**Attendees**

**Delaware Cancer Consortium**

**Early Detection & Prevention Committee**

**October 14, 2019**

**Minutes-APPROVED**

**The Outlook at the Duncan Center**

**500 West Loockerman Street**

**Dover, DE**



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| **Members** |  |
| Did Not Attend | Vikas Batra, MD, FACP, FC – Sussex Pulmonary & Endocrine Consultants, PA |
| Attended | Heather Bittner-Fagan – Christiana Care Health System |
| Did Not Attend | Kathleen Connors-Juras – American Cancer Society |
| Did Not Attend | Vicky Cooke – Delaware Breast Cancer Coalition |
| Did Not Attend | Tiffany Edwards – Sussex County Health Coalition |
| Did Not Attend | Stephen Grubbs, MD – American Society of Clinical Oncology |
| Attended | Nora Katurakes, RN, MSN, OCN – Christiana Care Health System |
| Attended | Kate Mastalski – American Cancer Society |
| Attended | Stephanie McClellan – Bayhealth Medical Center |
| Attended on phone | Carolee Polek, RN, MSN, PhD – DE Diamond Chapter of the Oncology Nursing Society |
| Attended | Judith Ramirez – Beebe Hospital – Tunnell Cancer Center |
| Did Not Attend | Albert Rizzo, MD FACP FCCP – Christiana Care Health System |
| Attended | Lisa Schirtzinger – Nanticoke Health Services |
| Did Not Attend | Robert Sikes, PhD. – University of Delaware |
| Attended | Sarah Toborowski – Quality Insights |
| Did Not Attend | Crystal Wright – Henrietta Johnson Medical Center |
| Attended | Michael R. Zaragoza, MD, FACS – Delaware Prostate Cancer Coalition |
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| **Staff** |  |
| Did Not Attend | Helen Arthur- Delaware Division of Public Health |
| Attended | Rosemary Doughten – Delaware Division of Public Health |
| Attended | Melissa Keiper – Delaware Division of Public Health |
| Attended | Jessica Miles – Delaware Division of Public Health |
| Attended | Jim Talbott – Delaware Division of Public Health |
| **Public/Guests** |  |
| Attended | Vikki Benson – Westside Family Healthcare |
| Attended | Midline Estimable – Delaware Breast Cancer Coalition |
| Attended | Jasmin Fuentes – Westside Family Healthcare |
| Attended | Allison Gil – American Cancer Society |
| Attended | Lisa Gruss – Quality Insights |
| Attended | Trina Turner – Bayhealth Medical Center |
| Attended | Heather Entenmann – Merck Vaccines |
| Attended | Cheryl Diday – Merck Vaccines |
| Attended | Erica Boule – Nemours Health and Prevention Services |
| Attended | LeAnn Myers – Westside Family Healthcare |
| Attended | Janna Harrison – Student at Bayhealth |
| Attended | Jasmin Fontes – Westside Family Healthcare |
| Attended | Brian Tomlee – Merck Vaccines |
| Attended | Carla Brison – Westside Family Healthcare |
| Attended | Jenny Rowland– Helen F. Graham Cancer Center |
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**Welcome/Review/Approval of minutes**

**Review/Approval of Minutes**

Chair, Dr. Heather Bittner-Fagan called the meeting to order at 10:05 am with all present introducing themselves. Nora Katurakes made a motion to accept the July 7, 2019 meeting minutes as written and Kate Mastalski seconded the motion.

**Fast MRI for Breast Cancer Screening**

Dr. Jenny Rowland, Diagnostic Radiology, Helen F. Graham Cancer Center, provided background on Fast MRI for Breast Cancer Screening. She reviewed randomized control trials from the1970’s, in which they all confirmed that screening mammography decreases mortality by at least 20%. Unfortunately, screening mammography is limited, especially in women with dense breast tissue.

A grass roots effort was started by Ms. Nancy Cappelio, a patient who was unaware that she had dense breast tissue, received a screening mammogram which was normal. However, six weeks later while being examined by her physician, the physician found a lump in her breast that turned out to be cancer and had spread to her lymph nodes. The goal of Nancy’s efforts was designed for women to become aware of whether they had dense breast tissue and the limitations they may have with mammography screening. As a result, of Nancy’s efforts, on February 15, 2019 federal legislation mandated breast density notification for all 50 states. While looking at the population, results show about 10% of woman have fatty breast tissue, 10% have extremely dense tissue, and about 80% are in the middle between scattered and heterogeneous. Women who are considered to have dense breast tissue, have either heterogeneous or extremely dense breast tissue on their mammogram. Dr. Rowland explained that breast density is included in some breast cancer risk assessment models such as the Tyrer-Cuzick Model. This risk assessment model is the most comprehensive and the most widely used risk assessment model in clinical practice. In addition, mammographic interpretation of density is important because it can affect whether or not a woman is considered high risk, which in turn affects how often she gets screened, with which modalities and whether or not she participates in other risk reducing strategies.

Dr. Rowland stated that if women have increased breast density, it increases their risk of having breast cancer. This increased risk leads to the question, should those women with dense breast tissue undergo supplemental breast imaging? One modality that could be used is the Fast Breast MRI, which is not affected by breast density, and requires no radiation. The Fast MRI for breast cancer screening has a total scan time of less than 10 minutes as compared to 45 minutes for a standard breast MRI. Results have confirmed that Fast Breast MRI can detect an additional 15-18 out of 1000 cancers. The 2D Mammography, 3D Mammography, and Breast Ultrasound does not detect nearly as many cancers in addition to the type of cancer it is able to detect. Also, the MRI has a 0-6% interval cancer rate, while the mammography only provides a 20% interval cancer rate, in which interval cancers have worse prognosis. Interval breast cancer is defined as a cancer that is diagnosed in the inter-screening interval. For example, the cancer is diagnosed after a negative screening mammogram and before the next routine screening mammogram. She shared the pros and cons to Fast Breast MRI as listed below:

Pros:

* Fast acquisition
* Faster interpretation
* No radiation
* Equal Accuracy to full MRI protocol
* Increased sensitivity for more biologically relevant disease

Cons:

* Invasive lobular carcinoma is less vascular
* Intravenous contrast
* Claustrophobia
* Cost (out-of-pocket)
* Availability

Dr. Rowland reviewed breast screening guidelines, which indicate that if a person has a known genetic mutation greater than 20% lifetime risk, supplemental imaging with an MRI should be completed. Additionally, women should undergo an MRI who have dense breast tissue, and a history of breast cancer diagnosed before age 50. Women who are eligible for the Fast Breast MRI are those who are asymptomatic, as well as those who have had breast cancer, and those who are at an intermediate risk. Intermediate risk is defined as one who has a risk of cancer that is calculated by one of the models (Tyrer-Cuzick Model) as 15 to 20 percent. Finally, a risk assessment is recommended for all women by the age of 30, especially those women of Ashkenazi Jewish descent and African-American women.

**HPV vaccination and academic detailing**

Mr. Jim Talbott, Immunization Program Manager, provided an update on the status of the Human Papilloma Virus (HPV) 5-year plan. He went on to review the recent 2018 National Immunization Survey (NIS-Teens) that was published in late August which included 18,700 adolescents aged 13-17. Of these adolescents; 8,928 were females, and 9,772 were males. According to the survey, there was an increase in the first dose of HPV from 65.1% to 68.1%. There was an increase in the up-to-date rates which rose from 48.6% to 51.1%. The up-to-date rates rose 4.4 percent in males as compared to 0.6% in females. The results from the survey also showed an increase in Medicaid Insurance coverage which was higher (74.4%) than Private Insurance (65.6%). Mr. Talbott discussed that the survey included a status report of provider recommendation of the HPV vaccination. The results indicate that Delaware is 8th in the nation for the prevalence of recommendation from the provider. According to the status report, 78.5% of those individuals reported receiving a recommendation from their provider; meanwhile, 52.7% of individuals have been vaccinated without a recommendation from their provider.

According to the NIS-Teens data, females who have received the first dose of the HPV vaccination has increased by 1.3%. Results show increases in the Black and Hispanic populations receiving the first dose of HPV immunization; however, there was a decrease in the White population for the years 2017 and 2018. NIS-Teens data confirms an increase of 5% in females receiving the second dose of the HPV vaccine. Data also shows there was a decrease in the third HPV vaccine dose in comparison to the second dose. Up-to-date HPV vaccination increased by 4% for females which puts Delaware approximately 10% higher than the national average.

Mr. Talbott continued with results of the HPV vaccinations for males which includes:

* 1st dose of HPV- slight decrease from 74.5% to 70.7%
* Aggregated results- slight decrease in Black population, and a large increase in Hispanic and White population.
* 2nd dose of HPV- slight decrease from 63% to 56.4%
* 3rd dose of HPV- slight decrease from 42.7% to 36.2%
* Series Completion/Up-to-date - slight decrease from 56.7% to 53.1%

Despite the results showing a slight decrease in males receiving the vaccination, Delaware is still above the National average. Mr. Talbott continued with the results from the most current HPV dashboard from the immunization information system (IIS). IIS results confirm a a small number of children ages 9-10 who had received the HPV vaccine versus those aged 11-12. Overall, there was an increase in vaccines given to those children age 11-12 which include 5,733 who received the first dose. 1,687 children were up-to-date on their vaccine and these rates were quite lower than those who received their first dose. Also, Mr. Talbott provided a comparison between the IIS and the NIS-Teens which shows the first dose was within 5% of the national average. This is the closest Delaware has been to the national average when discussing first dose. Delaware is within 10% of the national average for those children who are up-to-date. Continuing with results, a majority of shots being given by vaccines for children (VFC) providers and it has been reported that 465 providers are giving the vaccines. The New Castle County Detention Center was the top provider for providing the 1st dose of HPV vaccinations for more than 25 patients. Last year’s Champion for providing the most 1st dose HPV vaccinations was Nemours-Jessup Street, who came in second this year, and was the top provider for providing up-to-date HPV vaccinations.

Mr. Talbott reviewed the future HPV activities for 2020. The Centers for Disease Control and Prevention has implemented a new Immunization Quality Improvement Program that focuses on 25 percent of the programs that need assistance. Also, there will be collaboration with American Cancer Society that includes sharing resources, as well as providing outreach and communication. In addition, the 5-year plan includes:

* Meeting with school nurses to review the child survey rate
* Meeting with insurance providers on how they can assist with HPV coverage
* Quality Insights will continue to provide training
* Continuing to provide training on the Immunization Information System
* Data Reconciliation project is increasing by including Christiana Care to the contract
* Set up meetings with different colleges and universities throughout the State to create a consensus on immunization standards

Ms. Lisa Gruss, Quality Insights, provided a recruitment update in which they have contacted 100 sites. Out of the 100 sites approximately 35 sites were recruited, and 7 sites declined. Currently, they are trying to work with Christiana Care in regards education and data reconciliation. Many sites were interested in data reconciliation. These sites have transitioned from paper to electronic medical records and would like to be able to review their rates and move to a more sustainable model of improvement. Quality insights is also working with Nemours to capture date for those children up to age 13.

Highlights of Quality Insights success includes:

* Identifying champions earlier
* Pull in a multidisciplinary team
* Results of 1st dose HPV: Six-month follow-up
* Site 1- 62%/80%
* Site 2- 62%/62%
* Site 3- 58%/71%
* Site 4- 73%/82%
* Results 2 Up to Date HPV: Six- month follow-up
* Site 1- 42%/47%
* Site 2- 26%/34%
* Site 3- 9%/21%
* Site 4-36%/39%
* Practices with quality improvement initiatives engaged quickly, but need to evaluate sustainability.
* Full office engagement from pediatrics

Ms. Gruss reviewed the HPV Data Reconciliation Pilot which included a 12% increase in the up-to-date HPV vaccination rates, and a 3% increase in the 1st dose HPV vaccination rates. Also, she reviewed the barriers to vaccination including:

* Not having enough staff
* Inadequate financial resources to supply the vaccines
* Provider may already have vaccine initiatives in place
* Policies in health systems may make it difficult to put initiatives in place

Ms. Stephanie McClellan, Bayhealth Medical Center, asked why the HPV vaccination isn’t mandated? Dr. Bittner-Fagan said they have previously discussed whether it should be mandated. At that time, the DCC Advisory Council agreed that with it not being completely covered by insurance companies, in addition to good rates on those who have received the vaccination, and it could open the door for providers wanting other vaccines mandated as well.

**Lung Cancer Screening Registry data update**

Ms. Melissa Keiper, Division of Public Health, provided the lung cancer screening registry data update. Ms. Keiper stated the request has been submitted. Unfortunately, the American Cancer Registry (ACR) cannot provide 2015 and 2016 data because the number of facilities providing the information is a small group that cannot maintain the confidentiality. On the other hand, the Delaware Cancer Registry has the records from 2015 and 2016 that provides enough data. Ms. Keiper is still waiting for the ACR committee to provide a final decision on decide if they will provide the data.

**Sharing Time**

Ms. Alison Gil shared an upcoming event known as the Great American Smokeout sponsored by the American Cancer Society will be held on November 21st. Also, the American Cancer Society is holding a face-to-face training for health care professionals that want to become coaches in the community on November 12th and 13th.

**Public Comment**

Ms. Nora Katurakes with Christiana Care Health System made the committee aware that goal three of the state cancer plan (orange book) which references expanding mobile cancer screening may need to be revised since there is no longer a mobile cancer screening unit.

**Adjournment**

The meeting was adjourned at 11:30 am.

**Attachments**



Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Jessica Miles (Jessica.Miles@delaware.gov or 302-744-1065).

**Future Meeting (s)**

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| **Next Meeting:**  **Monday, January 13, 2020, 10:00 am – 11:30 am**  **Corporate Training Center at Delaware Technical Community College**  **400 Campus Drive, Dover, DE 19904** | **Remaining 2020 meetings:**  **Monday, April 20, 2020**  **Monday July 13, 2020**  **Monday, October 12, 2020** |