**Delaware Cancer Consortium**

**Advisory Council**

**July 11, 2022**

**Approved- Minutes**

**VIRTUAL MEETING**



**Welcome/Review/Approval of minutes**

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| **Members** |  |
| Did not participate | Katy Connolly – Chair |
| Participated | Alonna Berry – Governor’s Office |
| Participated | Heather Bittner-Fagan – Christiana Care Health System |
| Participated | Ruth Briggs-King – Delaware House of Representatives |
| Participated | Deborah Brown, CHES – American Lung Association |
| Participated | Stephen Grubbs, MD – American Society of Clinical Oncologists |
| Participated | Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware Lt. Governor |
| Did not participate | Kendra Johnson – Delaware House of Representatives |
| Did not participate | Ernesto Lopez – Delaware Senate |
| Did not participate | Meg Maley, RN, BSN – Welldoc, Inc. |
| Participated | Nicholas Petrelli, MD – Christiana Care - Helen F. Graham Cancer Center |
| Did not participate | Marie Pinkney – Delaware Senate |
| Participated | Tim Ratsep – Delaware of Natural Resources and Environmental Control |
| Participated | Rishi Sawhney, MD – Bayhealth Medical Center |
| Participated | James Spellman, MD, FACS, FSSO – Beebe Healthcare - Tunnell Cancer Center |
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| **Staff** |  |
| Participated | Helen Arthur– Delaware Division of Public Health |
| Participated | Maxwell Amoako – Delaware Division of Public Health |
| Participated | Lisa Moore – Delaware Division of Public Health |
| Participated | Sumitha Nagarajan – Delaware Division of Public Health |
| Participated | Rosemary Doughten – Delaware Division of Public Health |
| Participated | Christina Gardner – Delaware Division of Public Health |
| Participated | Shebra Hall – Delaware Division of Public Health |
| Participated | Jim Talbott – Delaware Division of Public Health |
| Participated | Corinthia Elliott – Delaware Division of Public Health |
| Participated | Diane Ng – Westat (Delaware DPH Contractor) |
| Participated | Alex Parkowski – AB&C (Delaware DPH Contractor) |
| Participated | Lisa Gruss – Quality Insights (Delaware DPH Contractor) |
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| **Guests** |  |
| Participated | Albert Rizzo – Christiana Care |
| Participated | Zach Jump – Christiana Care |
| Participated | Rita Williams – Beebe Healthcare |
| Participated | Nora Katurakas – ChristianaCare |
| Participated | Allison Gil – American Cancer Society |
| Participated | Louisa Phillips – Delaware Health Care Association |
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**Review/Approval of Minutes**

Vice Chair Dr. James Spellman began the virtual meeting at 8:30 am. Dr. Nicholas Petrelli motioned to approve the January 2022 minutes, and Dr. Stephen Grubbs seconded the motion. All participants voted to approve the minutes as written.

Ms. Helen Arthur, Health Promotion & Disease Prevention Section Chief, introduced the new Cancer Prevention & Control Bureau Chief, Maxwell Amoako. Mr. Amoako provided a brief statement on his background, advising that he previously worked in the Division of Prevention and Behavior Health Services (DPBHS) as a Mental Health Program Administrator II. He was responsible for all Division spending plans and Community Mental Health Block Grant. He has over eleven (11) years of State of Delaware government experience, including being the Grant Administrator for the Senior Community Service Employment Program and Older American Act Grants with the Division of Services for Aging and Adults with Physical Disabilities.

**2022 Retreat Recap**

Ms. Helen Arthur gave a recap of the 2022 Delaware Cancer Consortium Retreat. She provided the below information:

* **ATTENDANCE**
  + 143 Registrants
  + 104 Attendees
  + 89 Peak Active Attendees
    - Attendees spent an average of 2 hours 33 minutes on-screen

73% Turnout – above the industry average for virtual programs

                         (industry avg. is 68%)

* **MEDIA RELATIONS**
  + AB&C secured 20 news media placements –

     TV, Radio & Print with regional, state & local coverage

* + 86.7% of attendees found Retreat informative
  + 55% were DCC members
  + 86% found topics were above average and excellent in relevance
* **WHAT ATTENDEES LIKED/WISHLIST FOR FUTURE RETREATS**
  + Wealth of information
  + Learning realities of cancer and how to combat
  + Learning about programs available to individuals with cancer
  + More interaction with presenters
  + Ability to network
  + Testimonial presentations

**Delaware Cancer Treatment Program (DCTP) Spending Update**

Ms. Helen Arthur provided a spending update on the Delaware Cancer Treatment Program (DCTP). The number of people participating in the Delaware Cancer Treatment Program (DCTP) is 1,914. In 2020, DCTP received 78 applications with 44 being approved and 34 denied as not eligible. The program received 86 applications in 2021 with 52 being approved and 34 not approved. Currently, there are 66 clients enrolled with 43 of them coming under the financial hardship waiver. About 90% of the population approved for financial hardship waiver are Medicare clients. As approved for the fiscal year 2023 budget, there was $3.5 million allocated for DCTP spending which includes a $200,000 cost for the administration of claims by the Division of Medicaid and Medical Assistance (DMMA) transferred to DMMA each year as agreed upon in a memorandum of understanding.

Representative Ruth Briggs-King inquired why people are not accepted into the DCTP. Ms. Arthur responded that there are regulations that govern the program, and the eligibility criteria is listed on the website. Currently there two appeals in process that are being reviewed by the Deputy Attorney of their certificate of diagnosis. If the program begins to make exceptions, it is then open to not being sustainable financially. Rep. Briggs-King suggested to possibly re-evaluate the criteria to be eligible to participate in the program and was glad that the program was looking into the regulations. No further discussion occurred.

**Statewide Lung Cancer Screening Process with the American Lung Association**

Dr. Petrelli advised that lung cancer screening data has been dumped into the American College of Radiology (ACR) as the data source and there have been problems, so he got a group together to discuss the issue. The group included Nora Katurakas, Dr. Rizzo, Zach Jump and American Lung Association (ALA). The group thought Delaware could pilot a very simple data form to get the information needed in terms of number of cases and the stage of the cases, race and ethnicity to understand where we need to improve. A form was developed that centers in Delaware could utilize and the American Lung Association would be the data collection agency as opposed to the ACR in order for us to get our outcomes in the state. Dr. Albert Rizzo reiterated that the data has been blessed as inaccurate, but it is the best we have. The ALA has used the data over the last several years to compile a statewide report called *State of Lung Cancer*. The new form is a pilot in Delaware to see if it will give us more accurate info. Mr. Zach Jump advised that we tried to keep the form simple with four basic questions – we would love to have more but trying to be realistic – gender, race, ethnicity and for tumors actually found, stage. The form would be shared for centers participating in low dose CT scanning then the info will be sent to ALA. Dr. Grubbs asked if this info is going to be annual aggregate number of data once a year to get information back – is the plan for annual report. He continued he understood the need to keep the form simple, but will it actually give the information you are looking for? Dr. Spellman asked if the questionnaire is just to make up for gaps and demographic information and that it wasn’t being captured correctly? Dr. Petrelli responded that it is about basic outcomes, asking how we are doing in the state when it comes to screening, especially in outcomes and how many cancers are we finding, what stages are they and where. He ended the conversation advising that they will put together a team to further discuss and to try and come up with a solution. Lt. Governor Hall-Long also offered help if other agencies need to be contacted.

**HPV Five Year Plan Update**

Mr. Jim Talbott from the Division of Public Health, Immunization Program provided an update on the HPV Five Year Plan. Mr. Talbott began by saying a two dose schedule is recommended for people who get the first dose before their 15th birthday. In a two dose series, the second dose should be given six – 12 months after the first dose. The minimum interval is five months between the first and second dose. If the second dose is administered after a shorter interval, a third dose should be administered a minimum of five months after the first does and a minimum of 12 weeks after the second dose. A three dose schedule is recommended for people who get the first dose on or after their 15th birthday and for people with certain immunocompromising conditions. If the schedule is interrupted, vaccine doses do not need to be repeated. Immunogenicity studies have shown that two doses of HPV vaccine given to 9-14 year olds, at least six months apart provided as good or better protection than three doses given to older adolescents or young adults. The number of HPV vaccinations given tends to increase in the summer months to coincide with adolescents receiving other back to school vaccines and doctor visits. Delaware remains above average compared to the national average in survey data for females ages 13-17 years receiving the HPV vaccine. Future HPV activities in the program include hiring of an Immunization Quality Improvement Program (IQIP) Coordinator. Focus for IQIP is on the adolescent platform and confirming with CDC to allow for COVID funding to be used for HPV ad buys. Other updates on the Five Year Plan include a contract with vendor Quality Insights to provide training to medical providers on initiatives to increase provider’s knowledge on HPV vaccinations, communication techniques and vaccination coverage information to promote successful administration of HPV vaccinations. Work with Department of Education (DOE) has stalled as there has been no return communication from DOE. An Objective of the plan is to promote the HPV vaccine as cancer prevention and not a sexually transmitted disease.

**AB&C Campaigns – LGBTQ and Lung Cancer**

Ms. Alex Parkowski of Aloysius Butler & Clark (AB&C) Advertising Agency presented information on the ad campaigns for LGBTQ and Lung Cancer. She began saying that lung cancer is the number one cause of death in Delaware and nationally. Smoking is the primary cause of lung cancer. Although mortality rates are trending downward, there are still a large percentage of people who die every year from lung cancer. Lung cancer screening is available, but the actual number of people being screened is low. In Delaware, only 9% of those at high risk had a lung cancer screening. A top reason those at high risk are not getting screened is that their doctor never recommended it. The campaign goal is to increase lung cancer screening rates by increasing awareness of the importance of getting screened for lung cancer and to educate health care providers on lung cancer screening guidelines and increase lung cancer screening referrals. Some recommended tactics to reach the goals are using paid media tactics, provider education campaign and a robust grassroots outreach initiative in targeted zip codes. Extra emphasis will be placed on populations including adults living in rural areas, military veterans, LGBTQIA adults, adults who did not graduate high school, adults making less than $35,000 a year, uninsured adults, those with mental or behavior health conditions and those in public housing.

Ms. Parkowski continued presenting information on LGBTQIA situation and ad campaigns. Data shows individuals who identify as LGBTQIA have low cancer screening rates in Delaware and nationally. Behavioral risk factors contribute to increased cancer rates amongst this population. The goal of the ad campaigns is to increase cancer screening rates amongst the LBGTQIA population by empowering this audience to schedule and get screened for cancer – specifically cervical, breast, colon, prostate, and lung cancers. The key message is if you are a member of the LGBTQIA community, you are at a higher risk for cancer.

BGTQIA

**Breast Cancer Data Brief**

Ms. Sumitha Nagarajan, Chronic Disease Epidemiologist presented the new one pager Breast Cancer Data Brief. Based on research of cancer reports from other states, it was decided to create cancer data briefs, comprehensive annual reporting and establish Epi Working Group to discuss changes to cancer data analysis and reporting and to create innovative methods of presenting data to stakeholders and the public. Joinpoint trend calculation starts with the minimum number of joinpoints and tests whether more joinpoints are statistically significant and must be added to the model. This is a more reliable method for analyzing trends and uses statistical modeling. The Breast Cancer Data Brief highlights that breast cancer is the most commonly diagnosed cancer among females in the U.S. and Delaware. Delaware ranked 12th in the U.S. for female breast cancer incidence and 15th in the period 2014-2018. During this time period, there were 4,237 female breast cancer cases diagnosed. In 2020, 73% of Delaware females aged 40 and older reported having a mammogram in the past two years. A data brief on Prostate Cancer will be released in August along with informative data on childhood cancer. The Annual Incidence and Mortality report will be released in October and include information on all-site cancers, census-tract compendium and comprehensive incidence and mortality tables. Ms. Nagarajan informed the group that an Epi Working Group has been formed to create sub-county homogenous reporting zones that are more granular than county-level reporting, but still large enough to provide sound epidemiological data.

**Sharing Time**

Dr. Petrelli and Dr. Grubbs shared that there will be a Biden Moonshot Early Detection & Prevention RFP and it would be good for Delaware to partner with NCI Alliance. They continued saying that Delaware has a proven track record and reputation in this area. NCI Alliance is a cooperative group with over four decades experience in clinical trials both in treatment and prevention. Details of the RFP are not yet known as it has not been released. As a state we are leaders in screening area so if we can partner with the Alliance, it would strengthen getting some type of grant that could help the state. A vote was taken, and all agreed to pursue the RFP once it is released. Mr. Helen Arthur inquired if there is a specific entity in mind to apply for the RFP once it drops. Dr. Grubbs responded that it would be through the cooperative group, so the Alliance would be the one submitting for the RFP. Dr. Petrelli confirmed that the Alliance would be handling.

Dr. Spellman asked the Advisory Council members if the October 10, 2022, meeting should be in person or continue to be virtual. Dr. Grubbs suggested a hybrid meeting and Dr. Petrelli seconded the motion. It was agreed upon for the next meeting to be a combination of in-person for those wishing to attend and virtual for anyone not able to be in-person. Previous meetings have been at Del Tech, Terry Campus (DTCC) and the Duncan Center. DTCC is undergoing renovations and is not available. The Duncan Center has closed and is not available. DPH staff will look to find a location and send out information prior to the October meeting.

**Public Comment**

There was no public comment.

**Adjournment**

Co-Chair, Dr. Jim Spellman thanked all for participating and adjourned the AC meeting at 9:56 am.

**Attachments**

   

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Rosemary Doughten (Rosemary.Doughten@delaware.gov or 302-744-1000).

**Future Meeting (s)**

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| **Next Meeting:**  **Monday, October 10, 2022 – Hybrid – Virtual and In-Person at Edgehill Training Center, Dover, DE** | **2023 meetings:**  **TBD** |