

# ***Vermont State Cancer Plan***

*A statewide plan to reduce the impact of cancer  
on individuals, families and communities in Vermont*

***December 2005***



*The Vermont Department of Health and Vermonters Taking Action Against Cancer, Vermont's cancer coalition, worked together to develop this plan.*

*Readers are invited and encouraged to participate in the plan's implementation by joining one or more of the coalition's work groups. The plan will be periodically updated as new information becomes available and as progress is made toward our shared goals.*

*This document is posted at: [www.healthvermont.gov/Cancer](http://www.healthvermont.gov/Cancer)*

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## **Dedication**

I am excited to dedicate the Vermont Cancer Control Plan to those Vermonters who are directly affected by cancer. Cancer is a life-altering experience. I know this from first hand experience as both caregiver and patient. A cancer diagnosis will likely touch every aspect of a person's life, not just at the time of diagnosis or during treatment, but for the duration of the person's life. And of course, all those who care for the person with cancer also feel the impact. This second Vermont Cancer Plan is a statewide effort to acknowledge the impact of cancer on quality of life.

The document that follows is the result of two years of work by Vermonters. One of the things that distinguishes this effort from any other is that cancer survivors and those whose lives have been touched by cancer have been active participants along with cancer advocates, health care providers and planners in developing this plan. This effort reflects a shared commitment to seeing the human face of cancer and not just the view of dry and impersonal statistics. We have an enormous task in front of us but I am encouraged by our progress to date.

I want to thank everyone who participated in the effort of developing the plan, but I especially want to acknowledge the cancer survivors who voluntarily gave considerable time and energy to the work. I want to dedicate the plan to those whose lives have been lost to cancer and to those of us who carry on after a cancer diagnosis.

Ellen Fein, MSW, LicSW  
CancerCoach  
Co-chair, Survivorship Work Group

## Vermonters Taking Action Against Cancer

The Vermont Department of Health acknowledges the time, expertise and resources contributed by members of *Vermonters Taking Action Against Cancer* (VTAAC) in creating Vermont's second State Cancer Plan.

VTAAC is a statewide partnership of more than 150 organizations, individuals and healthcare professionals working together to reduce the impact of cancer on individuals, families and communities across Vermont.

The members of the various VTAAC working groups met periodically between June 2004 and September 2005 to identify critical issues related to the cancer burden in Vermont; prioritize goals, establish objectives and develop strategies to meet these goals. The Vermont Department of Health thanks these members and commends them for their commitment and hard work.

**Comprehensive Cancer Control** is an integrated, collaborative approach to reducing the burden of cancer in Vermont by coordinating priorities, resources and efforts among many organizations and individuals.

Funded by a grant from the Centers for Disease Control and Prevention (CDC), Vermont's CCC program is one of 59 programs in place in states, tribes and territories of the United States.

**National partners** supporting comprehensive cancer control include the Centers for Disease Control and Prevention (CDC), the National Cancer Institute (NCI), American Cancer Society (ACS), American College of Surgeons (ACoS), Intercultural Cancer Council (ICC), and C-Change (formerly the National Dialogue on Cancer).

## **Cancer Control and Prevention**

Every day there are victories in the battle against cancer: new treatments, new methods of screening and early detection, and more and more people taking advantage of them.

Many forms of cancer can be prevented – especially by avoiding tobacco, having a good diet and regular exercise habits – and the prospect of surviving cancers which are detected early continues to improve.

In addition, more attention is being paid to pain management and comfort needs of cancer survivors at the end of their lives, including ensuring that patients' health care wishes are followed if they cannot speak for themselves.

### **Why a strategic plan for cancer?**

Cancer is the second leading cause of death in Vermont, claiming approximately 1,240 lives each year. For the past 40 years, the three leading causes of death in Vermont have been heart disease, cancer and stroke. Unlike the death rates for heart disease and stroke, the death rate for cancer has risen steadily over the last few decades.

Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, diet, obesity and lack of exercise, all of which can be changed through actions of individuals, communities and society.

Hundreds of organizations and individuals in our state are working to reduce the incidence, suffering and deaths due to cancer. Coordination among all of the people making a difference is needed to maximize resources and to efficiently deliver public health messages and services.

This plan will guide that coordination between the years of 2006 and 2010, and has been developed in agreement with Healthy Vermonter 2010 goals and American Cancer Society 2015 goals. It also reflects the goals and objectives identified in other state health plans, including Tobacco control, Obesity control, Environmental health and the Vermont Blueprint for Health.

## **Vermont Blueprint for Health and the State Cancer Plan**

The Vermont Blueprint for Health is Vermont's response to the challenge of chronic health conditions, such as cancer. The Blueprint approach calls for fundamental change in the health system at every level to help individuals and providers effectively prevent and manage chronic conditions.

The project is guided by a public-private partnership that includes state government, health insurance plans, business and community leaders, health care providers, and individuals living with chronic health conditions.

The Vermont Blueprint for Health is actively pursuing change in five broad areas:

- patient self-management
- provider practice
- community activation and support
- health information systems
- health system design

Effective chronic disease management – and optimal outcomes - is best achieved when informed patients work closely with a team of healthcare providers to develop appropriate treatment and care plans.

The work of this team of health specialists must be integrated with office procedures and information systems that support efficient, effective health monitoring and follow-up.

Expert providers are an important part of the team, but daily management of any chronic condition is provided by the patient and family members. Self-management includes following the established treatment and follow-up plan, dealing with stresses and perhaps changing personal behaviors to enhance overall health and well-being.

Encouragement of increased physical activity, healthy food choices, smoke-free environments, and transportation services for those in need are some examples of community efforts to maintain optimal health and prevent many chronic diseases. Communities can encourage use of recreation paths and facilities for all ages, farmers markets for fresh fruits and vegetables and promoting smoke-free activities.

Many of these aspects of the Blueprint for Health are woven throughout the Vermont Cancer Plan in its prioritized goals, objectives and strategies.

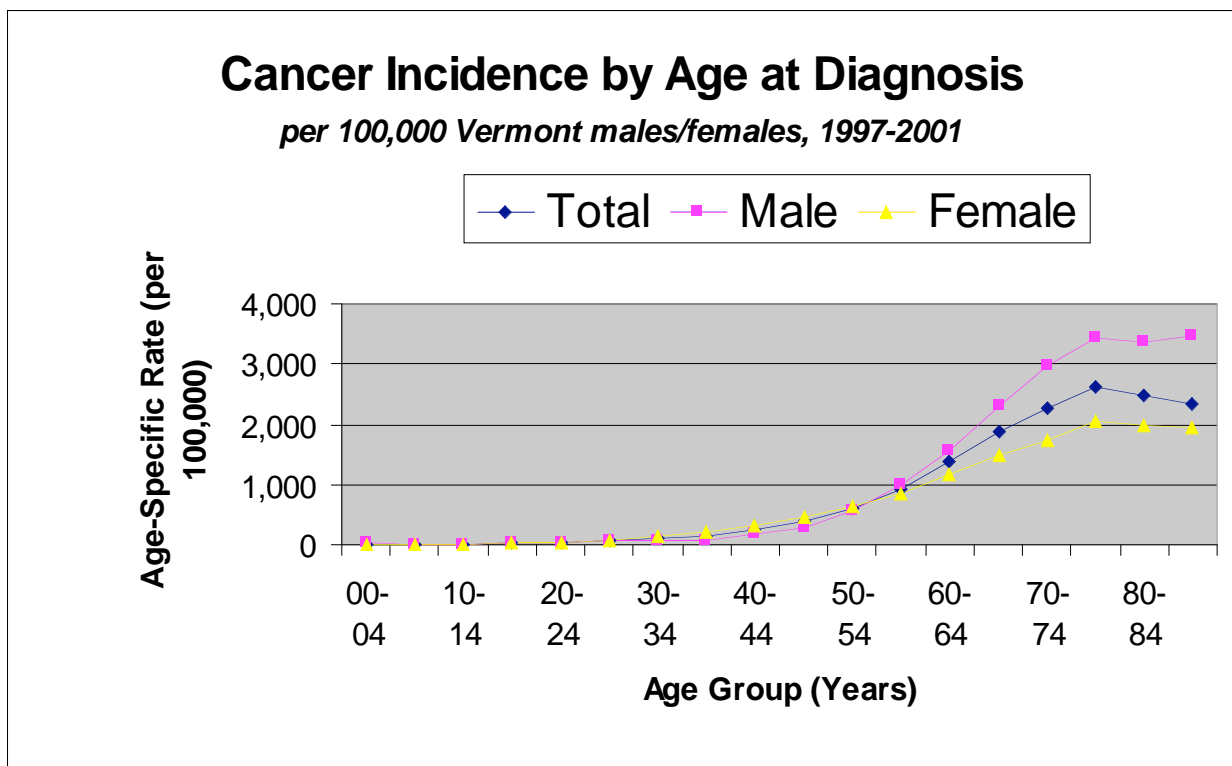
For more information about the Vermont Blueprint for Health, go to:  
<http://www.HealthVermont.gov>

## Cancer in Vermont

Cancer is a major health issue for Americans. In the U.S., nearly one-half of all men and more than one-third of all women will develop cancer in their lifetime. The estimated number of cancer survivors in the U.S. has doubled in the past 20 years to approximately 10 million. More than 20,500 Vermonters are estimated to be living with, through, and beyond a diagnosis of cancer.

Cancer is the name for a group of more than 100 different diseases that have similar characteristics. Cancers develop gradually over a period of time as a result of a complex mix of factors related to lifestyle, environment and heredity. Each type of cancer is caused by a different set of factors, some well established (such as smoking tobacco causing lung cancer), some uncertain, and some unknown. Many cancers are thought to result from more than one factor.

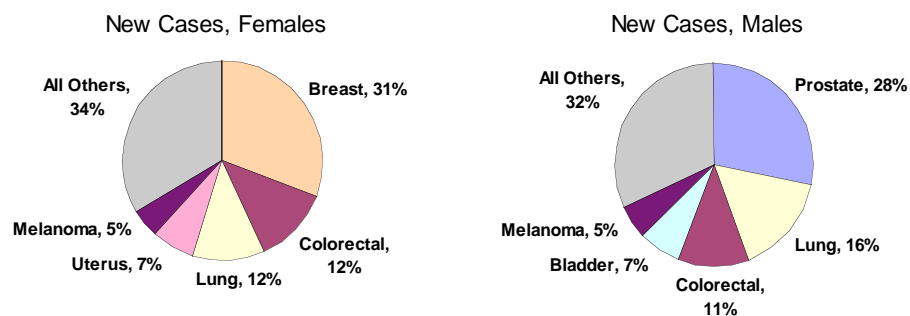
Cancer occurs in people of all ages; however the risk of cancer increases significantly with age. The following chart identifies the incidence of new cancers at varying ages.



## Most Common Cancer Sites

Each year an average of 3,064 new cases of cancer are diagnosed among Vermonters, and 1,236 people die with cancer. The five most common cancers diagnosed in men are prostate, lung, colon, bladder and melanoma. For women, the most commonly diagnosed cancers are breast, colon, lung, uterine and melanoma. These cancers account for 66 percent of all cancers among women, and 68 percent of all cancers among men.

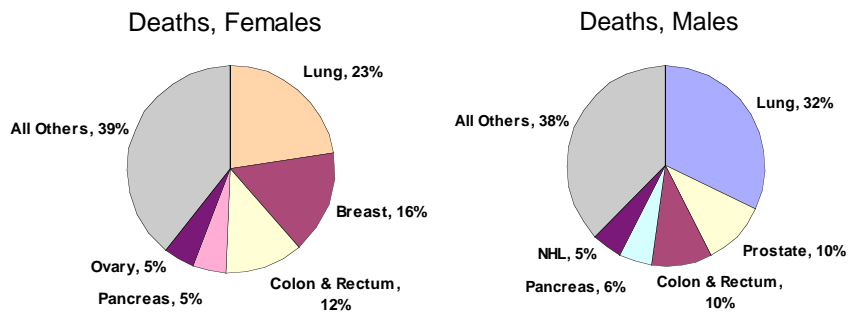
### Leading Cancer Sites, Vermont Incidence



Source: Vermont Cancer Registry, 1997-2001

Compared to the U.S., Vermont men have higher incidence rates of melanoma and lung cancer; Vermont women have higher incidence rates of melanoma, colon and uterine cancer.

### Leading Cancer Sites, Vermont Mortality



Source: Vermont Vital Statistics, 1997-2001

Compared to the U.S., Vermont men have higher death rates of colon and rectum cancer; Vermont women have higher death rates of uterine and bladder cancer.



## **Setting Priorities for Cancer Prevention and Control**

Opportunities to significantly reduce the burden of cancer exist all along the continuum of care from prevention, detection (screening), treatment, surviving cancer, pain management and end-of-life care. This plan promotes coordinated efforts throughout all of these areas over the next several years, and identifies priorities where we can have the highest impact for the most Vermonters with wise use of limited resources.

Prevention strategies for lung cancer (reducing smoking rate) and skin cancer (protection from sunlight), and screening tests for cancers of the colon, breast and cervix are all proven methods for reducing the burden of cancer. Therefore, these cancer sites are given priority in this plan. Our goals and objectives related to treatment access, quality of life and end-of-life care will impact Vermonters with any type of cancer.

Woven throughout these priorities are shared commitments to use sound epidemiology and cancer surveillance practices to guide our planning, research, collaborative activities, and resource use. In addition, we will continue to promote improvements in health among all Vermonters, and specifically addressing disparities among sub-populations.

The following list is a summary of the priorities identified by the members of VTAAC during our 2004-2005 planning process. The next section of this document outlines specific goals and objectives related to these priorities. Detailed strategies to reach these goals and objectives will be published periodically on our website ([www.HealthVermont.gov/cancer](http://www.HealthVermont.gov/cancer)).

We encourage you to help us reach these objectives by joining one or more VTAAC workgroups.

## **Summary of Strategic Priorities for Action**

### **Prevent future cancers by reducing exposure to known risk factors**

- reduce tobacco usage
- increase the percentage of smokers with children who prohibit smoking in their homes
- reduce the prevalence of overweight and obesity among youth and adults
- increase consumption of fruits and vegetables by youth and adults
- increase physical activity among youth and adults
- increase use of sunscreen by Vermonters when playing or working outside
- increase number of Vermont homes that have been tested for radon
- increase breast-feeding among Vermont mothers

### **Detect new cancers as early as possible through appropriate screening**

- increase colon cancer screening among Vermonters age 50 and over
- increase breast cancer screening among women age 40 and over
- increase cervical cancer screening among women age 18 and over
- promote informed decision-making about prostate cancer screening among men age 50 and over

### **Increase access to high quality cancer treatment and follow-up care**

- increase referrals for multi-modality treatment assessment
- reduce financial, geographic and cultural barriers to appropriate treatments
- increase availability and use of transportation services to access cancer treatment
- increase participation in clinical trials
- increase the proportion of Vermonters covered by health insurance

### **Improve the quality of life for people living with, through and beyond cancer**

- identify the most pressing needs of cancer survivors in Vermont
- develop strategies to address these needs
- advocate for necessary changes in services and policies

### **Improve end-of-life care for cancer patients**

- increase availability and use of existing care plans
- promote Hospice and palliative care among health care providers and patients
- collaborate to establish a statewide secure electronic database of advanced directives for healthcare and medical treatment

## **Preventing Future Cancers**

Cancer develops gradually over many years as a result of a complex mix of factors related to behaviors, genetics (heredity) and environment. Each type of cancer is caused by a different set of factors, some well established (such as cigarette smoking causing lung cancer), some uncertain and some unknown. Many cancers are thought to result from more than one risk factor.

A risk factor for cancer is a condition or an activity that increases a person's chance of developing a particular type of cancer. There is a wide range of risk factors associated with different types of cancers. Behavioral choices like over-exposure to ultraviolet light, tobacco use, alcohol consumption, poor diet, and lack of physical activity can increase a person's chance of getting cancer.

One of the primary ways to reduce the impact of cancer on Vermonters is to reduce the risk factors that can lead to cancer among Vermonters. Another is through regular screening tests. Cancers of the colon (large intestine) and cervix can actually be prevented by screening, since abnormal tissue can be found and removed before becoming cancerous.

Although not all types of cancers are preventable many can be prevented by not smoking, increasing physical activity, and eating a healthy diet that is low in fat, moderate in calories and high in fiber. These healthy lifestyle choices also significantly reduce the risk of other chronic diseases, such as heart disease and diabetes.

The following pages include goals and objectives toward preventing future cancers by reducing known risk factors. Many of these goals, objectives and strategies come directly from other statewide planning efforts relating to tobacco control, obesity prevention and other health issues. References and links to these plans and coalitions have been provided where appropriate.

## Tobacco Use Prevention and Cessation

Using tobacco is the leading cause of all preventable deaths in the US and Vermont. Exposure to carcinogens (cancer-causing substances) in tobacco products accounts for about one-third of all cancer deaths in the United States each year. More than 820 Vermonters die each year from tobacco-related illnesses, including cancers of the lung, mouth and throat, cervix and bladder.

Lung cancer is the leading cancer killer among men and women, accounting for nearly 30 percent of all cancer deaths in Vermont. Smoking tobacco is a leading cause of lung cancer, and exposure to second-hand smoke is also dangerous, especially to children. Prohibiting smoking in cars and homes is one way to protect children and adults from second-hand smoke.

**Goal:** Reduce tobacco usage and exposure to second hand smoke.

### Objectives:

- Reduce prevalence of smoking in the past month among youth in grades 8-12 from 20% in 2003 to 16% by 2010.
- Reduce prevalence of adult smoking from 20% in 2004 to 12% by 2010.
- Increase the percentage of Vermont smokers with children who prohibit smoking in their homes from 58% in 2004 to 65% in 2010.

### Vermonters Taking Action Against Cancer

*“It takes hard-core smokers an average of seven attempts before they stop smoking for good. For me, receiving the counseling and patches [from the Vermont Quitline] was an absolute godsend.*

*And, I knew I had to remove myself from the temptation to smoke. That meant not hanging out with people who smoke for at least a few months.”*

**—Robert Gaboriault of Burlington called the Vermont Quitline after smoking for 35 years.**

For more information about the Tobacco Control Program, go to:  
<http://www.HealthVermont.gov/hi/tobacco/tobacco.shtml>

## Healthy Eating Habits

Poor nutrition is the second leading actual cause of death in the US. One-third of the cancer deaths in the U.S. are due to poor nutrition and lack of physical activity. A poor diet can lead to obesity, which is known to increase a person's risk for cancers of the breast, colon, endometrium, esophagus, and kidneys. Diets high in saturated fats and low in fiber have been linked to various cancers, including breast and colon.

Poor nutrition habits started in youth often continue into adulthood and increase a person's risk for malnutrition, obesity, cancer, diabetes, heart disease, and other chronic health conditions.

It is recommended that people eat at least two servings of fruit daily and at least three servings of vegetables daily. In Vermont, only about half of Vermont adults eat the recommended servings of fruit and vegetables each day. Among youth in grades 8-12 meet the recommendations.

Body mass index (BMI) is an indicator of appropriate weight compared to height. A BMI higher than 25 indicates overweight, and a BMI higher than 30 indicates obesity. Over half (55%) of Vermonters age 18 and older were overweight or obese in 2003; up from 44 percent in 1992.

**Goal:** Reduce the risk of various cancers through healthful eating habits.

### Objectives:

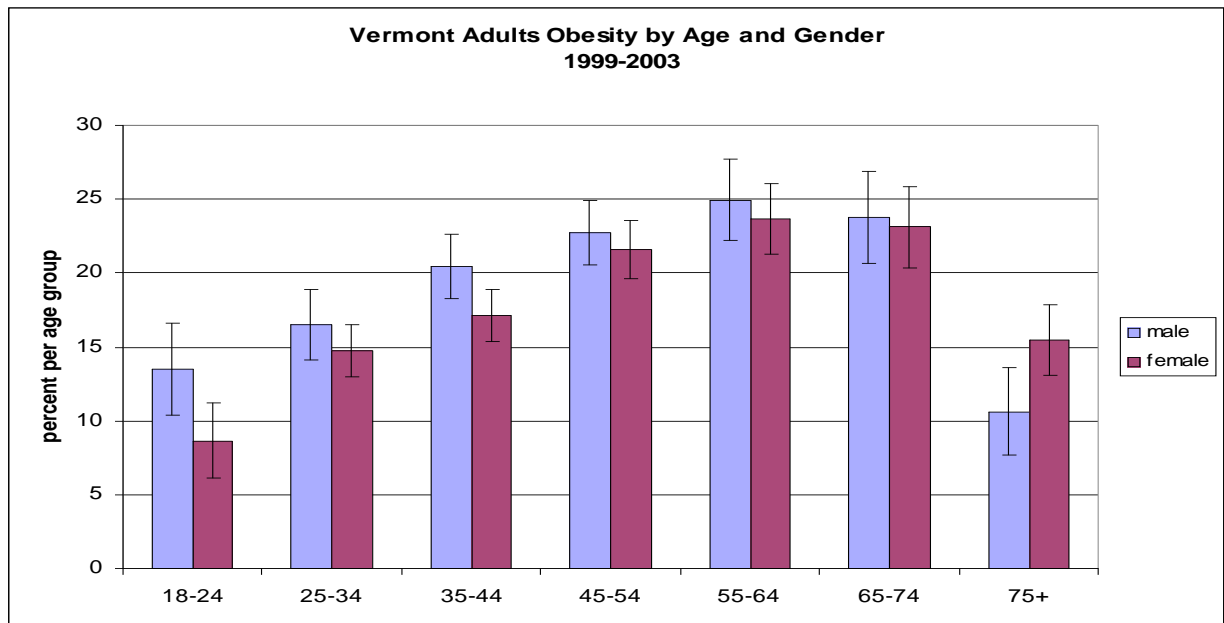
- Reduce the prevalence of obesity (BMI  $\geq 30$ ) among Vermont adults from 20% in 2003 to 15% in 2010.
- Increase the proportion of adults who consume at least 3 daily servings of vegetables from 41% in 1998 to 50% in 2010.
- Increase proportion of adults who consume at least 2 daily servings of fruit from 50% in 1998 to 75% in 2010.
- Reduce the prevalence of overweight Vermont youth ( $\geq 95^{\text{th}}$  percentile of BMI) from 11% in 2003 to 5% in 2010.
- Increase the proportion of youth in grades 8-12 who consume at least 3 daily servings of vegetables from 16% in 2003 to 50% in 2010.
- Increase the proportion of youth in grades 8-12 who consume at least 2 daily servings of fruit from 40% in 2003 to 75% in 2010.

For more information on the Obesity Plan go to:  
<http://www.HealthVermont.gov/hi/fit/fithome.shtml>

## Physical Activity

Regular, moderate physical activity is essential to healthy living, as it not only helps to maintain a person's weight but influences hormone levels. Lack of regular physical activity is the 3rd leading cause of actual death in the US, and increases the risk of cancer of the colon, breast and perhaps endometrium.

The recommendation for exercise is 30 minutes a day, five days a week or more for adults. It has been found that more exercise is beneficial in reducing risk of breast and colon cancer. Only 55 percent of Vermonters engage in regular, moderate physical activity. While Vermont has met some of the goals for physical activity among all adults in Vermont, several sub-populations have not met these goals.



**Goal:** Reduce the risk of various cancers through increased regular physical activity.

### Objectives:

- Increase the percentage of adults (age 18+) who engage in regular, moderate physical activity (30+ minutes per day, 5 days per week) from 55% in 2003 to 63% in 2010.
- Increase the percentage of adolescents who engage in moderate physical activity (30+ minutes per day, 5 or more days of the previous 7 days) from 26% in 2003 to 31% in 2010.

For more information on the Obesity Plan, go to:  
<http://www.HealthVermont.gov/hi/fit/fithome.shtml>

## Environmental Exposures

Exposure to naturally occurring and man-made carcinogens (cancer-causing substances) in the environment, home or workplace increases the risk of developing various cancers. These include second-hand tobacco smoke, radon gas, asbestos fibers, ultra-violet radiation from the sun, and household and industrial chemicals.

Lung cancer is the leading cancer killer for both men and women in Vermont, accounting for nearly 30 percent of all cancer deaths. Smoking tobacco is a leading cause of lung cancer, followed by exposure to radon gas and asbestos fibers. Radon gas is widespread in Vermont and the risk of exposure can easily be reduced through air testing and proper ventilation. Vermont has met its Healthy Vermonters goal of 20 percent of homes being tested for radon. However, the U.S. Environmental Protection Agency recommends that all households be tested for radon gas. Second-hand smoke is also a major risk factor for cancer, especially among children.

Ultraviolet radiation from the sun is the most significant risk for skin cancer. Exposure to ultraviolet radiation, either from the sun, tanning beds, or sunlamps causes premature skin aging and DNA damage. This can lead to melanoma and other forms of skin cancer.

**Goal:** Reduce environmental exposures including second-hand tobacco smoke, radon gas in homes, and ultraviolet radiation.

### Objectives:

- Increase the proportion of Vermont smokers with children that prohibit smoking in their homes from an average of 58% in 2004 to 65% in 2010.
- Increase the number of all Vermont adults reporting using at least one sun-protection method when out in the sun from 76% in 2001 to 75% among all sub-populations in 2010.
- Continue to increase the number of Vermont households tested for radon gas beyond 20% by 2010.

## Breastfeeding

Some studies suggest that breastfeeding may slightly lower breast cancer risk, especially among women who breastfeed for a cumulative total of 1.5 to 2 years or more. Of Vermont women over age 40 (regardless of the number of children they have had), only 14.9 percent have breastfed for a period of greater than 1.5 years over their lifetime.

Breastfeeding also increases healthy nutrition among infants and decreases risk of obesity among children.

Data from the 2004 Behavioral Risk Factor Surveillance System, a statewide telephone survey of adults, show that of Vermont women who have ever given birth, more than one-third (34.5%) have never breastfed an infant.

More information on breast cancer risk can be found at [www.cancer.org](http://www.cancer.org).

**Goal:** Increase breastfeeding rates among Vermont mothers to increase health of children and decrease breast cancer risks.

**Objective:**

- Increase the percentage of Vermont mothers who report ever breastfeeding from 66% in 2004 to 75% in 2010.

For more information on breastfeeding resources in Vermont, go to:  
<http://www.HealthVermont.gov/cph/wic/bfeeding/feeding.shtml>



## **Detecting New Cancers as Early as Possible**

Cancers of the lung, breast, prostate, and colon account for about 55 percent of all new cancers diagnosed in Vermont between 1997 and 2001.

Many cancers can be treated quickly and effectively if they are detected and treated in early stages before cancer cells spread to surrounding organs or tissues. There are screening tests to detect some types of cancers at an early stage, and some tests can actually remove abnormal tissue before they become cancerous.

In this plan, we have emphasized early detection for common cancers that can be easily treated if found early by established screening techniques. These include cancers of the breast, colon, cervix and prostate.

Recommendations for healthy people and those at increased risk can be found in the resources section at the end of this plan. Every Vermonter is encouraged to talk with their health care providers about cancer prevention and appropriate screening strategies based on age, gender, race and family medical history.

For more information on ACS cancer screening recommendations, go to:  
[http://www.cancer.org/docroot/PED/ped\\_2.asp?sitearea=PED&level=1](http://www.cancer.org/docroot/PED/ped_2.asp?sitearea=PED&level=1)

## Colon Cancer

In Vermont, cancers of the colon (large intestine) and rectum are the second most common cancer diagnosed in women and the third most common cancer diagnosed in men. Each year, approximately 186 cases of colon cancer are diagnosed in women and 173 cases are diagnosed in men in Vermont. Moreover, approximately 72 women and 62 men die of colon cancer in Vermont each year. Vermont incidence and mortality rates among women are both higher than the US rates among white women. Incidence and mortality rates among Vermont men are similar to US rates, and about 1.3 times higher than in women.

Colon cancer is one of the few cancers that can be prevented through a screening test. Colonoscopy, a procedure for detecting cancer throughout the colon, can detect and remove small growths (or polyps) in the colon and rectum before they become cancerous.

The five-year survival rate of colon cancer is 90 percent when diagnosed at an early stage. Regrettably, only about one-third of colon cancers are diagnosed at an early, localized stage. Compared to the US, Vermont has a higher rate of colon cancers diagnosed at a later stage, and has a higher mortality rate of cancers of the colon and rectum. Almost half of the eligible population in Vermont has never been screened for colon cancer.

Screening for colon cancer is recommended for all individuals over the age of 50, including one of the following: fecal occult blood test (FOBT) every year, sigmoidoscopy every five years, FOBT annually and sigmoidoscopy every five years, colonoscopy every 10 years, or double-contrast barium enema every five to 10 years.

If you are African-American or have family members diagnosed with cancer of the colon or rectum, screening should begin at 40 years of age.

**Goal:** Increase the use of appropriate screening methods for cancers of the colon and rectum.

### Objectives:

- Increase the percentage of Vermonters aged 50+ receiving the recommended screening tests from 59% in 2004 to 65% in 2010.
- Increase the percentage of patients referred for colon cancer screening.
- Increase screening and follow-up rates among people with high risk indicators for colon cancer such as family or personal medical history.

## Breast Cancer

Breast cancer is the most common cancer diagnosed in women. Each year, approximately 465 breast cancer cases are diagnosed among Vermont women. Breast cancer is the second leading cause of cancer death among women. Each year, approximately 97 Vermont women die from breast cancer. Breast cancer incidence and mortality rates for Vermont women are comparable to U.S. rates among white women. Breast cancer among men accounts for less than one percent of all cases nationally.

In the U.S., breast cancer mortality significantly decreased from 1997 to 2001, but there has been no significant change in breast cancer incidence. In Vermont, there has been no significant change in breast cancer incidence or mortality. The incidence of breast cancer, as with many cancers, is extremely low in childhood and increases dramatically with age. Breast cancer is most often found in women over the age of 50.

Sixty-five percent of breast cancers are diagnosed at the localized stage, and three percent of breast cancers are diagnosed at the distant stage. According to national survival data, 98 percent of women with localized breast cancer survive for at least five years; only 27 percent of women diagnosed with distant breast cancer survive for at least five years.

Regular self-breast exams, clinical breast exams by a healthcare provider and mammograms are effective methods to detect lumps and cancerous tumors in the breast early. In 2004, 87 percent of Vermont women 40 and older had a mammogram in the preceding two years, which surpassed the Healthy Vermonters objective of 70 percent.

**Goal:** Increase the use of appropriate screening methods for breast cancer.

### Objectives:

- Increase the percentage of women age 40 and over getting a mammogram within the past 2 years from 76% in 2004 to 85% in 2010.

#### Vermonters Taking Action Against Cancer

*“Early detection was the key to a very frightening diagnosis. Cancer is no longer a death sentence. Make sure mammograms are available to all women.”*

—Missy Krause, breast cancer survivor and clinical trial participant

For more information on Ladies First, go to:

<http://www.healthyvermonters.info/hs/epi/cdepi/cancer/ladiesfirst/index.html>

## Cervical Cancer

Each year, approximately 31 women are diagnosed with cervical cancer in Vermont, making it the tenth most commonly diagnosed cancer among Vermont women. Cervical cancer ranks twelfth in causes of cancer deaths in women with about 10 women dying each year.

Cervical cancer incidence rates for Vermont women are significantly higher than the U.S. Mortality rates are comparable to U.S. rates. While both the incidence and mortality of cervical cancer have decreased in the U.S. between 1997 and 2001, there has been no significant change in cervical cancer incidence or mortality in Vermont.

Women of all ages are at risk for cervical cancer, including those in younger age groups and older women. Ninety-four percent of newly diagnosed cervical cancer cases are in women age 30 and older; 30 percent of these cases are in women 65 and older. Vermont women aged 70 to 74 have a significantly higher incidence rate compared to the U.S., while the rates of all other Vermont age groups are comparable to U.S. rates. Women who smoke are twice as likely as non-smokers to develop cervical cancer.

National survival data show that 93 percent of women diagnosed with localized cervical cancer survive for at least five years, while only 18 percent of women diagnosed with distant cervical cancer survive that long. Only 63 percent of cervical cancers are diagnosed at the localized stage, and 9 percent are diagnosed at the distant stage.

Regular gynecological exams including a Pap test is a standard screening method for cervical cancer. While Vermont is approaching our goal for screening, rates vary among different groups of women.

**Goal:** Increase the use of appropriate screening for cervical cancer.

### **Objectives:**

- Increase percentage of women (age 18+) who have had a Pap test in the past 3 years from 87% in 2004 to 90% in 2010.

## Prostate Cancer

In the United States and Vermont, prostate cancer is the most commonly diagnosed cancer in men. A man's risk of developing prostate cancer in his lifetime is one in six. In Vermont, prostate cancer is the second leading cause of death due to cancer, representing 32 percent of all cancer deaths in men.

Each year in Vermont, approximately 445 prostate cancer cases are diagnosed in men, and approximately 205 men die from this cancer. Prostate cancer incidence and mortality rates for Vermont men are not significantly different compared to U.S. white men.

The incidence of prostate cancer increases dramatically with age. In Vermont, approximately 65 percent of all prostate cases are diagnosed in men 65 and older; with men aged 75 to 79 have the highest age-specific incidence of prostate cancer, at a rate of 1,050 per 100,000. Statistically, Vermont men aged 50 to 54 have a higher incidence rate of prostate cancer compared to the U.S. male white rate, and Vermont men aged 80 to 84 have a significantly lower prostate cancer incidence rate compared to the U.S. male white rate.

Prostate cancer is more common among African-American men than among white men; and African-American men are twice as likely to die from the disease. Men with close family members (a brother or father) who have had prostate cancer are more likely to get it themselves, especially if their relatives were young when they got the disease.

Screening methods for prostate cancer exist but scientific consensus is lacking as to the benefits and risks of universal screening recommendations, especially for men over 75 years old. The digital rectal exam (DRE) and the prostate-specific antigen (PSA) test may be most appropriate for healthy men aged 50 to 75 years old. Individual men should discuss screening options with their healthcare provider.

**Goal:** To promote, increase, and optimize the appropriate utilization of high quality prostate cancer screening and follow-up services.

### **Objectives:**

- Promote informed decision-making about prostate cancer screening among Vermont men age 50 and over.

## Improving Access to Cancer Treatment and Care

Effective treatment of cancer requires a multi-disciplinary team approach. This team includes medical specialists like surgeons, radiation oncologists, medical oncologists, nurses, and social workers; as well as a network of family, friends, and caregivers all surrounding and supporting a well-informed patient. Working together, this team and the person diagnosed with cancer may decide to use a single treatment method or a combination of methods.

The treatment plan depends on the type and location of the cancer, the stage of the disease, the patient's age and general health and other factors. Cancer may be treated with surgery, radiation, chemotherapy, hormones, or immunotherapy. Proper nutrition, general health and emotional support also play important roles in effective treatment and optimum recovery.

Not all Vermonters diagnosed with cancer are receiving the appropriate standard of care. Reasons include high out-of-pocket costs, lack of insurance coverage, lack of appropriate referrals from primary care providers, lack of reliable transportation, long distances from treatment centers and unpredictable weather conditions.

**Goal:** Increase access to high quality cancer treatment and follow-up care

### **Objectives:**

- Increase the number of primary care providers educated about the need for cancers to be assessed in a multimodality setting.
- Increase the annual number of rides given to Vermonters to obtain their cancer treatment from 536 in 2005 to 600 by 2010.
- Increase the number of Vermonters enrolled in therapeutic clinical trials at the Vermont Cancer Center\* by 25%, from 105 people in 2005 to 135 people in 2010.
- Increase the proportion of Vermonters covered by insurance for all or part of the year from 85% in 2004 to 100% in 2010.

\*Note: Although facilities across Vermont can enroll patients on Phase III clinical trials, the Vermont Cancer Center is the only NCI designated facility for Phase I, II, and III therapeutic clinical trials.

## Improving Quality of Life for Cancer Survivors

Medical advances in the way cancer is diagnosed and treated have improved survival rates of many cancers, and people are living longer after diagnosis. The most recent U.S. estimate shows that for all people diagnosed with cancer from 1995 through 2000, 66 percent survived cancer more than five years compared with a 61 percent five-year survival rate for people diagnosed with cancer from 1989 through 1994.

Even after successful treatment of cancers, general and specific health issues continue for survivors. In 2004, as many as one in five Vermonters diagnosed with cancer more than one year ago reported that their general health status as only 'fair' or 'poor', as opposed to good, very good or excellent. Almost six percent of all cancer survivors in Vermont were not covered by health insurance in 2004.

In addition, many cancer survivors are missing opportunities for vaccinations to help prevent serious illness from pneumonia and influenza. Only 59.2 percent of cancer survivors reported receiving an annual flu shot in 2004, and less than half (48.8%) have ever gotten a pneumococcal immunization.

Cancer survivors face numerous physical, psychological, social, spiritual and financial issues throughout treatment and for the remaining years of their lives; and could benefit tremendously from a coordinated statewide effort to support them.

**Goal:** Improve the quality of life of Vermonters who are living with, through and beyond any diagnosis of cancer.

### Objectives:

- Identify the most pressing needs of cancer survivors in Vermont.
- Develop strategies to address those needs.
- Advocate for necessary changes in cancer services and policies.

#### Vermonters Taking Action Against Cancer

*“All Vermont cancer survivors [those living with, through and beyond a cancer diagnosis] deserve a complete health care program that will address all of their needs throughout their lives.”*

**—David Cranmer of Shelburne, five-year leukemia survivor**

## **Improving End-of-Life Care and Comfort**

Suffering from mild or severe pain is a major complaint among people living with cancer. Cancer survivors make up approximately 70 percent of pain sufferers. Most pain can be managed safely and effectively, yet only about one-fourth of all pain sufferers receive proper treatment.

Palliative care refers to medical care that focuses on comfort and quality of life for a patient in pain, rather than a cure for an underlying illness. Palliative care addresses pain and symptoms resulting from illness and treatment; and is a team approach that attends to the physical, emotional, psychological and spiritual needs of a patient and his or her family.

Hospice programs provide end-of-life care when the goal of medical treatment shifts from cure to comfort. Hospice focuses on living out the remaining months of a patient's life with respect and dignity in an environment that promotes quality of life.

Hospice and palliative care services may be provided in a patient's home, assisted living facilities, nursing homes, hospitals or other facilities like Vermont Respite House; and coverage of services varies depending on insurance coverage.

**Overall Goal:** Improve end-of-life care for cancer patients through effective pain management and palliative care.

### **Objectives:**

- Increase availability and use of pain management, hospice, and palliative care.
- Promote reimbursement for hospice and palliative care among insurers.
- Collaborate to establish a statewide electronic database of advanced directives for healthcare and medical treatment by 2007.



## **Ways to Take Action Against Cancer**

### **If you are a Vermont resident, you can:**

- Avoid all tobacco products and second-hand smoke.
- Support smoke-free environments, and create smoke-free zones around children inside and outside.
- Eat a nutritious and balanced diet and maintain a healthy weight.
- Increase your daily physical activity.
- Have your home checked for radon gas.
- Know when to be screened and obtain screenings on schedule.
- If diagnosed, consider enrolling in a clinical trial.
- Show your support and care for those who are diagnosed.
- Volunteer with your hospital, health department, faith community or local groups who support cancer control efforts.

### **If you are a health care professional, you can:**

- Make sure patients get appropriate cancer screening tests.
- Refer patients to smoking cessation classes and nutrition programs.
- Be sure your cancer cases are reported in a timely manner.
- Find out how to enroll patients in clinical trials.
- Make earlier referrals to hospice for end of life care.

### **A hospital can:**

- Assure that your cancer cases are reported in a timely manner.
- Provide meeting space for cancer support groups.
- Collaborate to sponsor community screening and education programs.
- Maintain American College of Surgeons membership.

### **A local health department or health officer can:**

- Provide cancer awareness information and data to citizens and groups.
- Collaborate in community-based coalitions.
- Work with healthcare providers to promote screening programs and case reporting.
- Provide space for community survivor support groups.
- Assess community needs and implement policy and environmental changes to reduce cancer risks.
- Assure access to care for the uninsured and underinsured.

**If you are an employer, you can:**

- Establish a smoke-free work place policy.
- Provide healthy foods in vending machines and cafeterias.
- Encourage employees to increase physical activity.
- Collaborate with hospitals to host screening events.
- Provide health insurance coverage.

**A school or university can:**

- Include cancer prevention messages in health classes.
- Provide healthy foods in vending machines and cafeterias.
- Increase physical education requirements.
- Make your entire campus a smoke-free environment.

**A faith-based organization can:**

- Provide cancer prevention information to members.
- Collaborate with other community-based groups.
- Learn how to provide healthy potlucks and meeting meals.
- Open your building for walking clubs in cold weather.
- Encourage members to get cancer screening tests on time.

**A community-based organization can:**

- Provide cancer awareness information to constituents.
- Promote cancer screening among clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

**A professional organization can:**

- Provide continuing education credits on cancer topics.
- Include clinical trials information in meeting agendas.
- Form speakers' bureaus to provide cancer education.
- Train facilitators for survivor support groups.

## **Vermonters Taking Action Against Cancer (Vermont's Cancer Coalition)**

Vermonters Taking Action Against Cancer (VTAAC) is a statewide partnership of more than 150 organizations, individuals and health care professionals working together to reduce the impact of cancer on individuals, families and communities in Vermont.

Organizational members include the Vermont Department of Health; the American Cancer Society; the Vermont Cancer Center at the University of Vermont; agencies, departments and programs of Vermont state government; Vermont hospitals and primary care practices; cancer treatment and research centers; health care professional associations; cancer advocacy organizations; insurance providers; and community groups.

Individual members are involved as researchers, oncologists, surgeons, epidemiologists, program administrators, health educators, policy makers, cancer survivors, advocates, nutritionists, family members, and others.

### **Brief History**

This publication is a summary of Vermont's second cancer control and prevention planning process. The first statewide cancer plan was published in 1989 and represented the collaboration between the Vermont Department of Health staff and partners from around the state. A progress report was published in the mid-1990's documenting achievements and on-going challenges toward reaching the goals and objectives from that original plan.

In 2003, another group was convened to begin work on a new Vermont State Cancer Plan. Stakeholders were invited, data was analyzed, a conference was held, workgroups were formed, goals were identified, and objectives were prioritized. This publication represents the results of that process, and provides an overview of a collaborative statewide strategic plan created to reduce the impact of cancer in Vermont.

Detailed, evolving strategies to reach our goals and objectives are currently being developed and will be posted at [www.HealthVermont.gov/Cancer](http://www.HealthVermont.gov/Cancer). We welcome your participation in the development and implementation of these strategies and activities.

### **Vermonters Taking Action Against Cancer**

*"I joined VTAAC because of the cancers in myself, my family and my friends, and the knowledge that through advocacy I could make a positive difference."*

**—Tracy Adams of Fair Haven, prostate cancer survivor and ACS ambassador**

## Web Resources

- American Cancer Society, [www.cancer.org](http://www.cancer.org), 1-800-ACS-2345
- Centers for Disease Control and Prevention, [www.cdc.gov/cancer](http://www.cdc.gov/cancer)
- Harvard Center for Cancer Prevention, Your Cancer Risk, [www.yourdiseaserisk.harvard.edu/](http://www.yourdiseaserisk.harvard.edu/)
- American Society of Clinical Oncology (ASCO) and People Living With Cancer, [www.oncology.com](http://www.oncology.com)
- National Cancer Institute, <http://cancer.gov/cancerinformation>, 1-800-4CANCER  
Breast Cancer, [www.cancer.gov/cancer\\_information/cancer\\_type/breast/](http://www.cancer.gov/cancer_information/cancer_type/breast/)  
Cervical Cancer, [www.cancer.gov/cancerinfo/types/cervical](http://www.cancer.gov/cancerinfo/types/cervical)  
Colon and Rectal Cancer, [www.cancer.gov/cancertopics/types/colon-and-rectal](http://www.cancer.gov/cancertopics/types/colon-and-rectal)  
Lung Cancer, [www.cancer.gov/cancer\\_information/cancer\\_type/lung/](http://www.cancer.gov/cancer_information/cancer_type/lung/)  
National Lung Screening Trial, [www.nci.nih.gov/NLST](http://www.nci.nih.gov/NLST)  
Lymphoma, [www.cancer.gov/cancer\\_information/cancer\\_type/lymphoma/](http://www.cancer.gov/cancer_information/cancer_type/lymphoma/)  
Melanoma [www.cancer.gov/cancer\\_information/cancer\\_type/melanoma/](http://www.cancer.gov/cancer_information/cancer_type/melanoma/)  
Prostate Cancer, [www.cancer.gov/cancer\\_information/cancer\\_type/prostate/](http://www.cancer.gov/cancer_information/cancer_type/prostate/)
- American Lung Association, [www.lungusa.org](http://www.lungusa.org)
- Leukemia and Lymphoma Society, [www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org)
- American Society of Hematology, [www.hematology.org](http://www.hematology.org)
- Centers for Disease Control and Prevention Prostate Cancer Screening: A Decision Guide, [www.cdc.gov/cancer/prostate/decisionguide/index.htm](http://www.cdc.gov/cancer/prostate/decisionguide/index.htm)
- Prostate Cancer Foundation, [www.prostatecancerfoundation.org](http://www.prostatecancerfoundation.org)

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This report is posted at: [www.HealthVermont.gov/Cancer](http://www.HealthVermont.gov/Cancer)

## Leading Vermonters Taking Action Against Cancer

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## **VT AAC Collaborating Partners**

American Cancer Society – Vermont Chapter  
Blue Cross Blue Shield of Vermont  
Cancer Coach  
Casting for Recovery  
Fletcher Allen Health Care – Radiation Oncology  
Fletcher Allen Health Care – Surgical Oncology/Breast Care Center  
Leukemia/Lymphoma Society – NY/VT Chapter  
Mount Ascutney Hospital and Health Center  
National Cancer Institute – Cancer Information Service of NE  
North Country Health System  
Rutland Regional Medical Center  
Rutland Regional Medical Center - Community Cancer Center  
Southwestern Vermont Regional Cancer Center  
Vermont Cancer Center of the University of Vermont  
Vermont Center for Cancer Medicine  
Vermont Agency of Human Services  
Vermont Department of Health  
Vermont Department of Aging and Independent Living  
Vermont Office of Vermont Health Access

## **Data Sources**

Vermont Vital Records System  
Vermont Cancer Registry  
Vermont Behavioral Risk Factor Surveillance System (BRFSS)  
National Cancer Institute SEER Program  
National Center for Health Statistics