Vermont Comprehensive Cancer Control Program
CDC Survivorship Supplement Funding Proposed Project
Cancer Survivor Tobacco Cessation

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VTAAC Lung Cancer Screening Taskforce Meeting

April 8, 2025

CDC Survivor Supplement – Rural Cancer Survivor Wellness and Patient Navigation

Funding	Potential for additional funding for survivorship work between July 2025 – June 2026. Detailed CDC workplan and reporting required.
Goal	To support specific program activities to focus on cancer survivor wellness and patient navigation to "enhance the care for cancer survivors in rural communities"
Planned Focus	Address tobacco use among cancer patients/survivors in a rural Vermont hospital system by developing/improving and implementing a cancer survivor cessation referral process. *(SVMC Patient Navigation and Project ECHO work will also continue)*
Target	Work at population/systems level for sustainable broad impact.

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VTAAC
Vermonters Taking Action Against Cancer

Proposed project aligns with the 2025 Vermont Cancer Plan.

Survivorship & Advanced Care Planning

Goal 13. Promote optimal health for Vermonters with cancer throughout their lives.

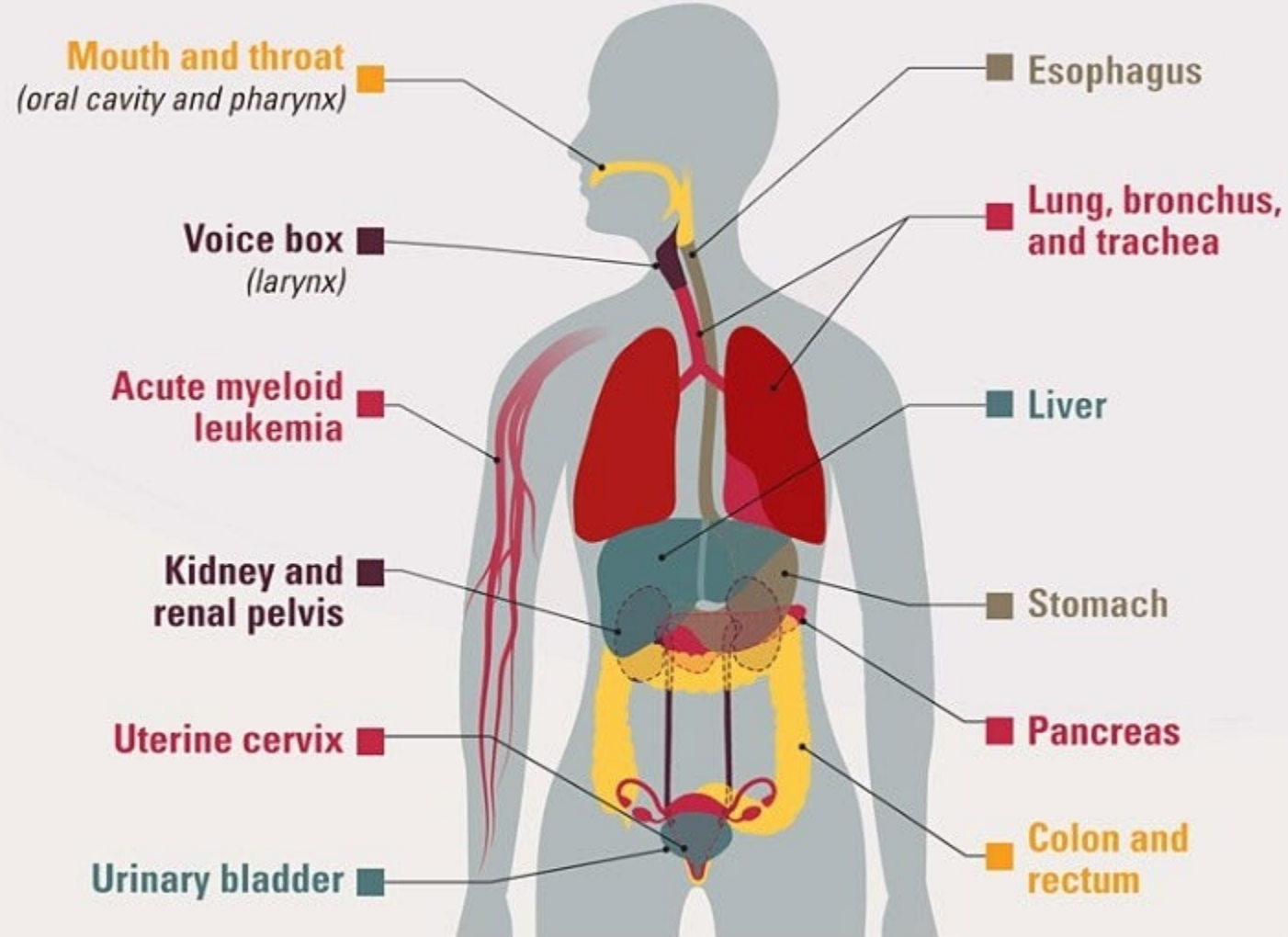| Objectives	Measures BASELINE (YEAR)	TARGET (2025)
13.1 Increase % of adult cancer survivors who report always or usually receiving social and emotional support (BRFSS*).	76% (2018)	79%
13.2 Increase % of adult cancer survivors who report that their general health is good to excellent (BRFSS).	73% (2018)	77%
13.3 Decrease % of adult cancer survivors who currently use any tobacco product (cigarettes, e-cigarettes and chew) (BRFSS).	24% (2017)[42]	23%
13.4 Increase % of adult cancer survivors who meet current physical activity guidelines (BRFSS).	62% (2019)[43]	65%
13.5 Increase % of adult cancer survivors eating five or more fruits & vegetables per day (BRFSS).	29% (2019)[44]	31%

*Behavioral Risk Factor Surveillance System
42–44. Measure is age adjusted to the 2000 U.S. standard population.

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There are many consequences of continued tobacco use after a cancer diagnosis.

o Increased risk of a second primary cancer

o Increased risk of postoperative complications

o Decreased efficacy and tolerance of cancer treatments

o Increased risk of treatment side-effects

o Decreased physical health and quality of life.

o Increased overall all-cause mortality related to poorer cancer outcomes and other non-cancer related health issues

https://www.cdc.gov/cancer/risk-factors/tobacco.html

Tobacco Use

Vermont adults smoke at a similar rate as the U.S. population.

GRAND ISLE 18%
FRANKLIN 19%
ORLEANS 18%
ESSEX 16%
LAMOILLE 14%
CHITTENDEN 9%
CALEDONIA 17%
WASHINGTON 17%
ADDISON 11%
ORANGE 12%
RUTLAND 16%
WINDSOR 14%
BENNINGTON 17%
WINDHAM 13%

Lower than state rate

Similar to state rate

Higher than state rate
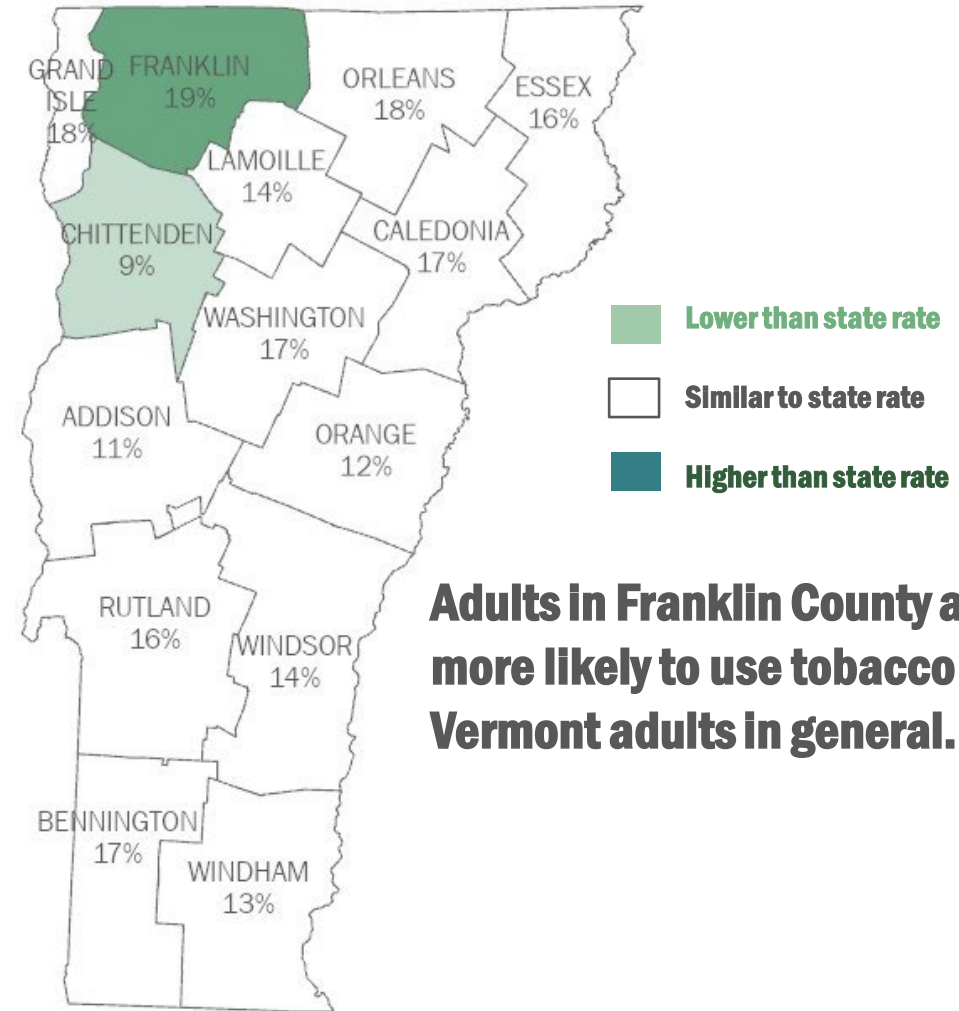
Adults in Franklin County are more likely to use tobacco than Vermont adults in general.

13% US

13% Vermont

Risk Factors and Prevention

Introduction: Cancer Survivorship

Cancer prevalence is the number or proportion of people alive today who have ever been diagnosed with cancer. This includes individuals who are newly diagnosed, in active treatment, have completed active treatment and those living with progressive symptoms of the disease. Prevalence is often compared to *incidence*, which is defined as the number or rate of new cancer diagnoses during a year.

A person who is diagnosed with cancer is most commonly called a *cancer survivor*, though this term is not universally accepted. Similarly, *survivorship* is the experience of those who have ever been diagnosed with cancer and describes the time from diagnosis to the end of the individual's life.

Throughout this presentation, *cancer* refers to any type of cancer except non-melanoma skin cancer.
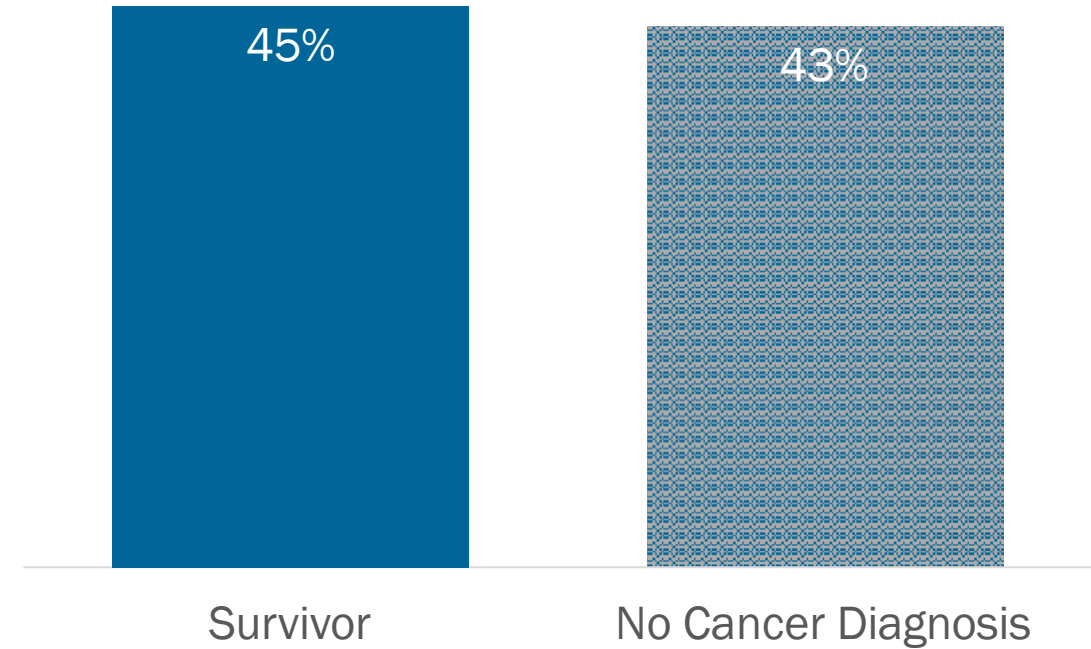
Note: A major data source for this report is the Behavioral Risk Factor Surveillance Survey. Between 2021 and 2022, the survey changed how it asked about cancer diagnoses. Before 2022, the survey asked respondents if they had ever been diagnosed with a cancer *other than skin cancer*. Beginning in 2022, the survey asks respondents if they have ever been diagnosed with *melanoma or any other type of cancer*. This change means that the cancer prevalence rate appears to have increased from 2021 to 2022, though an analysis of the change suggests that the difference is really attributable to the fact that respondents with melanoma are now included in this result. Due to this change, rates of cancer prevalence in 2022 cannot be compared to previous rates.

Cancer Survivorship

Tobacco-Use

Cancer survivors use tobacco at a similar rate as those never diagnosed with cancer.
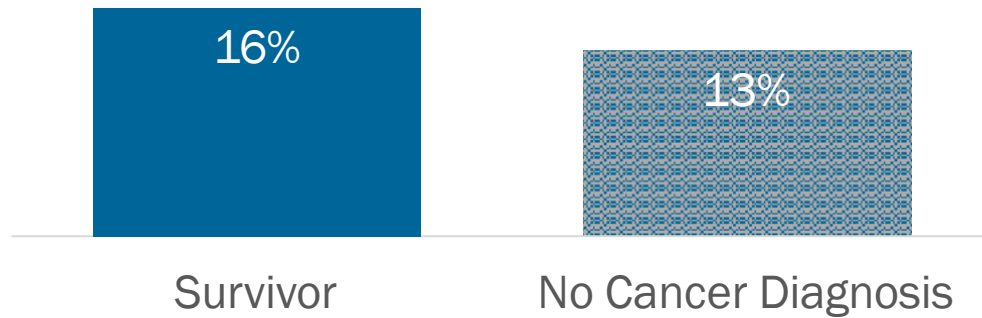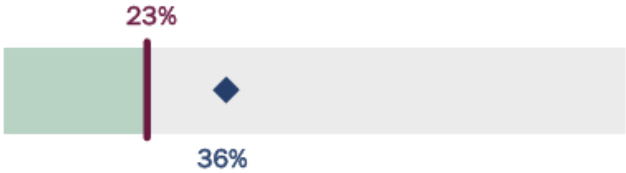
Cancer survivors and those never diagnosed with cancer who smoke make quit attempts at a similar rate.

16%	13%
Survivor	No Cancer Diagnosis

45%	43%
Survivor	No Cancer Diagnosis

Vermont Department of Health Source: BRFSS 2022

Cancer Survivorship

Vermont Cancer Plan Status Report: Any tobacco product use by Vermont cancer survivors

Survivorship & Advanced Care Planning

Goal 13. Promote optimal health for Vermonters with cancer throughout their lives.

Objectives (Data source)	BASELINE	COMPARISON TO TARGET	TREND	MET TARGET
		current ◆ target ▮ target met ▧		☐ no new data
13.3 Decrease % of adult cancer survivors# who currently use any tobacco product (cigarettes, e-cigarettes, and chew) (BRFSS 2017-2022).	24% (2017)	23% ◆ 36%	Worsened	✕

#The definition of a cancer survivor in the BRFSS changed between 2021 and 2022 to newly include individuals who have been diagnosed with melanoma. This change may help explain any changes we see between the data from 2022 and any years prior.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS): Vermont tracks risk behaviors using this telephone survey of adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC) since 1990. An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

Youth Risk Behavior Survey (YRBS): Every two years since 1993, the Department of Health's Division of Alcohol and Drug Abuse Program and the Department of Education's Coordinated School Health Programs have sponsored the YRBS. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the "resiliency" of young people by reducing high risk behaviors and promoting healthy behaviors.

Vermont Immunization Registry (IMR): A confidential system for maintaining immunization records for all Vermont residents and those who seek medical care in Vermont. It was designed, developed, and is operated by the Vermont Department of Health, and was first made available to providers in July 2004. It receives immunization data from medical providers, hospitals, health insurers, and increasingly, from pharmacies and nursing homes. The advantage of using the IMR for immunization data is that unlike survey information, it is much more comprehensive, and is not subject to selection bias. As is the case with any large database, the IMR has its limitations. It can be very difficult to keep up with the residences of all these individuals, resulting in a larger population base in the registry than actually live in the state of Vermont. The data shown in this chapter represent vaccine completion rates as of April 2023.

Vermont Cancer Registry: : The Vermont Cancer Registry (VCR) is Vermont's statewide population-based cancer surveillance system. The registry collects information about all cancers (except non-melanoma skin cancers and carcinoma in situ of the cervix) and all benign brain tumors diagnosed in Vermont. All statistics exclude in situ carcinomas except urinary bladder, unless indicated otherwise. Vermont cases include Vermont residents only.

NPCR and SEER Incidence 1999-2020 Database (NPCR & SEER): The U.S. incidence rates are based on the National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program Incidence State Restricted Access Data File (1999-2020).

Vermont Vital Statistics: The Vermont Department of Health vital statistics system tracks the following vital events that occur in Vermont: births, deaths, marriages, divorces and dissolutions, fetal deaths, and abortions. The Department of Health also receives abstracts for Vermont resident births and deaths that occur in other states which allows the Department to do statistical analyses of vital events involving Vermont residents, including those events which occurred outside of the state. The Vermont and the U.S. mortality rates are based on the Vermont Vital Statistics System, Vermont Department of Health (1994-2020) and the SEER Program Mortality - Aggregated Total U.S. (1990- 2020). Mortality data were coded using the International Classification of Disease Tenth Revision (ICD-10) coding system. Vermont deaths include Vermont residents only.

CDC Survivor Supplement – Initial Planning Proposal*

1. Northwestern Medical Center (NMC) collaboration - implement (improved) cancer patient/survivor cessation protocol. NMC is in Franklin County, a rural, high tobacco-use region.

2. Possible approach:
   - Cessation training for all NMC clinical staff
   - Including cessation materials with all discharges, regardless of tobacco use status.
   - Pilot documentation/cessation referrals in Diagnostic Imaging, starting with LDCT process then CT. A good place to identify/document cancer history (regular DI screens)
   - Prepare & deliver more Quit Kits
   - Update & print NMC specific quit resources
   - *Possible/very careful implementation* - Quit incentives for cancer survivors (similar to pregnant and other protocols). May need to consider broader implementation to not incentive one hospital vs another.

3. Future plans: expand support to other VT Hospitals/systems

*If funding is received

Thank you!

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