Maryland State Council on Cancer Control
January 20, 2017
9:30 – 11:30 a.m.

SUMMARY

Members in Attendance
Stanley Watkins
Donna Gugel
Mark Mank
Kevin Cullen
William Nelson
Catherine Fenwick
Diane Couchman
Mary Garza
Brock Yetso
Artie Shelton
Stephanie Cooper Greenberg
Kayla Visvanathan

Members Absent
Jay Perman
Paul Rothman
Roger Harrell
Kathleen Connors-Juras
Joan Mischtschuk
Yale Stenzler
Anthony Muse
Sheree Sample-Hughes

Staff and Guests in Attendance
Brian Mattingly
Thuy Nguyen
Jody Sheely
Anne Carlin
Dawn Berkowitz

1. Welcome and Review of Minutes

The Council reviewed and approved minutes from September 23, 2016.
In November 2016, Mark Mank was appointed as the representative from the Maryland Department of the Environment.

2. Surgeon General report on Electronic Cigarettes

Dawn Berkowitz, Director of the Center for Tobacco Prevention and Control, update the Council on the Surgeon General's report (SGR) on ***E-Cigarette Use Among Youth and Young Adults***, a 298 page report which was released on December 8, 2016.

Last year (August 2016), FDA exercised their authority to regulate electronic smoking devices (ESDs)

a. Regulating allows FDA to ensure product safety standards, to verify manufacturer claims and ingredients, and deem sales to minors (under 18) illegal/check ID under 27, vending machine sales restrictions – already state law.
b. In addition to ESDs, the FDA's authority covers all tobacco products: previously cigarettes and smokeless; *now they may regulate: cigars, hookah tobacco, pipe tobacco, dissolvables, nicotine gels, roll-your-own tobacco, and ESDs.*

December 8th, SGR released first 298 page report on ESDs – "*E-Cigarette Use Among Youth and Young Adults"* – identified ESDs as the next evolution of tobacco products that are creating a new generation of Americans at risk of nicotine addiction. This is a public health concern, particularly because of the growing trends in ESD use among youth and young adults. Report a call for action to reduce use among young people.

Facts of EDS Use

- ESD is not harmless "water vapor", but aerosolized nicotine. Although they generally contain fewer toxins than combustible tobacco products, ESDs can expose users to several harmful chemicals, heavy metals, and carcinogens known to have adverse health effects. The effects of aerosol and its components are not fully understood at present.
- ESDs are now the most common tobacco product used by kids in the U.S.
- Nicotine in any form, including e-cigarettes, is not safe for youth – nicotine in e-cigs is derived from tobacco, which we know has adverse effects on the developing brain. No safe level of nicotine use for youth.
- Ingestion of ESD liquid refill cartridge or bottle contents are toxic and can cause death (FDA law does require child-safe packaging).
- There is no safe level of nicotine use for pregnant mothers, since nicotine can cross placenta and affect fetal and postnatal development.

Data on ESD Use

- ESD use among youth (11-17 years) and young adults (18-24) years has been increasing since 2011.
- Nationwide, youth use has tripled since 2011. Young adult use has doubled between 2013 and 2014.
  (2011-2015 Middle School student use of ESD increased from .6% to 5.3%, while smoking decreased from 4.3% to 2.3%)
  (2011-2015 High School student use of ESD increased from 1.5% to 16%, while smoking decreased from 15.8% to 9.3%)
- ESDs are also the highest used tobacco product among youth in Maryland – 20% of Maryland adolescents are using ESDs, (compared to 8% cigarettes, 10% cigars, 6% smokeless.)
- Kids are using at 4 times the rate of adults. (20% of adolescents vs. 5% of adults) and more young adults are using these products than adults 25 and above.
- Among youth/young adults, ESD use is associated with "dual use" – a concern because this means those who use ESDs are more likely to also use another tobacco product, typically a combustible tobacco product.
- In Maryland, 70% of underage ESD users also smoke cigarettes. Only 13% of adolescent ESD users do **not** use other, traditional tobacco products.
- Flavoring, celebrity endorsements, other prior marketing tactics from the tobacco industry for traditional products has glamorized e-cigs and increased use.
  "Curiosity," "Flavoring/taste," and "low perceived harm compared to other tobacco products" - most common reasons youth and young adults use ESDs.
  - Top youth reasons are in contrast to use among older adults, use as cessation tool is NOT a primary reason among youth/young adults.

- Most youth try flavored ESD products when they try ESD use for the first time. Flavored ESD products are more popular among young adults (18-24) than older adults (25+).

3. Legislative Session

Jody Sheely and Anne Carlin from DHMH's Office of Policy and Planning (OPP) updated the Council on legislative session.

Bill Distribution Process

- 1st- Health-related bills are reviewed by DHMH's Office of Government Affairs (OGA) (almost 50% of total bill volume).
- 2nd - OGA distributes bills to DHMH administrations for review:
  - Multiple administrations may review bills
  - DHMH submits one position on each bill – several administrations may contribute.

  OPP may also identify bills of interest from the House and Senate Synopses
- 3rd – OPP reviews bills:
  - Designates as Priority or FYI review
  - Determines distribution to Councils (if applicable).

Bill Review Process

- On Thursday, OPP presents Prevention and Health Promotion Administration (PHPA) positions for hearing upcoming week with Public Health Services Deputy Secretary.
- On Friday:
  - 1st – OPP meets with OGA and DHMH legislative units; all administrations present their proposed positions, including Council positions
  - 2nd – OPP presents positions to PHPA Director and Deputy Director
  - 3rd – By 2 PM, OPP moves final approved positions forward to OGA (At any point DHMH position can change until the governor sign off on DHMH's position, thus, the position remains confidential until then.)
  - 4th – By 3 PM, Secretary meets with advisors to discuss proposed positions; positions may be changed at this time
  - 5th – By evening, OGA enters positions into ABR system
- During the weekend, the Governor's office reviews proposed positions
- On Monday, at 10 AM, approved positions due to OGA in Annapolis for distribution to committees.

In general, OPP only focuses on bills with hearing dates for the next week. However, for first reader bills, OPP generally requests position papers within a week so they have time to adequately prepare them and receive feedback from DHMH leadership. It is important that OPP receives any Council positions by Thursday of the week before the hearing is scheduled.

4. Maryland Cancer Registry Advisory Committee Update

Kala Visanathan updated the Council on the Maryland Cancer Registry (MCR).

- Updated county tables in the MCR Incidence and Mortality Report:
  - The county tables in the Incidence and Mortality Reports for 2012 and 2013 have been updated to be consumer friendly. Each page now includes county specific top five incidence and mortality rates by site as well as by race and gender. Stage distribution for the top five incidence sites are also shown.
- Meaningful Use (MU) Stage 2 Update:
  - MCR is involved in facilitating MU reporting for eligible providers (EPs) that provide care to cancer patients to enable simultaneously entering electronic health records (EHR) into the MCR database.
  - Currently, 53 Maryland-based EPs have registered for MU in order to receive incentives for using certified EHRs and there are 8 EPs that have passed testing and are currently in production.
- MCR Continues to Improves Communication with Delinquent Facilities:

- Westat developed an Access database to monitor cancer data submission by reporting facilities, and Westat continues to work with facilities that report below the expected rate. Delinquent facilities are contacted by Westat and are encouraged to develop an on-going work plan that will improve their data submission.

- Data Submission:
  - Data submission to the National Program of Cancer Registries and to the North American Association of Central Cancer Registries was completed at the end of November. The MCR is expecting gold certification.

5. Cancer Conference

Thuy Nguyen updated the Council on the 23rd Annual Maryland State Council on Cancer Control Cancer Conference evaluation survey results. The conference was held on November 15, 2016 at the Anne Arundel Medical Center Doordan Conference Center. Three hundred forty (340) individuals from across Maryland registered for the conference and 298 individuals attended the conference. An evaluation survey was administered during the meeting and emailed to attendees the following day via SurveyMonkey for those who did not complete the evaluation during the meeting; the survey was closed on November 30, 2016. One hundred eighty-five attendees completed the survey for a 62% response rate. (See Appendix A for a summary of results.) A full report of the evaluation will be sent to the Council by the next Council meeting.

The Council discussed conference results and lessons learned for the next cancer conference.

6. Maryland Cancer Collaborative

Brian Mattingly updated the Council on the Maryland Cancer Collaborative (MCC) Workgroups. Five workgroups were formed from the priorities chosen by the MCC members:

- Communications Workgroup (as of 1/20/17, 18 members)
  - The strategy is to use media outlets such as websites and social media outlets; print, radio, and television PSAs; billboards; and press releases to provide public health messages related to cancer.
  - Co-chairs: Karen Warmkessel and Vanessa Watsa
  - First meeting: January 19, 2017
- Access to Care and Resource Workgroup (as of 1/20/17, 29 members)
  - The strategy is to ensure cultural, financial, and geographic access and provide information to underserved populations on how to access healthcare and supportive services.
  - Co-chairs: Patsy Astaria and Stephanie Slowly
  - First meeting: January 20, 2017
- Tobacco Cessation Workgroup (as of 1/20/17, 22 members)
  - The strategy is to use media outlets such as websites and social media outlets; print, radio, and television PSAs; billboards; and press releases to provide public health messages related to cancer.
  - Co-chairs: Joanne Ebner and Krystle Pierce
  - First meeting: February 7, 2017
- HPV Vaccination Workgroup (as of 1/20/17, 16 members)
  - The strategy is to implement systems changes within healthcare practices to:
    - Check teenage patients' vaccination status and offer all indicated vaccines at each visit;
    - Schedule the next HPV vaccination dose before the end of the current appointment; and,
    - Utilize reminder and recall strategies.
  - Co-chairs: Ahmed Elmi and Niharika Khana (as of 2/24/17)

    - First meeting: 2/24/17
- Hospice Utilization Data Workgroup (as of 1/20/17, 13 members)
    - The strategy is to create partnerships to develop and implement a plan to collect cancer patient hospice utilization data.
    - Co-chairs: Peggy Funk and Michelle Levin
    - First meeting: 2/7/17

7. Clarification regarding designees on councils

- Brian Mattingly provided clarification on Council designees.
    - If the governing statute requires the Governor or Secretary to appoint the seat / member, then it is not permissible for the person to have a designee.
    - If the Governor or Secretary does not appoint the seat (i.e. the member is designee of another Department/organization of is a member of the General Assembly), then the member may assign a designee.

8. Membership Update

- Currently 6 vacancies to be filled on the Council (If members have a recommendation for the Council member, please direct the person to apply through the Governor's Appointment website at http://govappointments.maryland.gov/.)

9. Next Meeting

- May 5, 2017, Anne Arundel Medical Center; 9:30 a.m. – 11:30 a.m.

Appendix A

The 23rd Annual Maryland State Council on Cancer Control Cancer Conference was held on November 15, 2016 at the Anne Arundel Medical Center Doordan Conference Center. Three hundred forty (340) individuals from across Maryland registered for the conference and 298 individuals attended the conference. An evaluation survey was administered during the meeting and emailed to attendees the following day via SurveyMonkey for those who did not complete the evaluation during the meeting; the survey was closed on November 30, 2016. Below are the results from the survey.

Table 1: Summary of Attendees

Total # of Individuals Registered	340
Total # of Attendees	298
Total # of Attendees who Received Evaluation Request	298
Total # of Evaluation Responses	185
Evaluation Response Rate	62%

Table 2: Overall Evaluation of the Conference

	Excellent	Good	Neutral	Fair	Poor	Total (n)
Quality of Conference	**69%** (n=125)	**27%** (n=50)	**4%** (n=7)	**0%** (n=0)	**0%** (n=0)	182
Accessibility	**69%** (n=122)	**27%** (n=48)	**4%** (n=7)	**0%** (n=0)	**1%** (n=1)	178
Convenient Location	**63%** (n=114)	**27%** (n=49)	**7%** (n=12)	**3%** (n=6)	**1%** (n=1)	182
Time of Event	**58%** (n=105)	**34%** (n=62)	**3%** (n=6)	**4%** (n=7)	**0%** (n=0)	180
Audio/Visual Set-Up	**69%** (n=125)	**24%** (n=44)	**5%** (n=9)	**2%** (n=3)	**0%** (n=0)	181

Learning Objectives

At least 90% of those who responded to the evaluation survey agreed or strongly agreed that following the conference they:

- Understood the National Cancer Moonshot Initiative including the goal, status, and next steps;
- Were able to identify evidence-based cancer primary prevention strategies;
- Were able to identify innovative worksite wellness programming and platforms to promote cancer prevention;
- Were able to identify current efforts and research of two Maryland cancer centers;
- Understood what comprehensive cancer control means, including the national initiative and state efforts;
- Understood the current state of tobacco use policies and cessation efforts on Maryland college and university campuses;
- Understood how a health system implemented a lung cancer screening program; and
- Understood how the Maryland Cancer Collaborative will implement the Maryland Comprehensive Cancer Control Plan over the coming years.

Eighty-Seven (87%) of those who responded to the evaluation survey agreed or strongly agreed that following the conference they:

- Were able to identify policy-level cancer prevention strategies.

Overall there were many positive comments regarding the conference, such as, the conference was "most informative for providers", "fantastic", "excellent", "great", and "well-organized". The speakers

were “terrific” and “dynamic”. One attendee thought the conference “exceeded expectations compared to previous conference”. Another commented, “I enjoy attending this conference. Maryland cancer programs are lucky to have access to this conference.” There were also some **suggestions for improvement,** such as:

- Having consistent microphone use;
- Better layout of food; drinks should be restock after lunch; have water pitchers on the tables;
- Have copies of the presentation slides;
- Have a break after lunch;
- Larger seating room (so we are not close to each other and have more space to move around);
- Have the conference from 9 AM to 3 PM;
- The conference should include showcasing progress on a smaller scale from the standpoint of some of the small groups/FQHCs;
- More time for interaction/some kind of group discussion;
- More central location; and
- Warmer room.

Table 3: Suggestions for Future Conferences

Program or Policy Updates	• Nutrition and lifestyle interventions that can be incorporated successfully in active programs or centers – not just in theory; • Accessibility issues for patients who use public transportation; • More data – how has cancer control changed in Maryland over the years; • Cancer prevention by successful prevention programs – screening and primary prevention; • More discussion on future initiative – what do we do about systematic disparities; • Specific examples of best practices in community cancer centers that can be shared/duplicated at other facilities and suggestions for enhancing prevention services/engagement; • Discuss means to help underserved/minority population statewide to access to health care; • Coalition building; • What is the role of quality palliative care programs in the community and in healthcare facilities; • Cancer screening recommendations; • How to improve local health cancer programs;
Research and Treatment	• Multiple myeloma and leukemia; • Breast cancer prevention; • Melanoma prevention and diagnosis; • Nutrition and cancer; • Patient/survivor testimonials on treatments and best practices; • A little more technical on cancer treatment; • Cancer registry data – top five sites in Maryland; • Medical marijuana for cancer- laws and updates; • New cancer screening tools; • E-cigarette; and • Young adults with cancer; the long term effects of cancer treatment.
Resources	• Cancer treatment/prevention funding and resources; • More networking time; and • Community resources, end of life planning and childhood cancers and how to treat family during that difficult time.