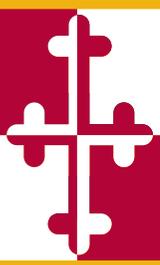


Maryland Plan
Comprehensive
Cancer Control
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This cancer plan is dedicated to all the courageous Marylanders and their families who fight or have fought a battle against cancer. The Maryland Comprehensive Cancer Control Plan serves as a tribute to your valiant efforts.

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Note

The Maryland Comprehensive Cancer Control Plan was directed by the Department of Health and Mental Hygiene with broad input from a partnership of public and private stakeholders. The purpose of the Plan is to set forth measurable objectives and strategies to reduce the burden of cancer in Maryland. The Plan fulfills grant requirements for the Centers for Disease Control and Prevention.

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Acknowledgments

OVER THE COURSE OF A TWO-YEAR PLANNING PROCESS, individuals and organizations from around the state of Maryland donated their time, expertise, and experience to the development of this Maryland Comprehensive Cancer Control Plan (MCCCP).

Sincere thanks must go to the individuals who made up the committees that were charged with developing this plan's chapters. The combined efforts of the researchers, lay citizens, public health staff, healthcare providers, and cancer survivors who served on the committees resulted in chapters that capture current issues in cancer control and offer strategies that will make an impact on the cancer burden in this state. A list of committee members is provided at the beginning of each chapter.

The members of the Maryland State Council on Cancer Control participated in, and, in some cases, provided leadership for, various committees. Council members also participated in chapter review and contributed their time, organizational resources, and expertise during the entire planning process. Various offices within the Maryland Department of Health and Mental Hygiene contributed staff resources to the creation of the plan, including:

Family Health Administration

- Center for Cancer Surveillance and Control
- Center for Health Promotion, Education, and Tobacco-Use Prevention
- Center for Maternal and Child Health
- Office of Chronic Disease Prevention
- Office of Health Policy and Planning
- Office of the Maryland WIC (Women, Infants and Children) Program
- Office of Oral Health

Infectious Disease and Environmental Health Administration

- Environmental Health and Food Protection Program

Office of Minority Health and Health Disparities

The collaborative efforts exerted in this process were integral to the writing of the MCCCP. This same collaboration will continue to be vital as we work to implement the strategies of the plan and to impact the cancer burden in Maryland.

Preface

The plan is a resource for all Marylanders (individuals, healthcare providers, and organizations) on cancer control topics. It is also a guide for health professionals who are involved in planning, directing, implementing, evaluating, or performing research on cancer control in Maryland.

THIS PLAN represents the coordinated effort of nearly 250 individuals across the state who came together through 14 committees to develop a document that reflects the needs of Marylanders. It was developed by a broad partnership of public and private stakeholders whose common mission is to reduce the burden of cancer in Maryland. This plan was developed by Marylanders for Marylanders.

Comprehensive cancer control is a method of communities working together to control cancer by reducing risk, detecting cancers early, improving treatment, and enhancing survivorship. The goal is to maximize limited resources to achieve desired cancer prevention and control outcomes. The benefits of comprehensive cancer control are shown in Table 1.

The structure of this plan is similar to previous versions and follows the definition of comprehensive cancer control, including topics on primary prevention through survivorship and palliative care. Each chapter contains goals, objectives, and strategies to serve as a guide for cancer control in Maryland. Although there are more than 100 different cancer sites, it was not feasible to cover every cancer site in this plan. Rather, this plan covers those cancer sites, interventions, or issues that we know from research will have an impact on cancer incidence, morbidity, mortality, and quality of life.

A LIVING DOCUMENT

THIS MCCCPC will be a living document for cancer control planning in Maryland. The plan was designed with the intent of updating chapters individually as needed. To accomplish this, the cancer plan Web site (www.marylandcancerplan.org) will be the central location for cancer plan information.

A PDF version of the plan is available on the Web site, along with additional resources, background information, and links. Each chapter

of the plan has a page on the Web site, which will be updated regularly as new research and recommendations are released and as implementation efforts take place across the state.

DATA IN THE PLAN

SIGNIFICANT EFFORTS WERE MADE toward consistency of data years reported throughout this plan. Incidence and mortality statistics are reported through 2006, the most recent data year available at the time of writing. Behavioral Risk Factor Surveillance System (BRFSS) and Maryland Cancer Survey data are reported for the most recent year available at the time of writing, which varies from topic to topic, based on which survey questions were asked in various years.

Some of the Goals and many of the Objectives in the Plan give specific data targets to be met by the year 2015. In most cases, trend data through

TABLE 1

The Benefits of Comprehensive Cancer Control

A UNITED FRONT IS MORE POWERFUL.

Comprehensive Cancer Control offers the power of collaboration to what otherwise might be a lonely fight. The result is a powerful network of groups that speaks with one voice about reducing cancer risk, detecting cancers earlier, improving access to quality cancer treatment, and improving quality of life for cancer survivors.

WORKING TOGETHER IS MORE EFFICIENT.

By putting Comprehensive Cancer Control plans into action, coalitions prevent overlap and direct resources to where they matter most in every state and in many tribes and US territories.

COLLECTIVE ACTION CREATES NEW ALLIES.

People from all corners of the cancer community are gaining new allies by participating in Comprehensive Cancer Control. This allows them to pool resources, share expertise, and gain new insights into better ways to get the job done.

COALITIONS CAN TACKLE CROSS-CUTTING ISSUES.

A united front against cancer can tackle major issues—like better access to quality care, survivorship, health disparities, and quality of life—that are too broad and cross-cutting for any one organization to confront alone.

Source: Centers for Disease Control and Prevention. National Comprehensive Cancer Control Program. Comprehensive Cancer Control Fact Sheet, 2008.

the most recently available data years were used to establish these targets. Through this method, known data values were used to predict a future value for the year 2015 by using the statistical method of linear regression. If the trend was moving in the desired direction to control cancer, the 2015 target was set according to this trend. If the trend was not moving in the direction desired to control cancer, the target was set at a rate that would reflect the reversal of this undesired trend. In a few cases, this method was not used. Rather, targets were set to mirror those previously set by another plan or program. When this is the case, the source of the target is described in a footnote.

It is recognized that many factors influence data from year to year, and this method of projecting targets based on actual data does not take into account demographic, screening, funding, or other factors that may influence the trend in the future. For this reason, the 2015 targets may be overly aggressive in some chapters. However, for standardization across all chapters, we have used a single method with consistent data. See the Appendix for more information on data and targets in the plan.

DEVELOPMENT PROCESS

BECAUSE THE BASIS OF THIS PLAN was the 2004-2008 MCCCCP, the planning process followed a similar structure. A committee was formed for each chapter, and in general consisted of no more than 25 members including epidemiologists, health-care providers, researchers, cancer survivors, the general public, and other representatives from local and state health departments, governmental agencies, community-based organizations, academic health centers, hospitals/other health-care facilities, and cancer support groups.

Co-chairs were selected for each of the 14 committees. The DHMH staff worked closely with the chairs to develop agendas, timelines, and materials for committee meetings and to coordinate operational matters. Over the course of several meetings, the committees reviewed materials and employed a variety of methods to accomplish their goal: to revise or write a new chapter and develop a set of recommendations to improve cancer control on their given topic. Committee members, as well as guest speakers

and chapter contributors, are listed at the beginning of each chapter.

PLAN IMPLEMENTATION

THE GOALS, OBJECTIVES, AND STRATEGIES at the end of each chapter serve as a guide to all organizations in the state and show areas where additional attention is needed. Collectively, the goals, objectives, and strategies are far-reaching and complex. No one organization can carry out all of these activities. Rather, these goals, objectives, and strategies are listed as our call to action to encourage any organization involved in any aspect of cancer control to address one or more of these goals and objectives and to apply the appropriate strategies as resources and opportunities arise. The implementation of the MCCCCP will be further facilitated by committees that will meet to select priorities and create specific action plans.

MEASURING PROGRESS

A PROGRESS REPORT ON THE 2004-2008 MCCCCP was created with input from the nearly 250 committee members involved in writing the new plan. Committee members reviewed the goals, objectives, and strategies of the 2004-2008 MCCCCP and reported on progress known for each. In the future, progress on the goals, objectives, and strategies of the new plan will be recorded on an ongoing basis as the plan is implemented.