

1. Preventing future cancers

	Baseline	Current	Goal
Increase the number of females age 11-18 years who have received at least one dose of HPV vaccine.	(2010) 8,722	-	9,594
Reduce the percentage of adults reporting sunburns in the past 12 months.	(2004) 45%	-	40%
Reduce the percentage of youth (grades 9-12) reporting sunburns in the past 12 months.	-	-	-
Reduce the percentage of youth (grades 9-12) who have used a tanning booth or sun lamp in the past 12 months.	(2006) 15%	(2011) 9%	14%
Increase the percentage of households tested for radon gas.	(2008) 22%	-	25%
Increase the percentage of households that test high for radon gas that are mitigated.	(2010) 33%	(2013) 57%	36%

The Vermont State Cancer Plan fully supports additional prevention efforts by the Fit & Healthy Vermonters Plan, the Tobacco Control Plan, the Oral Health Plan and the Environmental Public Health Tracking Program, which are all located within the Vermont Department of Health.

2. Detecting new cancers as early as possible

	Baseline	Current	Goal
Increase the percentage of women age 50-74 getting a mammogram within the past two years.	(2008) 83%	(2012)§ 82%	91%
Increase the percentage of women age 40-49 who report having a discussion with their healthcare provider regarding the potential benefits and risks of breast cancer screening.	-	-	-
Reduce the rate of breast cancer diagnosed at an advanced stage among women age 50 and over (per 100,000).*	(2002-2006) 102.5	(2006-2010) 95.2	92.3
Reduce the rate of breast cancer diagnosed at an advanced stage among women age 40-49 (per 100,000).*	(2002-2006) 66.2	(2006-2010) 61.4	59.6
Increase the percentage of women age 21-65 who have had a Pap test in the past 3 years.	(2008)† 91%	(2012)§ 87%	100%
Reduce the rate of cervical cancer diagnosed at an advanced stage among women age 20 and over (per 100,000).*	(2002-2006) 3.5	(2006-2010) 2.2	3.2
Increase the percentage of people age 50-75 who receive the recommended colorectal cancer screening tests.	(2008)† 68%	(2012)§ 71%	75%
Increase the percentage of patients age 50-75 and older who are referred for colorectal cancer screening.	(2008) 88%	-	97%
Reduce the rate of colorectal cancers diagnosed at an advanced stage among men and women age 50 and older (per 100,000).	(2002-2006) 83.1	(2006-2010) 65.9	74.8
Increase the percentage of men age 50 and over who have had a discussion with their healthcare provider about the potential benefits and risks to prostate cancer screening and/or treatment.	(2010) 75%	-	-

3. Providing access to optimal treatment and care

	Baseline	Current	Goal
Reduce the percentage of cases reported to the Vermont Cancer Registry as "unknown stage." (AJCC stage group)	(2006) 5.2%	(2010) 4.8%	4.7%
Increase the percentage of prospective cases presented at a multi-disciplinary cancer conference.	(2009) 75%	(2012) 95%	83%
Increase the percentage of annual analytical cases accrued to clinical trials.	(2009) 18%	(2012) 17%	20%
Increase the percentage of women under age 70 receiving breast-conserving surgery for breast cancer who receive radiation therapy within 1 year of diagnosis.	(2007) 81%	(2011) 98%	89%
Increase percentage of women with AJCC T1cN0M0 or Stage II or III hormone receptive positive breast cancer who have considered or received Tamoxifen or third generation aromatase inhibitor within 1 year of diagnosis.	(2007) 61%	(2011) 97%	67%
Increase percentage of women under age 70 with AJCC T1cN0M0 or Stage II or III hormone receptive negative breast cancer who have considered or received combination chemotherapy within 4 months of diagnosis.	(2007) 100%	(2011) 87%	100%
Increase percentage of people with colon cancer having at least 12 regional lymph nodes removed and pathologically examined.	(2007) 75%	(2011) 92%	83%
Increase percentage of people under the age of 80 with lymph node positive colon cancer who have considered or received adjuvant chemotherapy within 4 months of diagnosis.	(2007) 100%	(2011) 100%	100%
Increase percentage of people under the age of 80 with clinical or pathological AJCC T4N0M0 or Stage III rectal cancer receiving surgical resection who have considered or received radiation therapy within 6 months of diagnosis.	(2007) 100%	(2011) 92%	100%
Increase the number of Vermont hospitals that offer a uniform set of palliative care and pain management services.	-	-	-
Increase the number of Vermont health care providers (MD, RN, PA, etc.) receiving continuing medical education in palliative care, pain management and/or hospice care.	-	-	-
Increase the percentage of cancer survivors who report always or usually receiving emotional/psychological support when needed.	(2012)‡ 73%	(2012) 73%	80%
Increase percentage of adults who report discussing complementary and alternative medicine (CAM) use with their primary care providers.	(2009) 24%	-	30%
Increase the percentage of Vermonters with health insurance.	(2008) 89%	(2012)§ 90%	98%

4. Improving survival and quality of life

	Baseline	Current	Goal
Increase the percentage of cancer survivors who have written treatment summaries and survivorship plans.	-	-	-
Increase the percentage of cancer survivors who report having a medical home (a primary care provider).	(2011)‡ 97%	(2012) 95%	100%
Increase the percentage of cancer survivors who report seeing a dentist in the past 12 months.	(2012)‡ 70%	(2012) 70%	77%
Increase the percentage of cancer survivors who report that their general health is good to excellent.	(2011)‡ 73%	(2012) 71%	80%
Increase the percentage of cancer survivors seen at VT ACoS cancer centers who are living five years or longer after diagnosis.	(1998) 66%	(2003) 63%	73%

5. Improving end-of-life care

	Baseline	Current	Goal
Increase the percentage of Vermont residents who died a natural death from cancer and received hospice care within the 30 days before death.	(2009) 62%	(2012) 69%	68%
Increase education and training of health care providers on end-of-life care.	-	-	-
Increase the number of Vermonters enrolled in the Advanced Directives Registry.	(2008) 3,383	(2012) 15,767	16,800

* Due to small numbers, advanced stage rates are calculated as 5-year averages.

† In 2010, cervical and colorectal cancer screening guidelines changed. The 2008 baseline was updated to reflect this change.

‡ In 2011, the definition of a cancer survivor (for analysis) was revised to exclude those reporting their only cancer was skin cancer.

§ The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years. Please see page 3 of the 2011 Vermont BRFSS Data Summary for more information:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2011_12.12.pdf

Notes:

Data not available at this time are indicated by a dash.
Goals are for the year 2015.

The Vermont State Cancer Plan can be found here for further reference:

http://healthvermont.gov/pubs/cancerpubs/documents/VTCancerPlan_0410.pdf

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