



Delaware Cancer Consortium  
Tobacco & Other Risk Factors Committee  
and  
Communication & Public Education  
Approved- Minutes  
January 19, 2016  
Duncan Center  
Dover, DE

**Attendees**

**Members**

Did Not Attend	Barbara Barski-Carrow, Barski-Carrow Associates
Attended	Deborah Brown, American Lung Association of Delaware
Did Not Attend	Cynthia Canevari, American Cancer Society
Did Not Attend	Marianne Carter, Delaware State University
Attended	Jeanne Chiquoine, American Cancer Society
Attended (Phone)	Terry Clifton, Nanicoke Hospital
Did Not Attend	Pat Eddleman
Attended	Bethany Hall-Long Ph.D., RNC, University of Delaware/DE Senate
Did Not Attend	Suchitra Hiraesave, Boys & Girls Club of Delaware
Attended	Dr. Patricia Hoge, American Cancer Society
Did Not Attend	Sandra Marquez, St. Francis Hospital
Did not Attend	Nicole Pickles, Cancer Support Community Delaware
Attended	Dr. Karyl Rattay, Delaware Division of Public Health
Attended (Phone)	Cathy Scott-Holloway, Delaware Breast Cancer Coalition
Did Not Attend	Eileen Sparling, University of Delaware
Attended	Janet Teixeira, Cancer Care Connection,
Did Not Attend	Linda C. Wolfe, DE Department of Education

**Staff**

Attended	Heather Brown, Delaware Division of Public Health
Attended	Fred Gatto, Delaware Division of Public Health
Did Not Attend	Rich Killingsworth, Delaware Division of Public Health
Did Not Attend	Lisa Moore, Delaware Division of Public Health
Attended	Melissa Pryor, Delaware Division of Public Health

**Public Attendees/Other**

Attended	Sandra Odom, Delaware State Student
Attended	Carrie Dahlquist, American Cancer Society

**Review of Previous Meeting Minutes**

Co-Chair Senator Bethany Hall-Long called the meeting to order at 10:00 am. Minutes from the November 16, 2015 meeting were approved.

**Old & New Business**

**Merger of T&ORF and CP&E**

The committees discussed the merging of the Tobacco and other Risk Factors committee and Communication and Public Education committee and a name change. There were three options presented:

- Option #1 Policy, Education, and Prevention on Tobacco, Obesity, and Other Risk Factors.
- Option #2 Policy and Education on Tobacco, Obesity, and Other Risk Factors.
- Option #3 Policy and Education on Tobacco, Obesity, and Other Life Style related Risk Factors.

Mr. Fred Gatto said he would try to come up with an acronym for the committee

Mr. Gatto will send out the options to the committee prior to the next meeting in April and the committee will vote on the new name during that meeting.

## Policy Update

The committee discussed several potential tobacco prevention policies:

- Ms. Deb Brown said funding for prevention and cessation will be a priority focus this year for several of the health non-profit organizations.
- Ms. Brown stated that the advocates will continue to push to introduce legislation to increase the excise tax on cigarettes and other tobacco products. As part of that effort they will work to have the other tobacco products tax be equitable to the cigarette excise tax.
- Ms. Brown also stated that she was informed there may be efforts to increase the legal age of sale of tobacco products from 18 to 21.
- Several members mentioned that there have been efforts in other states to introduce legislation or amend current state laws to add "harm reduction" language which would require state tobacco prevention programs to include "peer reviewed and science based educational materials" on the harm reduction and comparative risks of alternate nicotine products such as electronic cigarettes and smokeless tobacco as opposed to combustible tobacco products (i.e. conventional cigarettes, cigars, pipes). These efforts appear to be led by the tobacco industry and/or their associated allies. The committee feels this could cause problems by providing potentially misleading information.
- There was discussion on policies to reduce exposure to secondhand smoke (SHS) in cars and homes-particularly SHS exposure to children and youth. The committee discussed the pros and cons of introducing legislation to not allow smoking in vehicles when children are present. For a variety of reasons which included the ability to enforce such laws and resources needed, it was determined that it would not be prudent at this time to seek introduction of legislation. It was decided that efforts to educate and inform the public of the harm of SHS needs to be stepped up, especially social marketing to encourage personal policies to not allow smoking in their vehicles and homes.

The Centers for Disease Control and Prevention's (CDC) new "Vital Signs" study shows an increase in e-cigarettes being marketed to youth.

- More than 18 million (7 in 10) US middle and high school youth were exposed to e-cigarette ads in 2014.
- More than 1 in 2 middle and high school youth were exposed to e-cigarette ads in retail stores.
- Nearly 2 in 5 middle and high school youth saw e-cigarette ads online.

The Campaign for Tobacco-Free Kids ranked Delaware 7<sup>th</sup> in the country for efforts that protect kids from tobacco use and exposure.

The US Department of Housing and Urban Development (HUD) proposed a rule that would protect the two million Americans living in public housing from secondhand smoke. Comments on the HUD proposal were due January 19 and the rule should be finalized and implemented over the next 18 months.

The American Lung Association's *State of Tobacco Control* report will be coming out February 2<sup>nd</sup>, Delaware's grade has diminished due to lack of funding and inadequate policies.

The U.S. Food and Drug Administration (FDA) now is proposing a rule to protect youth from the risks of indoor tanning devices by restricting use only to adults age 18 and older. This proposed rule also would require indoor tanning facilities to inform adult users about the health risks of indoor tanning and to obtain a signed risk acknowledgement from these users. This is similar to laws already enacted in Delaware.

The U.S. House of Representatives took necessary action to protect America's kids from nicotine poisoning by approving legislation requiring that liquid nicotine be sold in child-resistant packaging, consistent with Consumer Product Safety Commission standards. The Senate previously approved the legislation (the Child Nicotine Poisoning Prevention Act).

Senator Bethany Hall Long suggested the committee invite Meg Maley, Chair of the ad hoc Environment committee and Bill Leitzinger, from the Division of Public Health Healthy Homes Program to the April meeting to talk about Occupational Health, Home exposure, and what the committee might be able to do from a policy perspective around these topics.

## Summit Update

There will not be an annual Delaware Cancer Consortium (DCC) retreat this year, however there will be an educational summit put on with multiple partners (Delaware Coalition on Healthy Eating and Active Living, American Cancer Society, Delaware State University, and Nemours). In addition, an Obesity Summit will take place on June 1, 2016 at Delaware State University. There are several speakers lined up to present on different topics, which will include obesity and the relationship with cancer. Funds leftover from the account held at the Delaware Community Foundation that was set up for the Communication and Public Education committee's annual education summit will be used to help cover costs.

### **News and Comments from Committee Members**

Mr. Fred Gatto mentioned previous committee discussion about sending selected articles from the November edition of the *Delaware Journal of Public Health* to all legislators. Mr. Gatto mentioned the first article would be "Delaware's Comprehensive Tobacco Control Program" which was written by Dr. Karyl Rattay, the director of the Division of Public Health, and members of her leadership team. It describes the mix of politics, epidemiology, ethics, economics, and law that are factors in public health programming. The cover letter from which would be from the DCC as a whole would also encourage the legislators to support additional funding for tobacco prevention. The text of the letter would depend on if the Governor's recommended budget (GRB) would include the recommendations of the Delaware Health Fund Advisory Committee (DHFAC) to increase tobacco prevention funding by \$1.9 million in FY 17.

Mr. Gatto informed the committee of the IMPACT Tobacco Prevention Coalition's update of the State Tobacco Plan. The goals and objectives have been tweaked. Changes include adding e-cigarettes and other tobacco products that may emerge in the coming months and years. Dr. Hoge asked for an update on the Tobacco Plan for the DCC Advisory Council meeting as she plans to share the plan at that meeting.

Mr. Gatto informed the committee that the CDC is cutting next year's tobacco prevention cooperative agreement funding by 3-4%, he feels that this is not a good sign and could lead to future cuts in upcoming years.

### **Adjourn**

The committee meeting adjourned at 10:55 A.M.

## **Documentation**

Along with the meeting agenda and minutes from the previous committee meeting, the following documents were provided at this meeting and are available upon request from Fred Gatto at 302-744-1010 or email [Fred.Gatto@state.de.us](mailto:Fred.Gatto@state.de.us).

## **Future Meeting(s)**

The next meetings for the Tobacco & Other Risk Factors/ Communication and Public Education Committee are:  
**Tuesday, April 19, 2016; Tuesday, July 19, 2016 and Tuesday, October 18, 2016** from 10:00am to 11:30am at  
The Outlook at the Duncan Center  
500 West Loockerman Street  
Dover, DE 19901  
5th Floor meeting rooms

Directions can be found at the following link:

<http://www.theduncancercenter.com/index.cfm?fuseaction=content.mapLocation&mapLocationID=40389>



Delaware Cancer Consortium  
Early Detection & Prevention Committee Meeting Minutes

January 19, 2016 - APPROVED  
10:00 - 11:30 am  
Duncan Center  
Dover, DE

**Attendees**

**Attendees**

Attended per phone	Dr. Stephen Grubbs, MD, Medical Oncology Hematology Consultants, PA
Did Not Attend	Mark Baumel, Colon Health Center of America
Attended	Heather Bittner-Fagan, MD, Christiana Care Health System
Attended	Victoria Cooke, Delaware Breast Cancer Coalition
Did Not Attend	Jo Ellen Workman, Bayhealth Medical Center
Attended per phone	Nora Katurakes, Christiana Care Health System
Attended	Fredeline Menard, Nanticoke
Attended	Carolee Polek, DE Diamond Chapter of the Oncology Nursing Society
Attended	Albert Rizzo, American Lung Association
Attended per phone	Robert Sikes, Ph.D., Univ. of DE, Center of Translational Cancer Research
Did Not Attend	Dr. Estelle Whitney, OB/GYN Faculty Practice, Christiana Care Health System
Attended	Theresa Young, American Cancer Society
Did Not Attend	Kathleen Connors Juras, American Cancer Society
Attended per phone	Judith Ramirez, Beebe Hospital - Tunnell Cancer Center

**Staff**

Attended	Sue Mitchell, DE Division of Public Health,
Attended	Lisa Henry, DE Division of Public Health
Attended	Katie Hughes, DE Division of Public Health
Attended	Ciera Lints, DE Division of Public Health

**I. Call to Order: Review/Approve Minutes**

The Early Detection & Prevention Committee meeting was called to order by Dr. Heather Bittner-Fagan, sitting in as chair for Dr. Stephen Grubbs, at 10:05 a.m. The committee went around the table and introduced themselves. The minutes from the November 16, 2015 committee meeting were approved with no changes.

**II. Review Mammogram Screening Recommendations**

The committee agreed during the November 16<sup>th</sup>, 2015 committee meeting not to follow the United States Preventative Task Force (USPTF) guidelines for Mammography Screenings. Instead they will continue to adhere to the current guidelines that are in place for the Screening for Life Program (SFL). Ms. Sue Mitchell informed the committee that the CDC stated that there would not be any changes to the CDC recommendations at this time.

The Federally Qualified Health Center's (FQHC) in mid-December were considering changing their guidelines so to have active discussions with their clients about having mammography screenings every 2 years. After discussions with the SFL Program, the FQHC's decided to stay with current SFL guidelines.

Ms. Theresa Young informed the committee that the Affordable Healthcare Act (ACA) tied insurance policies to USPTF recommended guidelines, but that it includes a two-year moratorium. With that being said, there will not be insurance adjustments for the next two years.

Dr. Grubbs suggested no changes be made to SFL guidelines until more permanent guidelines are recommended. The committee agreed.

Ms. Victoria Cooke asked if information will go out to the public stating the Delaware Cancer Consortium will not make any changes and will continue to follow current guidelines. Mrs. Lisa Henry responded that this



information will be included in the SFL quarterly newsletter and added to the [www.healthylouisiana.org](http://www.healthylouisiana.org) website.

### III. Behavioral Risk Factor Surveillance System Data

Mrs. Katie Hughes went over the Behavioral Risk Factor Surveillance System (BRFSS) data with the committee. The committee was given copies of the BRFSS data on colorectal cancer screenings as requested by Dr. Grubbs. Mrs. Hughes explained that within the data there was a disparity between white and black respondents, but that when Mrs. Stephanie Belinske, DPH Chronic Disease Epidemiologist, did the report she did a more in depth analysis and looked at other variables such as income, personal doctor, and age.

Dr. Grubbs asked if Delaware is among the top five states still for colorectal screening rates, and if Delaware was still among the top three for African American's? Mrs. Hughes will look into that information to confirm. Dr. Grubbs asked what are we doing differently now then we were before when our screening numbers were higher?

Mrs. Henry informed the committee that since ACA, there have been changes to SFL enrollments with the program being made up of only one-third of the clients it used to have pre-ACA. Clients have moved into Medicaid or towards getting insurance through the marketplace. Also, the SFL program is working with the FQHC's specifically on CRC screening (with the exception of Westside who is working with the American Cancer Society on grant opportunity). The SFL program did an assessment with La Red and Henrietta Johnson Medical Center to figure out what they are currently doing to reach their patients for colorectal cancer screenings. Mrs. Henry stated there are a lot of opportunities to work with La Red and Henrietta Johnson Medical Center in terms of patient and provider education.

Additionally Mrs. Henry and Mrs. Hughes have been in discussions with the Medicaid Managed Care Organizations regarding their current colorectal cancer screening education for their clients. Mrs. Henry stated that there is currently not a process in place for educating clients for colorectal cancer screenings. Since a lot of SFL clients have gone into Medicaid programs, that could be a variable in why screening numbers have changed. SFL will continue to work with the Medicaid Managed Care Organizations to get their members educated and screened. Dr. Grubbs asked if there was a report of colorectal screening numbers from Medicaid and Mrs. Henry explained she is still waiting on that information from Medicaid.

Mrs. Henry mentioned the Medicaid Managed Care Organizations send Health Risk Assessments to new Medicaid members and even though the assessment asks if the member has had a colorectal screening the Medicaid Managed Care Organizations are satisfied with only receiving 50% of the assessments back. With that being said, there is a lot of opportunities to work with the Medicaid Managed Care Organizations and the FQHC's to improve colorectal screening numbers.

The committee agreed per the BRFSS data and changes within ACA the focus needs to be on Medicaid Managed Care Organizations and FQHC's and what can be done to improve colorectal screening numbers.

### IV. DNA Fecal Testing & Cologuard

Ms. Mitchell provided more information on Cologuard as requested at the November 16, 2015 meeting. Ms. Mitchell stated Cologuard is for average risk patients who do not want to have a colonoscopy. The Centers for Medicare and Medicaid Services (CMS) agreed to pay for Cologuard and recommend it every three years for the average risk patient. Ms. Mitchell found a study of 10,000 patients who were already scheduled for a colonoscopy that said the Cologuard detected 92.3% of colorectal cancer vs. 73.8% for the fecal immunochemical test (FIT). The SFL program pays for FIT and recommends the FIT to average risk patients age 50 and above. Ms. Mitchell presented a cost comparison and FIT is under \$50 and Cologuard ranges from \$400-\$600 a test.

Dr. Grubbs inquired on the USPTF recommendations on Cologuard and Ms. Mitchell responded the USPTF is looking at Cologuard but they have not changed their recommendations at this time. The American Cancer Society included Cologuard as an option every three years but it is not listed as a recommendation.

The committee agreed to not change current colorectal recommendations for SFL at this time.

## V. Skin Cancer Screening

Mrs. Hughes wanted to have a preliminary discussion on adding skin cancer screening to the list of recommended screenings for SFL clients. Mrs. Hughes have background information on skin cancer stating Delaware was ranked the 2<sup>nd</sup> highest in the United States for incidence of melanoma of the skin from 2007-2011, which is up from being ranked 4<sup>th</sup> in the United States in 2006-2010.

Incidence rates at 27.1% higher in Delaware than the United States and mortality rates are 11.1% higher in Delaware than the United States. Currently, the USPTF concludes the evidence is insufficient to assess the balance of benefits and harms of using the body schematic examination. With the data presented, Mrs. Hughes wanted to get the committee's opinion on whether or not adding skin cancer screening to SFL recommended screenings should be explored further.

The committee agreed that there is an issue with Delaware rates being so high but questioned whether or not a body schematic exam will change incidence and mortality rates. Dr. Grubbs asked if more needed to be completed for prevention? Ms. Hughes responded that the program has launched prevention campaigns for skin cancer for the last three years and the campaign runs from the Friday before Memorial Day through September. Mrs. Henry also mentioned that the minors 18 and under were no longer allowed to tan at tanning beds and tanning facilities were now required to post and give information to customers on harms of tanning. The committee agreed to continue thinking about the skin cancer rates and how to attack the problem. The committee would like to discuss this at the next committee meeting

## VI. Lung Cancer Screening Update

Ms. Katurakes gave the committee an update on Christiana's lung cancer screening numbers from March to December 2015. Christiana had 186 referrals, they lost contact with 5, completed contact with 151 where 64 were found ineligible/not appropriate for the program and 5 were handed off to hospital programs. The remaining of the 151 that were eligible, 89 were eligible for a screening. For payer source, 5 were SFL, 12 were Medicaid, 30 were Medicare, 36 were Private, 6 were uninsured and 38 were completely screened. The Christiana Care Program had about 300 individuals, 22 went to MDC for follow up and Christiana is currently working on a process to determine how many cancers were found. Payer sources were as followed, 5 were Medicaid, 9 Medicare, 17 were private. Lung Rad Categories were as followed, 12 Category 2's, 19 Category 3's, 4 Category 4A's and 3 Category 4B's. Ms. Katurakes mentioned the Delaware Registry still does not have CMS approval, but Nanticoke is interested in the registry, Bayhealth is not and Beebe is going to use American College of Radiology (ACR) registry. The I-ELCAP system has not gotten Medicare certification to date.

## VII. Other Updates

Delaware Division of Public Health signed on for the 80% of colorectal screenings by 2018. The Early Detection and Prevention committee members were all in favor of also signing on. Dr. Grubbs will inform the Advisory Committee at the next meeting.

Dr. Grubbs will have to call in to the next committee meeting and Dr. Bittner-Fagan agreed to sit in as chair.

The Early Detection and Prevention committee meeting was adjourned at 11:25 AM.

## VIII. Future 2016 Early Detection & Prevention Committee Meetings

Delaware Cancer Consortium Early Detection and Prevention 2016 Future Meetings

April 19, 2016

July 19, 2016  
October 18, 2016