

M A R Y L A N D
State Council on Cancer Control



2005

Annual Report



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

**201 W. Preston Street • Baltimore, Maryland 21201 Robert L. Ehrlich, Jr., Governor –
Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary**

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

January 2006

The Honorable Robert L. Ehrlich, Jr.
Governor
State House
Annapolis, MD 21401

Dear Governor Ehrlich:

On behalf of the members of the State Council on Cancer Control, an independent commission established under Executive Order 01.01.1997.07 and reaffirmed under Executive Order 01.01.2002.25, I am pleased to submit the Council's 2005 Annual Report. Over the course of 2005, the Cancer Council experienced one of its busiest years ever and has harnessed the momentum of years past, which will carry us well into the future. During 2005, the Council held three full meetings and one all day event, our 12th Annual Cancer Control Conference.

In January 2005, the Council once again urged the Maryland General Assembly for passage of several important pieces of legislation. In June 2005, over a year's worth of planning came to a head when the Maryland Dialogue for Action Conference was held. Funded by a grant from the Cancer Research and Prevention Foundation, this conference brought together a vast array of healthcare professionals to examine how Maryland can impact colorectal cancer screening rates and mortality. The Cancer Council wrapped up 2005 with the 12th Annual Cancer Control Conference held at Martin's West on November 16, 2005. Attended by over 390 people, this event was the largest event ever held by the Cancer Council and a direct result of the hard work and dedication of members and staff. In addition, the Maryland Cancer Plan was recognized by the Centers for Disease Control and Prevention as a model for cancer planning, and work continued to disseminate that document to all Marylanders.

Looking ahead, the Council will continue to harness the momentum from our activities and focus our efforts on defined and constructive areas. I anticipate that, with the continued assistance of the CDC grant and other agencies, we will continue to address the cancer needs of the state and make recommendations for action.

The Maryland State Council on Cancer Control looks forward to continuing and strengthening our relationship with your office, the Department of Health and Mental Hygiene, as well as community groups, so that we may all contribute in the fight against cancer in Maryland.

Sincerely,

J. Richard Lilly, M.D.
Chair – Maryland State Council on Cancer Control

Maryland State Council on Cancer Control 2005 Annual Report

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I. State Council on Cancer Control Membership

J. Richard Lilly, MD – Chair

Senior Partner, Multi-Specialty Practice Group

Martin D. Abeloff, MD – Vice Chair

Director, Johns Hopkins Kimmel Comprehensive Cancer Center

Kevin Cullen, MD

Director, University of Maryland
Greenebaum Cancer Center

Edward D. Miller, MD

Dean, Johns Hopkins School of Medicine
& CEO, Johns Hopkins Medicine

Katherine P. Farrell, MD, MPH

Deputy Health Officer, Anne Arundel
County Health Department

David J. Ramsay, DM, DPhil

President, University of Maryland, Baltimore

Mark Gorman

Manager of Online Advocacy, National
Coalition of Cancer Survivorship

Mary Leach, PhD

Executive to the President, University of
Maryland, Baltimore

John Groopman, Ph.D.

Professor, Johns Hopkins Bloomberg
School of Public Health

Gail Roddie-Hamlin

Chief Operating Officer, American Cancer
Society, Mid-Atlantic Division

Roger Harrell, MHA

Health Officer, Dorchester County
Health Department

Diana Ulman

Chair, The Ulman Cancer Fund for Young
Adults

Miles Harrison, MD

Breast Cancer Surgeon, Sinai Hospital

Ex-Officio Members

Phillip Heard, MD, MPH

Maryland Department of the
Environment

Regina el Arculli, MA

National Cancer Institute

Carlessia A. Hussein, Dr. PH, RN

Director, Cigarette Restitution Fund
Program, DHMH

Lynn Khoo, MD, MPH

ORC MACRO International, Inc.

Delegate John Leopold

Maryland House of Delegates

Executive Director

Robert Villanueva, MPA

Maryland Department of Health and Mental
Hygiene

Senator Nathaniel J. McFadden

Maryland Senate

II. History, Mission, and Current Chair

History

The Maryland State Council on Cancer Control (Council) is a 25-member body appointed by the Governor with members selected from State agencies involved in cancer screening, prevention and treatment services, as well as members representing the general public, major academic medical institutions in Maryland's cancer community, national organizations, the business community, and health and scientific disciplines concerned with cancer control. In addition, at least one member of the Council is a known cancer survivor, one is a member of the Maryland State Senate and another is a member of the Maryland House of Delegates. The Department of Health and Mental Hygiene (DHMH) provides the Council with necessary staff and resources.

The Council was established by an Executive Order on June 26, 1991. The mission of the Council was reaffirmed with updated Executive Orders in 1997 and 2002. For a copy of the Council's Executive Order, please see Appendix A.

Council Mission

The Council advises the Governor, other government officials, public and private organizations, and the general public on comprehensive State policies and programs necessary to reduce the incidence and mortality of cancer in Maryland. In addition, the Council is charged with promoting and coordinating, in cooperation with other federal, state, local, or private agencies, unified programs that identify and address the cancer needs of Marylanders such as public and private partnerships to improve access to prevention, screening, and treatment services. Finally, the Council is charged with reviewing existing and planned cancer programs in the public and private sectors to assure proper allocation of State resources.

Current Council Chair

Dr. J. Richard Lilly, a Board Certified Family Physician, is the Senior Partner in a multi-specialty Practice Group in Prince George's County and has served as the Maryland State Council on Cancer Control's Chairman since his appointment in August 1999. Dr. Lilly received his medical degree from Temple University in Philadelphia and completed his internship at the Church Hospital in Baltimore, Maryland. From 1970 –1973 Dr. Lilly served as a Clinical Assistant Professor in the Family Practice Program at the University of Maryland and, from 1974-1978, was a faculty member of the Department of Family Medicine at the University of Maryland, and founder of the Residency Program at Prince George's County Hospital and Medical Center.

In 1995, Dr. Lilly was awarded a Governor's Citation as one of Maryland's most respected and admired members of the medical profession, and in 1996 was selected by the American Hospital Association and the American Medical Association as one of the 50 Most Positive Physicians in America. In 1995-1996, Dr. Lilly served as the

President of Med-Chi, the Maryland State Medical Society and currently serves as Chair of the Med-Chi Insurance Agency. Dr. Lilly has served on the Board of Carefirst BlueCross/BlueShield since 1996 and was a founding partner of Doctor's Community Hospital in Prince George's County. Dr. Lilly earned his B.A. in Chemistry from Gettysburg College in 1958.

III. Maryland State Council on Cancer Control 2005 Meeting Schedule

Below is a list of the meetings held by the State Council on Cancer Control in 2005. Agenda items for these meetings included the Cigarette Restitution Fund Program, legislation arising from the 2005 Maryland General Assembly, and the Maryland Comprehensive Cancer Control Plan.

| Date | Location |
|---|--|
| Friday March 11, 2005 9:30 – 11:30 | Maryland Department of the Environment Terra Room |
| Friday September 16, 2005 9:30 – 11:30 | Frank and Bess Gladhill Board Room University of Maryland Baltimore, Maryland |
| November 16, 2005 8:30 – 3:30 | 12th Annual Cancer Conference Martin's West |

Agendas for the 2005 Cancer Council Meetings Can be found in Appendix B

IV. 2005 Council Activities and Accomplishments

A. 2005 Legislative Session

For the past 13 years, the State Council on Cancer Control has played an active role in the legislative process by supporting certain legislative measures in the General Assembly aimed at reducing the incidence and burden of cancer in Maryland. During the 2005 session, the Cancer Council supported initiatives such as legislation banning smoking in bars and restaurants, which, though defeated in committee, made significant progress. In addition, legislation mandating coverage of both annual Human Papilloma Virus (HPV) testing and smoking cessation benefits was passed and signed into law. Finally, legislation banning the shipment of cigarettes purchased over the Internet or via mail order to addresses in Maryland was passed and signed into law by the Governor.

For a complete listing of all legislation tracked during the 2005 Maryland General Assembly session, please see Appendix C.

B. Comprehensive Cancer Control Planning in Maryland

Since October 2001, DHMH has participated in a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to update the Maryland State Cancer Plan. During a 29-month planning process, the State Council on Cancer Control served as the managing body directing the comprehensive cancer control planning efforts for the State of Maryland.

Since its publication in April 2004, over 1,200 copies of the 2004-2008 Maryland Comprehensive Cancer Control Plan have been disseminated across the state of Maryland and the country. As a result of the collaborative efforts used to create the Maryland Cancer Plan, the Executive Director of the Maryland State Council on Cancer Control spoke at CDC's request at the Annual Meeting of the Arizona Comprehensive Cancer Control Plan in April 2005.

During 2005, an evidenced-based review was funded to examine which objectives and strategies within the completed plan have evidence of effectiveness in the scientific literature. The evidenced-based review of the plan provided guidance to the colorectal, cervical, and breast cancer committees as they began to meet to prioritize their objectives and strategies. These prioritized strategies will allow further implementation of the cancer plan now in 2005 and beyond.

Also in 2005, DHMH applied, on behalf of and in collaboration with, the Baltimore City Colorectal Cancer Collaborative and its partner organizations, for a grant to conduct colorectal cancer screening in Baltimore City under a demonstration project with CDC. Objectives contained in the colorectal cancer chapter of the Maryland Comprehensive Cancer Control Plan were the basis of the application. In September 2005, DHMH was awarded a cooperative agreement from CDC for a multi-site colorectal cancer screening demonstration project in Baltimore City. The program will be managed by DHMH, with the Collaborative serving as the Steering Committee for all activities under this cooperative agreement.

The www.MarylandCancerPlan.org Website continues to be the "home base" for comprehensive cancer control efforts in Maryland. Updated regularly by DHMH, this Website has served as an effective tool for information dissemination, evaluation, and program announcements. In addition the Website was used to register individuals for the 2005 Council Conference, which focused on a host of issues contained in the 2004-2008 Maryland Comprehensive Cancer Control Plan. By the end of 2005, over 45,000 hits were registered on this website.

Finally, in 2005, Social Solutions International, Inc. (SSI) was awarded a contract from DHMH, on behalf of the Maryland State Council on Cancer Control, to construct and

execute an evaluation plan, strategy, and process for the planning phase of the 2004-2008 Maryland Comprehensive Cancer Control Plan. SSI met with individuals at the annual cancer conference to discuss their utilization of the cancer plan. Additionally, SSI included a survey in the conference packet to aid staff in gauging the effectiveness of the planning process. A full report from SSI is due in April 2006; the report will guide the efforts of creating future cancer plans and partnerships.

C. Maryland Dialogue for Action Conference

In 2004, Maryland applied for funding from the Cancer Research and Prevention Foundation, and was chosen from a competitive field of applicants to be one of three states that would hold a state-based *Dialogue for Action* conference in 2005. *Dialogue for Action* is a year-long collaborative process that brings key stakeholders together to plan activities to increase colorectal cancer screening rates. The Dialogue for Action culminates in an innovative conference that provides a creative forum for mobilizing state-level efforts to increase colorectal cancer screening rates. Key partners include primary care providers, medical specialists, nonprofit organizations, coordinators of state comprehensive cancer control programs, representatives of selected government agencies, third-party payers, and advocacy organizations.



The cornerstone to the Maryland *Dialogue for Action* process was the formation of a 25 person Planning Committee chaired by Drs. Marshall Bedine, Stanley Watkins, and Judy Davidoff (**at left**). The Planning Committee was comprised of a diverse collection of colorectal cancer screening stakeholders from around the state. This committee worked together in a highly interactive and collaborative process that culminated in the June 2005 conference.

On June 10, 2005, after almost a year of planning, the Maryland DHMH, the Cancer Research and Prevention Foundation, and the CDC held the “Moving Colorectal Cancer Screening Forward: A *Maryland Dialogue for Action*” conference” at the Turf Valley Conference Center in Ellicott City, Maryland.



The morning of the conference opened with representatives from the Cancer Research and Prevention Foundation and DHMH welcoming the attendees and orienting them to the day ahead. Dr. Frank Giardiello (**at left**) from the Johns Hopkins Medical Institutions provided an overview of colorectal cancer (CRC) and its screening modalities.

Following Dr. Giradiello, DHMH’s Dr. Diane Dwyer discussed the capacity to screen more people for

colorectal cancer in Maryland, and also provided an update on the progress in colorectal cancer screening

through the Maryland Cigarette Restitution Fund Program.

Dr. Michael Pignone (**at right**) from the University of North Carolina's School of Medicine and Public Health gave a keynote entitled "Colorectal Cancer Screening: The Role of the Primary Care Provider." In his presentation, Dr. Pignone covered the steps necessary to start a colorectal cancer screening program in a primary care setting, including overcoming barriers through education and reminder systems.



Following Dr. Pignone's talk, a panel discussed the implementation of colorectal cancer screening in primary care practices. Sitting on this panel were Dr. Victor Felipa (a physician from Western Maryland), Joanne Coleman (a nurse practitioner from Johns Hopkins Hospital), and Dr. Bradley Winston (a medical director from Kaiser Permanente).

After lunch, concurrent roundtable discussions were held. Topics of the breakout sessions included:

- Colorectal Cancer Screening Among Maryland's Underserved: How to Increase Primary Care Referrals.
- Increasing the Demand for Colorectal Cancer Screening Among the Underserved in Maryland: Educating the Consumer.
- What if We Succeed: The HEDIS Measure and Maryland's Capacity to Provide Colorectal Cancer Screening.
- Expanding Colorectal Cancer Screening: The Role of Maryland's Non-physicians.
- The Nuts and Bolts of Colorectal Cancer Screening: What do Maryland Providers Need to Know?

The breakout sessions reported back to the attendees at the closing session of the conference. The Colorectal Cancer Committee of the Maryland Cancer Plan was provided with the recommendations from the conference on targeted provider and patient activities aimed at increasing colorectal cancer screening among underserved, underinsured, and/or uninsured populations.



The Maryland *Dialogue for Action* conference agenda, along with additional conference materials may be found in **Appendix D**.

D. Cervical Cancer Activities

During the 2004 Maryland General Assembly, Senate Bill 499 established a Cervical Cancer Committee. The bill required DHMH to staff the Committee, and required the Committee to present findings and recommendations about developments in cervical cancer to the Governor and the General Assembly annually for five years beginning in October 1, 2004.

The Maryland State Council on Cancer Control's Annual Cancer Conference, held on November 15, 2004, presented an excellent opportunity to share developments and information on cervical cancer with over 370 attendees. At this meeting, information regarding the development of prophylactic cervical cancer vaccines was announced. These vaccines can be administered early in life and would prevent a person from ever being infected with the Human Papilloma Virus (HPV).

Following this conference, the Cervical Cancer Committee, which was formed during the process of writing the 2004-2008 Maryland Comprehensive Cancer Control Plan, met in May 2005. The Cervical Cancer Committee is comprised of 13 members from various DHMH offices, physicians from Johns Hopkins, University of Maryland, and Sinai Hospital, local health departments, the American Cancer Society, and the National Cancer Institute.

At the May 2005 meeting of the Cervical Cancer Committee, nationally and internationally known experts in the area of cervical cancer vaccines presented to the committee. Dr. Alan Hildesheim from the National Cancer Institute provided a detailed overview of cervical cancer vaccines. Dr. Richard Schlegel of Georgetown University Medical Center gave an overview of how a prophylactic cervical cancer vaccine could be developed and administered, and Dr. Connie Trimble from the Johns Hopkins University School of Medicine provided an overview of a therapeutic cervical cancer vaccine, which could be administered to women who are sexually active and/or positive for one or more forms of the HPV.

In addition, Dr. Richard Haupt, the medical director for Merck Pharmaceutical's Vaccine Division presented his company's advanced work in the area of cervical cancer vaccines and announced that a prophylactic quadrivalent vaccine administered prior to the onset of sexual activity was extremely effective in guarding persons against the four most predominant forms of HPV that cause cervical cancer. For more information on the May 2005 cervical cancer presentations, please refer to http://www.fha.state.md.us/cancer/mdcancerplan/past_presentations.cfm.

The Cervical Cancer Committee met twice more in 2005. Projects for 2005 included working to prioritize their chapter's objectives and strategies as well as reviewing new data and literature on developments in the area of cervical cancer.

In addition to the work of the Cervical Cancer Committee, DHMH continued to make further inroads against cervical cancer in Maryland by working on the “Look Back Study of Invasive Cervical Cancer and Late Stage Breast Cancer,” which was a recommendation of the Cervical Cancer Chapter in the 2004-2008 Maryland Comprehensive Cancer Control Plan. This study will identify factors that contribute to late stage breast cancer and invasive cervical cancer among Maryland residents. Results of this study are not anticipated until 2007.

Finally, DHMH and the Cancer Council supported Senate Bill 779 - legislation requiring specified insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for an annual HPV screening test.

V. 2005 Maryland State Council on Cancer Control Conference¹



On November 16, 2005, at Martin's West in Baltimore, Maryland, the Maryland State Council on Cancer Control hosted its 12th annual conference on the issues and challenges in cancer control in Maryland. Over 390 individuals attended the conference, and it was the largest event ever sponsored by the State Council in Cancer Control.

Opening the morning session of the conference with welcoming remarks was the Secretary of DHMH, S. Anthony McCann (**at right**). Following Secretary McCann, Council Chair, Dr. J. Richard Lilly (**at right, below**), also welcomed attendees to the conference.



Dr. Lilly gave a talk on the many changes the field of cancer control has undergone since his time as a medical student. Dr. Lilly took time to show how the art of screening for colorectal cancer has changed from the use of a rigid colonoscope to the use of a flexible sigmoidoscope. Dr. Lilly closed his comments by providing an overview of the conference agenda.



Following Dr. Lilly, Dr. Diane Dwyer (**at left**), the Medical Director for DHMH's Center for Cancer Surveillance and Control, provided a presentation on "Measuring the Burden of Cancer in Maryland." She described that the burden of cancer includes not only the number of lives lost, but also the costs of treatment, prevention, and research, as well as the years of productive lives lost. Dr. Dwyer pointed out that, with the baby boomers about to turn 60, there could be a doubling in the number of cancer cases by the year 2050.

Dr. Dwyer concluded her talk by pointing out the hope that lies in the future. New tests, treatments, vaccines, and behaviors will hopefully dramatically lower some of the cancer burden in Maryland.

¹ The conference agenda, along with additional conference materials may be found in **Appendix E**.

Following Dr. Dwyer's presentation, Dr. Thomas Burke and Dr. Anthony Alberg, both from the Bloomberg School of Public Health at Johns Hopkins participated on a panel titled "The Environment and Cancer." Dr. Burke discussed his experiences as both a researcher, and as former Health Commissioner for the state of New Jersey. His talk covered the topics of environmental exposures and cancer, cancer cluster investigations, and future directions for measuring the impact of environment on cancer.

Dr. Burke (**at right, above**) noted that improved surveillance and refined epidemiological studies would help in understanding and reducing the risks associated with environmental exposures and provide better information to policy makers.



Dr. Alberg (**at right, below**) focused his talk, titled "Secondhand Smoke: An Emerging Story," on the impact of second hand smoke as an environmental issue. During his lecture, Dr. Alberg noted the known carcinogens present in tobacco smoke and the cancers linked to active smoking. Dr. Alberg then focused the remainder of his presentation on the dangers of secondhand smoke. Dr. Alberg concluded his speech by pointing to policy changes such as smoke-free bars and restaurants and smoke-free workplaces as methods to reduce the impact of secondhand smoke on the non-smoking population.



Dr. Alison Ehrlich and Dr. William Nelson participated on the Cancer Screening Best Practices Panel covering the areas of skin and prostate cancers, respectively.



Dr. Ehrlich, (**at left**), Director of Clinical Research in the Department of Dermatology at George Washington University, presented information on skin cancer statistics, including incidence and mortality, and early detection and screening modalities.

Dr. Ehrlich also spoke about the risks associated with the use of tanning beds and the development of skin cancers. Noting that tanning bed use has increased from 7% to over 16% among 14-year-old girls in one year, Dr. Ehrlich pointed out the link between melanoma and tanning bed use.

Dr. Ehrlich also discussed the issue of protecting Maryland's watermen by promoting the use of sunscreens and sun protective clothing. Dr. Ehrlich closed by discussing a novel skin cancer education curriculum for third year medical students aimed at

increasing student knowledge, visual detection skills of benign versus malignant lesions, and awareness of skin cancer.



Dr. William Nelson (**at left**), Associate Professor of Medicine at the Johns Hopkins School of Medicine, gave a presentation on the burden of prostate cancer in Maryland and the U.S. Dr. Nelson reviewed the controversy surrounding the screening tests for prostate cancer. Dr. Nelson concluded his talk by presenting information regarding the role of inflammation in the development of prostate cancer.

Following the panel on Cancer Screening Best Practices, the Directors of Maryland's two major Cancer Centers shared their thoughts on the emerging issues in cancer control. Dr. Martin Abeloff (**at right**), Director of the Kimmel Comprehensive Cancer Center at Johns Hopkins, began his talk by communicating the strategic vision for research at the Kimmel Cancer Center and the Center's focus on being an engine for translating research into real world applications. Dr. Abeloff concluded his discussion by mentioning the efforts of researchers at Johns Hopkins to bring about new discoveries in oral HPV screening, a DNA stool test for colon cancer, BRCA 2 testing for pancreatic cancer, and hypomethylation of brain tumors.



Dr. Kevin Cullen (**at right**), Director of the University of Maryland's Greenebaum Cancer Center, shared with the audience a major award won by a researcher at the Greenebaum Cancer Center for her work on aromatase inhibitors in the treatment of breast cancer. Dr. Angela Brodie was awarded the General Motors' Cancer Research Foundation Kettering Prize, an award given to the single scientist who has made the most important advance in the diagnosis and treatment of cancer. Dr. Cullen also noted that Dr. Brodie's groundbreaking work has spawned an entire area of research, the implications of which have and will save countless numbers of lives.



The final presentation of the day was a panel dedicated to providing an understanding of the various patient navigation models that can be used to assist patients in their journey through the healthcare system. Dr. Roland Garcia (**at left**), from the Center to Reduce Cancer Disparities at the National Cancer Institute, provided an overview of patient navigation systems, which are developed to assist patients with navigating the healthcare systems, models, and further research being done in

the area. Examples of such assistance include help with scheduling appointments, interpretation of exam and test results, as well as direction to appropriate follow-up care. Dr. Garcia focused his presentation on health disparities and how patient navigation models can reduce disparities.



Following Dr. Garcia, Cathy Brady-Copertino (**top left**) and Jessica Turgon (**middle left**) from Holy Cross Hospital and the University of Maryland Greenebaum Cancer Center, respectively, presented two models of patient navigation in a hospital setting. Ms. Copertino described the patient navigation systems in place at the Lung Center and Women's Cancer Center at Holy Cross. Ms. Turgon discussed the Greenebaum Cancer Center's partnership with the American Cancer Society. Both presenters summarized their talks by illustrating the benefits that patient navigation systems have brought to their medical facilities and patients.



Ms. Stacey Stephens (**bottom left**) from the Greenebaum Cancer gave a brief presentation on the community-based patient navigation model being used in the Cancer Center's Baltimore City Breast and Cervical Cancer Program under the Cigarette Restitution Fund Program.



To close the Patient Navigation Panel, Ms. Mary Burke, a breast cancer patient from Holy Cross Hospital, provided a first-hand testimonial as to the benefit of patient navigation systems. Ms. Burke gave much praise to the nurse navigator that aided her in successfully moving through the healthcare system.

Exhibitors

The hallways of Martin's West were filled with exhibits from various cancer-related organizations and programs. This year, 24 organizations exhibited, and the comments received on evaluations noted that the exhibits were very beneficial and informational to the attendees.



Conference Evaluation and Feedback

Conference participants were asked to complete a survey that allowed them to comment on the facilities and conference organization. Over 250 (64%) of the approximately 390 participants completed the survey. Over 82% of the evaluations said that the conference met or exceeded their expectations.

VI: Appendices

Appendix A:

**State Council on Cancer Control
Executive Order**

Appendix B:

2005 State Council on Cancer Control Meeting Agendas

Maryland State Council on Cancer Control
Maryland Department of the Environment
March 11 2005
9:30-11:30

Agenda

- **Call to Order** Dr. J Richard Lilly, Chair
- **Greetings** Dr. Phil Heard
- **Approval of December Meeting Minutes** Dr. J Richard Lilly
- **Announcements** Dr. J Richard Lilly
- **Council Membership** Group
- **Committee Reports**
Cancer Registry Advisory Committee Dr. Katherine Farrell
Legislative Committee Dr. Albert Blumberg
- **CRFP Update** Marsha Bienia
Joan Stine
- **Maryland Comprehensive Cancer Control Plan** Robert Villanueva
- **Stem Cell Position Statement Discussion** Group
- **New Business/Open Table** Group
- **Adjourn**

**Maryland State Council on Cancer Control
Bess and Frank Gladhill Board Room
Health Sciences and Human Services Library
University of Maryland, Baltimore
September 16, 2005
9:30-11:30
Agenda**

- **Call to Order** Dr. J Richard Lilly, Chair
- **Greetings** Dr. David Ramsay
- **Approval of February Meeting Minutes** Dr. J Richard Lilly
- **Announcements** Dr. J Richard Lilly
- **Information Updates**
Breast Feeding Information Update Dr. Kathy Helzlsouer, MD
Cervical Cancer Screening Dr. Judy Lee, MD
Recommendation Update
- **Committee Reports**
Cancer Registry Advisory Committee Stacey Neloms
Legislative Committee Robert Villanueva
- **CRFP Update** Dr. Carlessia Hussein
Marsha Bienia
Joan Stine
- **Maryland Comprehensive Cancer Control Plan** Robert Villanueva
- **Cancer Conference Update** Heather Torbett
Vicki Varsalone
- **Anne Arundel County Firefighters' Study** Group
- **New Business/Open Table** Group
- **Adjourn**

Appendix C:

2005 State Council on Cancer Control Legislative Positions Chart

2005 State Council on Cancer Control Legislative Positions Chart

HB=House Bill, **SB**=Senate Bill, **SJR**=Senate Joint Resolution, **HJR**=House Joint Resolution;
Council Position: **S**=Support, **O**=Oppose, **NP**=No Position;
SWA=Support with Amendment; **PWA**=Passed with Amendment
House or Senate Action - **UNF**=Unfavorable, **Amend**=Amendment

SENATE BILLS

| Bill # | Name | Sponsor (s) | Council Position | House Action | Senate Action | Enacted |
|---------------|--|------------------------|------------------|--------------|----------------------------------|-----------------|
| SB 175 | Income Tax - Credit for Prohibiting Smoking on Business Premises Providing for Maryland tax credit for prohibiting smoking on the premises business establishments. | Senator Klausmeier | NP | | Unfavorable Report | |
| SB 332 | Clean Indoor Air Act of 2005 Prohibiting a person from smoking tobacco products in indoor areas open to the public and places of employment. | Senators Ruben, et al. | S | | Unfavorable Report | |
| SB 546 | Cigarettes - Direct Sales and Shipping Prohibiting a person engaged in the business of selling or distributing cigarettes from selling or shipping directly to a consumer or other unlicensed recipient in this State | Senators Exum, et al. | S | Passed 129-6 | Passed 46-0 | Signed into law |
| SB 554 | Tobacco Products - Prohibitions on Delivery Prohibiting a person in the business of manufacturing, distributing, or selling tobacco products from delivering or causing to be delivered any tobacco products except in a specified manner. | Senators Ruben, et al. | S | | Withdrawn in deference to SB 546 | |
| SB 555 | Tobacco Tax - Products Other Than Cigarettes - Tax Rate Increasing the tobacco tax rate imposed on specified tobacco | Senators Ruben, et al. | S | | Heard 3/11 Budget and Tax | |

| | | | | | | |
|---------------|--|---------------------------|------|--------------|--------------------|-----------------|
| | products other than cigarettes from 15% to 45% of the wholesale price | | | | | |
| SB 609 | Public Schools - School Nutrition Program Establishing a School Nutrition Program | Senator Britt | S | | Heard 3/8 EHEA | |
| SB 556 | Tobacco Tax - Rate Increasing the tobacco tax rate for cigarettes from \$1.00 to \$1.50 per pack of 20 cigarettes | Senators Ruben, et al. | S | | Heard 3/11 Finance | |
| SB 751 | Maryland Stem Cell Research Act of 2005 Authorizing research that involves human embryonic stem cells, human embryonic germ cells, and human adult stem cells | Senators Hollinger, et al | NP | | Heard 3/2 Finance | |
| SB 779 | Annual Human Papillomavirus Screening Test – Coverage Requiring specified insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for an annual human papillomavirus screening test for specified persons under specified circumstances | Senators Lawlah, et al. | S | Passed 129-0 | Passed 47-0 | Signed into law |
| SB 825 | Maryland Prostate Cancer Research Fund - Income Tax Check off Establishing the Maryland Prostate Cancer Research Fund within the Department of Health and Mental Hygiene to be used to provide grants for prostate cancer research | Senators Colburn, et al. | LOI | | Senate Rules | |
| SB 861 | Minors - Tobacco Products – Penalties Establishing the civil offense of a minor obtaining a tobacco product. | Senator Klausmeier | NP/O | | Withdrawn | |

HOUSE BILLS

| Bill # | Name | Sponsor (s) | Council Position | House Action | Senate Action | Enacted |
|---------------|--|---|------------------|--------------------|---------------|-----------------|
| HB 144 | Education - Public Schools Use of Sunscreen Prohibiting a public school or public school system from preventing a student from applying sunscreen in a safe and proper manner before engaging in outdoor school activities. | Delegates Healey, Boschert, et al. | S | Withdrawn | | |
| HB 303 | Health Insurance - Mandated Benefits - Smoking Cessation Treatment Requiring specified insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for cessation of the use of tobacco products | Delegates Morhaim, Barve, Boutin, and Hubbard | S | Passed 108-23 | Passed 40-6 | Signed into law |
| HB 428 | Clean Indoor Air Act of 2005 Prohibiting a person from smoking tobacco products in indoor areas open to the public and places of employment. | Delegate Frush, et al. | S | Unfavorable Report | | |
| HB 504 | Maryland Prostate Cancer Research Fund - Income Tax Checkoff Establishing the Maryland Prostate Cancer Research Fund within DHMH to be used to provide grants for prostate cancer research | Delegates Oaks, et al. | LOI | Unfavorable Report | | |
| HB 521 | Public Schools - School Nutrition Program Establishing a School Nutrition Program | Delegates Stern, Barve, et al. | S | Unfavorable Report | | |
| HB 546 | Cigarette Licenses Disciplinary Fees and Authority Increasing the licensing fees to act as a manufacturer of cigarettes, a retailer of cigarettes,; decreasing the fees to act as a wholesaler of cigarettes | Delegates Cardin and Morhaim | S | Unfavorable Report | | |

| | | | | | | |
|----------------|--|-------------------------------|------|--------------------|-----------|--|
| HB 1060 | Cancer Drug Repository Program Requiring the State Board of Pharmacy to establish a Cancer Drug Repository Program under which any person may donate a cancer drug and supplies for use by specified individuals | Delegates Rudolph, et al. | LOI | Withdrawn | | |
| HB 1183 | Maryland Stem Cell Research Act of 2005 Authorizing research that involves human embryonic stem cells, human embryonic germ cells, and human adult stem cells | Delegate Rosenberg, et al. | NP | Passed 81-53 | No Action | |
| HB 1246 | Public Safety Fire Safety Standards for Cigarettes Requiring the State Fire Prevention Commission to establish by regulation certain fire safety standards for cigarettes on/ before October 1, 2006 | Delegates Moe, et al. | S | Withdrawn | | |
| HB 1258 | Minors - Tobacco Products - Penalties Establishing the civil offense of a minor obtaining a tobacco product. | Delegates Kelly and F. Turner | NP/O | Unfavorable Report | | |
| HB 1419 | Political Subdivisions - Smoking Regulations - Restrictions Prohibiting a political subdivision from adopting ordinances or laws regulating smoking in specified establishments that are more stringent or restrictive than general laws in existence on October 1, 2005 | Delegates Arnick and Oaks | O | Heard 3/22 HGO | | |
| HB 1486 | Cigarettes - Direct Sales and Shipping Prohibiting a person engaged in the business of selling or distributing cigarettes from selling or shipping directly to a consumer/unlicensed recipient. | Delegate Frush | S | Passed 119-8 | No Action | |

Appendix D

Moving Colorectal Cancer Screening Forward: A Maryland Dialogue for Action

**Turf Valley Conference Center and Resort
June 10, 2005**

Moving Colorectal Cancer Screening Forward: A Maryland Dialogue for Action

Turf Valley Conference Center and Resort

June 10, 2005

- | | |
|------------------------------------|--|
| 7:30 – 8:00 | Registration and Continental Breakfast |
| 8:00 – 8:15: | Call to Order, Welcome and Remarks <ul style="list-style-type: none">• Karen Peterson, Cancer Research and Prevention Foundation• Robert Villanueva, Maryland Department of Health and Mental Hygiene |
| 8:20 – 9:05: Modalities | An Introduction to Colorectal Cancer and CRC Screening <ul style="list-style-type: none">• Dr. Francis Giardiello, Johns Hopkins |
| 9:10 – 9:55: | Colorectal Cancer in Maryland; Determining the Capacity to Screen and Updating Progress in CRC Screening <ul style="list-style-type: none">• Dr. Diane Dwyer, DHMH |
| 10:00 – 10:10: | Morning Break |
| 10:15 – 11:10 Provider | Colorectal Cancer Screening: The Role of the Primary Care <ul style="list-style-type: none">• Dr. Michael Pignone, MD, MPH, Associate Professor – University of North Carolina Hospital and Medical School. |
| 11:15 – 12:00 | Panel Discussion: Implementing CRC Screening in Practice <ul style="list-style-type: none">• Joanne Coleman, John Hopkins Hospital• Dr. Bradley Winston, Kaiser Permanente |
| 12:00 – 1:00 | Lunch |
| 1:05 – 3:00 | Conversations in Breakout Rooms 1) Colorectal Cancer Screening Amongst Maryland's Underserved: How to Increase Primary Care Referrals Moderator: Marsha Bienia Key Discussant: Judy Davidoff Recorder: Barbara Andrews |

**2) Increasing the Demand for Colorectal Cancer Screening
Among the Underserved in Maryland: Educating the Consumer**

Moderator: Mary Jackson

Key Discussant: Eden Stotsky

Recorder: Heather Torbett

**3) What if We Succeed: The HEDIS Measure and Maryland's
Capacity to Provide Colorectal Cancer Screening**

Moderator: Dr. Diane Dwyer

Key Discussant: Min Gayles

Recorder: Kitty Musk

**4) Expanding Colorectal Cancer Screening: The Role of
Maryland's Non-physicians**

Moderator: Carmela Groves

Key Discussant: JoAnn Coleman

Recorder: Robert Villanueva

**5) The Nuts and Bolts of Colorectal Cancer Screening: What do
Maryland Providers Need to Know?**

Moderator: Alva Hutchison

Key Discussant: Dr. Marshall Bedine

Recorder: Bill Wiseman

3:05 – 3:45: Conversation Report Out

3:45 – 4:00: Summation and Adjournment

Dialogue for Action Conference Learning Objectives

Upon completion of Moving Colorectal Cancer Screening Forward: A Maryland Dialogue for Action participants will be able to:

- Describe the colorectal cancer disease process and the importance of prevention and screening.
- Describe current evidence-based methods for colorectal cancer screening.
- Describe the capacity for colorectal cancer screening in Maryland.
- Describe the barriers and solutions to implementing a colorectal cancer screening program in primary care practice settings.
- Describe the importance of using physicians and non-physician primary healthcare providers to increase colorectal cancer screening rates.

Appendix E

Cancer Issues and Challenges

***The 12th Maryland State Council on Cancer Control
Conference***

November 16, 2005

Cancer Issues and Challenges
The 12th Maryland State Council on Cancer Control Conference
November 16, 2005

- 7:45 – 8:30:** **Registration and Continental Breakfast**
- 8:30 – 8:50:** **Call to Order, Welcome and Remarks**
- S. Anthony McCann, Secretary, Maryland Dept. of Health & Mental Hygiene
 - J. Richard Lilly, M.D., Chair, Maryland State Council on Cancer Control
- 8:50 – 9:15:** **The Burden of Cancer in Maryland**
- Diane Dwyer, M.D., Maryland Department of Health and Mental Hygiene
- 9:20 – 10:30:** **Environmental Issues and Cancer**
- *Cancer and the Environment: Reflections from Cancer Alley*
Thomas Burke, Ph.D, MPH, Johns Hopkins School of Public Health
 - *Second-hand Smoke and Cancer: An Emerging Story*
Anthony Alberg, Ph.D., MPH., Johns Hopkins School of Public Health
- 10:30-10:40:** **Morning Break**
- 10:40-11:45:** **Cancer Screening and Detection: Best Practices**
- *Skin Cancer in Maryland*
Alison Ehrlich, M.D., MHS, George Washington University
 - *Prostate Cancer Screening and Early Detection: What is the best approach?*
William Nelson, M.D., Ph.D., Johns Hopkins Medical Institutions
- 11:45-12:15:** **Emerging Issues in Cancer Control: The Cancer Center Perspective**
- Martin Abeloff, M.D., Sidney Kimmel Comprehensive Cancer Center
 - Kevin Cullen, M.D., Marlene and Stewart Greenebaum Cancer Center
- 12:30 – 1:30:** **Networking Lunch**
- 1:35-3:00** **Patient Navigation: Getting Our Patients What They Need in A Confusing Healthcare Environment**
- *NCI Patient Navigation Program & Federal Law Overview*

A. Roland Garcia, Ph.D., Center to Reduce Cancer Health Disparities

- *Patient Navigation*
Catherine Brady-Copertino, R.N., M.S.N., O.C.N., Holy Cross Hospital
- *Patient Navigation Models*
Jessica Turgon, M.B.A. & Stacey B. Stephens,
LCSW – C, University of Maryland, Marlene and
Stewart Greenebaum Cancer Center
- *Patient Navigation Story*
Mary Burke, Breast Cancer Survivor

3:00-3:15:

Summation and Adjournment

**The 12th Maryland State Council on Cancer Control Conference
Evaluation
November 16, 2005**

Facility Evaluation

I. Conference Status:

| | |
|-------------------|-----------------|
| I am a Registrant | 214/ 98% |
| I am a Presenter | 1/ .05% |
| <i>No answer</i> | 3/ .01% |

II. Please Indicate:

| | |
|-------------------------------------|----------------|
| Member of Local Government | 7/ 3% |
| Healthcare Provider | 26/ 12% |
| Health Education/Community Outreach | 29/ 14% |
| Local Health Department staff | 62/ 29% |
| DHMH | 17/ 8% |
| Researcher | 11/ 5% |
| Administrator | 16/ 8% |
| Student | 3/ 1% |
| Cancer Council Member | 45 2% |
| Other | |
| Not specified | 2/ .9% |
| Med Rec Tech | 1/ .5% |
| Cancer Registrar | 2/ .9% |
| Cancer Survivor | 1/ .5% |
| Patient | 1/ .5% |
| American Cancer Society | 2/ .9% |
| Industry | 1/ .5% |
| Church | 1/ .5% |
| BCCP RN | 1/ .5% |
| Quest 08 (?) | 1/ .5% |
| Non Profit | 3/ 1% |
| <i>No answer</i> | 11/ 5% |

III. Have you previously attended an event held by the Maryland State Council on Cancer Control?

| | |
|------------------|-----------------|
| Yes | 142/ 65% |
| No | 75/ 34% |
| <i>No answer</i> | 2/ .9% |

IV. What is your overall evaluation of this program?

CONFERENCE FACILITIES

| | |
|------------------|-----------------|
| Accessibility: | |
| Excellent | 117/ 55% |
| Good | 85/ 40% |
| Fair | 3/ 1% |
| Poor | 1/ .5% |
| <i>No answer</i> | 5/ 2% |

| | |
|----------------------|----------|
| Convenient Location: | |
| Excellent | 111/ 53% |
| Good | 79/ 37% |
| Fair | 20/ 9% |
| Poor | 3/ 1% |
| No answer | 6/ 3% |

| | |
|-----------|---------|
| Luncheon: | |
| Excellent | 72/ 33% |
| Good | 67/ 30% |
| Fair | 24/ 11% |
| Poor | 6/ 3% |
| No answer | 52/ 24% |

| | |
|----------------|---------|
| Time of event: | |
| Excellent | 94/ 43% |
| Good | 94/ 43% |
| Fair | 11/ 5% |
| Poor | 2/ .9% |
| No answer | 18/ 8% |

| | |
|----------------------|----------|
| Audio/visual set-up: | |
| Excellent | 105/ 49% |
| Good | 80/ 37% |
| Fair | 11/ 5% |
| Poor | 2/ 9% |
| No answer | 18/ 8% |

Conference Evaluation

1. The conference met my predetermined expectations

| | |
|-------------------|---------|
| Strongly Disagree | 3/ 1% |
| Disagree | 2/ .9% |
| Neutral | 20/ 9% |
| Agree | 84/ 39% |
| Strongly Agree | 75/ 35% |
| No answer | 31/ 14% |

2. The *Burden of Cancer* presentation was informative and useful

| | |
|-------------------|----------|
| Strongly Disagree | 3/ 1% |
| Disagree | 3/ 1% |
| Neutral | 19/ 9% |
| Agree | 83/ 39% |
| Strongly Agree | 102/ 47% |
| No answer | 5/ 2% |

3. The *Environmental Issues & Cancer* presentation was informative and useful

| | |
|-------------------|----------|
| Strongly Disagree | 3/ 1% |
| Disagree | 4/ 2% |
| Neutral | 16/ 8% |
| Agree | 61/30% |
| Strongly Agree | 114/ 56% |

No answer 6/ 3%

4. Information gained from the *Cancer Screening & Detection: Best Practices* was informative and useful

| | |
|-------------------|---------|
| Strongly Disagree | 3/ 1% |
| Disagree | 2/ .9% |
| Neutral | 15/ 7% |
| Agree | 92/ 43% |
| Strongly Agree | 88/ 41% |
| No answer | 13/ 6% |

5. Information gained from the *Emerging Issues in Cancer Control: The Cancer Center Perspectives* was useful and informative

| | |
|-------------------|---------|
| Strongly Disagree | 3/ 1% |
| Disagree | 11/ 5% |
| Neutral | 26/ 12% |
| Agree | 92/ 43% |
| Strongly Agree | 67/ 31% |
| No answer | 14/ 7% |

6. The *Patient Navigation* panel was informative and useful

| | |
|-------------------|--------|
| Strongly Disagree | 3/1% |
| Disagree | 1/1% |
| Neutral | 19/9% |
| Agree | 66/31% |
| Strongly Agree | 64/30% |
| No answer | 59/28% |

7. Overall the speakers provided relevant and useful information

| | |
|-------------------|---------|
| Strongly Disagree | 3/1% |
| Disagree | 2/1% |
| Neutral | 9/4% |
| Agree | 100/47% |
| Strongly Agree | 80/37% |
| No answer | 20 |

8. In general, the speakers communicated the material in an effective manner

| | |
|-------------------|---------|
| Strongly Disagree | 3/1% |
| Disagree | 2/1% |
| Neutral | 13/6% |
| Agree | 100/47% |
| Strongly Agree | 75/35% |
| No answer | 19/9% |

9. The content of this conference was useful in my current position

| | |
|-------------------|--------|
| Strongly Disagree | 3/1% |
| Disagree | 1/.04% |
| Neutral | 19/9% |
| Agree | 89/43% |
| Strongly Agree | 78/38% |
| No answer | 16/8% |