MARYLAND

State Council on Cancer Control

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

2002
Annual Report

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State of Maryland

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Maryland State Council on Cancer Control
2002 Annual Report

Table of Contents

I. **History, Mission, and Current Chair** …… **4**

II. **Council Membership**. ……..…..……..**5**

III. **2002 Meeting Schedule**..…… **6**

IV. **2002 Council Activities and Accomplishments**.....**7**

a. Legislative Session
b. April Meeting on Issue of Screening Mammography
c. Comprehensive Cancer Control Planning Project

V. **2002 Cancer Council Roundtable** …… **15**

VI. **Appendices**.....**19**

a. Cancer Council Mammography Position Statement
b. Executive Order 01.01.2002.25
c. 2002 Legislative Position Summary Chart
d. Comprehensive Cancer Plan Committees

I. Maryland State Council on Cancer Control

History

The Maryland State Council on Cancer Control (Council) is a 25 member body appointed by the Governor with members selected from State agencies and administrations involved in cancer screening, prevention and treatment services, as well as members representing the general public, the business community, and the health and scientific disciplines concerned with cancer control. The Department of Health and Mental Hygiene provides the Council with the necessary staff and resources. In addition to leaders from the major academic medical institutions in Maryland cancer community and national organizations, the Council has 15 members representing the general public; the 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.

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

Since the Cancer Council was established over 11 years ago, the one constant has been the tenure of its chair – a person appointed by the Governor. Whereas many Councils and Boards undergo a great deal of turnover in leadership, the Cancer Council has enjoyed having long serving chairs. The first chair, Mr. Christian Poindexter served from the Council's inception in June of 1991 until June of 1999. After Mr. Poindexter's resignation, Dr. J. Richard Lilly, a physician from Prince George's County, was appointed to serve as the Council's chair.

Dr. Lilly is the Senior Partner in Multispeciality Practice Group in Hyattsville, Maryland and has been practicing for over 30 years. Dr. Lilly received his medical degree from Temple University in Philadelphia and completed his internship at the Church Hospital in Baltimore. He is past 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 Directors for Carefirst-Blue Cross Blue Shield and Doctor's Hospital in Prince George's County.

II. Council membership

The following is a listing of the membership of the Maryland State Council on Cancer Control for 2002.

Dr. J. Richard Lilly – Chair
Senior Partner, Multispecialty Practice Group

Dr. Albert L. Blumberg – Vice Chair
Department of Radiation Oncology, Greater Baltimore Medical Center

Martin D. Abeloff, MD
Director, Johns Hopkins Kimmel Cancer Center

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

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 Department

Phillip Heard, MD, MPH
Maryland Department of the Environment

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

Charles Leiss
Chief Executive Officer, American Cancer Society Mid-Atlantic

Senator Nathaniel J. McFadden
Maryland Senate

Edward D. Miller, MD
Dean, Johns Hopkins School of Medicine
& CEO, Johns Hopkins Medicine

David J. Ramsay, DM, DPhil
Mary Leach, PhD
President, University of Maryland, Baltimore

Susan Scherr
Director, Community & Strategic Alliances
National Coalition for Cancer Survivorship

Sanford A. Stass, MD
Director, University of Maryland Greenebaum Cancer Center

Diana Ulman
The Ulman Cancer Fund for Young Adults

Ex-Officio Members

Regina el Arculli, MA
Program Director, National Cancer Institute

Lynn Khoo, MD, MPH
Vice President, MACRO International, Inc.

Council Staff:
Robert Villanueva, MPA – Executive Director
Katherine Shockely – Program Coordinator, Comprehensive Cancer Control Plan
Carolyn Davis – Office Assistant

III. Maryland State Council on Cancer Control 2002 Meeting Schedule

Below is a list of the meetings held by the State Council on Cancer Control for 2002. Agenda items for these meetings included the Cigarette Restitution Fund and other issues relating to it; legislation arising from the 2002 Maryland General Assembly; the new DHMH Colorectal Cancer Screening Initiative; and the Tobacco Use Prevention Media Campaign under the Cigarette Restitution Fund Program.

Table 1.

January 11	**Johns Hopkins School of Medicine Baltimore, MD 9:30 – 11:30am**
April 24	**Wilde Lake Interfaith Center Columbia, MD 9:30 – 11:30am**
June 14	**Anne Arundel Medical Center Parole, MD 9:30 – 11:30 am**
October 17	**University of Maryland 22 S. Greene Street Baltimore, MD 7:30am – 4:00 pm**
December 6	**Annual Retreat American Cancer Society White Marsh, MD 9:30am – 1:30pm**

IV. 2002 Council Activities & Accomplishments

A. 2002 Legislative Session

The 2002 Maryland General Assembly was held from January 7, 2002 through April 8, 2002 in Annapolis Maryland. As has been the case for the past 10 years, the State Council on Cancer Control participated in the legislative process by supporting various pieces of cancer and tobacco control legislation.

Highlights from the session included the passage of a 34-cent tobacco excise tax used to fund the Thornton Education initiative. The additional 34 cents raised Maryland's excise tax to $1.00 per pack. In addition to the excise tax, many other tobacco use prevention measures supported by the Council were introduced to the General Assembly, but did not gain passage.

The 2002 legislative session did see the passage of legislation designating September as Ovarian Cancer Awareness Month and the establishment of a Pain Management Task Force to examine the issue of proper pain management in Maryland healthcare facilities. In addition, the state's Cigarette Restitution Fund Program received continued funding in the state budget.

For a complete listing of all legislation tracked during the 2002 Maryland General Assembly session, please see Appendix C.

B. April Cancer Council Meeting on the Issue of Screening Mammography

At the January 2002 meeting, members of the State Council on Cancer Control were informed of recent information calling into question the efficacy of screening mammography as a intervention to reduce breast cancer mortality in women. At the January meeting, members indicated their desire to hear from experts at the April 24, 2002 meeting so that the Council as a whole could develop a consensus position on the issue.

Fortunately for the Council, two well-known breast cancer experts were located within Baltimore and able to attend the Council meeting and give presentations. The experts were Dr. Kathy Helzlsouer, Professor of Epidemiology at the Johns Hopkins University Bloomberg School of Public Health and Dr. Wendie A. Berg, M.D., Ph.D, Chief of Breast Imaging at the University of Maryland School of Medicine. Dr. Helzlsouer's presentation provided a thoroughly researched and well though-out epidemiological and historical examination of screening mammography, while Dr. Berg's presentation focused on the practicing radiologist's perspective on not only the current mammography debate, but also on the future of breast imaging.

After hearing from and asking questions of the speakers, the Council deliberated on establishing a formal position statement. It was quickly determined that the Council would continue to support screening mammography, but would continue to monitor the evidence

and research in this area. With the help of Council staff and Marsha Bienia of the Center for Cancer Surveillance and Control at the Department of Health and Mental Hygiene, an official Council position statement was completed and approved at the June 2002 meeting. A copy of *State Council on Cancer Control Screening Mammography Position Statement* is in Appendix A.

C. Comprehensive Cancer Control Planning in Maryland

In October of 2001, the Maryland Department of Health and Mental Hygiene entered into a two-year cooperative agreement with the Centers for Disease Control and Prevention to update the Maryland State Cancer Plan. The agreement was the product of a Maryland response to an RFA put out by the CDC National Comprehensive Cancer Control Program in the summer of 2001.

The State Council on Cancer Control has served as the oversight body directing the comprehensive cancer control planning (CCCP) efforts for the state of Maryland. Dr. J. Richard Lilly announced receipt of a grant from the Centers for Disease Control and Prevention at the Council's Symposium in October of 2001. In 2002, nearly all of the Council's meetings had considerable time and discussion devoted to furthering the development of the new *Maryland Comprehensive Cancer Control Plan*.

Core Planning Team

As a first step in the CCC planning process, a Core Planning Team (CPT) was created. In April 2001, the State Council on Cancer Control, the American Cancer Society, and the University of Maryland School of Medicine sent representatives to Williamsburg, VA to attend *Working Together for Comprehensive Cancer Control: An Institute for State Leaders*. At the conference it was decided that these three organizations, along with Johns Hopkins University Bloomberg School of Public Health and Sidney Kimmel Comprehensive Cancer Center and representatives from the Department of Health and Mental Hygiene (DHMH), would form the backbone of the CPT.

There are 25 members of the CPT and the goal in its creation was to have broad representation within a small workable group that can reach consensus and make efficient decisions. Currently, the CPT is composed of representatives from DHMH, American Cancer Society, University of Maryland at Baltimore, Johns Hopkins University, two local health officers, and selected other non-profit, healthcare, and community organizations from around the state.

During 2002, the CPT met regularly. During the early stages of meeting, the CPT focused on achieving overall structure to the CCCP process in Maryland by creating a framework from which the plan would be developed. After consensus was achieved on the larger issues at hand, the CPT focused on directing the recruitment of individuals to serve on the subcommittees formed to develop the various chapters of the plan as well as creating agendas for subsequent committee meetings. Members of the CPT also form the Evaluation Committee that is charged with implementing the CIPP Evaluation model (Content-Input-

Process-Product) used during the Maryland planning process. More information about the evaluation component of the planning process can be found on page 13.

Program Coordinator

Another first step in the CCCP planning process was the hiring of a Program Coordinator to coordinate the many aspects of the process. The CDC grant funds have allowed the DHMH to hire a Program Coordinator dedicated solely to the CCCP process. After advertising in various newspapers and websites for a Program Coordinator, a successful applicant was found and offered the position. Katherine Shockley began work on February 13, 2002 and immediately started working to engage new and diverse community groups for participation in the CCCP process. Ms. Shockley has worked under direction from the Council's Executive Director, Robert Villanueva.

Ms. Shockley worked to adapt the CCCP model for use in Maryland and involved key stakeholders in the planning process. She has established and maintained effective working relationships with members of the Council, federal, state, and local governmental agencies, non-profit community organizations, academic institutions, health care providers, advocacy groups, and others with interest and responsibilities related to CCCP.

One of the largest undertakings of her first six months on the job was the recruitment of individuals to serve on the 15 committees that will develop the recommendations for the 2003 Maryland Cancer Plan. It was Ms. Shockley's responsibility to interface with staff epidemiologists to gather data for presentation, as well as locating experts to present the data to the individual committees. Ms. Shockley has coordinated the recruitment of 15 committee chairs and over 300 individual committee members and has served as the primary staff person for each committee, attending over 70 individual committee meetings. In addition to her responsibilities with the committees, Ms. Shockley also developed draft chapter outlines, as well as a detailed structure for the entire 2003 Maryland Cancer Plan. She has also served as the primary staff liaison between the Department of Health and Mental Hygiene and Center for Health Program Development and Management at the University of Maryland, Baltimore County (UMBC), the group responsible for organizing a series of seven Town Hall Meetings devoted to understanding local cancer issues in Maryland. More information on the Town Hall Meetings can be found on page 11.

Kate Shockley was first introduced as the Program Coordinator for the *Maryland Comprehensive Cancer Control Plan* at the Council's meeting on April 24, 2002. During this meeting, Ms. Shockley gave an update on the status of the committees formed to develop the new cancer plan. Since the initiation of the cancer planning process, Ms. Shockley has succeeded in involving Council members in the efforts to create a new cancer plan that is truly comprehensive in nature.

Website – www.MarylandCancerPlan.org

In an effort to reach a broader audience and to give those participating in the planning process direct access to relevant information, a website domain name was purchased and a site designed to help disseminate information to the general public as well as those directly involved in the cancer planning process.

www.MarylandCancerPlan.org went live in February 2002 and was solely dedicated to the CCCP efforts in Maryland. This website has been updated regularly by staff working in conjunction with the DHMH web-team, and has served as an effective tool for information dissemination, such as announcements about upcoming meetings and events.

In addition, the website was used to register individuals for the 2002 Council Roundtable, which was devoted to CCCP in Maryland. An electronic form was created to gather demographic information from registrants. The information was then loaded into a Microsoft Access database, which allowed staff to streamline the registration process and organize a large amount of data. The website was also used to facilitate public comment regarding the conference. All 13 PowerPoint presentations were made available on the website and another electronic form was created to allow those who did not attend the conference a chance to voice their comments regarding the presentations.

By the end of 2002, over 7500 hits have been registered on the website. Eventually the website will serve as the online home for the cancer plan as well as the online site for any and all information related to the implementation process.

Cancer Plan Committees

The structure of the cancer planning process called for the formation of 15 working committees to focus on various cancer topics and generate recommendations for cancer control within those topics. The Council was instrumental in the formation of these committees. In April of 2002, a formal request was sent to all Council members from Council Chair, Dr. Lilly, asking for help during the recruitment process. The letter asked Council members to take advantage of each of their professional networks to help recruit educators, health care professionals, researchers, and advocates to serve on the various committees. In response to this request, several Council members themselves agreed to serve as committee members and, in some cases, to provide valuable leadership for select committees by taking on the role of chairperson.

Over the course of approximately six months, the 15 working committees met on a regular basis to review various materials including relevant chapters from previous Maryland Cancer Plans, cancer incidence, mortality, and behavioral data, and information regarding current programs and policies in Maryland relevant to each committee's topic. The committees employed a variety of processes to accomplish their goal, which was to develop a set of key recommendations that would form the basis of the corresponding chapter in the new cancer plan. The committees often utilized topical brainstorming and nominal group process to generate and prioritize ideas and many groups also agreed to complete individual assignments on their own time to be compiled by staff and shared with other committee members.

Two esteemed members of the Council, Katherine Farrell, MD, MPH and Donna Cox, M.Ed., led the Prostate Cancer Committee as co-chairpersons. The Prostate Cancer Committee reviewed a great deal of scientific data and literature and also hosted presentations regarding

current prostate screening cancer guidelines by Dr. Howard Parnes of the National Cancer Institute and Dr. David Atkins of the Agency for Healthcare Research and Quality. Amid debate about the efficacy of prostate cancer screening, this committee has worked tirelessly to reach consensus and present solid recommendations to help reduce the burden of prostate cancer in Maryland.

Council members Diana Ulman and Susan Scherr have also teamed up to work on the new cancer plan. With the help of Brock Yetso, Executive Director of the Ulman Cancer Fund for Young Adults, Ms. Ulman and Ms. Scherr have led the Patient Issues Committee. This committee has had the arduous task of sorting out the myriad of issues that affect the cancer patient and creating recommendations to help alleviate some of the confusion, anxiety, and suffering of cancer patients. Through their insight and leadership, Diana, Brock, and Susan have brought structure to an overwhelming amount of information by strategically dividing their focus into four areas, which include access to information and resources, financial and legal issues, psychosocial issues, and long-term survivorship. Deemed the “most important topic to address” by many participants at the 2002 Council Roundtable, patient issues has become an integral part of the new cancer plan.

In addition to the leadership provided to the Prostate Cancer and Patient Issues Committees, several Council members have been directly involved in other areas of the cancer planning process. Albert Blumberg, MD, Vice-Chair of the Council, brought his experience and passion to the Tobacco Use Prevention Committee. Phil Heard, MD, MPH, as a representative of the Maryland Department of the Environment, helped to organize the Environmental Issues Committee, recruiting highly esteemed committee members and guest speakers to address this extremely important topic. The significance of minority health disparities was emphasized by Carlessia Hussein, RN, Dr.Ph., who was the first to advocate for the creation the Cancer Disparities Committee. And John Groopman, PhD, has lent his expertise to the Cancer Surveillance Committee.

A full listing of all 15 working committee formed during the planning process can be found in Appendix D.

Town Hall Meetings

In an effort to gain public input for the new cancer plan, the Council, in conjunction with the Maryland Department of Health and Mental Hygiene, hosted seven Town Hall Meetings across the state during the summer of 2002. The meetings were held from July 16, 2002 through August 8, 2002 at locations throughout Maryland so as to include citizens of all parts of the state. The sites selected for the Town Hall Meetings represented metropolitan Washington, D.C., Central Maryland, Southern Maryland, Baltimore City, Western Maryland, and the Eastern Shore.

Robert Villanueva, Executive Director of the Council, facilitated each of the meetings while members of the Council served as panelists. Members of the Core Planning Team and 15 working committees also served as panelists at the Town Hall Meetings. The purpose of the meetings was to gather testimony from participants about cancer issues that affect their families and local communities. Participants were asked to address the following questions when giving testimony:

1) What are the most important cancer issues in your community?
2) Within your community, what are the primary barriers to accessing cancer prevention, education, screening, and treatment services?
3) What suggestions do you have for programs, partnerships, or services that could be created in your community to address the issues and barriers?

The participation of members of the State Council on Cancer Control was vital to the success of the Town Hall Meetings. The presence of Council members at each of the meetings allowed the 170 participants to have their voices be heard by individuals who have direct impact on cancer policy and programs. Members of the Council also helped to generate publicity for the meetings by disseminating notices through their individual networks of cancer survivors and advocates.

Testimony was compiled for each meeting and also organized by subject area to correspond with the 15-committee topics. Relevant testimony was then returned to each committee for review and incorporation into their recommendations.

Evaluation Component

An Evaluation Subcommittee was formed from members of the Core Planning Team to monitor the evaluation component of the cancer planning process. The Evaluation Committee was first convened in January 2002 to determine the goals and activities of the subcommittee and identify members needed to provide expertise on the evaluation process. Most of the discussion at this and other early meetings focused on defining the CIPP Model (Content-Input-Process-Product) and the adaptation of the model for use during CCC planning in Maryland.

Use of the CIPP Model facilitates analysis of information and data so that modifications can be considered, alternatives examined, and final decisions made. Evaluation has thus far been accomplished through a continuous and systematic approach of acquiring feedback at the completion of each objective for the purpose of modifying the planning process as needed. Maryland's CCCP structure calls for the objectives in the workplan to be accomplished mainly through meetings of the Core Planning Team as well as the 15 topical committees. A Meeting Evaluation Form was designed for the Core Planning Team, and later adapted into a universal form for use at Committee meetings.

V. 2002 Cancer Council Roundtable: *Comprehensive Cancer Control Planning in Maryland: A Statewide Consensus Conference*

On October 16, 2002, the Cancer Council hosted its fourth Biennial Roundtable, dedicated to the cancer planning process in Maryland. The conference was attended by over 300 people and represented the first public sharing of the

preliminary reports of 13 of the 15 committees developing the new cancer plan.

Each of the conference participants received a packet of materials that included an agenda, speaker biographies, committee member list, an evaluation form, a feedback packet, and printed copies of the slides for each of the 13 PowerPoint presentations. The evaluation form and feedback packet served as two methods for public comment. The evaluation form allowed participants to comment on the conference facilities, while the feedback packet requested specific input on the content of each of the presentations.

J. Richard Lilly, MD, Council Chair, **(pictured at right)** welcomed the conference participants and spoke briefly about the fight against cancer in Maryland. He thanked Council members and staff for their efforts, saying, “With the collective resources of the organizations represented here today, cancer will one day be a distant memory of the past.” Dr. Lilly also invited conference participants to make the new cancer plan even more inclusive by providing input on the presentations using the Feedback Packet provided to them.

Council member John Groopman, PhD, **(pictured at left)** 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 and highlighted the historical context for risk factors and cancer rates.

Kate Shockley, Program Coordinator for the Maryland Comprehensive Cancer Control Plan, gave an overview of the committees, including membership makeup, a timeline of the committee phase, and the process used by the committees to develop their recommendations.

The first committee report of the morning session was delivered by Cathy Copertino, RN, BSN, MS, OCN, on behalf of the Breast Cancer Committee. Ms. Copertino presented key incidence and mortality trends for breast cancer in Maryland and the U.S. She described the efforts that have been underway for some time to control breast cancer through early detection, and explained the need to expand efforts in the areas of prevention, treatment, and survivorship.

Ann Klassen, PhD, **(pictured at right)** Chair of the Cervical Cancer Committee, presented the next report. Dr. Klassen highlighted the idea that cervical cancer is a uniquely controllable cancer due to the ability to diagnose and treat the disease at a pre-cancerous stage. Dr. Klassen went on to describe the chief recommendation of the committee, which is to establish a statewide “follow-back” mechanism to track cases of invasive cervical cancer to determine the reasons for failure in these instances and to modify intervention strategies based on this information.

Diane Dwyer, MD, Chair of the Colorectal Cancer Committee, presented the third committee report. She reviewed basic incidence and mortality trends as well as screening rates for colorectal cancer in Maryland and the U.S. Dr. Dwyer described the ideal process for colorectal cancer prevention, education, screening, and treatment and then reviewed the committee's recommendations. Dr. Dwyer **(pictured at left)** indicated the need to increase the knowledge of the public and providers about colorectal cancer and screening methods and to increase access to various screening strategies as well as diagnosis and treatment for the disease.

Kari Appler, Chair of the Tobacco Use Prevention and Lung Cancer Committee delivered the next presentation. Ms. Appler described the prevalence of smoking in youth and adults and also noted statistics about lung cancer in Maryland. She then presented the recommendations of the committee, which are divided among the major areas of: data needs, statewide initiatives, local initiatives, youth access, cessation, smoke free areas, and lung cancer research.

Harry Goodman, DDS, MPH, presented the report from the Oral Cavity and Oropharyngeal Cancer Committee. Dr. Goodman described the methods used by the committee and then gave an introduction to the incidence and mortality of oral cancer and the model used in Maryland for oral cancer prevention. Dr. Goodman then reviewed the recommendations of the committee, which focus on increasing access to dental services for Marylanders, enhancing oral cancer literacy, and addressing issues of disparity for oral cancer.

Marsha Bienia, MBA, on behalf of the Prostate Cancer Committee, presented the next report. Ms. Bienia first reviewed the incidence and mortality trends for the disease and then described the controversy regarding screening for prostate cancer. She highlighted the importance of informed decision-making and presented the major recommendations of the committee, including increasing public awareness about prostate cancer and the risks and benefits of screening and suggested areas for further research.

Council member Charles Leiss (left) of the American Cancer Society

Kamela Robinson, Chair of the UV Radiation and Skin Cancer Committee, gave the final committee report of the morning session. Ms. Robinson highlighted the fact that skin cancer is the most common and most rapidly increasing form of cancer. She also noted that it is the most preventable type of cancer, and described current skin cancer prevention efforts and resources in Maryland. She then reviewed the main recommendations of the committee, which include increased focus on youth and providers for skin cancer prevention and the initiation of policy changes such as tanning salon regulation.

The lunch session began with a comprehensive report given by Elizabeth Platz, ScD, MPH, Chair of the Diet and Physical Activity Committee. Dr. Platz reviewed the prevalence of inactivity, overweight/obesity, and a diet high in energy and low in fruits and vegetables, which are risk factors for some types of cancer. She described a framework showing the

many sources of influence on diet and activity. Dr. Platz noted the committee's strong focus on risk factors in youth, and outlined the committee's proposed solutions to the problems of inactivity, overweight/obesity, and poor diet within a framework of families, communities, schools, workplace, government, health institutions, and food purveyors.

Dr. Georges Benjamin

The keynote speaker for the lunch session was Governor Parris Glendening, introduced by Dr. Lilly as "a true public health warrior". Governor Glendening spoke about the many challenges we face in public health and safety. He talked of his commitment to secure the Cigarette Restitution Funds for health related programs and thanked the audience for their dedication to putting an end to tobacco use in Maryland. Dr. Lilly, Council Chair, and Dr. Georges Benjamin, former Secretary of Health, individually recognized the Governor's work to conquer cancer in Maryland, and introduced several distinguished gentlemen present to acknowledge the Governor's commitment to tobacco and cancer control over the course of his two terms in office.

After the lunch session, two reports were given which represent key issues in the new cancer plan. One of these issues, cancer disparities, has not been specifically addressed in past Maryland Cancer Plans. The other key issue, environmental factors and cancer, represents a major expansion of this topic within the cancer plan.

Claudia Baquet, MD, MPH, presented the work of the Cancer Disparities Committee. Dr. Baquet explained the context for a chapter on cancer disparities and described the working definition of disparities to be used by the committee. She then reviewed the draft chapter outline, as well as the proposed categories of disparity to be examined.

Katherine Squibb, MD, Chair of the Environmental Issues Committee, gave the second report after lunch. Dr. Squibb reviewed the types of environmental factors that the committee chose to focus on, including chemicals, radiation, and infections, and then presented the major recommendations of the committee, which are designed to reduce exposure to environmental carcinogens through educational efforts and changes in the regulatory process.

The final session of the day was a panel presentation on cancer care, which included reports from the Patient Issues, Pain Management, and End of Life Issues Committees. Council member Diana Ulman, along with Brock Yetso of the Ulman Cancer Fund for Young Adults, used a novel approach to present the myriad of issues facing the cancer patient. Ms. Ulman and Mr. Yetso offered a scenario in which a patient is newly diagnosed with cancer and must find medical, financial, and psychosocial support. The pair then presented the committee's recommendations to help alleviate some of the anxiety and suffering of cancer patients in Maryland.

Suzanne Nesbit, PharmD, BCPS, **(pictured at right)** Chair of the Pain Management Committee, presented the next report. She focused on the need for increased provider education and reimbursement for pain assessment and management and improved access to appropriate pain services through changes in the regulatory system.

Finally, the recommendations of the End of Life Issues Committee were presented by Linda Freda, RN, MSN, CHPN. Ms. Freda gave an inspiring presentation that highlighted the importance of increasing awareness of and access to quality end of life care for all cancer patients in Maryland.

Consensus Conference Evaluation and Feedback

Conference participants were asked to complete a survey that allowed them to comment on the facilities and conference organization. Half of the approximately 310 participants completed the survey. Most comments were very favorable, with conference organization, content, clarity of presentations, and folder materials receiving very high marks. The accessibility of the conference, hotel location, and luncheon received somewhat lower ratings. In addition to rating certain characteristics of the conference, participants could also provide general comments on the survey form. Again, most comments were favorable, with many comments indicating praise for the organization of the day, a well-designed agenda, impressive behind the scenes planning, and great facilitation and collaboration.

Overall, the presentations were extremely well received, and noted as being good lengths and having consistent and easy to understand formats. Many suggestions were made about how to increase promotion and participation for future conferences, how to make the lunch session better, and how to stay within allotted time limits. Conference participants were also asked to complete a Feedback Packet during the course of the day. The Feedback Packet allowed participants to comment directly on the content of each presentation. In addition to commenting on each presentation, participants were asked to list their top three priorities for cancer control. The items that were mentioned most often included: access to health care for all, education of the public, increased screening, including additional funding for screening programs, addressing cultural sensitivity and cancer disparities, diet and physical activity, and insurance and financial issues.

VI: Appendices

Appendix A:

State Council on Cancer Control
Screening Mammography Position Statement

Maryland State Council on Cancer Control Supports Screening Mammography

Recent publicity may harm public confidence in routine mammography
June 2003

The impact of screening mammography on breast cancer mortality has recently come under scrutiny. An article written by Olsen and Gotzsche that was published in *The Lancet*, a British medical journal, on October 27, 2001 reviewed seven previously published mammography clinical trials. In their review, Olsen and Gotzsche identified some flaws with the methods used to conduct some of the previous mammography trials (e.g. the selection of women to participate in the various parts of the studies) and the methods used to analyze the data in some of the trials (e.g. using breast cancer mortality as an endpoint instead of overall mortality). Olsen and Gotzsche concluded that only two of the seven trials reviewed had sufficient quality data, and these two trials found no effect of mammography screening on breast cancer mortality.

Numerous print and broadcast media covered the article written by Olsen and Gotzsche and reawakened the debate about the value of screening mammography. The Maryland State Council on Cancer Control thought it was important to review the issues raised by the article by Olsen and Gotzsche in order to come up with a position statement about screening mammography for Marylanders. The Maryland State Council on Cancer Control heard testimony about the articles by Olsen and Gotzsche by an expert in breast cancer epidemiology from Johns Hopkins Institutions and a breast cancer imaging specialist from the University of Maryland at its Spring, 2002 meeting.

The testimony revealed that there have been numerous reviews and published articles about the results of the various breast cancer clinical trials. Most of the previous reviews and published articles have come to the conclusion that mammography lowers breast cancer mortality. Some of the reviews, such as the articles by Olsen and Gotzsche, have come to a different conclusion.

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.

The Maryland State Council on Cancer Control supports the guidelines and recommendations on mammography screening of the U.S. Preventive Services Task Force and the National Cancer Institute.

On February 21, 2002, the USPSTF updated its recommendations on mammography, as follows:

> "The USPSTF recommends screening mammography every 1-2 years for women aged 40 and older. The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50-69, the age group generally included in screening trials. For women aged 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller than it is for older women…… The precise age at which the benefits from screening mammography justify the potential harms is a subjective judgment and should take into account patient preferences. Clinicians should inform women about the potential benefits (reduced chance of dying from breast cancer), potential harms (e.g. false positive results, unnecessary biopsies), and limitations of the test that apply to women their age……" (*The most recent guidelines of the USPSTF on mammography screening may be found on the Internet at http://www.ahrq.gov/clinical/3rduspstf/breastcancer/.)*

On February 28, 2002, the National Cancer Institute reaffirmed its support for mammography, as follows:

> *"The National Cancer Institute recommends that :*
> - *Women in their 40s should be screened every one to two years with mammography ;*
> - *Women aged 50 and older should be screened every one to two years;*
> - *Women who are at higher than average risk of breast cancer should seek medical advice about whether they should begin screening before age 40 and the frequency of screening."*[1]

Current breast imaging techniques like mammography have inherent limitations, but the techniques currently available offer the best method for early detection of breast cancer. Until better breast imaging methods are developed, scientifically proven to be effective, and successfully brought into the healthcare arena, mammography is the best screening modality currently available to women.

The Maryland State Cancer Council will continue to monitor the recommendations and guidelines set forth by the National Cancer Institute and the USPSTF on mammography screening and will encourage research into new breast cancer screening and imaging techniques.

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[1] (Information on the National Cancer Institute's position on mammography may be found on the Internet at http://www.newscenter.cancer.gov/pressreleases/mammstatement31jan02.html. Additional information on the National Cancer Institute's activities with respect to this issue may be found at http://www3.cancer.gov/legis/testimony/eschenbach02.html .)

Appendix B:

State Council on Cancer Control
Executive Order

Appendix C:

2002 State Council on Cancer Control Legislative Positions Chart

2002 State Council on Cancer Control
Legislative Positions Chart

LEGEND	
S=Support	HB=House Bill
O=Oppose	**SB=Senate Bill**
NP=No Position	SJR=Senate Joint Resolution
UNF=Unfavorable	HJR=House Joint Resolution
Amend=Amendment	

Bill #	Name	Sponsor (s)	Council Position	House Action	Senate Action	Enacted
HJ 1	Ovarian Cancer Awareness Month	Delegate Conroy	NP	Passed 130-0	Passed 46-0	YES
HB 29	Occupational Safety and Health Standards - Emergency Regulations - Smoking in Bars	Delegate Frush	S	Unfavorable ENV		NO
HB 30	Tobacco Tax - Contraband Products - Disposition of Seized Property	Delegates Frush and Bronrott	S	None		NO
HB 132	Tobacco Products - Restrictions on Display or Storage	Delegates Petzold and Frush	S	Unfavorable ENV		NO
HB 277	Health Care - Programs and Facilities - Pain Management	Delegates Shriver and Donoghue	NP	None		NO
HB 344	Kent County - Alcoholic Beverages Inspector - Tobacco Enforcement	Delegates Walkup, W. Baker, and Crouse	S	Unfavorable ECM		NO
HB 423	Health Care - Programs and Facilities - Pain Management	Delegates Pitkin, Shriver, Donoghue, et al.	NP	Passed 130-0	Passed 46-0	YES

HB 499	Contraband Tobacco Products and Conveyances - Distribution of Sale Proceeds	Delegates W. Baker, Cadden, Baldwin, et al.	O	None		NO
HB 573	Maryland Breast Cancer Research Fund - Income Tax Checkoff	Delegate Barkley	NP	Unfavorable ECM		NO
HB 740	Cigarette Restitution Fund - Appropriations From Fund	Delegate Wood	O	Passed 137-2	None	NO
HB 797	Pilot Program for Tobacco Cessation Services for Individuals with Mental Disorders	Delegates Rosenberg and Taylor	O	Unfavorable ENV		NO
HB 841	Tobacco Settlement Moneys - Attorneys Fees	Delegate Taylor	O	None	None	NO
HB 988	Tobacco Tax - Rate	Delegates Frush, R. Baker, Billings, et al.	S	None	None	YES; Included in as a primary funding source in **SB 856** (Thornton)
HB 1020	Crimes - Sale, Offer for Sale, Manufacture, and Distribution of "Bidi" Cigarettes	Delegates Barve, Billings, Bobo, et al.	S	None		NO
HB 1141	State Advisory Council on Quality Care at the End of Life	Delegates Frush, Pitkin, and Stern	NP	Passed 135-3	Passed 47-0	YES
HB 1269	Department of Health and Mental Hygiene - Comprehensive Tobacco Control Program - Sale of Tobacco Products to Minors	Chairman, Environmental Matters Committee and Delegates Frush and Rosenberg	S	Withdrawn		NO

SENATE BILLS						
Bill #	**Name**	**Sponsor (s)**	**Council Position**	**House Action**	**Senate Action**	**Enacted**
SB 138	Kent County - Alcoholic Beverages Inspector - Tobacco Enforcement	Senator Baker	S	None	Passed 43-0	NO

SB 269	Health Care - Programs and Facilities - Pain Management	Senators Hollinger, Blount, Bromwell, et al.	NP	Passed 136-0	Passed 47-0	YES
SB 276	Sales and Use Tax - Film Production Activity- Smoking	Senators Hooper, Colburn, Ferguson, et al.	S		Unfavorable Budget	NO
SB 343	Tobacco Tax – Rate	Senators Van Hollen, Hoffman, et al.	S		Unfavorable	YES; Included in as a primary funding source in **SB 856** (Thornton)
SB 547	Department of Health and Mental Hygiene - Comprehensive Tobacco Control Program - Sale of Tobacco Products to Minors	Chairman, Judicial Proceedings Committee	S		None	NO
SB 582	Cigarette Business Licensing Law - Cigarette Nonresident Dealers	Senator Degrange	NP	Passed 46-0	Passed 136-0	YES
SB 680	Education - Vending Machines in Schools - Policy	Senators Pinsky, Frosh, Kelley, and Sfikas	S		None	NO
SB 723	Tobacco Settlement Moneys - Attorneys Fees	Senator Miller	O		Unfavorable Budget	NO
SB 736	Cigarette Restitution Fund - Appropriations From Fund	Senators Middleton and Dyson	O		None	NO

Appendix D:

Comprehensive Cancer Plan Committees

Committees Formed to Develop the 2004-2008 Maryland Cancer Plan

Selected Topics in Cancer Control
Cancer Surveillance
Cancer Disparities
Patient Issues

Primary Prevention of Cancer
Tobacco Use Prevention and Lung Cancer
Diet and Physical Activity
Ultraviolet Radiation and Skin Cancer
Environmental Issues and Cancer

Site Specific Prevention & Early Detection of Cancer
Breast Cancer
Cervical Cancer
Colorectal Cancer
Oral Cancer
Prostate Cancer

Tertiary Cancer Control
Pain Management
End-of-Life Care