

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



2009
Annual Report

Kathy Helzlsouer, M.D., M.H.S., Chair

Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

John M. Colmers, Secretary



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

January 2010

The Honorable Martin O'Malley
Governor
State House
Annapolis, MD 21401

Dear Governor O'Malley:

On behalf of the members of the State Council on Cancer Control, I am pleased to submit the Council's 2009 Annual Report to you.

During 2009, the Council continued to carry out its mission by holding three meetings and one all day event, our 16th Annual Cancer Control Conference. Beginning in January 2009, the Council once again worked with our partners in urging the Maryland General Assembly to express our views on several important pieces of legislation. During June 2009, the Cancer Council, in collaboration with the Maryland Comprehensive Cancer Control Plan hosted a Statewide colorectal cancer conference in Hunt Valley, MD. In December 2009, the Cancer Council held the 16th Annual Cancer Control Conference at the Hunt Valley Marriott. The successful event was attended by over 400 people, the direct result of the hard work and dedication of members and staff. Finally, in 2009, the Council began the process of updating the Maryland Comprehensive Cancer Control Plan.

Looking forward to 2010, the Maryland State Council on Cancer Control will continue to use evidence-based research as the foundation for all Cancer Council activities and recommendations for cancer control programs and policies.

The Maryland State Council on Cancer Control looks forward to continuing to build a strong 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,

Kathy Helzsouer, M.D., M.H.S.
Chair – Maryland State Council on Cancer Control

Maryland State Council on Cancer Control 2009 Annual Report

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I. State Council on Cancer Control Membership

Kathy Helzlsouer, MD, MHS – Chair
Mercy Medical Center

Esther Rae Barr
Maryland Academy of Family Physicians

Dr. William Nelson
Johns Hopkins Kimmel Cancer Center

Kevin Cullen, MD
University of Maryland Greenebaum
Cancer Center

Katherine P. Farrell, MD, MPH
Cancer Registry Advisory Committee

Mark Gorman
National Coalition of Cancer Survivorship

John Groopman, PhD
Johns Hopkins Bloomberg School of
Public Health

Gail Roddie-Hamlin
American Cancer Society South-Atlantic
Division

Roger Harrell, MHA
Dorchester County Health Department

Dr. Miles Harrison, Jr.
Maryland General Hospital

Carlessia A. Hussein, RN, Dr. PH
Cigarette Restitution Fund, DHMH

Brian McCagh
Greater Baltimore Medical Center

Senator Nathaniel J. McFadden
Maryland Senate

Edward D. Miller, MD
Johns Hopkins Medicine

Delegate Heather Mizeur
Maryland House of Delegates

Robin Prothro
Komen Maryland

David J. Ramsay, DM, DPhil
University of Maryland, Baltimore

Diana Ulman
The Ulman Cancer Fund for Young Adults

Ex-Officio Members

Regina el Arculli, MA
National Cancer Institute

Mary Leach, PhD
University of Maryland, Baltimore

Executive Director

Robert Villanueva, MPA
Maryland Department of Health and Mental Hygiene

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 cancer survivor, one is a member of the Maryland State Senate, and another is a member of the Maryland House of Delegates. 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 ensure proper allocation of State resources.

Current Council Chair

Dr. Kathy Helzlsouer, Director of the Prevention and Research Center at Mercy Hospital has been Chair of the Maryland State Council on Cancer Control since her appointment in June 2008.

Dr. Helzlsouer is a medical oncologist and clinical epidemiologist. She is an adjunct Professor of Epidemiology at the Johns Hopkins Bloomberg School of Public Health.

Dr. Helzlsouer has numerous publications and presentations to her credit and is internationally recognized for particular expertise in clinical epidemiology, cancer epidemiology, and cancer prevention.

She currently serves on several advisory boards including the PDQ Cancer Screening and Prevention Committee of the National Cancer Institute (NCI), and the editorial board of the Journal of the National Cancer Institute.



Dr. Kathy Helzlsouer

III. Maryland State Council on Cancer Control 2009 Meeting Schedule

The State Council on Cancer Control held three meetings and one conference during calendar year 2009. Agenda items for these meetings included the Cigarette Restitution Fund Program, legislation arising from the 2009 Maryland General Assembly, and the Maryland Comprehensive Cancer Control Plan.

Date	Location
Friday February 27, 2009 9:30 – 11:30	Mercy Medical Center Baltimore, MD
Thursday June 4, 2009	Colorectal Cancer Conference Crowne Plaza Timonium, MD
Friday June 12, 2009 9:30 – 11:30	Johns Hopkins Bloomberg School of Public Health Baltimore, MD
Friday October 30, 2009 9:30 – 11:30	Mercy Medical Center Baltimore, MD
Annual Cancer Conference December 3, 2009 8:30 – 3:30	16th Annual Cancer Conference Hunt Valley Marriott

Agendas for the 2009 Cancer Council Meetings can be found in
Appendix B

IV. 2009 Council Activities and Accomplishments

A. 2009 Legislative Session

Since its inception in 1991, the State Council on Cancer Control has played an active role in the legislative process by supporting cancer education, prevention, and screening measures in the Maryland General Assembly. In order to garner Council support, these measures must be aimed at reducing the incidence and burden of cancer in Maryland.

For a complete listing of all legislation tracked by the Council during the 2009 Maryland General Assembly session, see **Appendix C**.

B. Comprehensive Cancer Control Planning in Maryland

Since October 2001, the Department of Health and Mental Hygiene (DHMH) has participated in a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to maintain, promote, and implement the Maryland Comprehensive Cancer Control Plan. The State Council on Cancer Control serves as the managing body directing the comprehensive cancer control planning efforts for the State of Maryland.

Since its publication in April 2004, over 1,400 copies of the 2004-2008 Maryland Comprehensive Cancer Control Plan have been disseminated across the State of Maryland and the country. An Executive Summary of the Maryland Comprehensive Cancer Control Plan was published and has been disseminated to over 750 individuals and organizations.

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 the 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 the CDC for a multi-site colorectal cancer screening demonstration project in Baltimore City. The project concluded in August of 2009 and screened over 700 individuals from Baltimore City.

The www.MarylandCancerPlan.org Web site continues to be the "home base" for comprehensive cancer control efforts in Maryland. Updated regularly by DHMH, this Web site has served as an effective tool for information dissemination, evaluation, and program announcements. In addition, the Web site is used to register individuals for the various Council conferences, many of which focused on a host of issues contained in the 2004-2008 Maryland Comprehensive Cancer Control Plan.

In June 2009, a Statewide conference on Colorectal Cancer was held at the Crowne Plaza in Timonium. The conference focused on colorectal cancer successes in Maryland, colonoscopy reporting system, and concluded with a discussion with a panel of colorectal cancer experts.

During calendar year 2009 and into 2010, the process to update the Maryland Comprehensive Cancer Control will be ongoing with the goal of publishing the next Maryland Comprehensive Cancer Control Plan in December 2010.

V. Cervical Cancer Activities: The Human Papilloma Virus Vaccine Subcommittee

During the 2004 Maryland General Assembly, Senate Bill 499 established a Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan. 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.

Due to the emergence of human papilloma virus (HPV) vaccines in the healthcare market in 2006 the 2007 Maryland General Assembly passed HB 1049, a measure establishing the HPV Vaccine Subcommittee. This subcommittee is charged with the following responsibilities:

- (I) Examine federal and State programs relating to the HPV vaccine;
- (II) Develop a public awareness and education campaign about the HPV vaccine with an emphasis on parental education;
- (III) Evaluate the availability and affordability of the HPV vaccine, including coverage by health insurers and public health programs;
- (IV) Identify barriers to the administration of the HPV vaccine to all recommended individuals;
- (V) Identify and evaluate various resources to cover the costs of the HPV vaccine;
- (VI) Identify and evaluate appropriate mechanisms the State may use to increase access to the HPV vaccine, including mandating the HPV vaccine for enrollment in school on or before September 1 of each year; and
- (VII) Submit a report on its findings and recommendations to the Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan.

In fall of 2007, members were appointed to the HPV Subcommittee by DHMH Secretary John Colmers, and the first meeting of the group occurred in January 2008.

Recommendations of the HPV Subcommittee start on page 10 of this report, and the legislation establishing the HPV Vaccine Subcommittee can be found in Appendix D.

Human Papilloma Virus Vaccine Subcommittee
Membership

Subcommittee Slot	Name
Chair	Gloria Jetter American Cancer Society
Maryland State Department of Education	Anne Walker MSDE
Maryland PTA	Laura Carr Parent
Maryland State Teachers Association	Kim Edler Teacher, Cecil County Public Schools
Maryland Association of Boards of Education	Cathy Allen St. Mary's County Board of Education
MACHO	Anne Bailowitz, MD Baltimore City Department Of Health
Society for Adolescent Medicine	Ann Bruner Society of Adolescent Medicine
Med-Chi	Lauren Gordon, MD Franklin Square Hospital Center
Maryland Chapter of the American Academy of Pediatrics	Avril Houston, MD Baltimore City Department of Health
Children's National Medical Center	Joseph L. Wright, MD, MPH
Johns Hopkins Bloomberg School of Public Health	Dr. Ann Klassen Johns Hopkins Bloomberg School of Public Health
Maryland Council for American Private Education	Dr. Nicola Lundin
Health Insurance Industry	Dr. Charles Medani, MBA Carefirst Blue Cross/Blue Shield
Consumer	Elizabeth Eugene Student

Recommendations of the HPV Vaccine Subcommittee¹

With passage of HB 1049, the Maryland General Assembly required the HPV Vaccine Subcommittee to submit a report on its findings and recommendations. The final report of the subcommittee is over 50 pages long, but the following excerpt comprises the major recommendations contained in the report.

1. Examine federal and state programs relating to the HPV vaccine.

During the course of meeting, the HPV Vaccine Subcommittee examined all federal programs and state programs related to the HPV vaccine and have detailed those programs on pages 17 and 18 of the final report of the HPV Vaccine Subcommittee.

2. Develop a public awareness and education campaign about the HPV vaccine with an emphasis on parental education.

Given the lack of available State funds for public health education programs, the HPV Vaccine Subcommittee determined that there would be no coordinated publicly-funded awareness campaign to inform parents and providers alike about the HPV vaccine. Rather than developing a new campaign, various entities (i.e., pharmaceutical companies and non-profit organizations) have developed campaigns and messages about the vaccine, which can and should be utilized in a coordinated effort.

Recommendation:

The HPV Vaccine Subcommittee recommends the development of a public/private partnership between private, non-profit, and governmental healthcare groups with the mission to educate Maryland residents about the HPV vaccine. The campaign can utilize existing materials and messages to educate the public and healthcare providers on the HPV vaccines. By utilizing existing educational materials, the cost for such a program will be minimized, the education of parents and providers can occur, and many of the misunderstandings about the HPV vaccine can be dispelled.

3. Evaluate the availability and affordability of the HPV vaccine, including coverage by health insurers and public health programs².

¹ For a copy of the complete report of the HPV Vaccines Subcommittee report, please send an email to Robert Villanueva at VillanuevaR@dhmh.state.md.us.

² Since the publication of these recommendations in September 2009, Glaxo Smith Kline's HPV Vaccine Cervarix was approved for use in the United States. The cost of the three dose regime of Cervarix is \$385.

In June 2009 the HPV Vaccine Subcommittee gathered at the Johns Hopkins Bloomberg School of Public Health. The focus of this meeting was to assess the availability, affordability, and access to HPV vaccines.

According to information provided by Merck, the only company currently with a marketable HPV vaccine, the suggested price of the three-shot HPV vaccine regimen is \$360. Private insurance coverage of the HPV vaccine depends upon the given formulary of an insurance plan. The cost of vaccinating a child, even at \$360, could be a hindrance to a parent wanting to get their child vaccinated.

At the meeting the Maryland Vaccines for Children (VFC) Program presented an overview of the program and presented data on the uptake of the HPV vaccine in its patient population. VFC was followed by the Maryland State Department of Education speaking generally about the impact of vaccine mandates on the schools and the potential the HPV vaccine may have in the future, should it be mandated.

Additionally, the HPV Vaccine Subcommittee determined that accurately assessing vaccine coverage by health insurers was a difficult and time-consuming task given the multitude of policy and formulary variations within the self-insured and non-self-insured plans. Work has begun with the Maryland Insurance Administration to determine coverage to the extent possible, but in advance of that, the Subcommittee made the vaccination coverage recommendation below.

Recommendation:

The HPV Vaccine Subcommittee strongly recommends that policy measures around mandating insurance coverage of the HPV vaccine be pursued at the federal and State level to assure that all females who wish to partake of the vaccine have affordable access to the vaccine via insurance coverage. Children within the Vaccine for Children Program have unfettered access to the HPV vaccine, but those children covered by private insurance are not always afforded such a benefit, thus creating a disparity in access to the vaccine.

To eliminate the access disparity, the Subcommittee recommends that private insurance plans regulated by federal and state governments be required to pay for the vaccine without parents or guardians incurring any costs beyond the normal co-pay for vaccine administration. Parents with private insurance wishing to have their children vaccinated should not be required to pay for the vaccine out-of-pocket and then apply for reimbursement.

- 4. Identify barriers to the administration of the HPV vaccine to all recommended individuals.**

Dr. Andrea Sutherland, a bioethicist at the Johns Hopkins University Bloomberg School of Public Health addressed the HPV Vaccine Subcommittee about some of the pertinent ethical and practical barriers to the administration of the HPV vaccine.

Dr. Sutherland identified the following barriers to the administration of the HPV vaccine:

- Goals for the Vaccine – What is the goal for the vaccine and how does it fit with societal norms?
- Balancing Benefits and Burdens of a Vaccine – Are there other alternatives to a vaccine if implementation places too much of a burden?
- Effectiveness – Is there sufficient data to indicate that the vaccine is safe and effective?
- Fair Implementation and Equal Access – Do all those required to be vaccinated have equal and unfettered access to the vaccine?
- Educating Stakeholders – Has there been sufficient education of the population?

Recommendation:

The HPV Vaccine Subcommittee again recommends the development of a public/private partnership between private, non-profit, and governmental healthcare groups with the mission to educate Maryland parents and providers alike about the various aspects of the HPV vaccine. By undertaking such a partnership, the above-identified barriers mentioned can be addressed, hopefully minimized, and vaccine use in the appropriate population will increase.

5. Identify and evaluate appropriate mechanisms the State may use to increase access to the HPV vaccine, including mandating the HPV vaccine for enrollment in school on or before September 1 of each year.

The Maryland State Department of Education (MSDE) addressed the HPV Vaccine Subcommittee regarding the implications of mandating the HPV vaccine for school entry. MSDE presented information and data on the impact of other vaccine mandates on the school system.

Recommendation:

The HPV Vaccine Subcommittee recommends that the Maryland General Assembly or another policy-making body refrain from mandating the HPV vaccine as a school entry requirement. To require vaccination without appropriate education of providers and parents alike, as well as not having insurance coverage for the vaccine, may place an undue burden on parents and schools and may cause disruptions in the education of children.

The HPV Vaccine Subcommittee further recommends that the HPV vaccine mandate issue continue to be monitored over the next three years, or until such time as the vaccine has been readily available to consumers for at least five years. Given the above recommendations concerning a comprehensive provider, parent, and public education campaign, the vaccine may take root within Maryland as a matter of normal healthcare practice without the requirement of mandatory vaccination.

During Fall 2011, the five year anniversary of the vaccine's introduction, the HPV Vaccine Subcommittee will collect all relevant data on the uptake of the vaccine in the target population and determine whether a school entry mandate should be considered more seriously at that time. Further, should the federal government permit the vaccination of school age boys with the HPV vaccine, the Subcommittee recommends a waiting period to determine the safety and efficacy of such a change in vaccine policy.

The HPV Vaccine Subcommittee believes that if a multifaceted approach consisting of parental and provider education, insurance coverage mandates, and further evaluation of vaccine uptake data is used, a mandated vaccination requirement for school entry is not necessary at this time.

6. Submit a report on its findings and recommendations to the Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan.

The report submitted in Fall 2009 constitutes the findings and recommendations of the HPV Vaccine Subcommittee.

VII: 2009 Colorectal Cancer Conference

Maryland State Council on Cancer Control Colorectal Cancer (CRC) Conference

The Colorectal Cancer Conference was held on Thursday, June 4, 2009 at the Crowne Plaza Hotel in Timonium, MD. Nearly 250 attendees participated in the conference, which was supported by the Centers for Disease Control and Prevention Cooperative Agreement Number 5U58DP000827-03 and was free to all participants.

About 25% of attendees were healthcare providers, 24% were local health department staff, and 19% were health educators or community outreach workers. The remaining attendees were divided between the following categories: Members of local government, DHMH employees, researchers, administrators, students, cancer council Members, or other individuals.

During the first session of the day, *CRC Successes in Maryland* was presented by Dr. Diane Dwyer of the Center for Cancer Surveillance & Control at DHMH. Following that session, Dr. Frank Giardiello, Johns Hopkins Medical Institutions, spoke about the *Genetics of CRC*. The keynote session, *CRC Screening Methods: Now and the Future*, was then given by Dr. Ronald Summers of the National Institutes of Health Clinical Center. The morning concluded with a presentation from Dr. Michael Choti, Johns Hopkins Medical Institutions, on *Treating CRC*.

The afternoon session began with a presentation from Dr. Eileen Steinberger of the Center for Cancer Surveillance & Control at DHMH on the topic of *Colonoscopy Reporting and Data Systems*. Allison Steele, University of Maryland School of Medicine, followed with a session on *Endoscopy Bowel Preparation Products and How They Work*. The day concluded with a panel titled, *Ask the Experts: Q&A with Colorectal Cancer Experts*. The panel was moderated by Dr. Stanley Watkins, Anne Arundel Medical Center, and included the following participants: Dr. Marshall Bedine, Johns Hopkins Medical Institutions; Dr. Michael Choti, Johns Hopkins Medical Institutions; Dr. Bruce Greenwald, University of Maryland School of Medicine; and Dr. Elizabeth Montgomery, Johns Hopkins Medical Institutions.

The conference also included 11 exhibitors who were available to participants throughout the day. Exhibitors included: American Cancer Society, Baltimore City Cancer Program, Baltimore County Health Department Cancer Programs, DHMH Center for Health Promotion, Education and Tobacco Use Prevention, HopeWell Cancer Support, DHMH's Office of Minority Health and Health Disparities, Maryland Insurance Administration, Mercy Medical Center – The Prevention and Research Center, National Cancer Institute's (NCI) Cancer Information Service, and the Pro Bono Counseling Project: The Jean Steirn Cancer Program.

Participants were invited to sign up for continuing education credits, which were available from the American Academy of Family Physicians (CME credits) and from the National Commission for Health Education Credentialing (CHES credits). Forty-eight participants received continuing education credits (41 CME; 7 CHES).

Overall, the conference was rated very highly on evaluations, with 98% of respondents rating the overall quality of the conference as Excellent or Good. Many attendees noted that the presenters were excellent and the conference very informative.

2009 Maryland State Council on Cancer Control Conference³

On December 3, 2009, at the Hunt Valley Marriott in Hunt Valley, Baltimore, Maryland, the Maryland State Council on Cancer Control hosted its 16th annual cancer conference on the issues and challenges in cancer control in Maryland. Over 400 individual attended the conference, and it was one of the largest events ever sponsored by the State Council on Cancer Control.



Opening the morning session of the conference with welcoming remarks on behalf of the Secretary of Health, John Colmers, was Donna Gugel, Director of the Center for Cancer Surveillance and Control. Ms. Gugel thanked all of the attendees for their time, effort, and dedication in the fight against cancer and illustrated the strides made against the burden of cancer over the last decade.

Following the remarks by Ms. Gugel, Cancer Council Chair Dr. Kathy Helzlsouer welcomed all attendees to the conference. During her welcoming address, Dr. Helzlsouer thanked all the attendees and spoke of the growth of the conference over the years. She noted that it was one of the largest gatherings in Cancer Council's history. Dr. Helzlsouer spoke further about the issue of cancer and the importance of the work being done by everyone in the room to fight the disease.



The first speaker of the conference was Joan Stine, the Director of the Office of Tobacco Use Prevention and Health Promotion at DHMH. Ms. Stine presented data on the impact that the tobacco control program funded by the Centers for Disease Control and Prevention, the Maryland Cigarette Restitution Fund program, and state general funds has had on health indicators for Maryland citizens. Robert Fielder and Lawrence Carter from Ms. Stine's office also presented data on tobacco prevalence and local public health programs respectively.



Following Joan Stine was the keynote speaker for the conference, Dr. Howard Koh, the Assistant Secretary for Health in the U.S. Department of Health and Human Services. Dr. Koh began his remarks by noting that he had spoken to the conference back in 2001 when it was a "mere 250 people" and complimented the Council on the growth of the event.

³ The conference agenda, along with additional conference materials may be found in **Appendix E, page 51.**

**VIII: 2009 Maryland State Council on Cancer
Control Annual Cancer Conference**

Dr. Koh thanked all of those in attendance for their hard work in the area of tobacco and cancer control, especially in light of the current budget situations befalling many jurisdictions in Maryland and around the country. Dr. Koh recounted experiences from his time in Massachusetts and elsewhere to provide some insight on how tobacco control programs can and must survive during times of diminished funding so that the decreased smoking rates obtained during the times when programs were adequately funded would not be lost.



Following Dr. Koh, Dr. Anthony Alberg from the Hollings Cancer Center at the Medical University of South Carolina examined the potential impacts to health indicators if tobacco control programs sustain severe budget cuts or are eliminated altogether. Dr. Alberg presented information on the harms that could befall states such as increased smoking prevalence, increased mortality and morbidity, and increases in tobacco-related diseases.

Dr. Alberg used some emerging research on the impact of secondhand smoke on educational attainment in children to point out the widespread impacts of smoking, even on non-smokers. Dr. Alberg closed his presentation by noting that in time of fiscal austerity partnerships that bring together all facets of tobacco control can be most beneficial.

Next, the directors of Maryland's two major cancer centers shared their thoughts on the emerging issues in cancer control. Dr. William Nelson, the Director of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, spoke about the emerging area of epigenetics and how the understanding of the human genome can lead to better, more effective cancer treatments. Dr. Nelson spoke of a time in the not-so-distant future where a patient's genome can be sequenced and a custom cancer therapy designed to fight their disease.

Following Dr. Nelson's presentation, Dr. Kevin Cullen, Director of the University of Maryland Marlene and Stewart Greenebaum Cancer Center, spoke of the University of Maryland's efforts to utilize CRF research funds to combat health disparities in the areas of head and neck cancers, especially those exacerbated by HPV infections.

Prior to the conference's traditional networking luncheon, Dr. Kathy Helzlsouer announced to the attendees that the Cancer Council members were again presenting the Martin D. Abeloff Award for Excellence in Public Health and Cancer Control. Dr. Helzlsouer stated that this award recognizes work in the area of cancer control which also influences the public health of all citizens.



The 2009 recipient of the Abeloff award was Dr. Stanley Watkins from the Anne Arundel Medical Center Geaton and JoAnn DeCesaris Cancer Institute. He was chosen from a distinguished field of applicants. Dr. Watkins was honored for his career in oncology as well as his tireless dedication to helping further the public health programs in Maryland over the last 35 years. In accepting the award Dr. Watkins thanked all of those individuals he's worked with over the years and recounted his friendship with Dr. Abeloff. Dr. Watkins closed his remarks by saying he was humbled by the award.

Following the traditional networking lunch, Dr. Christine Berg from the National Cancer Institute and Dr. Len Lichtenfeld from the American Cancer Society presented on the newly released breast cancer screening recommendations by the United States Preventative Services Task Force (USPSTF). Dr. Berg presented an extensive talk on breast cancer data and the rationale behind the changes in the USPSTF recommendations. Dr. Berg made great efforts to explain to the audience how the USPSTF arrived at their decision to change their recommendation.



Dr. Lichtenfeld then presented the American Cancer Society's (ACS) view on the changes to the USPSTF recommendations. The ACS opposed the change and Dr. Lichtenfeld was especially concerned about the impact that the change may have on overall breast cancer screening.



Following the Breast Cancer Screening Recommendations panel, the conference's focus shifted to a panel entitled "Healthcare Reform Starts at Home." Leading off this panel was Christine Linke Young, J.D. of the Centers for Disease Control and Prevention's Washington D.C. office. Ms. Linke Young discussed the House and Senate healthcare reform bills being debated in Congress and explained their various provisions.



Following Ms. Linke Young, Dr. Peter Bielson, the local health officer from Howard County, spoke about the Healthy Howard Program, which was started a year earlier to provide healthcare to citizens in Howard County. Dr. Bielson spoke of the challenges of the program, as well as the successes in the first year. He specifically mentioned the partnerships and linkages made with other programs as being critical for success.

Following the panel on Healthcare Reform, Dr. Helzlsouer thanked all for attending and adjourned the meeting.

Exhibitors

The Cancer Conference hosted 23 exhibitors from various cancer-related organizations and programs. 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 67% of the conference attendees completed the survey and a full report on the evaluation can be found on page 56.

All of the presentations from the conference are available online at www.MarylandCancerPlan.org

VIII: Appendices

Appendix A

State Council on Cancer Control Executive Order



The State of Maryland
Executive Department

EXECUTIVE ORDER

01.01.2002.25

Council on Cancer Control

(Amends Executive Order 01.01.1997.07)

- WHEREAS, The Council on Cancer Control was established in 1991 to lead a comprehensive statewide effort to prevent and control cancer among Marylanders;
- WHEREAS, The Executive Order was amended in 1997 to expand the Council membership and restate its duties;
- WHEREAS, The initiatives of the Council have not only resulted in improved public education about risk reduction, but also in greater coordination among public and private agencies in targeting prevention and treatment services; and,
- WHEREAS, To renew and strengthen the State's long term commitment to cancer control, the duties of the Council should be reaffirmed and the membership of the Council should be updated and expanded to ensure that input from the provider community and the public sector is broadly representative of the interests and concerns across the State.
- NOW, THEREFORE, I, PARRIS N. GLENDENING, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING AMENDMENTS TO EXECUTIVE ORDER 01.01.1997.07:

- A. The Council. There is a State Council on Cancer Control.
- B. Membership and Procedures. [The Council shall consist of:]
- (1) THE COUNCIL SHALL CONSIST OF [Up to 18] UP TO 25 VOTING members [appointed by the Governor] including:
- (a) EIGHT REPRESENTATIVES OF STATE AGENCIES AND INSTITUTIONS WHO ARE:

(i) The Secretary of Health and Mental Hygiene or a designee;

[(b)] (ii) The Secretary of Environment or a designee;

[(c)] (iii) The President of the University of Maryland, Baltimore OR A DESIGNEE;

[(d)] (iv) The Chief Executive Officer of Johns Hopkins Medicine OR A DESIGNEE;

[(e)] (v) The Director of the Marlene & Stewart Greenebaum Cancer Center, UNIVERSITY OF MARYLAND MEDICAL SYSTEM, OR A DESIGNEE;

[(f)] (vi) The Director of the [Johns Hopkins Oncology Center] SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER OF THE JOHNS HOPKINS HEALTH SYSTEM, OR A DESIGNEE;

[(g)] (vii) A local health officer [recommended] DESIGNATED by the Secretary of Health and Mental Hygiene;

[(h)] (viii) A representative of the Maryland Chapter of the American Cancer Society, [recommended] DESIGNATED by the Society; and

[(i)](b) Up to [10] 15 members [representing] APPOINTED BY THE GOVERNOR TO REPRESENT the general public, the business community and health and scientific disciplines, CANCER SURVIVORS AND OTHERS concerned with cancer PREVENTION and control [, at least one of whom is a cancer survivor]. TO THE EXTENT POSSIBLE, MEMBERS APPOINTED FROM THE GENERAL PUBLIC SHOULD REFLECT THE POPULATION AND GEOGRAPHIC DIVERSITY OF THE STATE.

[(2)](c) TWO REPRESENTATIVES OF THE MARYLAND GENERAL ASSEMBLY INCLUDING:

[(a)] (i) One member of the Senate of Maryland, appointed by the President OF THE SENATE; and

[(b)] (ii) One member of the House of Delegates, appointed by the Speaker OF THE HOUSE.

[(3)](2) [The Council may, with the approval of the Governor, appoint any number of ex-officio nonvoting members necessary to accomplish its mission.] THE COUNCIL MAY INVITE EXPERTS TO PARTICIPATE IN ITS RESEARCH AND DEVELOPMENT ACTIVITIES, WHO SHALL BE NON-VOTING MEMBERS OF THE COUNCIL.

[(4)](3) The Governor shall select the chairperson of the Council.

[(5)](4) The Governor may remove any member of the Council for any cause adversely affecting the member's ability or willingness to perform his or her duties.

[(6)](5) Members [who are] appointed by the Governor PURSUANT TO (B)(1)(b) OF THIS EXECUTIVE ORDER [shall] MAY serve [three-year, staggered terms] UP TO 2 CONSECUTIVE 3-YEAR TERMS. In case of a vacancy in a position which is appointed by the Governor, a successor shall be appointed for the remainder of the unexpired term. ALL OTHER MEMBERS OF THE COUNCIL SHALL SERVE FOR SO LONG AS THEY HOLD THE OFFICE, DESIGNATION OR APPOINTMENT STIPULATED UNDER THE PROVISIONS OF (B)(1)(a) or (B)(1)(c) OF THIS EXECUTIVE ORDER.

[(7)](6) A majority of the Council shall constitute a quorum for the transaction of any business. The Council may adopt any other procedures necessary to ensure the orderly transaction of business.

[(8)](7) The members of the Council may not receive any compensation [of] FOR their services. The public members may be reimbursed for their reasonable expenses incurred in the performance of duties, in accordance with the standard travel regulations, and as provided in the State budget.

[(9)](8) The Department of Health and Mental Hygiene shall provide the Council with necessary staff and resources.

C. Scope of the Council.

(1) The Council shall:

(a) Educate and advise government officials, public and private organizations and the general public on comprehensive State policies and programs aimed at reducing and controlling cancer incidence and mortality among Marylanders;

(b) In cooperation with Federal, State, local and private agencies, promote and coordinate unified programs that identify and address the cancer fighting needs of Marylanders such as public and private partnerships to improve access to prevention, screening and treatment services;

(c) Review existing and planned cancer programs in the public and private sectors to assure proper allocation of State resources;

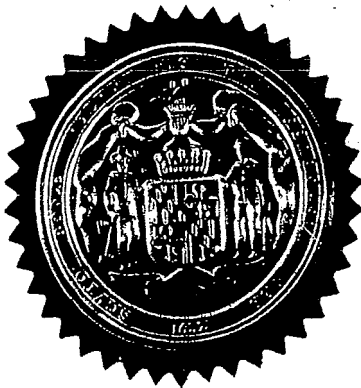
(d) Promote and guide the use of the Maryland Cancer Registry as a tool for research, planning, evaluation and targeting of cancer control programs;

(e) Further the development of the Maryland Cancer Registry through the Cancer Registry Advisory Committee; and

(f) Recommend to the Governor, a Chairperson for the Cancer Registry Advisory Committee from the Council's health and scientific discipline representatives.

(2) Reports. The Council shall submit an annual report of [the Council's] ITS activities to the Governor, which includes recommendations for future efforts based on the Council's work. The Annual Report shall be submitted by [December] JANUARY 31 of each year.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 21st Day of November, 2002.



Parris N. Glendening

Parris N. Glendening
Governor

ATTEST:

John T. Willis

John T. Willis
Secretary of State

Appendix B

2009 State Council on Cancer Control Meeting Agendas

**Mercy Medical Center
Truman Semans Conference Room
February 27, 2009
9:30 AM – 11:30 PM**

Agenda

Call to Order

Dr. Kathy Helzlsouer

- Introductions
- Approval of December Meeting Minutes

Announcements

Legislative Session Update and Strategy Discussion Group

Cigarette Restitution Fund Update

Dr. Carlessia Hussein
Donna Gugel
Joan Stine

Committee Reports

Cancer Registry Advisory Committee

Dr. Katherine Farrell

American Cancer Society Clinical Trials Presentation Kathy Wall

New Business

Group

**Kimmel Comprehensive Cancer Center
Weinberg Auditorium
June 12, 2009
9:30 AM – 11:30 PM**

Agenda

Call to Order <ul style="list-style-type: none">• Introductions• Approval of March Meeting Minutes• Announcements	Dr. Kathy Helzlsouer
Legislative Session Recap	Robert Villanueva
Cigarette Restitution Fund Update	Dr. Carlessia Hussein Donna Gugel Joan Stine
Committee Reports Cancer Registry Advisory Committee	Dr. Katherine Farrell
Fall Conference Topic Discussion	Dr. Kathy Helzlsouer Robert Villanueva Group
New Maryland Cancer Plan Development Process	Sarah Hokenmaier
New Business	Group

**Mercy Medical Center
Truman Semans Conference Room
October 30, 2009
9:30 AM – 11:30 PM**

Agenda

Call to Order

Dr. Kathy Helzlsouer

- Introductions
- Approval of June Meeting Minutes
- Announcements

Council Membership Update

Robert Villanueva
Group

Fall Conference Update

Dr. Kathy Helzlsouer
Robert Villanueva
Group

Maryland Cancer Plan Development Process

Sarah Hokenmaier
Felicia Plummer

Cigarette Restitution Fund Update

Dr. Carlessia Hussein
Donna Gugel
Joan Stine

Committee Reports

Cancer Registry Advisory Committee

Dr. Katherine Farrell

New Business

Group

Appendix C

2009 State Council on Cancer Control Legislative Positions Chart

2009 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, LOC=Letter of Concern, NP=No Position;
 SWA=Support with Amendment; PWA=Passed with Amendment
 House or Senate Action - UNF=Unfavorable, Amend=Amendment

HOUSE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
HB 41	<p>Health Insurance - Mandated Benefits - Hospitalization and Home Visits Following a Mastectomy</p> <p>Requiring specified insurers, nonprofit health service plans, and health maintenance organizations to provide inpatient hospitalization coverage for a specified minimum length of time following a mastectomy that is performed for the treatment of breast cancer.</p>	Delegates Nathan-Pulliam, Turner, et al.	S	Passed 137-0	Passed 46-1	Signed By Governor
HB 101	<p>Budget Reconciliation and Financing Act of 2009</p> <p>Altering or repealing specified required appropriations and grants; altering provisions relating to State aid to local governments and local sharing of specified costs; authorizing the transfer of specified funds to the General Fund; authorizing the use of specified funds for specified purposes; etc.</p>	Speaker of House	O	Passed	Passed	Signed By Governor

HB 181	<p>Maryland Cancer Treatment Program Establishing the Maryland Cancer Treatment Program in the Department of Health and Mental Hygiene; providing for the purpose of the Program; providing for eligibility for the Program; requiring the Program to use specified resources from the Maryland Medical Assistance Program; requiring the Program to reimburse providers at a specified rate; etc.</p>	Delegates Nathan-Pulliam, Benson, et al.	LOC	Unfavorable Report
HB 722	<p>Disease Prevention - Cancer Reports - Myelodysplastic Syndromes Requiring hospitals, laboratories, ambulatory care facilities, radiological centers, and health care practitioners to include care of or diagnosis of a patient with myelodysplastic syndromes when submitting cancer reports to the Secretary of Health and Mental Hygiene or when entering into an agreement with a hospital or other facility or agency that agrees to report to the Maryland Cancer Registry; etc.</p>	Delegates Costa and Frush	NP	Unfavorable Report
HB 1339	<p>Task Force to Study Issues Relating to Medical Marijuana in Maryland Establishing the Task Force to Study Issues Relating to Medical Marijuana in Maryland; requiring the Task Force to study specified issues relating to the use of medical marijuana in the State and to make recommendations; etc.</p>	Delegate Heller	NP	Hearing Mar 24, 2009 – No Vote Taken

SENATE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
SB 80	<p>Distribution of Tobacco-Related Products to Minors – Enforcement</p> <p>Prohibiting the distribution of tobacco-related products to minors; requiring specified persons to inspect a customer's driver's license before distributing specified tobacco-related products; providing for civil penalties; authorizing a county health officer to issue a civil citation under specified circumstances; etc.</p>	Chair, Finance Committee	S	Heard No Action	Passed 47-0	
SB 166	<p>Budget Reconciliation and Financing Act of 2009</p> <p>Altering or repealing specified required appropriations and grants; altering provisions relating to State aid to local governments and local sharing of specified costs; authorizing the transfer of specified funds to the General Fund; authorizing the use of specified funds for specified purposes; etc.</p>	President of Senate	O	Passed	Passed	Signed By Governor
SB 173	<p>Health Insurance - Mandated Benefits - Hospitalization and Home Visits Following a Mastectomy</p> <p>Requiring specified insurers, nonprofit health service plans, and health maintenance organizations to provide inpatient hospitalization coverage for a specified minimum length of time following a mastectomy that is performed for the treatment of breast cancer.</p>	Senators Kelley, Conway, et al.	S	Passed 137-0	Passed 46-1	Signed By Governor

<p>SB 487</p>	<p>Maryland Cancer Treatment Program Establishing the Maryland Cancer Treatment Program in the Department of Health and Mental Hygiene; providing for the purpose of the Program; providing for eligibility for the Program; requiring the Program to use specified resources from the Maryland Medical Assistance Program; requiring the Program to reimburse providers at a specified rate; etc.</p>	<p>Senators Pugh, Conway, et al.</p>	<p>LOC</p>	<p>Heard No Action</p>
<p>SB 717</p>	<p>Disease Prevention - Cancer Reports - Myelodysplastic Syndromes Requiring hospitals, laboratories, ambulatory care facilities, radiological centers, and health care practitioners to include care of or diagnosis of a patient with myelodysplastic syndromes when submitting cancer reports to the Secretary of Health and Mental Hygiene or when entering into an agreement with a hospital or other facility or agency that agrees to report to the Maryland Cancer Registry; etc.</p>	<p>Senators Greenip, Colburn, et al.</p>	<p>NP</p>	<p>Heard No Action</p>

Appendix D

Human Papilloma Virus Vaccine Subcommittee Legislation

HOUSE BILL 1049

J1

(71r2767)

ENROLLED BILL

— Health and Government Operations / Education, Health, and Environmental Affairs —

Introduced by **Delegates Pena-Melnyk, Aumann, Barnes, Beidle, Branch, Braveboy, DeBoy, Frush, Gaines, Haynes, Howard, Hucker, Impallaria, Ivey, N. King, Love, Manno, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Proctor, Ramirez, Ross, Shewell, Sossi, Stein, and Taylor** ~~Taylor~~ Taylor, Lee, Hammen, Beitzel, Benson, Bromwell, Donoghue, Elliott, Hubbard, Kach, Kullen, McDonough, Oaks, Pendergrass, Riley, Tarrant, V. Turner, and Weldon

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 ~~Task Force on the HPV Vaccine~~

3 Cervical Cancer Committee - HPV Vaccine Subcommittee

4 FOR the purpose of ~~establishing a Task Force on the HPV Vaccine; providing for the~~

5 ~~membership and staffing of the Task Force; providing that the members of the~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber / conference committee amendments.



~~Task Force may not receive compensation but are entitled to a certain reimbursement; providing for the duties of the Task Force; requiring the Task Force to report certain findings and recommendations to the Governor and the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Task Force on the HPV Vaccine establishing the human papillomavirus (HPV) vaccine subcommittee in the Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan; providing for the membership of the HPV vaccine subcommittee; providing for the duties of the HPV vaccine subcommittee; requiring the HPV vaccine subcommittee to submit a certain report to the Committee on or before a certain date each year; requiring a certain report of the Committee to include the findings and recommendations of the HPV vaccine subcommittee; and generally relating to the HPV vaccine subcommittee of the Cervical Cancer Committee.~~

BY repealing and reenacting, with amendments,

Chapter 283 of the Acts of the General Assembly of 2004

Section 1

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

~~(a) There is a Task Force on the HPV Vaccine.~~

~~(b) The Task Force consists of the following members:~~

~~(1) one member of the Senate of Maryland, appointed by the President of the Senate;~~

~~(2) one member of the House of Delegates, appointed by the Speaker of the House;~~

~~(3) one representative from the Maryland State Teachers Association, appointed by the Association;~~

~~(4) one representative of the Maryland Association of Boards of Education, appointed by the Association;~~

~~(5) one representative of the Maryland Association of County Health Officers, appointed by the Association;~~

~~(6) one physician member of the Medical-Chirurgical Faculty of Maryland, appointed by the organization;~~

1 ~~(7) one physician member of the Maryland Chapter of the American~~
2 ~~Academy of Pediatrics, appointed by the organization;~~

3 ~~(8) one representative from a pharmaceutical company that~~
4 ~~manufactures the HPV vaccine, appointed by the company; and~~

5 ~~(9) the following members, appointed by the Governor:~~

6 ~~(i) one representative of the health insurance industry; and~~

7 ~~(ii) two consumer members.~~

8 ~~(e) The Task Force shall elect the chair of the Task Force from among its~~
9 ~~members.~~

10 ~~(d) The Department of Health and Mental Hygiene shall provide staff for the~~
11 ~~Task Force.~~

12 ~~(e) A member of the Task Force:~~

13 ~~(1) may not receive compensation as a member of the Task Force; but~~

14 ~~(2) is entitled to reimbursement for expenses under the Standard~~
15 ~~State Travel Regulations, as provided in the State budget.~~

16 ~~(f) The Task Force shall:~~

17 ~~(1) examine federal and State programs on the HPV vaccine; and~~

18 ~~(2) recommend a plan to implement a HPV vaccine program in the~~
19 ~~State, including:~~

20 ~~(i) the appropriate age requirements for a female to receive the~~
21 ~~HPV vaccine;~~

22 ~~(ii) the use of a mandatory HPV vaccine for female children;~~

23 ~~(iii) the availability and affordability of the HPV vaccine; and~~

24 ~~(iv) a public education campaign for the HPV vaccine.~~

~~(g) The Task Force shall report its findings and recommendations to the Governor, and, in accordance with § 2-1246 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee, and the House Health and Government Operations Committee on or before December 1, 2008.~~

Chapter 283 of the Acts of 2004

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

(a) There is a Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan.

(b) The Department of Health and Mental Hygiene shall provide staff for the Committee.

(c) The Committee shall:

(1) be briefed by the Department of Health and Mental Hygiene on the prevalence and burden of cervical cancer in the State;

(2) in collaboration with the Department of Health and Mental Hygiene and the State Council on Cancer Control:

(i) promote public awareness on the causes and nature of cervical cancer, personal risk factors, the value of prevention, early detection, options for testing, treatment costs, new technology, medical care reimbursement, and physician education; and

(ii) examine new and emerging medicines, including vaccines, that are being developed in an effort to cure cervical cancer;

(3) identify and examine the limitations of existing programs, services, laws, and regulations with respect to:

(i) cervical cancer awareness; and

(ii) the availability of health insurance coverage and public services for the diagnosis and treatment of cervical cancer;

(4) develop a statewide comprehensive Cervical Cancer Prevention Plan and strategies for plan implementation and public promotion of the plan;

1 (5) facilitate coordination and communication among State and local
2 agencies and organizations regarding achieving the goals of the Cervical Cancer
3 Prevention Plan developed by the Committee; AND

4 (6) receive public testimony from individuals, local health
5 departments, community-based organizations, and other public and private
6 organizations to gather input on these individuals' and organizations':

7 (i) contributions to cervical cancer prevention, diagnosis, and
8 treatment; and

9 (ii) ideas for improving cervical cancer prevention, diagnosis,
10 and treatment in the State.

11 **(D) (1) THERE IS A SUBCOMMITTEE ON THE HUMAN**
12 **PAPILLOMAVIRUS (HPV) VACCINE IN THE COMMITTEE.**

13 **(2) THE HPV VACCINE SUBCOMMITTEE SHALL CONSIST OF THE**
14 **FOLLOWING MEMBERS:**

15 **(I) ONE REPRESENTATIVE OF THE MARYLAND STATE**
16 **DEPARTMENT OF EDUCATION, APPOINTED BY THE DEPARTMENT;**

17 **(II) ONE REPRESENTATIVE OF THE MARYLAND PTA,**
18 **APPOINTED BY THE PTA;**

19 **(III) ONE REPRESENTATIVE OF THE MARYLAND STATE**
20 **TEACHERS ASSOCIATION, APPOINTED BY THE ASSOCIATION;**

21 **(IV) ONE REPRESENTATIVE OF THE MARYLAND**
22 **ASSOCIATION OF BOARDS OF EDUCATION, APPOINTED BY THE ASSOCIATION;**

23 **(V) ONE REPRESENTATIVE OF THE MARYLAND**
24 **ASSOCIATION OF COUNTY HEALTH OFFICERS, APPOINTED BY THE**
25 **ASSOCIATION;**

26 **(VI) ONE REPRESENTATIVE OF THE SOCIETY FOR**
27 **ADOLESCENT MEDICINE, APPOINTED BY THE SOCIETY;**

28 **(VII) ONE PHYSICIAN MEMBER OF THE MEDICAL AND**
29 **CHIRURGICAL FACULTY OF MARYLAND, APPOINTED BY THE ORGANIZATION;**

1 (VIII) ONE PHYSICIAN MEMBER OF THE MARYLAND CHAPTER
2 OF THE AMERICAN ACADEMY OF PEDIATRICS, APPOINTED BY THE
3 ORGANIZATION;

4 (IX) ONE REPRESENTATIVE OF CHILDREN'S NATIONAL
5 MEDICAL CENTER, APPOINTED BY THE CENTER;

6 (X) ONE REPRESENTATIVE OF JOHNS HOPKINS
7 INSTITUTIONS, APPOINTED BY THE ORGANIZATION; AND

8 (XI) THE FOLLOWING MEMBERS, APPOINTED BY THE
9 SECRETARY OF HEALTH AND MENTAL HYGIENE:

10 1. ONE REPRESENTATIVE OF THE HEALTH
11 INSURANCE INDUSTRY; AND

12 2. TWO CONSUMER MEMBERS; AND

13 (XII) ONE PARENT OF A STUDENT IN A NONPUBLIC SCHOOL
14 PROGRAM, APPOINTED BY THE MARYLAND COUNCIL FOR AMERICAN PRIVATE
15 EDUCATION.

16 (3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL
17 APPOINT THE CHAIR OF THE SUBCOMMITTEE.

18 (4) THE HPV VACCINE SUBCOMMITTEE SHALL:

19 (I) EXAMINE FEDERAL AND STATE PROGRAMS RELATING
20 TO THE HPV VACCINE;

21 (II) DEVELOP A PUBLIC AWARENESS AND EDUCATION
22 CAMPAIGN ABOUT THE HPV VACCINE WITH AN EMPHASIS ON PARENTAL
23 EDUCATION;

24 (III) EVALUATE THE AVAILABILITY AND AFFORDABILITY OF
25 THE HPV VACCINE, INCLUDING COVERAGE BY HEALTH INSURERS AND PUBLIC
26 HEALTH PROGRAMS;

1 (IV) IDENTIFY BARRIERS TO THE ADMINISTRATION OF THE
2 HPV VACCINE TO ALL RECOMMENDED INDIVIDUALS; AND

3 (V) IDENTIFY AND EVALUATE VARIOUS SOURCES OF
4 RESOURCES TO COVER THE COSTS OF THE HPV VACCINE; AND

5 (~~V~~) (VI) IDENTIFY AND EVALUATE APPROPRIATE
6 MECHANISMS THE STATE MAY USE TO INCREASE ACCESS TO THE HPV
7 VACCINE, INCLUDING MANDATING THE HPV VACCINE FOR ENROLLMENT IN
8 SCHOOL.

9 (5) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE HPV
10 VACCINE SUBCOMMITTEE SHALL SUBMIT A REPORT ON ITS FINDINGS AND
11 RECOMMENDATIONS TO THE COMMITTEE.

12 [(d)] (E) The Committee shall present in the annual report of the State
13 Council on Cancer Control its findings and recommendations, INCLUDING THE
14 FINDINGS AND RECOMMENDATIONS OF THE HPV VACCINE SUBCOMMITTEE, to
15 the Governor and, in accordance with § 2-1246 of the State Government Article, the
16 General Assembly, on or before October 1 of each year beginning October 1, 2004.

17 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
18 July 1, 2007. ~~It shall remain effective for a period of 1 year and 6 months and, at the~~
19 ~~end of December 31, 2008, with no further action required by the General Assembly,~~
20 ~~this Act shall be abrogated and of no further force and effect.~~

Approved:

_____ Governor.

_____ Speaker of the House of Delegates.

_____ President of the Senate.

Appendix E

Cancer Conference Materials

**Maryland State Council on Cancer Control
Colorectal Cancer Conference**

June 4, 2009

Maryland State Council on Cancer Control

Colorectal Cancer Conference

June 4, 2009
Crowne Plaza Hotel
Timonium, MD

- 7:30 a.m. – 8:45 a.m.** **Registration and Continental Breakfast** *[Atrium]*
- 8:45 a.m. – 9:00 a.m.** **Welcome** *[Greenspring Ballroom]*
Donna Gugel, MHS, Center for Cancer Surveillance & Control
Maryland Department of Health & Mental Hygiene
- 9:00 a.m. – 9:30 a.m.** **CRC Successes in Maryland** *[Greenspring Ballroom]*
Diane Dwyer, MD, Center for Cancer Surveillance & Control
Maryland Department of Health & Mental Hygiene
- 9:30 a.m. – 10:00 a.m.** **The Genetics of CRC** *[Greenspring Ballroom]*
Frank Giardiello, MD, Johns Hopkins Medical Institutions
- 10:00 a.m. – 10:15 a.m.* *Break* *[Atrium]*
- 10:15 a.m. – 11:30 a.m.** **CRC Screening Methods: Now and the Future** *[Greenspring Ballroom]*
Ronald Summers, MD, PhD, National Institutes of Health Clinical Center
- 11:30 a.m. – 12:00 p.m.** **Treating CRC** *[Greenspring Ballroom]*
Michael Choti, MD, MBA, Johns Hopkins Medical Institutions
- 12:00 p.m. – 1:00 p.m.* *Lunch (provided)* *[Atrium]*
- 1:00 p.m. – 1:15 p.m.** **Colonoscopy Reporting and Data Systems (CoRADs)**
[Greenspring Ballroom]
Eileen Steinberger, MD, MS, Center for Cancer Surveillance & Control,
Maryland Department of Health & Mental Hygiene
- 1:15 p.m. – 1:45 p.m.** **Endoscopy Bowel Preparation Products & How They Work**
[Greenspring Ballroom]
Allison Steele, MSN, University of Maryland School of Medicine
- 1:45 p.m. – 3:15 p.m.** **Ask the Experts: Q&A with Colorectal Cancer Experts**
[Greenspring Ballroom]
- Moderator: Stanley Watkins, MD, Anne Arundel Medical Center
 - Marshall Bedine, MD, Johns Hopkins Medical Institutions
 - Michael Choti, MD, MBA, Johns Hopkins Medical Institutions
 - Bruce Greenwald, MD, University of Maryland School of Medicine
 - Elizabeth Montgomery, MD, Johns Hopkins Medical Institutions
- 3:15 p.m. – 3:30 p.m.** **Wrap Up and Evaluation**

Exhibitors will be available in the Atrium 7:30 a.m. – 3:30 p.m.

Colorectal Cancer Conference Evaluation – Brief Summary

Summary of Attendees

Number of Attendees	237
Number of Evaluations Submitted	181
Response Rate	76.4%

Overall Quality of the Conference

	#	%
Excellent	122	67%
Good	48	27%
Neutral	3	2%
Fair	1	1%
Poor	0	0%
Blank	7	4%

OVERALL

94% - Excellent or Good

ELIMINATING BLANKS

98% - Excellent or Good

Selection of Written Comments (those most repeated)

Please list 3 ways this conference could have been improved:

- The temperature was very cold
- Auditorium format/lecture style or classroom style would have been better
- When people ask questions – they need to wait for microphone or use standing microphone
- Some presentations were too technical for non-clinical attendees – it would help for speakers to briefly define clinical terms
- Breakout sessions for clinical/non-clinical
- More wellness/prevention message

Suggestions for future conferences:

- The conferences need to be rotated to different counties so that the same attendees aren't always traveling so far
- Have a survivor speak
- Practical suggestions to increase screening rates & screening challenges
- How to reach minorities for screening and coalitions

Other Comments:

- Excellent presenters
- Excellent conference – very informative
- The food was very good (a major improvement)
- Very nice facility – the open refreshments were very nice at breaks, very clean, large number of restrooms
- The conference was very well organized
- My goal for attending the conference was to obtain as much information as I could to be able to educate the community about CRC. The conference met and exceeded my goal. The information presented was of great quality and very comprehensive. I learned a great deal of information and will pass along to the community. Great job to the organizers.

Cancer Issues and Challenges
The 16th Maryland State Council on Cancer Control
Conference

December 3, 2009

Cancer Issues and Challenges

The 16th Maryland State Council on Cancer Control Cancer Conference
December 3, 2009

- 7:45 – 8:30** **Registration and Continental Breakfast**
- 8:30 – 9:00** **Call to Order, Welcome and Remarks**
- Frances Philips, RN, MHA,
Maryland Department of Health and Mental Hygiene
 - Kathy Helzlsouer, MD, MHS, Chair
Mercy Medical Center
- 9:00 – 9:45** **The Maryland Tobacco Control Program: Progress and Promise**
- Joan Stine, MHS, CHES
Maryland Department of Health and Mental Hygiene
- 9:45 – 10:00** **Break**
- 10:00 – 10:45** **Keynote Address: National Level Tobacco Control Perspective**
- Howard Koh, MD, MPH
US Dept of Health and Human Services
- 10:45 – 11:30** **Science of Tobacco and the Health Impact of Budget Cuts**
- Anthony Alberg, PhD
Medical University of South Carolina Hollings Cancer Center
- 11:30 – 11:50** **Cancer Center Updates**
- Kevin Cullen, MD
University of Maryland Greenebaum Cancer Center
 - William Nelson, MD, PhD
Kimmel Cancer Center at Johns Hopkins
- 11:50 – 12:00** **Presentation of Martin D. Abeloff Award**
- 12:00 – 1:00** **Networking Lunch**
- 1:00 – 2:00** **Breast Cancer Screening Recommendations**
- Christine Berg, MD
National Cancer Institute
 - Len Lichtenfeld, MD
American Cancer Society
- 2:00 – 3:30** **Health Reform Starts at Home**
- Christen Linke Young, JD
Centers for Disease Control and Prevention
 - Peter Beilenson, MD, MPH
Howard County Health Department
- 3:30** **Adjournment**

Cancer Conference 2009 Evaluation Summary

Continuing Education Credits
 Total distributed/awarded: 152
 CME: 65
 CHES: 19
 Certificate of Attendance: 68

SUMMARY OF RATINGS

SUMMARY OF ATTENDEES

Number of Attendees	329
Number of Evaluations Submitted	219
Response Rate	66.9%

ATTENDEE DESIGNATION

	#	%
Member of Local Government	8	4%
Healthcare Provider	38	17%
Health Education/Community Outreach	33	15%
Local Health Department Staff	61	28%
DHMH	27	12%
Researcher	3	1%
Administrator	5	2%
Student	5	2%
Cancer Council Member	2	1%
Other	26	12%
Blank	10	5%

LEARNING OBJECTIVES:

How well were the following learning objectives met?

1. Determine the accomplishments of Maryland's Tobacco Control Program.

	#	%
Very Well Met	119	54%
Well Met	75	34%
Somewhat Met	8	4%
Not Very Well Met	1	0%
Not Met	2	1%
Blank	14	6%

OVERALL

89% - Objective was Very Well or Well Met

2. Understand the impact of tobacco control efforts in the United States.

	#	%
Very Well Met	110	50%
Well Met	82	37%
Somewhat Met	12	5%
Not Very Well Met	0	0%
Not Met	3	1%
Blank	12	5%

OVERALL

88% - Objective was Very Well or Well Met

3. Determine the health, medical and scientific implications of tobacco use.

	#	%
Very Well Met	123	56%
Well Met	66	30%
Somewhat Met	14	6%
Not Very Well Met	1	0%
Not Met	2	1%
Blank	13	6%

OVERALL

86% - Objective was Very Well or Well Met

4. Identify emerging issues and potential obstacles to effective cancer control in Maryland.

	#	%
Very Well Met	101	46%
Well Met	87	40%
Somewhat Met	16	7%
Not Very Well Met	1	0%
Not Met	1	0%
Blank	13	6%

OVERALL

86% - Objective was Very Well or Well Met

5. Describe the updated recommendations for breast cancer screening.

	#	%
Very Well Met	111	51%
Well Met	60	27%
Somewhat Met	9	4%
Not Very Well Met	0	0%
Not Met	2	1%
Blank	37	17%

OVERALL

78% - Objective was Very Well or Well Met

6. Discuss potential impact of health reform nationally and review a current state based effort.

	#	%
Very Well Met	80	37%
Well Met	56	26%
Somewhat Met	13	6%
Not Very Well Met	0	0%
Not Met	2	1%
Blank	68	31%

OVERALL

62% - Objective was Very Well or Well Met

7. Identify strategies to improve the network of health professionals interested in education and reform in cancer control in Maryland.

	#	%
Very Well Met	62	28%
Well Met	48	22%
Somewhat Met	17	8%
Not Very Well Met	8	4%
Not Met	5	2%
Blank	79	36%

OVERALL

50% - Objective was Very Well or Well Met

FACILITY EVALUATION

1. Facilities were conducive to learning

	#	%
Strongly Agree	161	74%
Agree	39	18%
Neutral	8	4%
Disagree	0	0%
Strongly Disagree	3	1%
Blank	8	4%

OVERALL

91% - Strongly Agree or Agree

2. Content was relevant to the objectives

	#	%
Strongly Agree	150	68%
Agree	48	22%
Neutral	5	2%
Disagree	1	0%
Strongly Disagree	3	1%
Blank	12	5%

OVERALL

90% - Strongly Agree or Agree

3. Content was consistent with stated program objectives/goals

	#	%
Strongly Agree	141	64%
Agree	56	26%
Neutral	5	2%
Disagree	1	0%
Strongly Disagree	3	1%
Blank	13	6%

OVERALL

90% - Strongly Agree or Agree

4. Teaching methods were effective for the content

	#	%
Strongly Agree	116	53%
Agree	78	36%
Neutral	8	4%
Disagree	1	0%
Strongly Disagree	1	0%
Blank	15	7%

OVERALL

89% - Strongly Agree or Agree

5. Audio-visual/handout materials were effective

	#	%
Strongly Agree	109	50%
Agree	69	32%
Neutral	18	8%
Disagree	6	3%
Strongly Disagree	2	1%
Blank	14	6%

OVERALL

81% - Strongly Agree or Agree

OVERALL EVALUATION OF THE PROGRAM

1. Quality of Conference

	#	%
Excellent	141	64%
Good	61	28%
Neutral	3	1%
Fair	0	0%
Poor	0	0%
Blank	14	6%

OVERALL

92% - Excellent or Good

2. Quality of Exhibitors

	#	%
Excellent	92	42%
Good	88	40%
Neutral	17	8%
Fair	1	0%
Poor	0	0%
Blank	21	10%

OVERALL

82% - Excellent or Good

3. Accessibility

	#	%
Excellent	120	55%
Good	62	28%
Neutral	19	9%
Fair	4	2%
Poor	4	2%
Blank	10	5%

OVERALL

83% - Excellent or Good

4. Convenient Location

	#	%
Excellent	107	49%
Good	54	25%
Neutral	31	14%
Fair	12	5%
Poor	6	3%
Blank	9	4%

OVERALL

74% - Excellent or Good

5. Luncheon

	#	%
Excellent	94	43%
Good	69	32%
Neutral	14	6%
Fair	9	4%
Poor	1	0%
Blank	32	15%

OVERALL

74% - Excellent or Good

6. Time of Event

	#	%
Excellent	117	53%
Good	81	37%
Neutral	6	3%
Fair	2	1%
Poor	1	0%
Blank	12	5%

OVERALL

90% - Excellent or Good

7. Audio/Visual Setup

	#	%
Excellent	124	57%
Good	75	34%
Neutral	9	4%
Fair	1	0%
Poor	0	0%
Blank	10	5%

OVERALL

91% - Excellent or Good