



CANCER ACTION PLAN OF WASHINGTON COALITION AND 5-YEAR PLAN



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Cancer Action Plan of Washington (CAPOW)

**WHO ARE WE?
WHAT ARE WE DOING?**

Current Coalition Structure

Who is a part of the Coalition?

- Co-led by several organizations
 - WA Department of Health (DOH), Fred Hutch, American Cancer Society, South Puget Intertribal Planning Agency, Andy Hill Care Fund

Who is in charge of the Cancer Plan?

- Housed by Coalition
- Currently Drafted by DOH
- Input from Community Partners
- Sign off by Coalition
- Shared responsibility for goals and objectives.
- Yearly Evaluation and Report Out to Coalition
 - Led by DOH and others

How the Coalition Works

- Comprehensive cancer control is about people working together to identify problems and develop solutions to better use limited resources and create better outcomes.
- Coordinate efforts, overcome challenges and accomplish goals together.
- Leverage partnerships and resources.
- Collaborative goals and objectives.
- Unify existing Task Groups or Working Groups.
 - Operating under “One Roof”
- Can be formal or informal.
 - Variable by State.

Washington

**STATE WIDE CANCER COALITION AND 5-YEAR PLAN
HISTORY AND CONTEXT**

What is CCCP?

Established in 1998, CDC's National Comprehensive Cancer Control Program (NCCCP) provides funds, guidance, and technical assistance to help cancer control coalitions implement effective and sustainable plans to prevent and control cancer. NCCCP currently supports—

- All 50 states and the District of Columbia.
 - Including WA through DOH
- 8 U.S.-associated Pacific islands/territories.
- 7 tribes and tribal organizations.
 - Including South Puget Intertribal Planning Agency and Northwest Portland Area Indian Health Board.

It all began in 2001...

- 2001:
 - WA DOH receives Comprehensive Cancer Control (CCC) planning grant from CDC
 - **Washington Comprehensive Cancer Control Partnership** formed to write the CCC plan
- 2004:
 - Washington State five-year CCC Plan (2004-2008) completed and launched
 - WA DOH receives CCC implementation grant from CDC
 - Working groups/committees formed for implementation
- 2009:
 - Washington State CCC Plan updated for five more years (2009-2013)

Washington State

Comprehensive Cancer Control Plan



Comprehensive Cancer Control
CCC
Working together to reduce cancer incidence, mortality, and morbidity in Washington State.



Washington State
Comprehensive
Cancer Control Plan
2009-2013

Version 4
April 2010

W.A.S.H.
CARES
A.B.O.U.T.
Partnership



Community
Action
Research
Evidence-based
Systems

Power of Partnership

- In 2004 Washington CCC Partnership became **Washington CARES About Cancer Partnership**, comprised of over 40 member organizations across the state.
- WA DOH provided operational and technical support to the Partnership as members worked on implementation of the CCC plan.
- Provided opportunities to:
 - Share information (via working group meetings, annual summit, newsletter and list-serv)
 - Collective and individual support for ballot initiatives related to cancer, such as “Health Indoor Air for All Washington”, which prohibited smoking in public places.

Cancer Connection

Partnership Committee Updates

PRIMARY PREVENTION PLAN IMPLEMENTATION COMMITTEE

The committee is linking with the Department of Health's *Nutrition and Physical Activity Program* on how best to support the program's policy initiatives and to bring cancer prevention messages to its work. The committee is also linking with the University of Washington's Institute for Public Health Genetics to explore a statewide family history initiative. Members are also planning website activities that focus on healthy eating and physical activity.
Chair: Patti Santiago, MAOM, American Cancer Society

SECONDARY PREVENTION PLAN IMPLEMENTATION COMMITTEE

This committee coordinated efforts among Washington Breast and Cervical Health Program providers to identify breast health and cervical health materials that are culturally appropriate for educating African Americans, Vietnamese, and Latina communities on screening. The materials were purchased with Comprehensive Cancer Control Program funds and distributed among clinic clinics for use with clients and with other community groups that serve women. The committee is also working identifying useful patient-centered health screening tools and working with the Susan G. Komen Foundation on its initiative to reach African American women.
Chair: Vivien Hanson, MD, Independent Member

COLON CANCER TASK FORCE

The task force launched a screening awareness campaign in March, collecting pre- and post-data to measure the effectiveness of the campaign's messages among King County residents. The evaluation was conducted by Alliance for Reducing Cancer, Northwest, a Partnership member. Results of the evaluation will be available in early July. The Task Force is also convening the *Washington State Colon Cancer Summit: A Venue for Planning and Implementation* on June 20, 2005 in co-sponsorship with the American Cancer Society. You can find detailed information on the summit in this newsletter.
Chair: Cynthia Bush, American Cancer Society

PROSTATE CANCER TASK FORCE

This task force has been reviewing consumer and professional education materials on informed decision making around prostate cancer screening. It is sponsoring the airing of an American Cancer Society television public service announcement on prostate cancer screening, featuring Harry Belafonte and his daughter. It is also working on effective ways to educate Washingtonians on informing themselves of the issues regarding screening.
Chair: Jim Kiefer, DEEd, US To, International

MEDICAL CARE PLAN IMPLEMENTATION COMMITTEE

The committee submitted a proposal to C-Change for an 18-month project to develop and implement a statewide cancer clinical trials coordination project. The project's goal will be to increase access and accrual to adult cancer clinical trials by working with cancer patients and oncologists. The committee is also sponsoring a quality of cancer care symposium in early 2006, in which providers will be able to share best practices on care within Washington state, among other states, and nationally.
Chair: Cathy Goetsch, MSN, ARNP, AOCN, Puget Sound Oncology Nursing Society

POLICY AND LEGISLATION COMMITTEE

This committee is planning a policy summit for September, in which member advocates from our Partnership organizations will be invited to discuss policy advocacy, learn the ins and outs of the state legislature, and begin building a policy agenda on cancer control. Nancy Amedei, director of the Civic Engagement Project, is the guest speaker.
Chair: Michael O'Sullivan, American Cancer Society

EVALUATION COMMITTEE

The Evaluation Committee has been developing the Partnership Self-Assessment Survey, and will oversee its implementation in June. The draft survey was presented at the national comprehensive cancer control program in Atlanta in May and is expected to be a model for other states to adopt.
Chair: Mahesh Keethers-Cheteri, PhD, Department of Health

What Happened to WA's Cancer Coalition?

Disbanded sometime prior to 2016.

- Last plan expired in 2013
- Some working groups still exist.
- Focus shifted to supporting topic-specific work groups and priority areas.

Current Coalition Status

Kick-Off meeting held June 13th

- Coalition Check-In Meeting October 5th
- Next meeting - **January 24th, 2024**

Coordinated with Washington State Cancer Registry for Advisory Committee Meeting

- Conversations about Data Needs

Presented Draft Cancer Plan

- Currently Seeking Feedback

5 – Year Cancer Plan

Roadmap of how organizations or coalitions can address burden of cancer specific to Washington.

- Utilizing registry data and other surveillance to report cancer burden.
- Measurable goals and objectives that highlight program priorities and track progress.
- Yearly evaluation and reporting.
- Not adding new work to your plate.
 - Putting a spotlight on all that you are currently doing.
- Other Plans: [Comprehensive Cancer Control Plans | CDC](#)

Washington



5-YEAR CANCER PLAN

Framework

- CDC Priority Areas:
 - Primary Prevention, Early Detection & Screening, Health and Wellbeing of Cancer Survivors, Health Equity/Social Determinants of Health
- Objectives:
 - “SMARTIE” format
 - Specific, Measurable, Attainable, Time Bound, Inclusive, and Equity Focused
 - Measurable baseline and 5-year targets
 - In line with Healthy People 2030
 - Example: “Reduce the overall cancer incidence rate.”
 - Baseline: 474.6 (Washington State Cancer Registry, 2019)
 - Target: 454

Framework

- Objectives:
 - Some may not have target
 - Plan should be progressive and include things we want to measure or believe should be measured.
- Strategies:
 - Not exhaustive.
 - Guiding list for those currently or wanting to engage in this area.
 - Think of who will be reading this.

Context

- Sections:
 - Principle Goals
 - Top 5 Cancer Sites (based on incidence rate)
 - Lung and Bronchus
 - Breast Cancer
 - Colorectal Cancer
 - Prostate Cancer
 - Melanoma of the Skin
 - HPV Related Cancers
 - Genetic Testing and Counseling
 - Pediatric and Young Adult Cancer
 - Quality of Life
- Health Equity and Social Determinants of Health will be built in throughout
 - With context in Background Section and key strategies.

Revised Framework

▲ Principal Goals

Expand to include definitions and evidence



Background: To have a baseline, measurable understanding of cancer burden in Washington, this plan identified two objectives that encompasses all the cancer areas listed in this report. These objectives were also selected to align with Healthy People 2030 goals. The various strategies, priority areas, and other activities associated with each part of this plan will have an impact on these objectives to reduce overall cancer burden. These objectives provide a foundational goal for all partners to work towards together.

Objective 1: Reduce the overall cancer incidence rate.

Baseline: 474.6 (Washington State Cancer Registry, 2019)

Target: 454

Objective 2: Reduce the overall cancer death rate.

Baseline: 142 (Washington State Cancer Registry, 2019)

Target: 120

Focus Here



Strategies:

- Increase healthy lifestyle behaviors.
- Reduce the number of people who use tobacco or e-cigarettes.
- Increase HPV vaccine proportions.
- Increase rates of recommended cancer screenings.
- Increase access to genetic counseling.
- Increase sun safety knowledge and use of protection.

Next phase of revisions



Planning Timeline

- Draft Plan June 2023
- Revise Plan June 2023 - October 2023
- Finalize Objective Framework October 2023 – January 2024
- Build Strategies October 2023 - January 2024
- Strategies Building Session January 24th, 2024
- Coalition Sign-Off Spring/Summer 2024

5-Year Cancer Plan

OBJECTIVES

Principal Goals

- Objective 1: Reduce the overall cancer incidence rate.
 - Baseline: 474.6 (Washington State Cancer Registry, 2019)
 - Target: 454
- Objective 2: Reduce the overall cancer death rate.
 - Baseline: 142 (Washington State Cancer Registry, 2019)
 - Target: 120
- Objective 3: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis of Cancer.
 - Baseline: 69.4% (U.S. Cancer Statistics 2019)
 - Target: 80%

Lung and Bronchus Cancer

- Objective 4: Decrease the incidence rate of Lung and Bronchus Cancer.
 - Baseline: 48 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 44 per 100,000
- Objective 5: Decrease the mortality rate of Lung and Bronchus Cancer.
 - Baseline: 30.6 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 27 per 100,000
- Objective 6: Decrease the percentage of people who get diagnosed with Lung and Bronchus Cancer at the late stage.
 - Baseline: 29.3 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 26 per 100,000
- Objective 7: Reduce the percentage of adults who *smoke commercial tobacco products*.
 - Baseline: 10.8% (BRFSS, 2020)
 - Target: 8%
- Objective 8: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis of Lung and Bronchus Cancer.
 - Baseline: 26.1% (U.S. Cancer Statistics 2019)
 - Target: 30%

Lung and Bronchus Cancer

- Objective 9: Decrease the number of people exposed to Radon.
 - Baseline:
 - Target:
- Objective 10: Increase the number of people who get screened for Lung Cancer.
 - Baseline: TBD (BRFSS, 2024)
 - Target: TBD

Breast Cancer

- Objective 11: Decrease the incidence rate of Breast Cancer.
 - Baseline: 163.6 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 159 per 100,000
- Objective 12: Decrease the mortality rate of Breast Cancer.
 - Baseline: 19.2 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 16 per 100,000
- Objective 13: Increase the percentage of people aged 50-75 who get screened for breast cancer.
 - Baseline: 74.7% (BRFSS, 2020)
 - Target: 80%
- Objective 14: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis of Breast Cancer.
 - Baseline: 92.5% (U.S. Cancer Statistics 2019)
 - Target: 95%

Colorectal Cancer

- Objective 15: Decrease the incidence rate of Colorectal Cancer
 - Baseline: 33 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 30 per 100,000
- Objective 16: Decrease the mortality rate of Colorectal Cancer.
 - Baseline: 11.9 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 10 per 100,000
- Objective 17: Increase the percentage of adults aged 45-75 who *get screened* for colorectal cancer.
 - Baseline: 73.5% (BRFSS, 2020)
 - Target: 80%
- Objective 18: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis of Colorectal Cancer.
 - Baseline: 67% (U.S. Cancer Statistics 2019)
 - Target: 70%

Prostate Cancer

- Objective 19: Decrease the incidence rate of Prostate Cancer
 - Baseline: 98.2 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 94 per 100,000
- Objective 20: Decrease the mortality rate of Prostate Cancer.
 - Baseline: 18.9 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 15 per 100,000
- Objective 21: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis of Prostate Cancer.
 - Baseline: 96% (U.S. Cancer Statistics 2019)
 - Target: 97%
- Objective 22: Increase the percentage of people who make informed decisions about screening for prostate cancer.
 - Baseline: TBD
 - Target: TBD

Melanoma of the Skin Cancer

- Objective 23: Decrease incidence rate of melanoma of the skin.
 - Baseline: 53.2 per 100,000 (Washington State Cancer Registry, 2019)
 - Target: 40 per 100,000

HPV-Related Cancers

- Objective 24: Decrease the incidence rate of all HPV-related cancers.
 - Baseline: 11.8 per 100,000 (Washington State Cancer Registry, 2015-2019)
 - Target: 9 per 100,000
- Objective 25: Decrease the incidence rate of female Cervical Cancer.
 - Baseline: 6.5 per 100,000 (Washington State Cancer Registry, 2015-2019)
 - Target: 4 per 100,000
- Objective 26: Decrease the incidence rate of male Oropharyngeal Cancer.
 - Baseline: 8.7 per 100,000 (Washington State Cancer Registry, 2015-2019)
 - Target: 7 per 100,000
- Objective 27: Increase the percentage of adolescents, aged 11 to 12 years who have completed the HPV vaccination series.
 - Baseline: 11.6% (Washington State Immunization Information System, 2021)
 - Target: 80%
- Objective 28: Increase percentage of adolescents aged 11 to 12 years who have had at least 1 dose of the HPV vaccine series.
 - Baseline: 36.4%
 - Target: 90%
- Objective 29: Increase the percentage of people who get screened for cervical cancer.
 - Baseline: 72.8% (BRFSS, 2020)
 - Target: 80%

Genetic Testing and Counseling

- Objective 30: Increase number of people who are tested for all hereditary cancer syndromes by regional genetic clinics.
 - Baseline: 230 (everyone)
 - 96 (those with family history)
 - Target: TBD
- Objective 31: Increase the proportion of people at increased risk who get genetic counseling for breast and/or ovarian cancer.
 - Baseline: TBD
 - Target: TBD
- Objective 32: Increase the proportion of people with colorectal cancer who get tested for Lynch syndrome.
 - Baseline: TBD
 - Target: TBD

Pediatric and Young Adult

- Need measurable objectives to include in this section.

Quality of Life

- Objective: Increase the percentage of people who participate in physical activities.
 - Baseline: 82.2% (BRFSS, 2020)
 - Target: 90%
- Objective: Reduce the percentage of adults with heavy alcohol use.
 - Baseline: 7.2% (BRFSS, 2020)
 - Target: 3%
- Objective: Decrease the number of cancer survivors who smoke commercial tobacco.
 - Baseline: 10.4% (BRFSS, 2020)
 - Target: 7%

Things to Consider

1 Accuracy

- Do these objectives accurately reflect what we are working on?
- Are these objectives going to reduce cancer burden?
- Wordsmith's welcome!

2 Data

- Are current sources of data appropriate?
- Are sources able to be identified?
- Are targets too bold or too safe?

3 What's Missing?

- Objectives
- General Topic Areas

How to Provide Feedback or Join the Coalition

- Contact Katie or Rebecca
 - Contact Katie Treend: Katie.Treend@doh.wa.gov or
 - Rebecca Briant: rbryant@fredhutch.org
 - Send comments directly or request word document to track-changes
- How long?
 - All objectives will be finalized for next coalition meeting (January 24th, 2024).

Questions?



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