

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



2004

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

July 2005

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 2004 Annual Report. Over the course of 2004, 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 2004, the Council held three full meetings and one all day event, our 12th Annual Cancer Control Conference.

In January 2004, the Council once again urged the Maryland General Assembly for passage of several important pieces of legislation. In early 2004, over two years worth of effort paid off as the Council and its hundreds of partners published the 2004-2008 Maryland Comprehensive Cancer Control Plan. Within six weeks, over 800 copies of the plan were sent to our partners and collaborators across the state. Recognized by the Centers for Disease Control and Prevention as a model for cancer planning, the new Maryland Cancer Plan is truly a document for Marylanders, by Marylanders. The Cancer Council wrapped up 2004 with the 12th Annual Cancer Control Conference held at Martin's West on November 15, 2004. Attended by over 370 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.

Looking ahead, the Council will harness the momentum from the conference and focus our efforts on defined and constructive areas. I anticipate that, with the continued assistance of the CDC grant and another grant from the Cancer Research and Prevention Foundation, 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 to 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 2004 Annual Report

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I. 2004 State Council on Cancer Control Membership

J. Richard Lilly, MD – Chair

Senior Partner, Multispecialty Practice Group

Albert L. Blumberg, MD – Vice Chair

Department of Radiation Oncology, Greater Baltimore Medical Center

Martin D. Abeloff, MD

Director, Johns Hopkins Kimmel Cancer Center

Donna Cox, M.Ed

Office of Health Education & Information,
Johns Hopkins Kimmel Cancer Center

Kevin Cullen, MD

Director, Greenebaum Cancer Center at the
University of Maryland

Katherine P. Farrell, MD, MPH

Deputy Health Officer, Anne Arundel County
Health Department

John Groopman, Ph.D.

Professor, Johns Hopkins Bloomberg School of
Public Health

Roger Harrell, MHA

Health Officer, Dorchester County Health Dept.

Miles Harrison Jr., MD

Breast Cancer Surgeon

Phillip Heard, MD, MPH

Maryland Department of the Environment

Carlessia A. Hussein, RN, Dr. PH

Director, Cigarette Restitution Fund Program
Department of Health and Mental Hygiene

Del. John Leopold

Maryland House of Delegates

Senator Nathaniel J. McFadden

Maryland Senate

Edward D. Miller, MD

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

Jon Missner, Esq.*

Phillips Healthcare

Robin Prothro, RN, MPH*

Susan G. Komen Breast Cancer Foundation
Maryland Affiliate

David J. Ramsay, DM, DPhil

President, University of Maryland, Baltimore

Gail Roddie-Hamlin

COO - American Cancer Society Mid-Atlantic

Susan Scherr

Director, Community & Strategic Alliances
National Coalition for Cancer Survivorship

Diana Ulman

The Ulman Cancer Fund for Young Adults

Constance Unseld, M.Ed

Unseld's School

Ex-Officio Members

Regina el Arculli, MA

National Cancer Institute

Lynn Khoo, MD, MPH

ORC MACRO International, Inc.

Council Staff:

Robert Villanueva, MPA – Executive Director

* Indicates a member who resigned from the Cancer Council during 2004

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, business community, and health and scientific disciplines concerned with cancer control. The Department of Health and Mental Hygiene (DHMH) provides the Council with necessary staff and resources.

In addition to leaders from the major academic medical institutions in Maryland's cancer community and national organizations, the Council has 15 members representing the general public, business community, and health and scientific disciplines concerned with cancer control. 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 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 and control 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 from Prince George's County, has served as the Maryland State Council on Cancer Control's Chairman since his appointment in August 1999. Dr. Lilly is the Senior Partner in a multi-specialty Practice Group in Prince George's County. Dr. Lilly received his medical degree from Temple University in Philadelphia and completed his internship at the Church Hospital in Baltimore, Maryland. Dr. Lilly served in the U.S. Navy from 1959 until 1966 and was involved in some of the first medical tests conducted on the astronauts involved in Project Mercury. From 1970 –1973 Dr. Lilly was a Clinical Assistant Professor in the Family Practice Program at the University of Maryland and from 1974-1978, the Chair 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 and received his M.D. degree from the Temple School of Medicine in 1963.

III. Maryland State Council on Cancer Control 2004 Meeting Schedule

Below is a list of the meetings held by the State Council on Cancer Control in 2004. Agenda items for these meetings included the Cigarette Restitution Fund and other issues relating to it; legislation arising from the 2004 Maryland General Assembly; and the new Maryland Comprehensive Cancer Control Plan.

Date	Location
Friday February 13, 2004	9:30 – 11:30 Maryland Department of the Environment Baltimore, Maryland
Friday May 7, 2004	9:30 – 11:30 University of Maryland, Baltimore Baltimore, Maryland
Friday September 10, 2004	9:30 – 11:30 Kimmel Comprehensive Cancer Center Baltimore, Maryland
Monday November 15, 2004	9:00 – 4:00 11th Annual Cancer Conference Martin's West
Friday December 10, 2004	9:30 – 11:30 American Cancer Society White Marsh, Maryland

IV. 2004 Council Activities & Accomplishments

A. 2004 Legislative Session

For the past 12 years, the State Council on Cancer Control has played an active role in the legislative process by supporting certain cancer and tobacco control legislation proposed in the Maryland General Assembly. During the 2004 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 allowing for an income tax check-off was enacted which allows for Marylanders to donate all or part of their tax refunds to a cancer fund administered by DHMH. The Cancer Council also supported an amended version of a bill calling for the establishment of a Cervical Cancer Committee at DHMH. The committee, which was formed around the development of the Cervical Cancer chapter of the 2004-2008 Maryland Comprehensive Cancer Control Plan, is charged with specific activities related to reducing the burden of cervical cancer on Maryland.

For a complete listing of all legislation tracked during the 2004 Maryland General Assembly session, please see Appendix B.

B. Cervical Cancer Legislation

During the 2004 Maryland General Assembly, Senate Bill 499 established a Cervical Cancer Committee, required DHMH to staff the Committee, and required the Committee to present findings and recommendations to the Governor and the General Assembly annually for 5 years beginning October 1, 2004.

The State Council on Cancer Control supported Senate Bill 499 in concept. During the process of writing the 2004-2008 Maryland Comprehensive Cancer Control Plan, one of the committees created was a Cervical Cancer Committee. Much like the requirements of the proposed legislation, the Cervical Cancer Committee is comprised of 13 members from various offices within DHMH, physicians from Johns Hopkins, University of Maryland, and Sinai Hospital, local health departments, the American Cancer Society, and the National Cancer Institute. Within the Cervical Cancer chapter, four major objectives and several different strategies for implementation were identified.

As a result of the Council's education efforts, the legislature agreed to amend SB 499 to reflect the current composition of the Cervical Cancer Committee and its purpose for carrying out the Cancer Control plan relating to cervical cancer. The bill also requires DHMH to report back to the legislature on a yearly basis about the progress made towards eradicating cervical cancer in Maryland. The legislation was signed into law by Governor Ehrlich on May 11, 2004 and took effect on October 1, 2004.

The first opportunity to work on cervical cancer was at the Maryland State Council on Cancer Control's Annual Cancer Conference held on November 15, 2004. With over 370 people in attendance, the conference presented an opportunity to bring the latest information on cervical cancer to a wide audience which included local health departments, community non-profit

organizations, the state health department, members of local governments, healthcare providers, researchers, administrators, and students.

Dr. Connie Trimble, the Director of the Cervical Cancer Dysplasia Center at the Johns Hopkins School of Medicine and a member of the Cervical Cancer Committee for the 2004-2008 Maryland Comprehensive Cancer Control Plan, gave a presentation on cervical cancer at the conference. Dr. Trimble's presentation covered the burden of cervical cancer in Maryland, barriers to screening and treatment, and development of a therapeutic vaccine for cervical cancer (i.e. a vaccine that would be administered to patients infected with the Human Papilloma Virus (HPV)).

Dr. Kevin Cullen, Director of the University of Maryland's Greenebaum Cancer Center also shared with the conference participant's news of work being conducted on a prophylactic cervical cancer vaccine at the University of Maryland Greenebaum Cancer Center. This vaccine would be administered early in life and would prevent a person from ever being infected with the HPV. The development of these vaccines could lead to the eradication of cervical cancer.

To make further inroads against cervical cancer in Maryland, DHMH has contracted with ORC Macro of Beltsville, Maryland to conduct a "Look Back Study of Invasive Cervical Cancer and Late Stage Breast Cancer." Conducting this type of study was a recommendation of the Cervical Cancer Chapter in the 2004-2008 Maryland Comprehensive Cancer Control Plan. For this study, ORC Macro will design and implement a study to identify factors that contribute to preventing an earlier diagnosis for late stage breast cancer and invasive cervical cancer among Maryland residents. Such factors may include patient lifestyle, knowledge, attitudes, beliefs, and health behaviors; gaps in the health care delivery system, including lack of convenient appointment times and lack of provider recommendations; or logistic issues such as transportation, childcare, and employment problems. Results of this study are not anticipated until March 2006.

C. Comprehensive Cancer Control Planning in Maryland

In October of 2001, DHMH entered into a cooperative agreement with the Centers for Disease Control and Prevention to update the Maryland State Cancer Plan. During a 29 month planning process, the State Council on Cancer Control has served as the oversight body directing the comprehensive cancer control planning efforts for the State of Maryland.

DHMH published the first edition of the 2004-2008 Maryland Comprehensive Cancer Control Plan in April 2004. Over 1,000 copies of the Plan have been distributed to all committee members, policymakers, local health department staff, legislators, state health department staff, allied public health professionals, and Maryland citizens who have expressed an interest in the plan.

The www.MarylandCancerPlan.org Website continues to be the "home base" for the 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. The Website was used to register individuals for the 2004 Council Conference, which focused on updating a host of issues contained in the 2004-2008 Maryland Comprehensive Cancer Control Plan. By the end of 2004, over 35,000 hits have been registered on this website.

D. Virtual Colonoscopy Position Statement

During its May 2004 meeting, the Council discussed the merits of virtual colonoscopy and developed a position statement on this issue. The Council concluded that: “conventional colonoscopy currently offers the best chance for accurate screening for colon and rectal cancers and, until better screening modalities are validated by clinical trials and scientifically proven to be effective, serves as the best option for the general public.”

The Maryland State Council on Cancer Control’s position statement on virtual colonoscopy is included in Appendix C.

V. 2004 Maryland State Council on Cancer Control Conference¹



On November 15, 2004, at Martin's West in Baltimore, Maryland, the Maryland State Council on Cancer Control hosted its 12th Annual conference on the issues and challenges within cancer control in Maryland. Over 370 individuals attended the conference, and it was the largest event ever sponsored by the State Council on Cancer Control.

Opening the morning sessions of the conference was Council Chair, Dr. J. Richard Lilly (**at right**), who welcomed attendees to the conference and thanked them for taking the time out of their busy schedules to attend the conference. Dr. Lilly focused his comments on the many changes the field of cancer control has undergone by using his time as a medical student and contrasting it with the present state of medical breakthroughs. Dr. Lilly stressed the importance of working together for the benefit of all Marylanders.



Following Dr. Lilly was the Secretary of DHMH, S. Anthony McCann (**at left**). Secretary McCann welcomed the attendees, thanked them for attending, and praised the work of all the public health professionals. After Secretary McCann, Ena Wanliss from the Centers for Disease Control and Prevention (CDC) gave an overview of Comprehensive Cancer Control and praised the efforts of Maryland in creating a cancer plan that is among the best in the nation.

After the welcome from Dr. Lilly and Secretary McCann, Council member John Groopman, PhD (**at right**), Chair of the Department of Environmental Health Sciences at the Johns Hopkins School of Public Health, presented an overview of the cancer burden in Maryland. Dr. Groopman used maps to review cancer incidence and mortality data for various regions and population groups in Maryland and the U.S. He presented statistics on several specific cancer sites, including lung, breast, prostate, and skin cancer, and highlighted the historical context for risk factors and cancer rates.



Following Dr. Groopman, Wendi Klevan (**at left**) of the American Cancer Society's national home office gave a presentation on the preventive health partnership between the American Cancer Society, American Heart Association, and American Diabetes Association called "Everyday Choices for a Healthier Lifestyle." Ms. Klevan stated that the partnership, the first between all three organizations, is meant to inspire and empower consumers to adopt healthy lifestyles to reduce their risk of heart disease, cancer, and diabetes. Ms. Klevan noted that diet and inactivity are crosscutting risk factors, contributing significantly to four out of the six leading causes of death, with a combined cost to the health care

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

system of over \$600 billion annually. Ms. Klevan gave a detailed overview of the campaign and closed by showing three media spots that are airing across the country.

Following the presentation on the “Everyday Choice Campaign,” Drs. Kathy Helzlsouer, Bruce Greenwald, and Connie Trimble participated on the Cancer Screening Best Practices Panel covering the areas of breast, colon, and cervical cancer, respectively.

Dr. Helzlsouer (**at right**), Director of the Prevention and Research Center at the Women’s Center for Health & Medicine at Mercy Medical Center, focused her presentation on the prevention of breast cancer and the development of new screening modalities including the role of the Magnetic Resonance Imaging (MRI). Reviewing the chemoprevention guidelines from the U.S. Preventive Services Task Force, Dr. Helzlsouer reiterated that treatment with tamoxifen can significantly reduce the risk for estrogen-receptor-positive breast cancer in women at high risk for breast cancer and that the likelihood of benefit increases as the risk for breast cancer increases. Dr. Helzlsouer concluded her talk by discussing the benefits and risks associated with using MRI as a screening modality. Ultimately, concerns were raised about the high false-positive rate, the high cost, as well as confusion about what to biopsy. Though the use of MRI is promising, Dr. Helzlsouer stated that further study is needed.



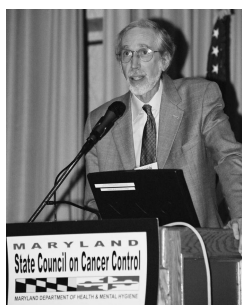
Dr. Bruce Greenwald (**at left**), Associate Professor of Medicine at the University of Maryland Medical School, gave a presentation on the burden of colorectal cancer in Maryland and the U.S. Dr. Greenwald gave a detailed review of the pros and cons of the various screening modalities for colorectal cancer including fecal occult blood tests, flexible sigmoidoscopy, double contract barium enema, and colonoscopy. In addition, Dr. Greenwald discussed the pros and cons of emerging screening methods for detecting colorectal cancer, including virtual colonoscopy and stool DNA testing for colorectal cancer. Dr. Greenwald concluded his presentation by reviewing the currently accepted screening guidelines for colorectal cancer.



Closing the panel was Dr. Connie Trimble (**at right**), Director of the Cervical Cancer Dysplasia Center at the Johns Hopkins School of Medicine. Dr. Trimble’s presentation covered the burden of cervical cancer in Maryland and barriers to screening diagnosis and treatment of cervical cancer. Dr. Trimble discussed with the conference attendees that work was progressing rapidly on a therapeutic cervical cancer vaccine that would be administered after infection with the Human Papilloma Virus.

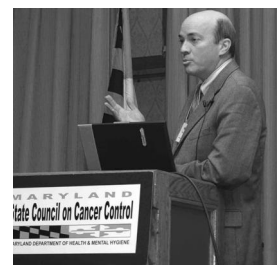


Following the panel on Cancer Screening Best Practices, the Directors of Maryland’s two major Cancer Centers shared their thoughts on the emerging issues in cancer control. Dr. Martin Abeloff (**at left**), Director of the Kimmel Comprehensive Cancer Center at Johns Hopkins, focused his talk on the efforts of researchers at Johns Hopkins to reduce the burden of breast cancer. Some of the key factors that have lead to breakthroughs and developments in the fight against breast cancer mentioned by Dr. Abeloff include an increase in the understanding of the biology of breast cancer, the development of clinical research centers, advances in breast screening and prevention,



improvements and innovations in surgery and radiation therapy, and the patient advocacy movement.

Dr. Kevin Cullen (**at right**), Director of the University of Maryland's Greenebaum Cancer Center, also shared with the participants news of work being conducted to produce a prophylactic cervical cancer vaccine. Dr. Cullen noted the implications of such a vaccine are significant as it could lead to the end of cervical cancer as a major health threat not only in the United States, but worldwide, saving upwards of 200,000 lives per year.



The final panel presentation of the day was dedicated to providing a understanding of the various survivorship issues that exist in cancer control. The panel was fortunate to have Andy Miller (**at left**), the Director of Public Health for the Lance Armstrong Foundation, give a global overview of survivorship issues and how these issues can impact public health. In addition, Leslie Given (**below right**), of the Centers for Disease Control and Prevention, spoke about the efforts being lead by CDC and other groups to bring more attention to the burgeoning need for survivorship programs.



To close the Survivorship Panel, representatives from the Maryland Chapters of the American Cancer Society and the Leukemia and Lymphoma Society, as well as the Ulman Fund for Young Adults highlighted their various programs and how they could be used throughout the state to meet the survivorship needs of cancer patients.



Exhibitors

As has been a tradition since the 2001 Cancer Council Conference, the hallways of Martin's West were filled with exhibits from various cancer-related organizations and programs. This year, 20 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 (68%) of the approximately 370 participants completed the survey. Over 80% of the evaluation comments were excellent or good with regard to the facility and accessibility. In general, most comments were very favorable, with conference organization, content, clarity of presentations, and folder materials receiving very high marks. Over 80% 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:

2004 State Council on Cancer Control Legislative Positions Chart

2004 State Council on Cancer Control Legislative Positions Chart

HOUSE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
HB 48	Cigarette Business Licenses - Fees	Delegate Cardin	S	Unfavorable		
HB 260	Clean Indoor Air Act of 2004	Delegate Frush, et al.	S	None		
HB 346	Public Schools - School Nutrition Program	Delegate Stern, et al.	NP	Unfavorable		
HB 357	Cigarette Restitution Fund - Required Appropriations	Delegate Rosenberg, et al.	NP	None		
HB 499	Cigarettes - Direct Sales and Shipping	Delegate Frush	S	Unfavorable		
HB 500	Cigarette Licenses - Disciplinary Authority - Grounds	Delegate Cardin	S	Unfavorable		
HB 850	Carroll County and Garrett County - Display of Tobacco Products	Carroll County Delegation and Garrett County Delegation	NP	None		
HB 915	Tobacco Products - Display or Storage - Restrictions	Delegates Petzold, Benson, et al.	S	Passed 92-46	Unfavorable	
HB 1000	Maryland Cancer Fund - Income Tax Checkoff	Delegates Barkley, Amedori, et al. (130+sponsors)	S	Passed 136-0	Passed 46-0	Signed into law
HB 1047	Business Regulation - Vending Machines	Delegate Bartlett	O	Unfavorable		
HB 1067	State Council on Cancer Control - Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan	Delegates McIntosh, Benson, et al.	SWA	None		
HB 1226	Tobacco Tax - Rate	Delegate Montgomery	S	None		
HB 1265	Carroll County - Tobacco Product Sales - Displays	Carroll County Delegation	NP	None		

HB 1311	CRF - Statewide Academic Health Center Grants - Clarifications	Delegate Rosenberg	SWA	None		
HB 1312	Tobacco Use Prevention and Cessation Program - Statewide Academic Public Health Grant - Distribution	Delegate Rosenberg	NP	Withdrawn		
HB 1436	Supersedeas Bonds - Limitation on Amount	Delegate Anderson	O	Unfavorable		
HB 1532	Tobacco Tax - Tobacco Products other than Cigarettes – Rev. for School Textbooks	Delegates McHale, et al.	S	Withdrawn		

SENATE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
SB 140	Clean Indoor Air Act of 2004	Senator Ruben, et al.	S		Unfavorable	
SB 209	Tanning Facilities – Regulation	Senator Munson	S		Unfavorable	
SB 240	Tobacco Product Manufacturers – MSA – Escrow Requirements	Senators Green, et al.	NP	Passed	Passed	
SB 339	Supersedeas Bonds - Limitation on Amount	Senator Haines	O	Unfavorable	Passed 26-19	
SB 363	Tobacco Tax - Products Other Than Cigarettes	Senators Ruben, Forehand, et al.	S		None	
SB 378	Tobacco Tax Increase	Senator Ruben, et al.	S		None	
SB 499	State Council on Cancer Control - Cervical Cancer Committee of the Maryland Comprehensive Cancer Control Plan	Entire Senate	SWA	PWA 141-0	PWA 47-0	Signed into law
SB 528	Cigarettes - Direct Sales and Shipping	Senators Ruben, Forehand, et al.	S		Unfavorable	

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

Appendix C:

Maryland State Council on Cancer Control Position Statement on Virtual Colonoscopy

Maryland State Council on Cancer Control Position Statement on Virtual Colonoscopy

Recent publicity may cause misconceptions in general public

The December 4, 2003 edition of the New England Journal of Medicine (NEJM) and subsequent print and media broadcast outlets like the NY Times and Washington Post have shed light upon the use of Spiral CT Scans of the colon as a screening tool for colorectal cancer. This screening method is currently under clinical review and more familiarly known as “Virtual Colonoscopy.” The NEJM article indicated that a study of “Conventional Colonoscopy” versus “Virtual Colonoscopy” has yielded encouraging results and shows that at certain sizes, using virtual colonoscopy as a screening method “colorectal neoplasia detection in average risk adults compares favorably with” conventional colonoscopy².

In Maryland, as well as nationally, colorectal cancer is second only to lung cancer in mortality. In 2000, 2,778 cases of colorectal cancer were diagnosed in Maryland and 1,158 Marylanders died of the disease. Because of the importance of colorectal cancer screening, the Maryland State Council on Cancer Control thought it was important to review the issues raised by these articles in order to come up with a statement about the potential use of virtual colonoscopy in Maryland.

Perhaps the largest concern with the media attention directed towards Virtual Colonoscopy is the confusion it may cause in the general public. Whereas conventional colonoscopy uses an optical colonoscope to screen for polyps or tumors in the colon, there is a perception that virtual colonoscopy is less invasive and does not require some of the same bowel preparation as a conventional colonoscopy. This misconception may lead some to believe that virtual colonoscopy is a far more appealing option than conventional colonoscopy. However, a patient undergoing the virtual technique still **must** undergo the same bowel preparation as a conventional colonoscopy, which includes the introduction of air into the colon, and pay the cost of the procedure as a virtual colonoscopy, unlike a conventional colonoscopy, is not currently a covered benefit on insurance plans.

Additionally, large-scale clinical trials so far have not yet proven whether virtual colonoscopy will find tumors as accurately as the conventional technique, or if the extra expense and analysis time associated with virtual colonoscopy is justified. If any suspicious findings arise during the virtual colonoscopy exam, a conventional colonoscopy must be performed, and this could lead to a diagnostic cascade of testing and costs that could have been avoided, had a conventional colonoscopy initially been performed.

There is no doubt that virtual colonoscopy offers hope of alleviating some of the issues associated with conventional colonoscopy, such as time and sedation. However, conventional colonoscopy, the current gold-standard screening test for colorectal cancer is the best, scientifically proven screening modality readily available and acceptably accurate at this point. In short, conventional colonoscopy currently offers the best chance for accurately screening for colon and rectal cancers and until better diagnostic screening modalities are validated by clinical trials and scientifically proven to be effective, serves as the best option for the general public at this point.

The Maryland State Council on Cancer Control concurs with Douglas K. Rex, president of the American College of Gastroenterology when he said of the NEJM study, “I think it should be

² New England Journal of Medicine 349:23

verified. One study . . . does not change everything. We've previously seen a very wide range of results. But the bottom line is we should be encouraged. These are good results.³"

If the results of the study published in the NEJM are reproduced in wider clinical trials, the promise of virtual colonoscopy is unlimited. Until then, conventional colonoscopy must be the recommended screening test for all Marylanders over 50 years old or at elevated risk. The Maryland State Cancer Council will continue to monitor the research on this issue, as well as the guidelines and recommendations set forth by National Cancer Institute and the USPSTF on colorectal cancer screening.

About the State Council on Cancer Control

The State Council on Cancer Control was formed in 1991 and is charged with educating and advising 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. The Maryland State Council on Cancer Control relies on the recommendations and guidelines of well-recognized scientific groups such as the U.S. Preventive Services Task Force and the National Cancer Institute. The U.S. Preventive Services Task Force (USPSTF) is an independent expert advisory panel that reviews scientific evidence for a wide range of preventive services for the Agency for Healthcare Research and Quality. The National Cancer Institute is a federal agency that directs and supports scientific research on cancer and works to ensure that the results of cancer research are used in clinical practice to reduce the burden of cancer for all persons.

³ *Washington Post* Tuesday, December 2, 2003; Page A01

Appendix D: Selected Materials from
Cancer Issues and Challenges
The 12th Maryland State Council on Cancer Control
Conference
November 15, 2004

Cancer Issues and Challenges

***The 12th Maryland State Council on Cancer Control Conference
November 15, 2004***

- 7:45 – 8:30: Registration and Continental Breakfast**
- 8:30 – 9:00: Call to Order, Welcome and Remarks**
- S. Anthony McCann, Secretary, Maryland Dept. of Health & Mental Hygiene
 - Dr. J. Richard Lilly, Chair, Maryland State Council on Cancer Control
 - Ena Wanliss, Centers for Disease Control and Prevention
- 9:05 – 9:30: The Burden of Cancer in Maryland**
- Dr. John Groopman, Johns Hopkins Bloomberg School of Public Health
- 9:35 – 10:30: Preventive Health Partnership: Everyday Choices For A Healthier Life**
- Wendi Klevan, American Cancer Society National Home Office
- 10:30-10:45: Morning Break**
- 10:50-11:40: Cancer Screening: Best Practices**
- Breast Cancer: Dr. Kathy Helzlsouer, Mercy Hospital
 - Cervical Cancer: Dr. Connie Trimble, Johns Hopkins
 - Colorectal Cancer: Dr. Bruce Greenwald, University of Maryland
- 11:45-12:15: Emerging Issues in Cancer Control: The Cancer Center Perspective**
- Dr. Martin Abeloff, Sidney Kimmel Comprehensive Cancer Center
 - Dr. Kevin Cullen, Marlene and Stewart Greenebaum Cancer Center
- 12:15-1:15: Networking Lunch**
- 1:30-3:00: Cancer Survivorship: The Next Frontier in Cancer Control**
- Andy Miller, The Lance Armstrong Foundation
 - Leslie Given, The Centers for Disease Control and Prevention
 - Tracy D. Orwig, The Leukemia & Lymphoma Society, MD Chapter

- Brock Yetso, The Ulman Cancer Fund for Young Adults
- Gail Katz, The American Cancer Society

3:10-3:15:

Summation and Adjournment

2004 Cancer Council Conference Exhibitors	
	ORGANIZATION
1	Mid-Atlantic Association of Community Health Centers
2	Susan G. Komen Breast Cancer Foundation, Maryland Affiliate
3	Tate Cancer Center at North Arundel Hospital
4	Baltimore City Cancer Program
5	Harford County Cancer Program
6	Howard County Cancer Program
7	Project Speak
8	Maryland Coalition for Skin Cancer Prevention
9	Smokefree Maryland
10	Cigarette Restitution Fund Program/Minority Outreach and Technical Assistance
11	Leukemia and Lymphoma Society of Maryland
12	University of Maryland Statewide Health Network
13	Cancer Information Service
14	Wicomico Health Department Cancer Program
15	Ulman Cancer Fund for Young Adults
16	Baltimore County Health Department Cancer Program
17	Total Healthcare
18	American Cancer Society, South Atlantic Division
19	GKV Media "Smoking Stops Here"

2004 Cancer Conference Evaluation Summary

Total Attendees: 373
Total Respondents: 251

Conference Participants:

	# Respondents	Percentage
Member of Local Government	11	4%
Healthcare Provider	25	10%
Health Education/Community Outreach	71	28%
LHD Staff	57	23%
DHMH	21	8%
Researcher	12	5%
Administrator	15	6%
Student	8	3%
Cancer Council Member	4	2%
Other	27	11%
TOTAL	251	100%

Previously attended a Cancer Council Event:

Yes: 59% (average of 2 previous events attended per person)
No: 41%

Conference Facilities:

	Score (Out of 4)
Accessibility	3.56
Convenient Location	3.42
Luncheon	2.93
Time of event	3.39
Audio/visual set-up	2.94

Conference Program:

	Score (Out of 5)
The conference met my predetermined expectations	3.60
The Burden of Cancer Presentation was informative and useful	3.95
The Preventive Health Partnership presentation was informative and useful in my understanding of Primary Prevention Issues in cancer control	3.88
Information gained from the Cancer Screening: Best Practices panel was informative and useful	4.03
Information gained from the Emerging Issues: The Cancer Center Perspectives was useful and informative	3.83
The Survivorship Panel was informative and useful	3.17
In general, the speakers communicated the material in and effective manner	3.86
The content if this conference was useful in my current position	3.76