2018-2023 New York State Comprehensive Cancer Control Plan (Plan) Highlights Document

This document is intended to help NYS Cancer Consortium Steering Committee and General Members promote awareness about the 2018-2023 NYS Comprehensive Cancer Control Plan and the NYS Cancer Consortium to local, regional, and statewide partners.

1. WHAT IS THE CANCER PLAN?

- The Plan is a five-year strategic framework for New York State (NYS) to address cancer prevention and control activities to ease the burden of cancer in local communities and throughout NYS. The first Plan was released in 2003.

- The Plan is required by the Centers for Disease Control and Prevention (CDC) as a deliverable of the CDC-funded Comprehensive Cancer Control Program, managed by the NYS Department of Health (NYSDOH).

- The Plan was created in collaboration with the NYSDOH and NYS Cancer Consortium (Consortium), with input provided by national and state-level subject matter experts and healthcare professionals. The Consortium is a voluntary network of individuals and organizations that collaborate to address the cancer burden in NYS (see page 4 of the Plan, "About the NYS Cancer Consortium" for more information).

2. WHAT'S IN THE CANCER PLAN?

- Seven "Priority Areas for Action", which reflect both the continuum of cancer prevention and control and broad areas that affect efforts across the continuum.
  1. Cancer-Related Health Equity
  2. Health Promotion and Cancer Prevention
  3. Early Detection
  4. Treatment
  5. Palliative Care
  6. Survivorship
  7. Healthcare Workforce

- Each "Priority Area for Action" section of the Plan contains background information about the status of work in the area; objectives to measure improvements; suggested evidence-based strategies or promising practices to make improvements; and other related resources and links.

- 56 objectives, comprised of five developmental objectives and 51 tracking indicators for measurable objectives to guide policies, programs, and other actions to reduce the cancer burden in NYS. An online dashboard established by the NYSDOH serves as a key source for monitoring statewide progress on Plan objectives.

- A "Call to Action" section with ideas and activities for individuals and organizations of all kinds to help reduce the burden of cancer in New York State. No matter how small these activities may seem, all New Yorkers can make a difference at home, at work, and in their communities.

3. WHAT'S NEW IN THE 2018-2023 PLAN?

Notable additions and changes to the 2018-2023 Plan include:

- New "Priority Area for Action" titled "Cancer-Related Health Equity for All New Yorkers" to address health disparities in cancer prevention, diagnosis, and access to treatment (section II-1, page 15.

- Updates to "Tobacco Use" (section II-2.5, page 29) include additional information on e-cigarettes to address the increase in the use of e-cigarettes, especially among high school students since the last plan was developed.

- New section and measurable objectives on "Alcohol Use" (section II-2.1, page 18) in the "Health Promotion and Cancer Prevention" priority area outline research that shows evidence that excessive drinking of alcohol increases the risk for many cancer types.

- "Early Detection" (section II-3, page 39) now includes reference to recommendations for lung cancer screening.

- "Treatment" (section II-4, page 43) was updated to include sample patient empowerment questions to support provision of high quality care for patients and families.

New and updated measurable objectives:

- The 2018-2023 Plan includes a total of 56 objectives, comprised of five developmental objectives and 51 tracking indicators for measurable objectives. Developmental objectives indicate topics important to cancer prevention and control, but which lack a baseline data source. Measurable objectives have a reliable, established baseline data source.
    - Select measurable objectives included in the previous version of the Plan were updated based on new data sources, knowledge, and updated guidelines.
    - New measurable objectives not previously included in the Plan were added to address: emerging cancer prevention and control priority areas, disparities, and areas that previously lacked available baseline data sources such as survivorship.

- A list of all the 2018-2023 Measurable Objectives is included in Appendix D (page 67) of the Plan.

4. WHAT DATA & DATA TRENDS SHOULD I COMMUNICATE TO PARTNERS?

In the Cancer Plan, please refer to the Snapshot of Data in New York (section I, page 5), Cancer-Related Health Disparities in New York (section I, page 11), and Plan Priority Areas (section II, page 15) for specific cancer data.

- Cancer is the second leading cause of death in the state.
- Annually, more than 100,000 New Yorkers learn they have cancer, and more than 35,000 succumb to the disease.
- Lung cancer is the number one cancer killer for both men and women (9,000 men and women each year) in NYS.
- There are more than 1 million cancer survivors (people ever diagnosed with cancer) in NYS.
- Overall, the number of people in NYS diagnosed with cancer each year has been steadily increasing. This is due to increases in New York's elderly population, who are more likely to develop cancer.

Changes in Cancer Prevention and Control since the 2012-2017 Plan:
Data for 24 indicators related to the 2012-2017 NYS Comprehensive Cancer Control Plan objectives are tracked in the New York State Comprehensive Cancer Control Plan Dashboard. These 2012-2017 indicators monitor progress towards achieving 2017 targets in the areas of health promotion and cancer prevention and early detection. Progress is assessed by comparing baseline values to the most recently available data point. Of the 24 indicators:

- 11 objectives met or exceeded the 2012-2017 Cancer Plan targets
- 6 objectives improved from baseline
- 2 objectives had no detectable change from baseline
- 6 objectives worsened from baseline

For specific information about progress on each indicator, refer to "Final Progress for Measurable NYS Comp Cancer Control Plan 2012-2017 Objectives".

5. WHAT DOES THE 2018-2023 PLAN SAY?

II-1: Cancer-Related Health Equity for All New Yorkers (page 15)

All New Yorkers will have the opportunity to make choices that lead to good health, live in social and physical environments that promote good health, and have access to quality healthcare.

What are this section's main points?
This section of the Plan highlights the fact that the risk of developing or dying from cancer is linked to a variety of physical and social determinants of health which contribute to an individual's ability to achieve good health. Lack of health insurance and low socio-economic status are some of the strongest factors contributing to cancer health disparities.

The Plan offers suggested strategies and approaches that, if implemented, could promote programs and policies which both help document and address health disparities; increase access to healthcare services; and ensure that services are available and accessible for all populations across the continuum of cancer care.

How will progress be monitored?
The Consortium will monitor progress on several measurable objectives specifically focused on disparities, including the percentage of adults who are current cigarette smokers and in lower income households or report poor mental health; and percentage of adults in lower income households who receive colorectal cancer screening.

II-2: Health Promotion & Cancer Prevention (page 18)

All New Yorkers will have access to evidence-based information, resources and opportunities to understand and reduce their risk of cancer.

Alcohol Use (page 18)

What are this section's main points?
This section of the Plan highlights the fact that excessive alcohol use increases an individual's risk for several cancer types, including: oral cavity and pharynx, larynx, esophagus, liver, colon, rectum, and female breast cancers.

The Plan offers suggested strategies and approaches that, if implemented, could increase public awareness about the risks and consequences of excessive and/or chronic drinking; as well as reduce alcohol consumption among underage youth.

How will progress be monitored?
The Consortium will monitor progress on several measurable objectives including: the percentage of adults who binge drink; adults who heavy drink; and the percentage of high school youth who drink alcohol.

Environmental & Occupational Exposure (page 20)

What are this section's main points?
This section of the Plan highlights the fact that exposure to certain substances due to geography, occupation, social norms, lifestyle, and diet may have cancer-causing potential. For known carcinogens, prevention efforts should focus on reducing the length of time, concentration, and intensity of exposure to substances and toxicants in the environment, workplaces, and in consumer products.

The Plan offers suggested strategies and approaches that, if implemented, could improve individual and employers' awareness and understanding of the risks of exposure to cancer-causing substances in the environment and in workplaces.

How will progress be monitored?
No appropriate data sources were available to develop measurable objectives for this focus area; however, the Consortium supports the suggested strategies provided in this section.

Genetics & Family Health History (page 23)

What are this section's main points?
This section of the Plan highlights the fact that mutations or changes in genes passed on from biological parent to child can cause some cancers, such as breast, colorectal, and ovarian cancer. Genetic testing and knowledge of family health history (when possible) can help inform an individual's healthcare decisions and promote specific interventions aimed at reducing risk.

The Plan offers suggested strategies and approaches that, if implemented, could enhance public knowledge about the importance of genetics and family history for cancer risk and management; as well as promote the recommended use of genetic counseling and testing and collection of family health histories.

How will progress be monitored?
The Consortium will monitor progress on several developmental objectives specific to this topic including assessing available data sources to: measure the number of individuals who receive screening and referral to cancer genetic services; the use of hereditary cancer risk assessments; and the percentage of colorectal tumors tested for inherited gene mutations.

Physical Activity, Nutrition, & Breastfeeding (page 25)

What are this section's main points?
This section of the Plan points out that about one in three cancers diagnosed in our country are linked to poor nutrition, physical inactivity, and obesity. Thirteen different cancers are strongly linked with obesity and include cancers of the esophagus, breast, colon and rectum, endometrium, gallbladder, gastric cardia, kidney, liver, ovary, pancreas, thyroid, meningioma, and multiple myeloma.

Breastfeeding is highlighted in this section because breastfed babies have a lower risk of being obese in their childhood, and because mothers who breastfeed have a lower risk of some cancers.

The Plan offers strategies and approaches that, if implemented, could increase opportunities for physical activity and access to nutritious foods for adults, adolescents and children; and support for breastfeeding mothers.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the percentage of adults, adolescents and children who are obese; percentage of adults who are overweight; percentage of adults who report participating in physical activity; percentage of adults who report consuming fruits and vegetables less than one time each day; and percentage of mothers who report any breastfeeding and exclusive breastfeeding their child through six months.

Tobacco Use (page 29)

<u>What are this section's main points?</u>
This section of the Plan points out that one out of every three cases of cancer is linked to tobacco use. It is also the leading preventable cause of death in New York and the United States.

The use of electronic cigarettes (e-cigarettes) has been added to this section because, even though use of traditional tobacco products among NYS high school students has declined, e-cigarette use has nearly doubled.

The Plan offers strategies and approaches that, if implemented, could decrease youth and adult smoking rates through individual behavior change, clinical services, and policy, systems, and environmental change.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the percentage of youth using any tobacco (including e-cigarettes); percentage of adults who are current cigarette smokers; percentage of current smokers who report that their healthcare providers assisted with smoking cessation; percentage of smokers who made a quit attempt; and percentage of adults who report being exposed to secondhand smoke.

Ultraviolet (UV) Radiation (page 32)

<u>What are this section's main points?</u>
This section of the Plan highlights the fact that exposure to ultraviolet (UV) radiation from the sun and from indoor tanning can both lead to skin cancer. UV radiation from the use of indoor tanning devices (beds, booths, and lamps) before age 35 increases the risk for melanoma by 75%.

The Plan offers strategies and approaches that, if implemented, could prevent new cases of skin cancer through policies and community-wide interventions which focus on reducing UV exposure in both outdoor settings and indoor tanning facilities; as well as education and promotion of individual sun safety behaviors.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the rate of melanoma among adults ages 20-34 years and the melanoma death rate.

Vaccine-Preventable & Infectious Disease-Related Cancers (page 35)

<u>What are this section's main points?</u>
This section of the Plan highlights the fact that virtually all cervical cancers are caused by human papillomavirus (HPV). HPV is also associated with vaginal, vulvar, penile, anal, and oropharyngeal (head/neck) cancers. The HPV vaccine is an effective form of cancer prevention and most effective when administered to both male and female adolescents ages 13-17 years old.

Chronic hepatitis B (HBV) and C (HCV) infections are included in this section because they are infectious diseases which attack the liver and have been associated with an increased risk of cancer. The HBV vaccine is the most effective measure to prevent HBV infection. There is no vaccine for HCV, but a screening test is available.

The Plan offers strategies and approaches that, if implemented, could increase HPV vaccination rates among adolescents ages 13 to 17 years in NYS; increase HBV vaccination rates; and increase HCV screening test rates among target populations.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the percentage of adolescents ages 13 to 17 years who have received the recommended number of doses of the HPV vaccine; the percentage of infants and children who have received the HBV vaccine; the percentage of NYS adults born between 1945 and 1965 who report having ever been tested for HCV; and the rate of liver cancer.

II-3: Early Detection (page 39)

All New Yorkers will receive age-appropriate, evidence-based, guideline-driven screening services for the early detection of cancer.

<u>What are this section's main points?</u>
This section of the Plan points out the importance of women getting screened for breast and cervical cancer screening, and both men and women getting screened for colorectal cancer. It also newly highlights the importance of lung cancer screening in men and women between the ages of 55 and 80 years who have a history of heavy smoking and either currently smoke or have quit within the past 15 years.

Some cancer screening tests can find cancers early, when they are most easily treated. In some cases, such as with cervical and colorectal screenings, growths can be found and removed before they ever become cancer.

Significant improvements were made between 2012 and 2017 in decreasing the incidence (number of new cases diagnosed) rate of late-stage breast, invasive cervical, and invasive colorectal cancers (based on the 2012-2017 Cancer Plan objectives).

Despite progress made to increase breast, cervical and colorectal cancer screening rates in NYS, additional work is needed to reach people without health insurance or a regular healthcare provider, as well as those with low incomes, and persons with disabilities.

The Plan suggests strategies and approaches that, if implemented, could increase public demand for cancer screening, increase access to screening by removing barriers and improve clinical workflows across healthcare settings.

How will progress be monitored?

The Consortium will monitor progress on several measurable objectives including: the percentage of women and/or men who receive breast, cervical, and colorectal cancer screenings according to guidelines; the incidence rate of late-stage breast, cervical, colorectal, and lung cancers; and the percentage of low-income adults who receive colorectal cancer screening according to guidelines. The Consortium also intends to establish a means to assess the percentage of high-risk adults who are screened for lung cancer.

II-4: Treatment (page 43)

All New Yorkers diagnosed with cancer will have equitable access to high quality cancer care.

What are this section's main points?

This section of the Plan emphasizes the importance of high-quality cancer care, and identifies nationally-accepted components that define high-quality. The existence of cancer treatment guidelines, quality standards to measure performance, and accreditation standards for treatment facilities are also reviewed.

The Consortium believes that every person diagnosed with cancer be empowered to demand high-quality cancer care. The Plan contains a list of recommended questions for persons diagnosed with cancer and their family members to use to understand the quality of care provided by a physician's office or treatment center.

The Plan suggests strategies and approaches that, if implemented, could support efforts to improve the quality of cancer treatment for all New Yorkers.

How will progress be monitored?

Acknowledging that statewide metrics for the quality of cancer care delivered by all physicians and treatment facilities in NYS are not available, the Consortium will monitor progress on several measurable objectives specific to the performance of New York hospitals accredited by the American College of Surgeons Commission on Cancer.

II-5: Palliative Care (page 47)

All New Yorkers will have access to evidence-based, evidence-informed and guideline-driven patient and family-centered palliative care services.

What are this section's main points?

This section of the Plan emphasizes that people facing serious illness such as cancer can benefit from palliative care at any stage of their illness to improve their quality of life. Palliative care is a wide range of supports for addressing pain management, social and emotional needs, and other symptoms of treatment.

The Plan provides strategies and approaches that, if implemented, could make palliative care more accessible, including education about palliative care to patients and their families; greater investments in provider training; research to document the benefits of palliative care; and incorporate high-quality palliative care in measurement, payment, and accreditation standards in the healthcare system.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the number of New York licensed physicians and nurse practitioners with a sub-certification in palliative care; the number of registered nurses in New York who have a certification in Hospice and Palliative Care; and New York State's grade on the Center to Advance Palliative Care Report Card.

II-6: Survivorship (page 49)

All New Yorkers will have equal access to evidence-based, evidence-informed and guideline-driven services and appropriate, high-quality follow-up care that supports cancer survivors, families and caregivers.

<u>What are this section's main points?</u>
This section of the Plan points out that the effects of cancer do not end with the last treatment. Rather, every day, survivors often experience challenges related to physical, psychological or spiritual well-being, relationships, and financial and legal matters.

The Plan offers strategies and approaches that, if implemented, could help ensure that healthcare providers and community-based organizations are helping meet the wide range of survivors' needs through the promotion of standardized survivorship care plans, survivorship self-management programs, and staff trainings and awareness.

<u>How will progress be monitored?</u>
The Consortium will monitor progress on several measurable objectives including: the percentage of adult cancer survivors (excluding skin cancer) who report receipt of a written survivorship care plan; the percentage of adult cancer survivors who report engaging in leisure-time physical activity; the percentage of adult cancer survivors who report poor mental health, poor physical health, or fair/poor general health.

II-7: Healthcare Workforce (page 52)

All New Yorkers will have access to adequate numbers of primary care and specialty providers with demonstrated competencies in cancer prevention and control.

<u>What are this section's main points?</u>
This section of the Plan highlights the fact that more can be done to build awareness and support for cancer-related fields as a career option; as well as equitable distribution of and support for existing primary care and oncology practitioners.

The role of primary care providers is discussed in this section because they are critical to the provision of cancer prevention, early detection, and survivorship care. A lack of access to primary care can have a negative impact on cancer outcomes.

Improved coordination and multidisciplinary teams (in consultation with the patient, caregivers, and family members) can positively affect treatment decisions, reduce time in treatment, and improve outcomes in patients.

The Plan suggests strategies and approaches that, if implemented, could support and maintain a quality, diverse, and accessible workforce to meet the needs of New Yorkers and respond to cancer in New York.

How will progress be monitored?
No appropriate data sources were available to develop measurable objectives for this focus area; however, the Consortium supports the suggested strategies provided in this section.

Appendices

The Plan includes four appendices which provide at-a-glance information about how to get involved in reducing the burden of cancer, who is involved in the NYS Cancer Consortium, and the objectives being measured in the 2018-2023 Plan.

Appendix A: What New Yorkers Can to Reduce the Burden of Cancer (page 55)

What are this Appendix's main points: This appendix contains ideas and activities for individuals and organizations of all kinds to help reduce the burden of cancer in New York State.

A Call to Action is included for each of the following audiences:

- All New Yorkers
- Healthcare Providers and Healthcare Organizations
- Local Health Departments
- Community or Faith-Based Organizations
- Employers
- Policy Makers or Elected Officials
- Schools or Institutes of Higher Education

Appendix B: New York State Cancer Consortium General Membership (page 63)

Appendix C: New York State Cancer Consortium Steering Committee (page 65)

Appendix D: About the 2018-2023 Comprehensive Cancer Control Objectives (page 67)