



Delaware Cancer Consortium
Early Detection & Prevention Committee
April 12, 2021
Minutes-DRAFT
Virtual Meeting

Attendees

Members

Did not participate	Vikas Batra, MD, FACP, FC – Sussex Pulmonary & Endocrine Consultants, PA
Participated	Heather Bittner-Fagan, MD, MPH – Christiana Care Health System
Did not participate	Tiffany Edwards – Sussex County Health Coalition
Participated	Allison Gil, American Cancer Society
Participated	Stephen Grubbs, MD – American Society of Clinical Oncology
Did not participate	Sarah Hutton, EdD – Boys and Girls Club of Delaware
Participated	Nora Katurakes, RN, MSN, OCN – Christiana Care Health System
Did not participate	Stephanie McClellan, MSN, RN, CMSRN – Bayhealth Medical Center
Did not participate	Lauren Moore, Tidal Health, Nanticoke
Participated	Sue Murray, DE Breast Cancer Coalition
Participated	Carolee Polek, RN, MSN, PhD – DE Diamond Chapter of the Oncology Nursing
Did not participate	Albert Rizzo, MD, FACP, FCCP – Christiana Care Health System
Did not participate	Robert Sikes, PhD. – University of Delaware
Participated	Sarah Toborowski – Quality Insights
Did not participate	Crystal Wright – Henrietta Johnson Medical Center
Did not participate	Michael R. Zaragoza, MD, FACS – Delaware Prostate Cancer Coalition

Staff

Participated	Rosemary Doughten – Delaware Division of Public Health
Participated	Melissa Keiper – Delaware Division of Public Health
Participated	Sierra Martinez – Delaware Division of Public Health
Participated	Sumitha Nagarajan – Delaware Division of Public Health
Participated	Christina Gardner – Delaware Division of Public Health

Public/Guests

Participated	Robyn Biehn – Christiana Care Health System
Participated	Rita Williams – Beebe Healthcare
Participated	Charlene Marinelli – Christiana Care Health System
Participated	Krissy McMahon – Aloysius, Butler & Clark
Participated	Hope Markman – Aloysius, Butler & Clark

Welcome/Review/Approval of minutes

Review/Approval of Minutes

Chair, Dr. Heather Bittner-Fagan began the meeting at 10:02 am. A motion was made by Dr. Stephen Grubbs to approve the April 2021 minutes, seconded by Ms. Carolee Polek, and all participating approved the minutes as written.

COVID-19 Cancer Screening Campaign Presentation

AB&C Account Supervisor, Krissy McMahon, presented the COVID-19 cancer screening campaign that is being launched later this month. ~~This campaign that~~ brings three hospital systems [Christiana](#)

Care, Bayhealth and Beebe Healthcare and the Delaware Division of Public Health (DPH) together for a uniform outreach approach to increase cancer screening awareness. The goal of the campaign is to communicate the importance of scheduling cancer screenings and safely resuming care now that the vaccine is available, and the pandemic has begun to subside. The campaign will run for approximately two and one-half months and include print ads (newspapers), radio spots, digital (Facebook, Instagram, Spotify). Fact sheets have been created in English, Spanish and Haitian Creole reminding the importance of cancer screenings. ~~It is a broad message. Messaging is broad, does not target specific cancer types and focuses on the importance of early detection to save lives. and does not target any specific cancer. The message is that early cancer detection is important and can save lives. The fact sheets contain phone numbers to ChristianaCare, Bayhealth and Beebe Healthcare. Contact information to direct Delawareans to specific individuals to screenings at each of the health systems is located on campaign materials.~~ Dr. Rishi Sawhney commented that the screening age for colon cancer on the fact sheets is 50 years of age but now the recommended age is 45. Dr. Steve Grubbs agreed and also mentioned Cologuard test should be added. ~~Dr. Grubbs stated that he is giving a presentation this afternoon to Astra Zeneca and he asked to use several of the slides on the campaign. He continued saying our state is often used as a model in cancer screening/treatment programs and is known as the "Delaware Program".~~

Colorectal Cancer Screening Disparity

Dr. Stephen Grubbs gave a presentation on updated colorectal cancer screening data from the Behavioral Risk Factor Surveillance System (BRFSS), which ~~is done~~ is published by the CDC. Dr. Grubbs commented that prior to 2014, BRFSS screening questions were based on adults age 50 and older+ who had ~~ever~~ never had a sigmoidoscopy or colonoscopy. After 2014, BRFSS screening questions were based on adults aged 50-74 who ~~have had fully~~ met the United States Preventive Services Task Force (USPSTF) recommendation. From 1999 to 2014, there was a 36.9% increase in adults age 50+ receiving a colonoscopy or sigmoidoscopy in Delaware. Delaware remained consistently higher than the national median. By 2014, 76% of adults in Delaware age 50 and older+ had received a colonoscopy or sigmoidoscopy. From 2014-2018, the prevalence of meeting the USPSTF CRC screening recommendation has remained stable. Delaware was still slightly above the national average. From 2014-2018 there is a very small difference between Delaware prevalence and the United States median for meeting USPSTF CRC recommendation by race. In Delaware, from 2002-2014, CRC screening rates increased 35% among Caucasians and 45% among African Americans. With the prior methodology, the chart shows Delaware reached its goal in 2010, but in 2014 the divergence was starting to appear. From 2007-2011 the mortality rate between Caucasians and African Americans came together, but after that the data started to diverge again. Dr. Grubbs said the most important piece of data to remember is what do we do with mortality? Dr. Grubbs asked the group to consider:

- What else do we need to look at ~~data~~ data-wise?
- Do we need to re-invigorate this program for the disparity issue?

Dr. Grubbs looked at the tumor registry and looked at staging data based on race and saw a dramatic down staging of colon cancer in the African American community which may have led to the mortality decline there. Dr. Grubbs also suggested looking into colorectal cancer screening rates by race or by diagnosis.

Ms. Nora Katurakes commented how people may be paying more attention now to messages about preventive cancer screenings due to better technology such as Facebook. The previous campaign with the billboards and testimonials was ten years ago. Nora also mentioned how recently when a screening turns into a diagnostic screening it creates a financial situation for the patient, which creates a barrier preventing patients from going to future screenings.

Charlene Marinelli added that if a polyp is found during a screening colonoscopy, it is switched to a diagnostic colonoscopy and Medicare will cover the expense. There is an issue for some patients that 80% would be covered and 20% would be their financial responsibility, but it depends on the insurer.

Dr. Bittner-Fagan discussed up to 40% of patients being reluctant to do a colonoscopy after receiving a positive ~~F~~fit test or ~~C~~eoLoguard when they are solely dependent on Medicare. She suggested also looking at the cancer registry and age and diagnosis to see if the data distributes differently in terms of demographics. If the data shows a younger age at diagnosis, especially in certain groups, then it would enable the committee to push for earlier screening guidelines.

Ms. Sarah Toborowski from Quality Insights commented that she noticed the rates after 2011 started diverging when the Affordable Care Act (ACA) came into place in 2010, and if patients had a high ~~deductible~~deductible, they may have been deterred to do their preventive cancer treatments and/or screenings.

~~Ms. Sierra Martinez, DPH, provided information to the committee for an individual to be considered underinsured for the Screening for Life (SFL) P~~program. ~~If an individual's Program Administrator for the Screening Forfor Life and Health Care Connections programs responded to Ms. Toborowski saying that if a person's deductible is greater than 15% greater than of their income, and meet other program eligibility criteria, they would may qualify for assistance with the Screening For LifeSFL~~ program.

Ms. Katurakes discussed another barrier to screenings with the ~~Screening to LifeSFL~~ program specifically being the ability to obtain a Medicaid denial letter. ~~According to Sierra Martinez said the Screening For LifeSFL enrollment staff is able to check has the ability to check the Delaware State's Medicaid system to determine if a person has been denied for Medicaid eligibility.~~ The federal guidance is 250% ~~of federal poverty level FPL~~ or below to be eligible for ~~MedicaidSFL~~.

Ms. Charlene Marinelli added that the increase in unemployment has changed the eligibility for individuals applying for the ~~Screening Forfor LifeSFL~~ program, because their income now shows higher with the unemployment benefits they are receiving.

Review Colorectal Cancer Screening Guidelines

Dr. Bittner Fagan said in May the United States Preventive Services Taskforce (USPSTF) came forward with a recommendation to lower the ~~screening~~age to begin screening for colorectal cancer ~~to screening at~~ 45 instead of 50. All major guidelines have now fallen into agreement, and the American Cancer Society (ACS) really led the way in 2018. The USPSTF released their draft in 2020 and in May 2021 it was accepted by the America College of Gastroenterology (ACG), and the National Comprehensive Cancer Network (NCCN).

Dr. Bittner-Fagan said the data shows an increase in mortality and ~~incidents~~incidence. When ~~looking you look at all the at~~ data from all ages, it appears ~~as if there is not as though there is no~~ significant increase in mortality. However, ~~when you extract the people when you remove the group of individuals who are receiving their being diagnosed is~~ in the younger age group, it has grown significantly. ~~Dr. Bittner-Fagan suggested provided this data as the evidence is reasoning for supporting the decision in lowering the age of initiating colorectal cancer screening to 45 years, guidelines and asked if any committee members opposed lowering the Screening For Life colorectal cancer screening guidelines to age 45 from 50.~~ Dr. Bittner-Fagan provided committee members with ~~an opportunity to accept or oppose this change.~~ No members opposed and the new guidelines were ~~unanimously~~ accepted.

Ms. Nora Katurakes asked Ms. Sierra Martinez if the new guidelines for Screening For Life would have appropriate funding to pay for the new ~~five~~5 years difference. Melissa Keiper responded to Ms. Katurakes confirming that ~~Screening For Life~~Colorectal Cancer screening is a state funded screening and that ~~the~~ funding ~~streams~~ expenditures would be monitored monthly. Dr. Stephen Grubbs suggested reporting on the monthly funding for the new guidelines at the next Delaware Cancer Consortium meetings in ~~October~~October 2021.

Ms. Sarah Toborowski brought up a webinar that discussed how private insurers, Medicare, and Medicaid do not have to change their guidelines immediately to start covering the new colorectal cancer screening age of 45 from 50. Some plans may opt-in to cover these guidelines early, but they are not required to do so. Ms. Sierra Martinez said she would reach out to the Medical Director for DMA to determine the timeframe for any ~~improvements~~improvements, and she should be able to provide an update for the next Early Detection and Prevention committee meeting in October.

Sharing Time

Dr. Stephen Grubbs suggested a two to five-year plan in regard to lung cancer data. Ms. Melissa Keiper added that a draft of the five-year plan would be available at the next meeting in October for review.

Dr. Bittner-Fagan had everyone introduce themselves per an earlier request made from Ms. Nora Katurakes.

~~Christina Gardner, Delaware Division of Public Health, supports the Chronic Disease Bureau and the Delaware Cancer Consortium.~~

~~Sierra Martinez is the Program Administrator for the Screening for Life and Health Care Connections Program.~~

~~Dr. Stephen Grubbs is a medical oncologist. He started a practice from scratch in Wilmington in 1984. In 2015 Dr. Grubbs left the practice to work in Washington D.C. for the American Society of Clinical Oncology.~~

~~Mrs. Rosemary Doughten also work for the Health Promotion Disease Prevention Section for the Division of Public Health doing a lot of the preparations for the Delaware Cancer Consortium meetings. She was taking the meeting minutes before Christina Gardner came along.~~

~~Ms. Nora Katurakes works for Christiana Care with their Community Outreach program.~~

~~Ms. Rita Williams is from Beebe Healthcare.~~

~~Ms. Krissy McMahon is with Aloysius, Butler & Clark, and they do the marketing for things such as the COVID-19 Cancer Screening campaign.~~

~~Ms. Hope Markman is also with Aloysius, Butler & Clark, and she provides monitoring and recording for the future viewings of the meetings.~~

~~Ms. Charlene Marinelli is the Colorectal Cancer Screening Nurse Navigator from Christiana Care. She works under MS. Nora Katurakes, and she has been with the program since 2005.~~

~~Ms. Robyn Biehn is a lung screening Nurse Navigator who once worked under Dr. Grubbs.~~

~~Ms. Sarah Toborowski works with Quality Insights and they are currently working with over fifty practices in Delaware to try to increase breast, cervical, colorectal, and lung cancer screening rates.~~

~~Ms. Allison Gil has been with the American Cancer Society for twenty-one years, and a member of the Early Detection & Prevention Committee when it was just the Colon Committee.~~

Public Comment

No comments were made during this time.

Adjournment

The meeting was adjourned at 11:23 am.

Attachments



Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Christina Gardner (Christina.Gardner@delaware.gov or 302-744-1020).

Future Meeting (s)

Next Meeting: Monday, October 11, 2021 Location - TBD	Remaining 2021 meetings: Monday, October 11	Commented [A1]: Do we have the 2022 schedule yet?
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