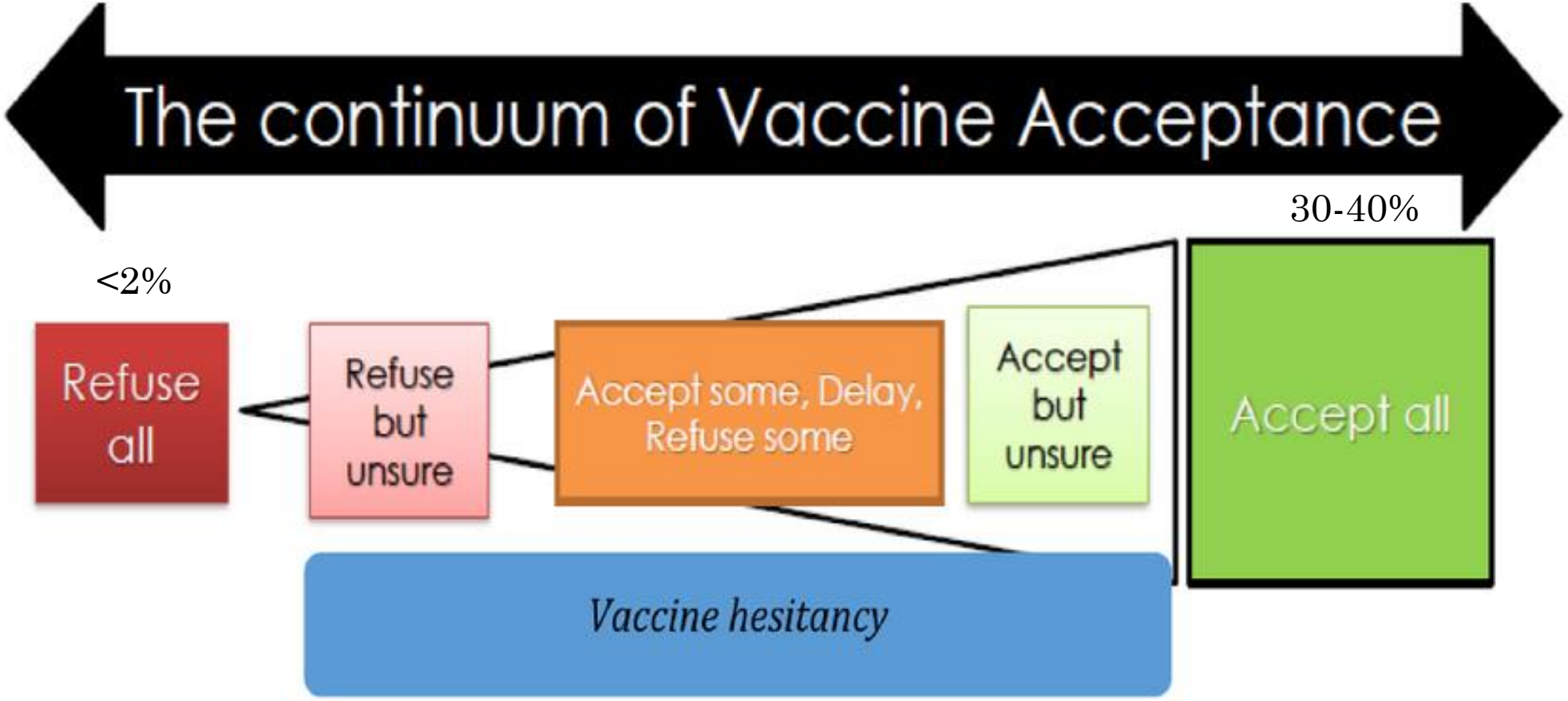
A new study predicts that by 2028, there will be fewer than four new cervical cancer cases per 100,000 Australian women

Objectives

1. Understand the challenges of vaccine hesitancy
2. Develop self-efficacy in delivering effective HPV vaccination recommendations
3. Identify reassuring, confident, and concise responses to parental questions about HPV vaccination
4. Recognize that the way HPV vaccination is recommended can make all the difference to the family's acceptance

What are we up against?

Categorizing parent attitudes



HPV Vaccination is Recommended at Age 11 or 12 Years

Girls & Boys can start HPV vaccination at age 9

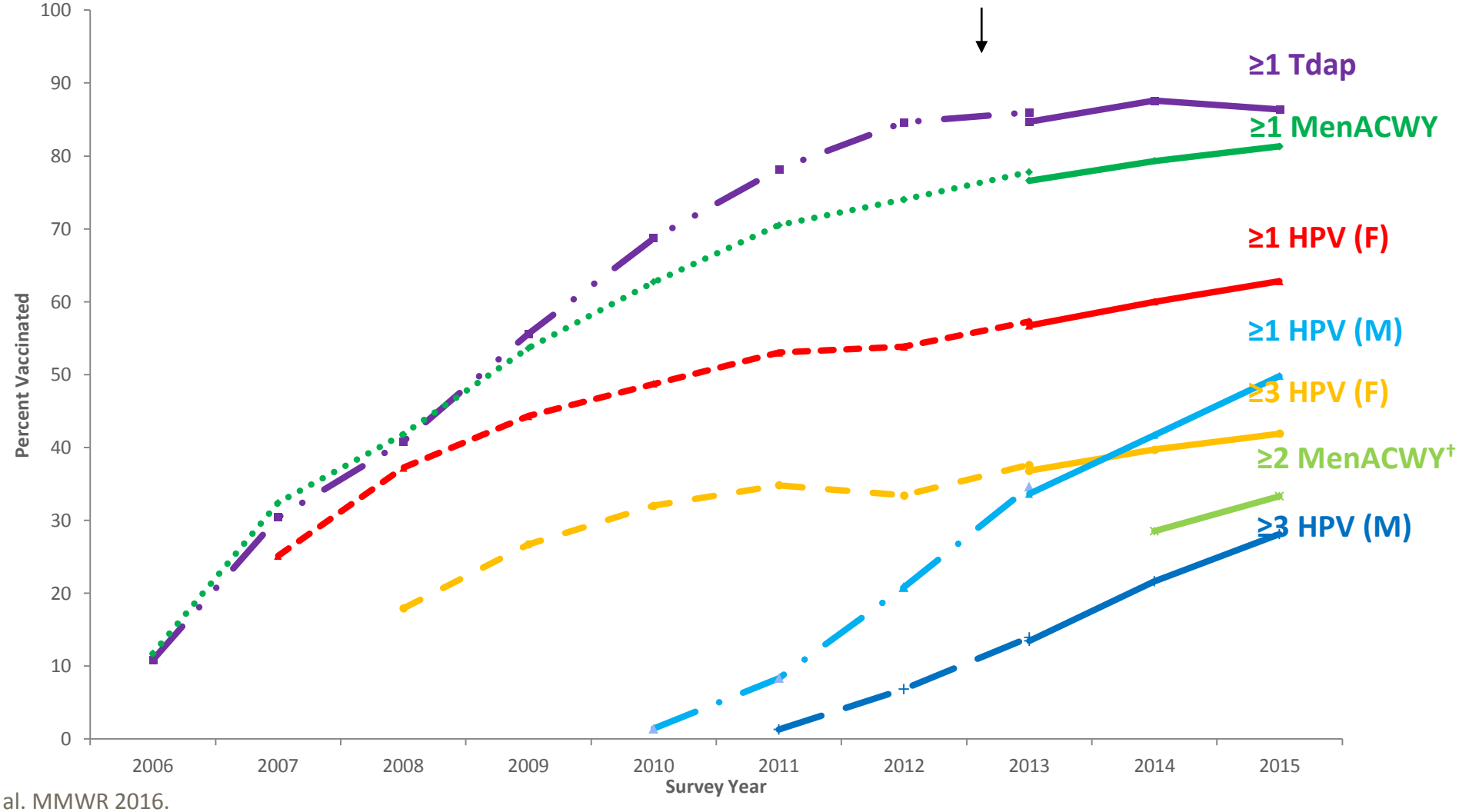
Preteens should finish the HPV vaccine series before their 13th birthday

Plus girls 13-26 years old who haven't started or finished HPV vaccine series

Plus boys 13-21 years old who haven't started or finished HPV vaccine series

Meites et al. MMWR. 2016.

Adolescent vaccination coverage 2006-2015



Reagan-Steiner et al. MMWR 2016.

Barriers – Vaccine Introduction

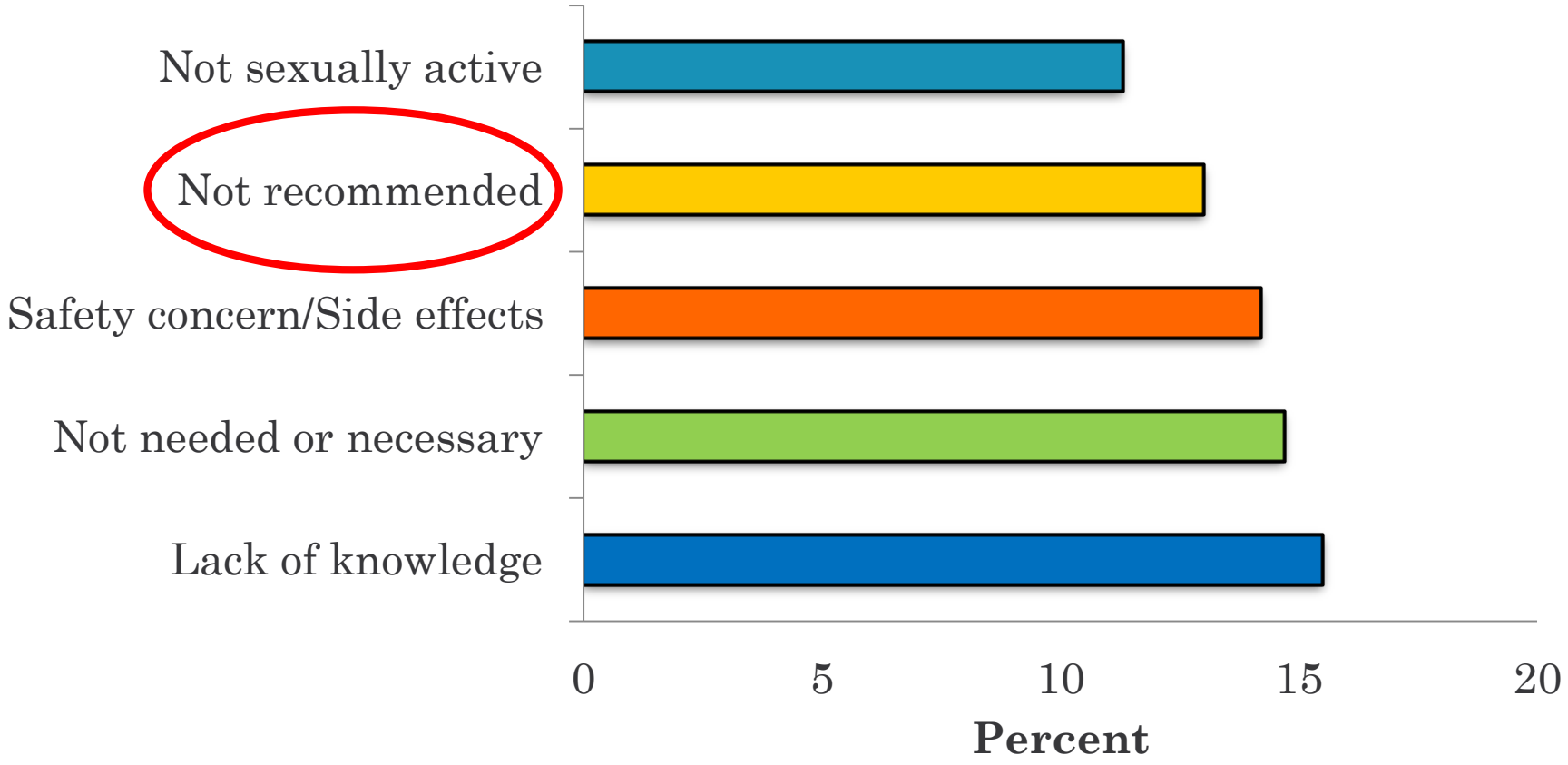
- Initially recommended for girls only
- Promotion was by industry
- Sexually transmitted infection

Barriers - Providers

- Time!
- Discomfort talking about sex
- Misperception
  - "no" is NOT "no forever"
  - Providers underestimate parents' support for this vaccine

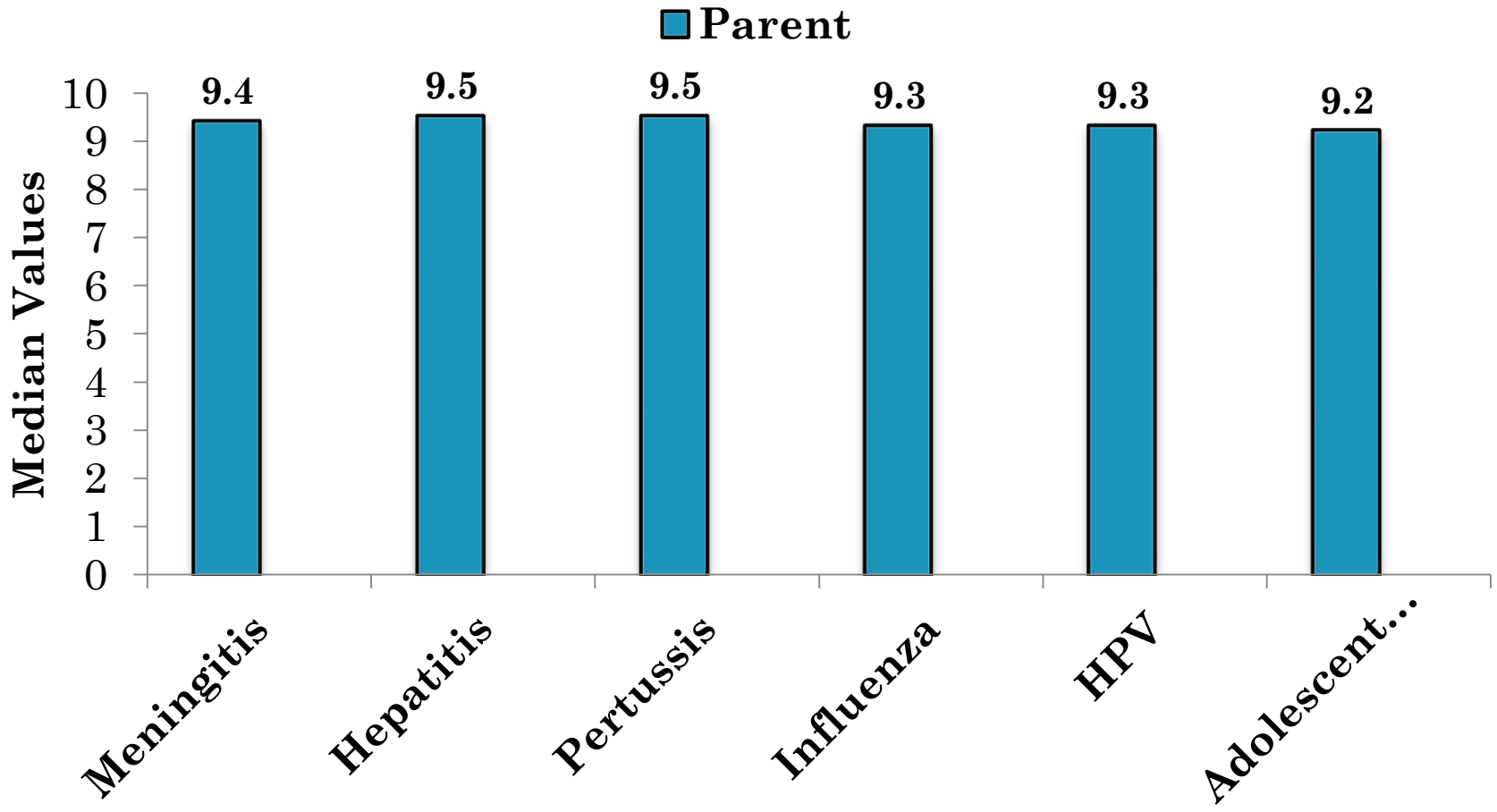
"The perceived and real concerns of parents influence how the clinician recommends and administers HPV vaccine."

Reasons parents won't initiate HPV vaccination for children



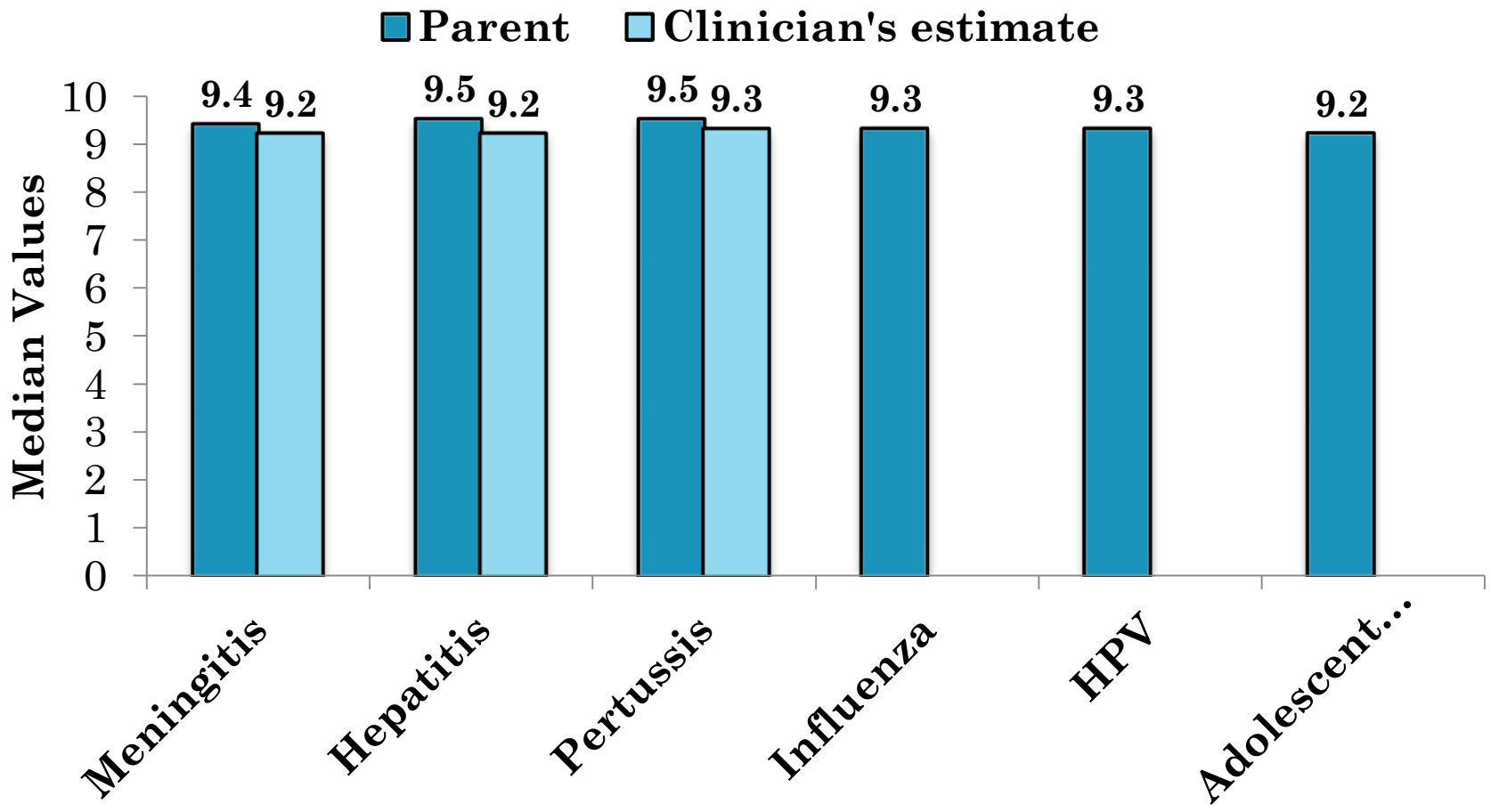
Stokley et al. MMWR. 2014.

Value parents place on vaccines



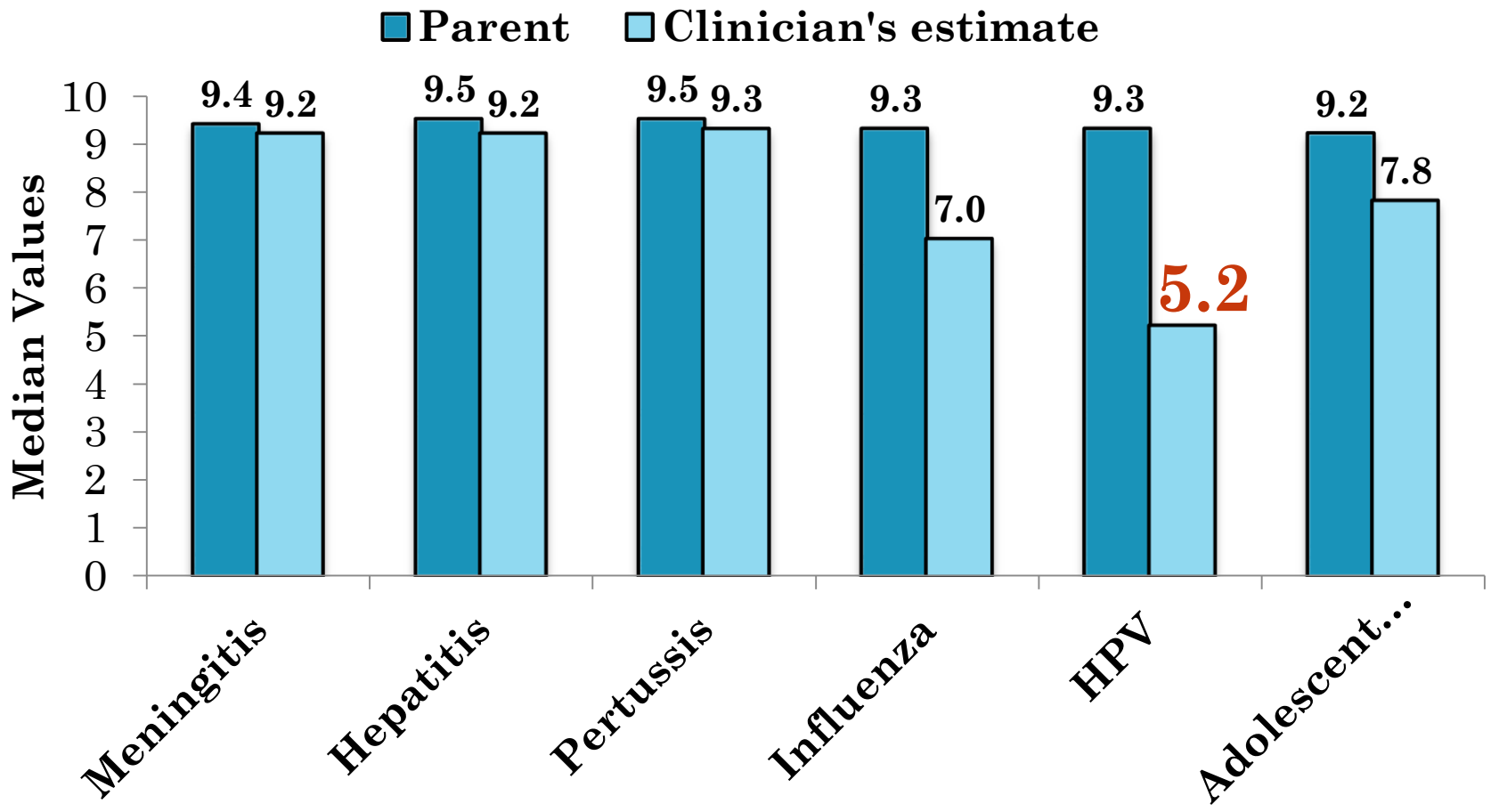
Adapted from Healy et al. Vaccine. 2014.

Clinician estimations



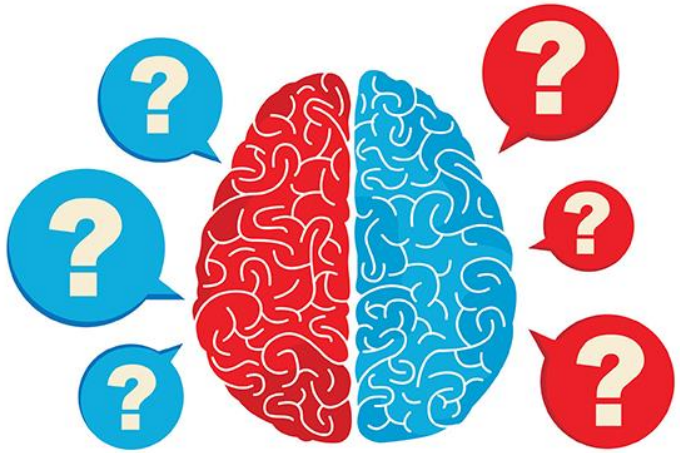
Adapted from Healy et al. Vaccine. 2014.

Clinicians underestimate the value parents place on HPV vaccine



Adapted from Healy et al. Vaccine. 2014.

Barriers - Parents



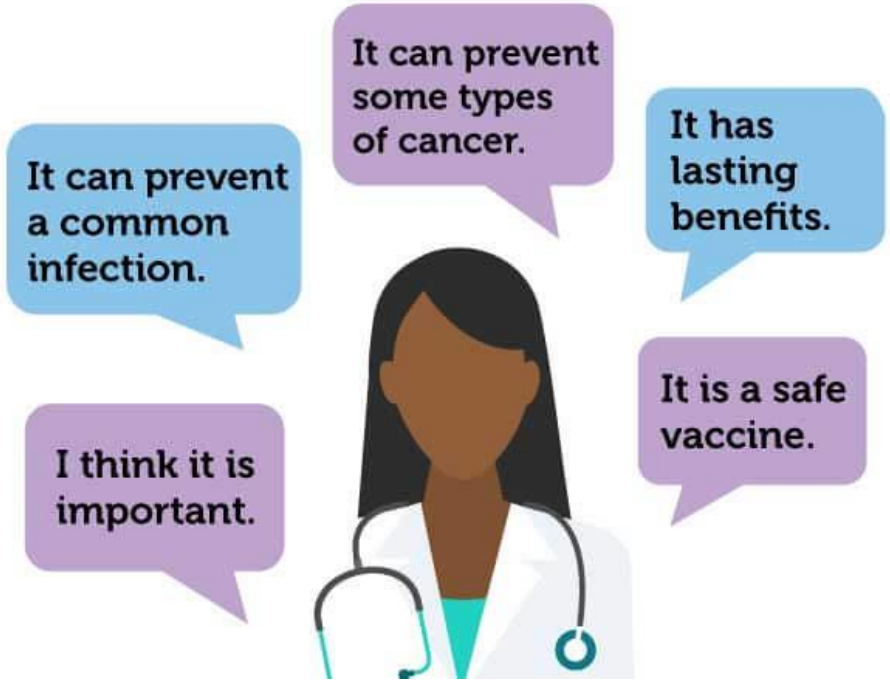
- Inundated with information – on EVERYTHING
- Have received opinions from friends, family, childcare providers, etc. BEFORE talking with their provider
- Misinterpretation
- Emotion
- Feeling overwhelmed at the 11-year well visit when HPV vaccine is introduced

Strategies – Be willing to have the discussion

- We cannot afford to be hesitant to talk about this with parents!
- Over 90% of our patients believe in vaccines
- Introduce the conversation early – age 8-10

Strategies - Communication

- Acknowledge concerns
- Reiterate safety
- Share personal stories
- Reiterate recommendations – stick with what you recommend!
- Leave hesitant families with information and an invitation to return



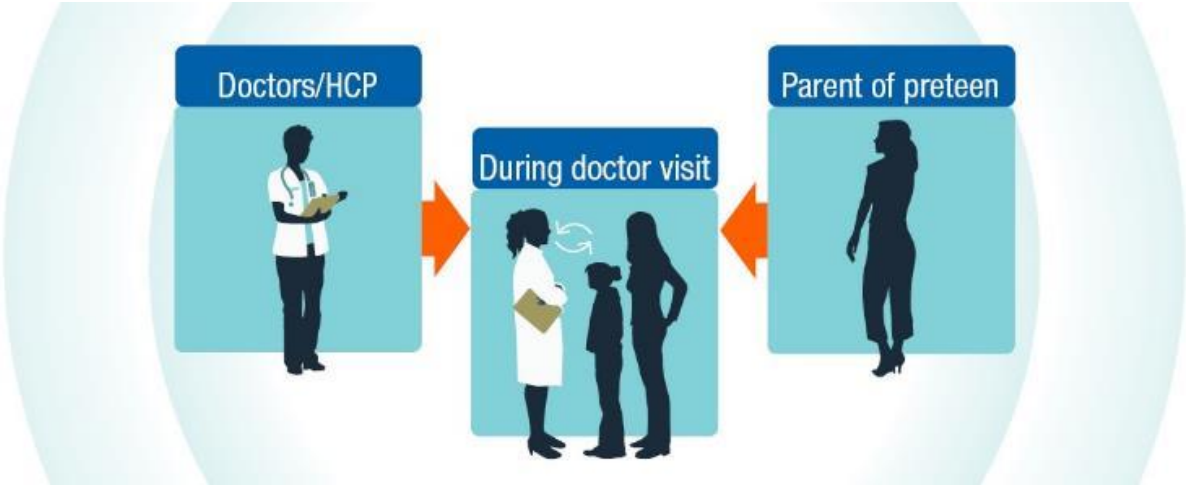
Strategies - Communication

- Initiate the conversation and the tone
  - NOT "I know this is a controversial vaccine…"
  - Same way, same day
  - Be POSITIVE
  - Have information available – pamphlets, brochures, posters
  - "I love this vaccine and this is why…"
    - Cancer prevention
    - Less pap smears
    - Earlier immunization is more protective

"Your preteen needs three vaccines today to protect against meningitis, HPV cancers, and pertussis."

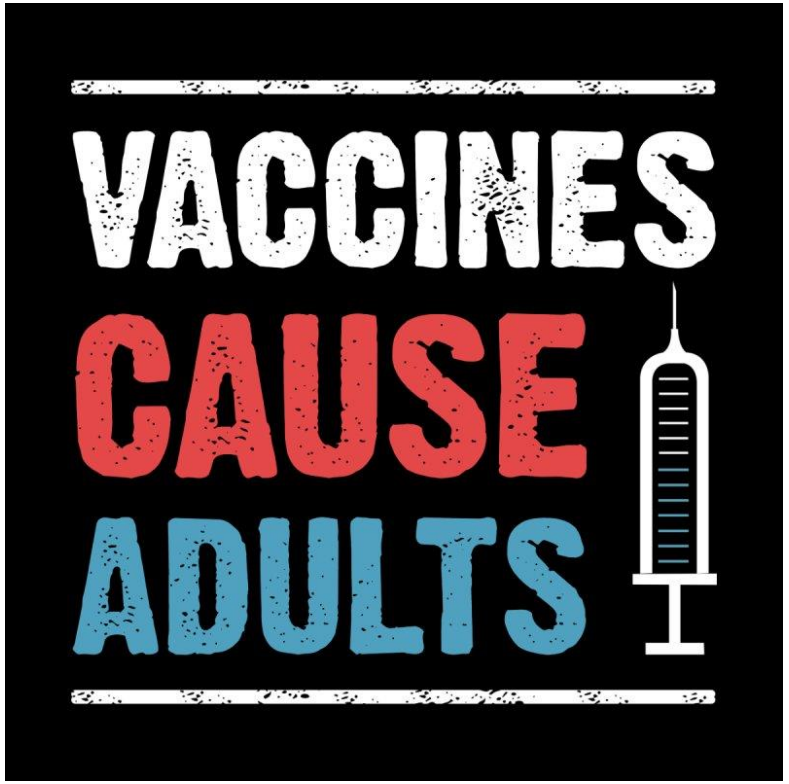
Strategies – Everyone in the office should be on the same page

- The vaccine conversation starts at the front desk
- Train clinic staff on how to effectively recommend this vaccine
- Utilize standing orders
- Offer vaccine-only visits
- Reminders and recalls



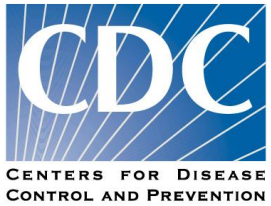
Avoid Missed Opportunities

- 11-12-year well visit
- 16-year well visit
- “Sick” visits



Resources

- HPVIQ.org
- HPVroundtable.org
- adolescentvaccination.org
- HPVfreeid.org
- CDC.gov/hpv



Talking to Parents about HPV Vaccine

HPV VACCINE
IS CANCER PREVENTION

Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and whooping cough. Do you have any questions?" Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

Why does my child need HPV vaccine?

HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

How do you know the vaccine works?

Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

Why do they need HPV vaccine at such a young age?

Like all vaccines, we want to give HPV vaccine earlier rather than later. Getting the vaccine now protects your child long before they are ever exposed. If you wait until your child is older, he/she may end up needing three shots instead of two.

Why do boys need the HPV vaccine?

HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and back of the throat in men.

Are all of these vaccines actually required?

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

Would you get HPV vaccine for your kids?

Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because I wanted to help protect him from cancer in the future.

What diseases are caused by HPV?

Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

Is my child really at risk for HPV?

HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

I'm worried my child will think that getting this vaccine makes it OK to have sex.

Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I made sure my child (or grandchild, etc.) got HPV vaccine, and I recommend we give your child her first HPV shot today.

I'm worried about the safety of HPV vaccine. Do you think it's safe?

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We'll have your child stay seated after the shot to help protect him/her.

Can HPV vaccine cause infertility in my child?

There is no evidence available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

CS269453B
Last updated MAY 2018

Common Concerns

- What questions have you struggled to answer?
- Do you have effective strategies that you'd like to share?

ACTIVITY BREAK!

PLAY BEACH BALL TOSS WITH YOUR GROUP &

GET PHYSICALLY ACTIVE!!

Beach Ball Toss

Activity Bursts For All

INSTRUCTIONS

[1] Toss the beach ball to a person to catch.

[2] Look at the color where your right thumb touches the ball and do that activity. For example, if thumb touches red, do 10 jumping jacks.

[3] Pass the ball back or to the next person. Keep the activity going and have fun!

10 Jumping Jacks	10 Side Leg Lifts
10 Squats	10 Air Punches
10 High Knee Lifts	10 Lunges

For more ideas, go to **www.abeforfitness.com**

Comprehensive Cancer Alliance for Idaho

Lunch

We'll get stated again at 12:45

Cancer Screening & Early Detection

80% by 2018 – Now What?

Highlights from the National Colorectal Cancer Roundtable
80% in Every Community Campaign

Why are we still talking about Colorectal Cancer?

145,600

Estimated adults diagnosed with colorectal cancer in 2019[1]

51,020

Estimated deaths from colorectal cancer in 2019[1]

1 In 3

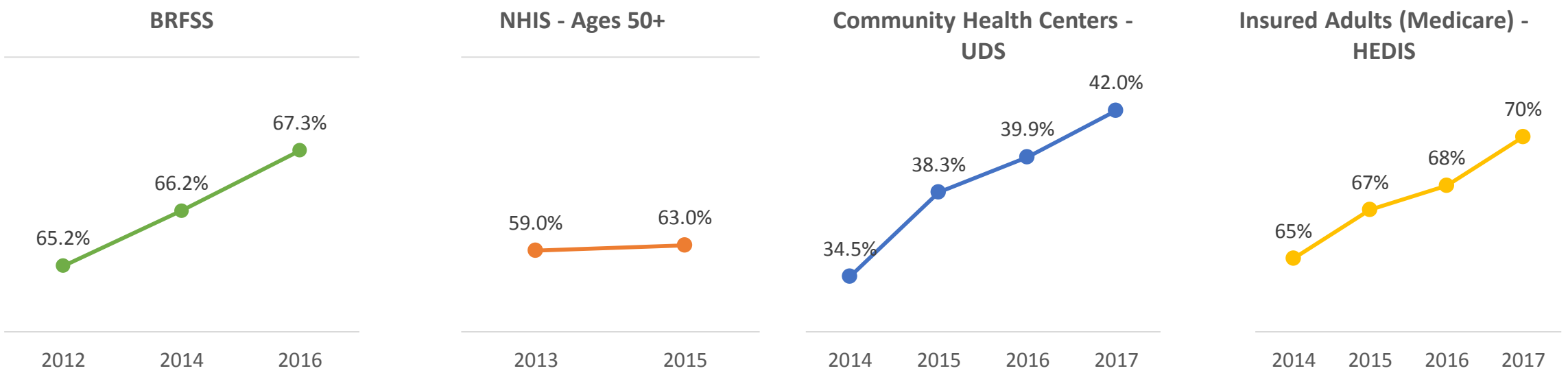
Adults ages 50-75 is not getting screened as recommended[2]

277,000 & 203,000

Estimated cases and deaths prevented by 2030 if we achieve 80% by 2018[3]

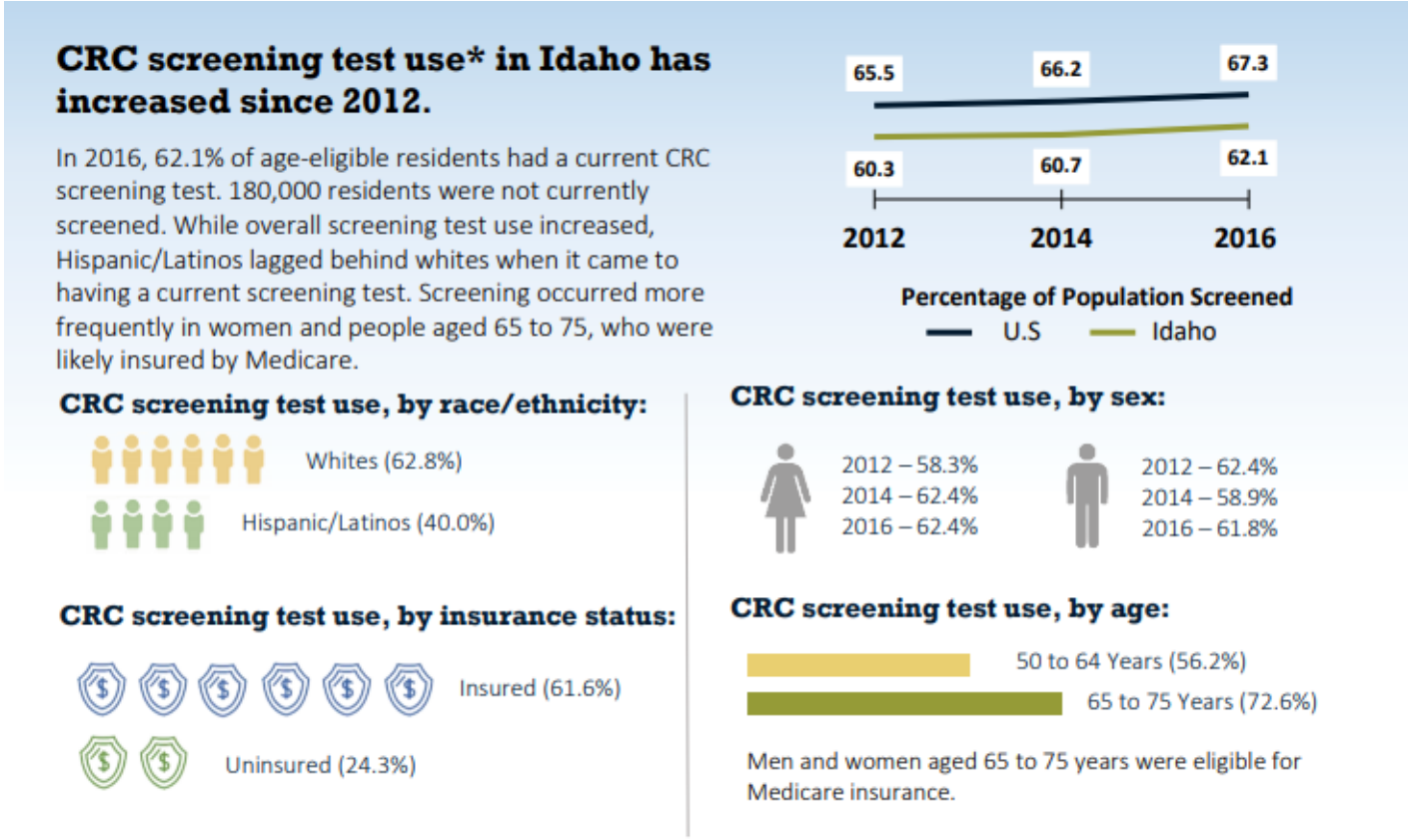
Source: http://nccrt.org/data-progress/

Colorectal cancer screening rates are increasing nationally.



Source: http://nccrt.org/data-progress/

Colorectal cancer screening rates are increasing in Idaho.



Source: https://www.cdc.gov/cancer/ncccp/screening-rates/pdf/colorectal-cancer-screening-idaho-508.pdf

80% by 2018 – It's a Success!

- 1700 organizations have signed the 80% pledge

- 8 Organizations in Idaho
  - Comprehensive Cancer Alliance for Idaho
  - Digestive Health Clinic
  - Family Health Services Corporation
  - Idaho Department of Health and Welfare
  - Qualis Health
  - Saint Alphonsus Regional Medical Center
  - South East ID Gastroenterology
  - St. Luke's Mountain States Tumor Institute

80% by 2018 – It's a Success!

300+

organizations/sites achieved the 80% screening rate goal

5 million

additional adults aged 50-75 screened


80%
IN EVERY
COMMUNITY

80% in Every Community – Talking Points

1. Colorectal cancer is the second-leading cause of cancer death in the US when men and women are combined, yet it can often be detected early or prevented through screening.
2. About 1 in 3 adults ages 50 and older – about 38 million people – are still not getting screened as recommended.
3. The collective action and collaborative efforts of the NCCRT's 80% by 2018 national screening campaign achieved tremendous success, and between 2012 and 2016, 5.1 million additional US adults (50 to 75) have been screened.
4. But we know not everyone is benefiting equally. There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities, among others.
5. 80% in Every Community activates NCCRT members and pledged partners around the country to coordinate efforts that will bring down barriers (financial, operational, policy, etc.) and increase national, local, and organizational screening rates.
6. Everyone deserves to live a life free from colorectal cancer.

80% in Every Community – Talking Points

1. Colorectal cancer is the second-leading cause of cancer death in the US when men and women are combined, yet it can often be detected early or prevented through screening.
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80% in Every Community

- There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, and low income communities.

- Screening rates are much lower for younger individuals – with less than half of people age 50-54 having been screened.

80% in Every Community

- There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, and low income communities.

Colorectal Cancer Screening
Idaho adults aged 50-75 who were screened for colorectal cancer per guidelines, 2012, 2014, and 2016

RACE	Statewide %
All Races/Ethnicities	61.4
White, Non-Hispanic	62.4
American Indian or Alaskan Native, Non-Hispanic	**49.9**
Multiracial, Non- Hispanic	58.5
Hispanic, Any Race	**44.4**

Source: Idaho Behavioral Risk Factor Surveillance System (BRFSS), 2012, 2014, and 2016.

80% in Every Community

- Screening rates are much lower for younger individuals – with less than half of people age 50-54 having been screened.

Colorectal Cancer Screening Idaho adults aged 50-75 who were screened for colorectal cancer per guidelines, 2016	
50-64	**56.7**
65-75	72.8
SEX and AGE	
Male	
50-64	**56.0**
65-75	74.4
Female	
50-64	**57.3**
65-75	71.4

Source: Idaho Behavioral Risk Factor Surveillance System (BRFSS), 2016

80% in Every Community – Next Steps

- Become an 80% Community!

- National Colorectal Cancer Roundtable – 80% Plans
  - Campaign launch – March 7th
  - Strategic Planning – Summer 2019
  - Implementation – Fall/Winter 2019

80% in Every Community – Get Involved

- **Take the pledge.** Join the 1,700+ organizations committed to working toward our shared goal to reach an 80% screening rate nationwide by increasing the number of people screened for colorectal cancer in their communities.
- **Spread the word.** Many patients and providers either don't know or consider all the options for colorectal screening. Your voice can help connect them to a testing option that is right for them.
- **Join the conversation.** Keep us informed of your community's success and conversations by using #80inEveryCommunity on social media.

80% - Impact on Lives Saved in Idaho

1,655

Avoidable cases

2013-2030

1,213

Avoidable deaths

2013-2030

Source: http://nccrt.org/wp-content/uploads/80x2018-Impact-by-State-V6.pdf

Visit www.nccrt.org for more information and to sign the pledge!

Comprehensive Cancer Alliance for Idaho

Brake for Breakfast

March 13, 2019

The Beginning…

- Over 20 years ago, Portneuf Medical Center in Pocatello started Brake for Breakfast.
- In 2007, the program expanded to smaller hospitals throughout Eastern Idaho.

Portneuf
HEALTH PARTNERS

CCAI
Comprehensive Cancer Alliance for Idaho

Community Education Program

- Bear Lake Memorial Hospital
- Bingham Memorial Hospital
- Caribou Memorial Hospital
- Franklin County Medical Center
- Lost Rivers Medical Center
- Madison Memorial Hospital
- Minidoka Memorial Hospital
- Nell J. Redfield Memorial Hospital
- Portneuf Medical Center
- Star Valley Medical Center
- Steele Memorial Medical Center
- Teton Valley Hospital

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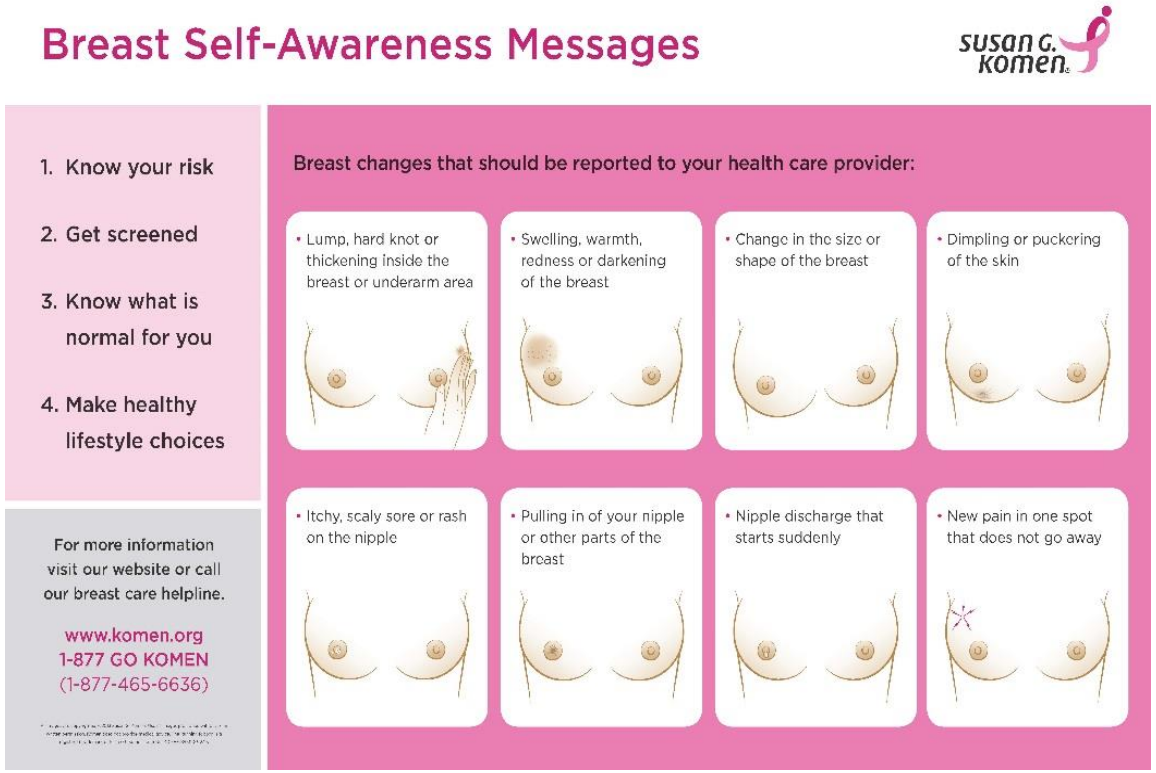
Breast Health Education

- In 1 day:
  - 15,000 people receive breast health education



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Breakfast and a Gift

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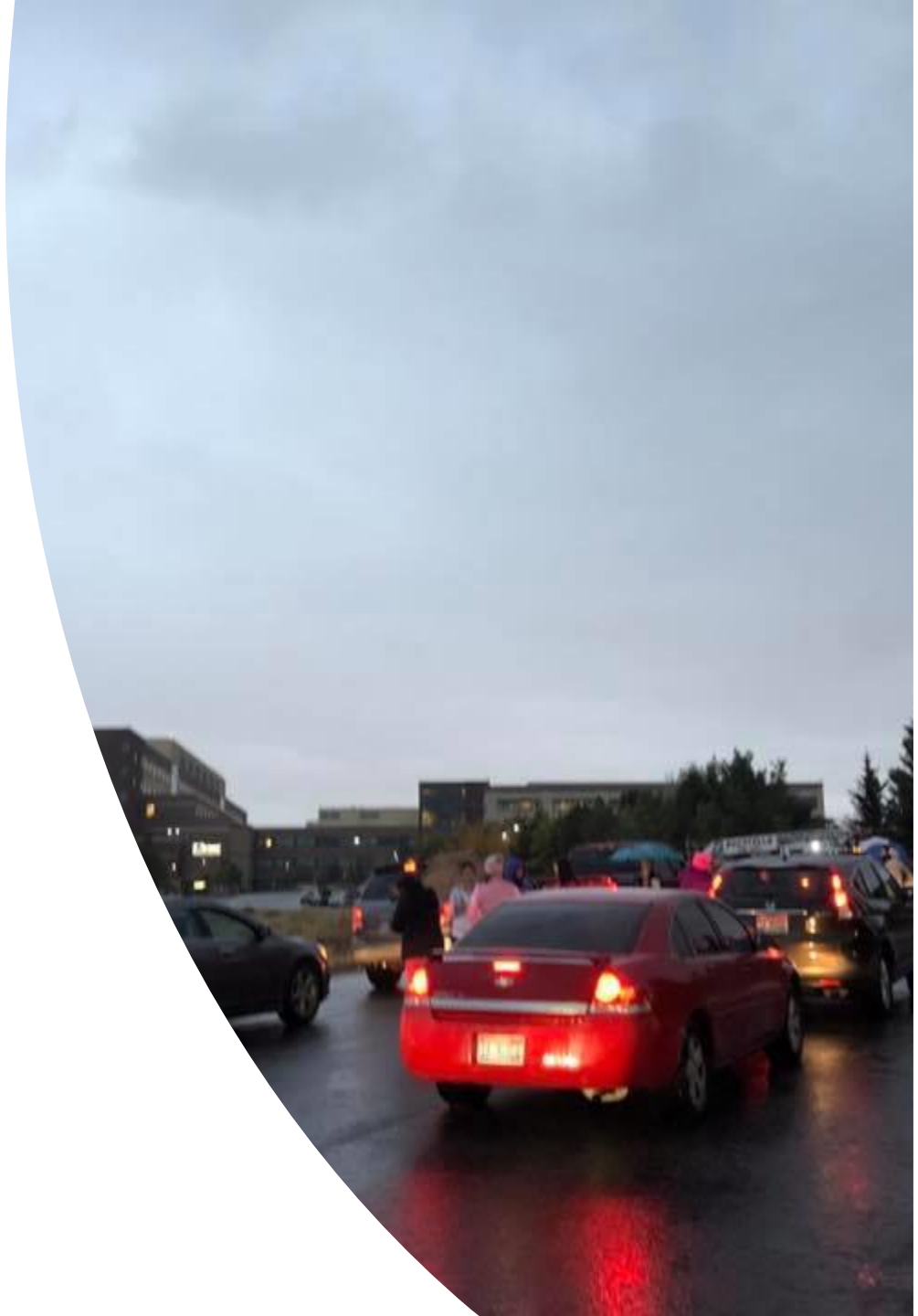
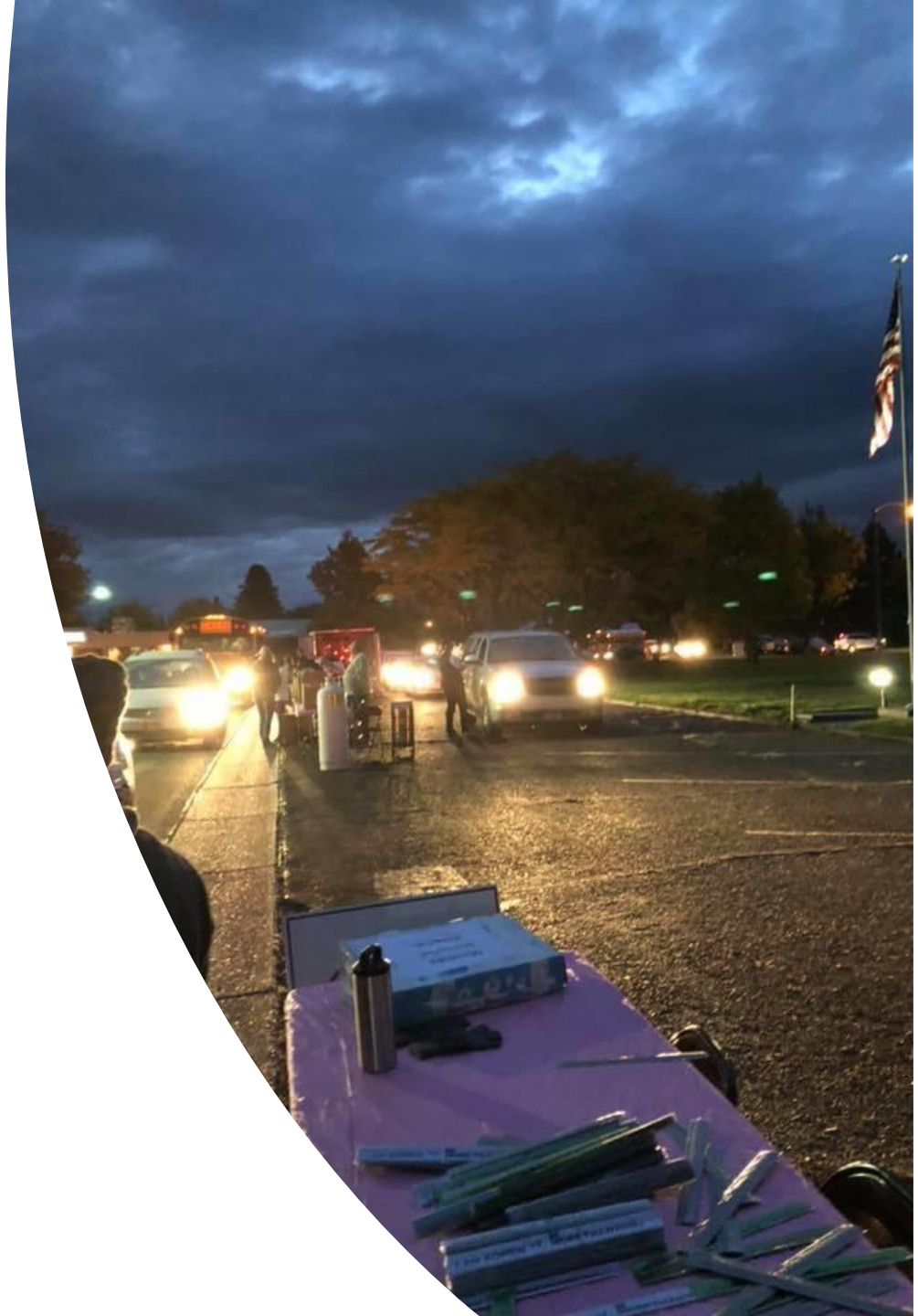
Advantages

- Consistent Messages
- Multiple Communities at Once
- Direct Access to Potential Patients



Ways to Improve

- Expand across the state
- Have station/stop for scheduling mammograms
- Corporate sponsorship



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Is this something you could do in your area?

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Cancer Treatment

Demystifying Clinical Trials

Tammie Eslinger
Research Manager
St. Luke's Mountain States Tumor Institute

Everyone has a “Why”

- Darren
- Pink

Debunking the Myths

- I'm not a guinea pig
- I will get sugar pills instead of treatment
- The treatment is free
- Once I sign that piece of paper, I am stuck
- They pick and choose subjects so the results aren't real
- Research is only a last resort for people out of options
- Participating is expensive and my insurance won't pay for it
- The doctors keep you on the study even if the treatment isn't working
- Researchers hide information that doesn't support their cause
- I don't go to a big hospital, so I can't participate
- That consent form does nothing but protect the hospital

Clinical Trials Are…

- The recipe that ensures every researcher is doing the same thing so we can truly evaluate our results
- Critical to finding new ways to prevent, detect, and advance new treatment methods
- Not bench research
- What are we looking for?
  - New ways to diagnose and treat cancer
  - Prevent or reduce disease or treatment side effects
  - Prevent a recurrence of cancer
  - Improve quality of life
  - Understand how non-medical factors impact outcomes

These Things Come in Phases

- Phase 0-Processing
  - How does the body process the drug?
- Phase I-Safety
  - What is the best dose with the fewest side effects?
- Phase II-Efficacy
  - Does the drug do what we need it to do?
- Phase III-Comparison
  - How does the drug compare to the standard treatment?
- Phase IV-The BIG Picture
  - FDA approved drugs are studied in hundreds or thousands of people to take a closer look at side effects.

Why Bother?

- It’s a matter of safety
- Reality is not based on assumption
- Insurers want proof
- Future improvements in healthcare depend on it

Let’s Chat About Funding

- Research is expensive! On average, it takes about $350 million dollars and 12 years to bring a new drug to market.
- National Cancer Institute vs Pharmaceutical Companies
- Donors
- Patient responsibility
- Insurance coverage
- Contribution to the community

Exactly How Does Participation Work?

- Introduction
- Education and Informed Consent
- Determination of Eligibility
- Pre-study Tests
- Treatment
- Education and Informed Consent
- Follow Up
- Education and Informed Consent
- Study Results

Do We Need Research in Idaho?

YES

- If we don't enroll patients from all populations, we don't get a true picture of the impact
- Provide patients with the same cutting-edge therapy they would receive at any other cancer treatment center
- More personalized care than larger centers
- Patients are in their homes, surrounded by their support systems

Research at St. Luke's Mountain States Tumor Institute

- Approximately 80 clinical trials open for enrollment
- Fiscal year 2018-127 patients enrolled on clinical trials
- Studies in most major disease areas
- Study options include treatment, quality of life, supportive care, and registry trials
- Research team of 20 supports 70 providers

The Challenges

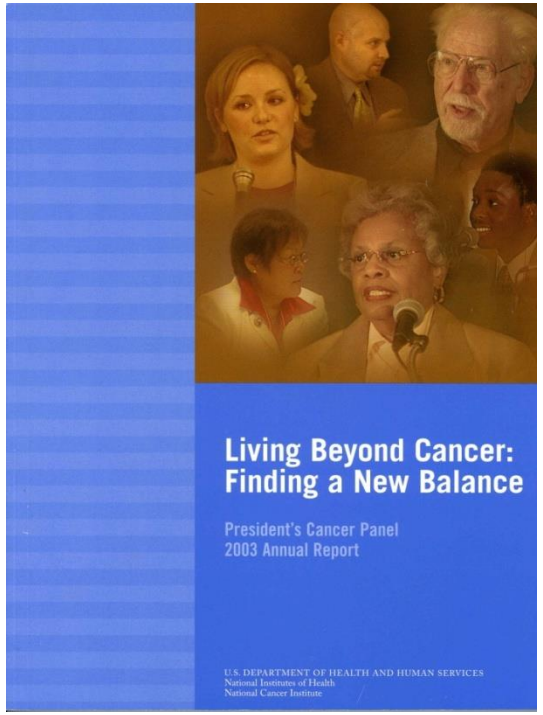
- Studies are changing
- Funding
- Recruiting
- Study demands
- Adolescent and young adult involvement
- Research is important but…

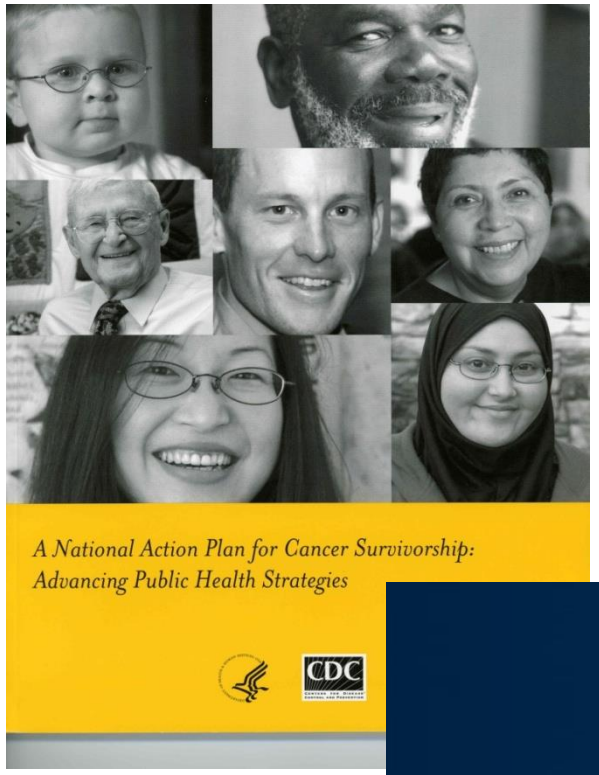
Where Do We Go From Here?

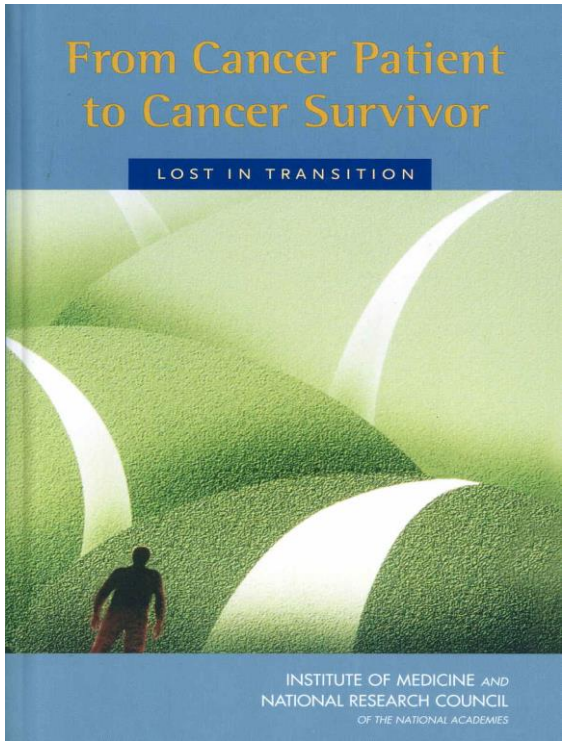
- As a patient, ask about research opportunities
- Encourage physicians to include research as one of their first considerations rather than an afterthought
- Support organizations that fund cancer research
- Educate, educate, educate!

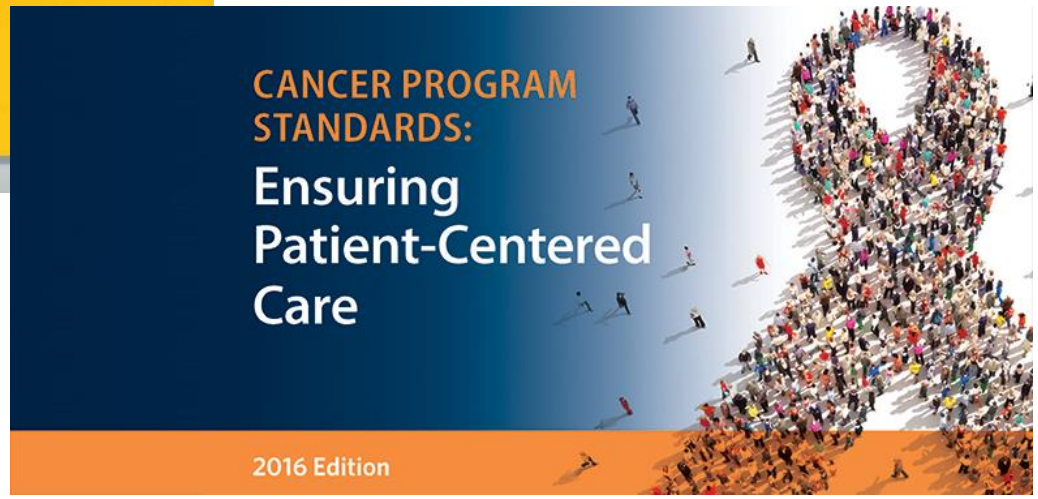
Quality of Life/Cancer Survivorship

History of Survivorship









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Alliance for Idaho

Standard 3.3 Survivorship Care Plan

The cancer committee develops and implements a process to disseminate a treatment summary and follow-up plan to patients who have completed cancer treatment. The process is monitored and evaluated annually by the cancer committee.

Comprehensive Cancer Alliance for Idaho

Survivorship barriers and success

- New emphasis is making a difference for patients and survivors in our communities
- Meeting the standard is still labor intensive
- Provider support continues to be variable
- Growing national attention has lead to an increase in local initiatives to support patients and survivors

Community Panel Discussion

- Leukemia Lymphoma Society – Laura Brown
- River Discovery – Betsy Carver
- Idaho 2 Fly – Les Curvy
- Expedition Inspiration – Hailey Malepeai
- Susan G Komen – Lindsay McNally
- Casting for Recovery – Ceci Bennett
- John and June’s Mission – Dan Canfield

Metastatic Breast Cancer Support

Lindsay McNally, Forever Fighter

Benefits of Joining a Cancer Support Group

- They provide camaraderie and fellowship
- They can reduce your isolation
- They improve your coping skills and help you adjust
- They allow you to speak honestly
- They improve your quality of life
- They are a resource for advice and information

Living with Advanced Breast or Gynecologic Cancer

SUPPORT GROUP

Open to all patients living with advanced stage breast or gynecological cancer.

Find support with peers, discuss experiences living with advanced cancer in a safe and supportive environment.

Co-facilitated by,

- **Lindsay McNally, Forever Fighter**
  (Thriving with Metastatic Breast Cancer since 2013)
- **Tammie Sherner RN, Clinical Nurse Specialist**
  (Breast cancer survivor for 10 years.)

Meets the 1st Tuesday of each month
4 - 5:30 pm

Registration is required
Call 208-761-3369 to register and find out more information.

Library! at Cole and Ustick
Bitterbrush Conference Room
7557 W. Ustick Road
Boise, ID 83704

2019 Dinners

Understanding Palliative Care

April 11, 5:30pm
Hilton Garden Inn
Boise Spectrum
7699 W Spectrum St, Boise

Featuring Dr. William A. Bollinger, M.D.
St. Luke's MSTI
St. Luke's Clinic - Internal Medicine
Diplomate of the American Board of Internal Medicine

Metastatic Breast Cancer Research

September 24, 5:30pm
Stonehouse Event Center
Ram Restaurant, Boise
209 E Park Blvd, Boise

Featuring Dr. Joe Gray
Professor and Endowed Director, OHSU
Knight Cancer Institute
Komen Scholar

susan g. komen®
IDAHO MONTANA

Free for those living with metastatic breast cancer and their guest.

komenidahomontana.org/mbcevents

CCAI
Comprehensive Cancer Alliance for Idaho

susan g. komen.

Komen's mission is to save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer.

SUSAN G. KOMEN®
TREATMENT ASSISTANCE PROGRAM

The following assistance is available for qualifying breast cancer patients:

- Assessment by an oncology social worker
- Financial assistance for:
  - Oral pain and anti-nausea medication
  - Oral chemotherapy/hormone therapy
  - Child care/elder care
  - Transportation to and from treatment
  - Lymphedema care and supplies
  - Durable medical equipment
- Breast cancer education
- Psychosocial support
- Information about local resources

Don't let financial hardship keep you from the treatment you need.

Call the Susan G. Komen®
Breast Care Helpline
M-F 9AM-10PM
1-877 GO KOMEN (465-6636) or email
helpline@komen.org

Priorities through 2020

CCAI Goals – Did not make significant progress/regressed

Prevention

Goal 1: Reduce the incidence and mortality of tobacco-related cancers							
Indicator	**Measure**	**Baseline**	**1/2017**	**10/2017**	**3/2019**	**2020 Target**	**Target Met**
1.3	Percentage of adult males aged 18+ who are current users of smokeless tobacco products such as chewing tobacco, snuff, and snus (age adjusted to the year 2000 standard population)	9.4% BRFSS 2014	9.8% BRFSS 2015	11.8% BRFSS 2016	10.2% BRFSS 2017	7.5% CCAI (20%)	●
Goal 2: Increase access to healthy food options and opportunities for physical activity							
2.3	Percentage of adolescents in grades 9 through 12 who meet physical activity guidelines for aerobic physical activity	27.9% YRBS 2013	29.6% YRBS 2013		23.7% YRBS 2017	31.6% HP2020	●

Early Detection and Screening

Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection							
Indicator	**Measure**	**Baseline**	**1/2017**	**10/2017 1/2018**	**3/2019**	**2020 Target**	**Target Met**
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)	68.9% BRFSS 2014		64.3% BRFSS 2016		81.1% HP2020	●
Goal 7: Reduce deaths and numbers of new cases of cervical cancer through screening and early detection							
7.1	Percentage of women aged 21-65 who have had a Pap test within the past three years (age adjusted to the year 2000 standard population)	76.3% BRFSS 2014		73.0% BRFSS 2016		93.0% HP2020	●
7.2	Age-adjusted rate per 100,000 females of invasive cervical cancer diagnoses	5.2 CDRI 2013	6.3 CDRI 2014	5.7 CDRI 2015	7.8 CDRI 2016	4.7 CCAI (10%)	●

Comprehensive Cancer Alliance for Idaho

CCAI Goals – Some Progress Made

Prevention

Goal 1: Reduce the incidence and mortality of tobacco-related cancers							
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Target Met**
1.1	Percentage of adults who are current smokers (age adjusted to the year 2000 standard population)	16.5% BRFSS 2014	14.2% BRFSS 2015	15.0% BRFSS 2016	14.8% BRFSS 2017	12.0% HP2020	■
Goal 2: Increase access to healthy food options and opportunities for physical activity							
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)	32.5% BRFSS 2014	32.5% BRFSS 2015	33.1% BRFSS 2016	31.2% BRFSS 2017	35.8% CCAI (10%)	■
Goal 4: Increase the vaccination rate for vaccines shown to reduce the risk of cancer							
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Target Met**
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	31.1% IRIS 2014	35.5% IRIS 2015	39.0% IRIS 2016	41.7% IRIS 2017	80.0% HP2020	■
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	15.8% IRIS 2014	22.2% IRIS 2015	27.7% IRIS 2016	32.9% IRIS 2017	80.0% HP2020	■
4.3	Percentage of newborns receiving hepatitis B vaccine (Hepatitis B vaccine administered from birth through age 3 days)	83.3% IRIS 2014	80.2% IRIS 2015	80.2% IRIS 2016	78.4% IRIS 2017	85.0% HP2020	■

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CCAI Goals – Some Progress Made

Goal 5: Reduce cancer risk related to environmental carcinogens							
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Target Met**
5.1	Percentage of adults living in households ever been tested for radon (age adjusted to the year 2000 standard population)	20.7% BRFSS 2014		19.8% BRFSS 2016		24.8% CCAI (20%)	■

Early Detection and Screening

Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection							
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Target Met**
6.2	Age-adjusted rate per 100,000 females of breast cancer diagnoses at late stage (regional and distant)	42.7 CDRI 2013 (rev)	46.0 CDRI 2014	40.4 CDRI 2015	43.0 CDRI 2016 * Stage Change	38.4 CCAI (10%)	■
6.3	Age-adjusted mortality rate, female breast cancer	20.7 BVRHS 2014	22.3 BVRHS 2015	21.4 BVRHS 2016	21.6 BVRHS 2017	18.6 CCAI (10%)	■

CCAI Goals – Some Progress Made

Goal 8: Reduce the numbers of deaths and new cases of colorectal cancers through screening and early detection							
Indicator	**Measure**	**Baseline**	**January 2017**	**Oct 2017/ Jan 2018**	**March 2019**	**2020 Target**	**Target Met**
8.2	Age-adjusted rate per 100,000 of invasive colorectal cancer incidence	35.8 CDRI 2013 (rev)	36.1 CDRI 2014	35.9 CDRI 2015	34.3 CDRI 2016	32.2 CCAI (10%)	■
8.3	Age-adjusted mortality rate, colorectal cancer	12.9 BVRHS 2014	12.3 BVRHS 2015	13.2 BVRHS 2016	13.1 BVRHS 2017	11.6 CCAI (10%)	■

Treatment

Goal 10: Increase timely access to quality cancer diagnostic and treatment services for all Idahoans							
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Target Met**
10.1	Percentage of Idaho adults aged 18-64 with health care coverage (age adjusted to the year 2000 standard population)	79.3% BRFSS 2014	82.2% BRFSS 2015	80.6% BRFSS 2016	80.1% BRFSS 2017	95.2% CCAI (20%)	■
10.3	5-year relative survival ratio, adjusted for age and primary site mix (NAACCR cancer survival index)	63.6 CDRI 05-11	63.9 CDRI 06-12	64.4 CDRI 07-13	64.2 CDRI 08-14	65.6 CCAI (Best states)	■

Comprehensive Cancer Alliance for Idaho

CCAI Goals – Some Progress Made

Goal 11: Increase opportunities to access and participate in cancer treatment clinical trials							
Indicator	**Measure**	**Baseline**	**January 2017**	**October 2017**	**March 2019**	**2020 Target**	**Target Met**
11.1	Percentage of cancer patients who enroll in treatment-related clinical trials	20.5% Ages 0-19		23.3% Ages 0-19	12.5% Ages 0-19	50.0% Ages 0-19	
		1.7% Ages 20+ CDRI 2015		2.2% Ages 20+ CDRI 2016	3.4% Ages 20+ CDRI 2017	5.0% Ages 20+ CCAI	■

Prioritize!

Closing Remarks

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Thank you!

Visit www.ccaidaho.org for more information about CCAI, materials from this meeting, and future events.