New Hampshire Comprehensive Cancer Collaboration

13th Annual Meeting

Welcome!

Robert Gerlach
Chair, Board of Directors

New Hampshire Comprehensive Cancer Collaboration
Together-Eliminating Cancer

Who We Are

- The New Hampshire Comprehensive Cancer Collaboration (NH CCC) is a **partnership** of individuals and organizations working together to eliminate cancer, the leading cause of death in our state.

- The **vision** of the NH CCC is for cancer incidence, morbidity, and mortality to be significantly reduced or completely eliminated and for the people of NH to enjoy a healthy quality of life.

Cancer Control & Prevention: Integrating Clinical and Public Health Efforts

- Platform Sessions
- Breakout Sessions (Repeated)
- Exhibits
- Networking
- Reward Fully Engaged (closing raffle)
- Provide Us With Feedback

Faculty Disclosure Statement

In accordance with the disclosure policy of Southern New Hampshire AHEC as well as standards set forth by the NHNACCE and the New Hampshire Medical Society Council on Education, continuing medical education speakers and planners have been asked to disclose any financial relationship they have to companies producing pharmaceuticals, medical equipment, prostheses, etc. that might be germane to the content of their lectures, or companies who are supporting this program. Such disclosure is not intended to suggest or condone bias in any presentation, but is elicited to provide registrants with information that might be of potential importance to their evaluation of a given talk.

Disclosure of discussion of off label uses for any products is also to be made.

The speakers and planners for **NH Comprehensive Cancer Collaboration 13th Annual Meeting. Cancer Control and Prevention: Integrating Clinical and Public Health Efforts** on April 4, 2018 in Concord, NH, have reported no significant financial relationship* with any company(s) whose product may be germane to the content of their presentations, or which are supporting this program, and no discussion of off label uses.

Robert Gerlach, MPA, James N. Weinstein, DO, MS, Rudi Fedrizzi, MD, Whitney Hammond, MSW, Steve Norton, MPP, Anna Thomas, MPH, Jennifer Goulet, Christine Grouleau, LPN, Sheryl Russell, MA, Adrianna Crooker Catlin, LICSW, Nancy Kane, RN, MS, Claudia Walker, Robert Kelly, MD, MPH, Justin Pentenrieder, MSSc, Jenna Schiffelbein, MPH, CHES, Cynthia Watts, RN, Trinidad Tellez, MD, Gwenda Graham, MSN, PhD, ANP-BC, Meredith Kolodze, LICSW, OSW-C, Tanya Lord, PhD, MPH

*"A significant financial interest or relationship" refers to an equity position, receipt of royalties, consultant ship, funding by a research grant, receiving honoraria for educational services elsewhere, or to any other relationship to a company that provides sufficient reason for disclosure, in keeping with the spirit of the stated.

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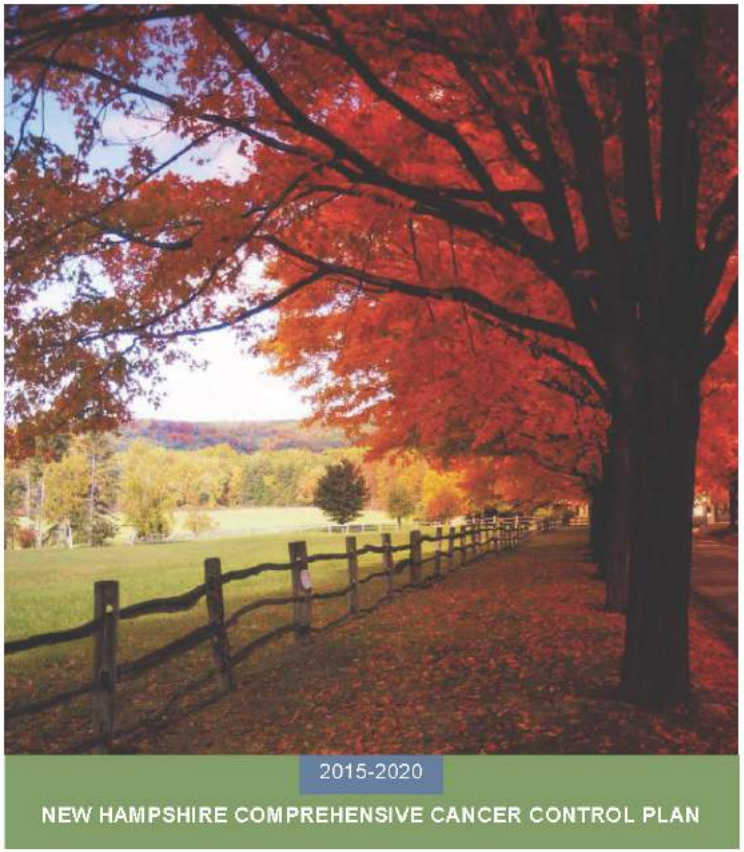
Logistics

- Meeting rooms
- Conference Center facilities
- Silence phones
- Ask questions
- Use microphones
- Look for Badges
- New Member registration at NH CCC display table

Thank You!

- Sponsors
- Program Planning Committee
- Platform Speakers
- Breakout Session Presenters
- Foundation for Healthy Communities Staff
- Our Members

NH Cancer Plan Goals 2015-2020



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NH Division of Public Health Services
Improving health, preventing disease, reducing costs for all
Department of Health and Human Services

- Foster communities and systems that support and reinforce healthy lifestyles
- Prevent and deter cancer at its earliest stage
- Optimize quality of life for those affected by cancer

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Task Force Updates

- Quality of Life:
  - Mapping Palliative Care in NH Survey
- Equity:
  - Serving Up Health: Disparities in Cigarette Smoking in NH
- Lung Cancer Screening
  - 5th in nation in access to American College of Radiology-accredited screening centers

2017-2018 Implementation Projects

- Increase HPV vaccination rates in New Hampshire
  - NH HPV Stakeholders Working Group / Nashua Division of Public Health and Community Services (dental providers, OB/GYNs)
- Reduce missed opportunities at adolescent appointments
  - Exeter Core Physicians
  - Littleton Regional Health Care

Data Users Group

- Gaining a better understanding of how cancer and cancer related data are being used by different groups
- Coordinating efforts around cancer data collection and analysis
- Thinking and communicating about innovative ways to use data to better understand cancer and related risk and protective factors
- Serving as an advisory group for data related projects
- Ensuring that cancer and cancer related data are being used to increase awareness and understanding

Emerging Issues Briefs

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EMERGING ISSUES BRIEF

Cognitive biases and decision making: The importance of understanding how patients process information

Sivan Rotenberg, PhD
Assistant Professor, Department of Psychiatry
Dartmouth-Hitchcock Medical Center

While cancer remains the second most common cause of death in the US, reductions in smoking and improvements in early detection and treatment have resulted in a 25% drop in cancer death rates from 1991 to 2014.[1] Despite these advancements, cancer remains one of the most feared medical diagnoses.[2,3] At the time of initial diagnosis, patients often describe feeling shocked and overwhelmed.[3] While processing this emotional experience, patients are also asked to digest complicated and stress inducing information about their future. Because good patient-provider communication is associated with improved

A bat and a ball cost $1.10 together. The bat costs a dollar more than the ball. How much does the ball cost?

When this problem was given to a sample of undergraduate students, over 80% incorrectly said that the ball cost $.10 (1.10 + .10 = 1.20).[3] The correct answer is $.05 (1.05 +.05 = 1.10). Why did so many undergraduates answer incorrectly? The reason is that most used System 1. They automatically substituted the "*more than*" statement (the bat costs $1.00 *more than* the ball) with the absolute statement (the bat costs $1.00). This substitution makes the math easy to understand without using the more in depth processing of System 2.

The decision making networks of the human brain have evolved to use System 1 for most of our daily decisions. System 2 is reserved for situations that require deeper levels of processing (e.g., doing taxes). Normally, the division of responsibility between the systems is efficient and optimizes cognitive performance. However, under conditions of uncertainty and high stress—e.g., being diagnosed with cancer—System 1 tends to dominate and results in systematic errors in judgment, or *cognitive biases*.[4] For example, in the bat and the ball problem, the use of System 1 led to a cognitive bias known as the *substitution bias*. Peters et al. (2008) have suggested that the distress of a cancer diagnosis and the need for quick decisions causes patients to use System 1 over System 2.[5] To illustrate the potential that cognitive biases have to influence patients' reasoning and shared decision making, consider the following two hypothetical situations that describe the *availability* and *anchoring* biases, respectively.

Availability Bias

A 56 year-old male diagnosed with colorectal cancer refuses

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EMERGING ISSUES BRIEF

The HPV Vaccine

Ardis Olson, MD
Professor of Pediatrics and Community & Family Medicine, Geisel School of Medicine at Dartmouth; Investigator, Cancer Control Research Program, Norris Cotton Cancer Center

Jenna Schiffelbein, MPH, CHES
Director of Community Prevention and Education, Norris Cotton Cancer Center

Human papillomavirus (HPV) is the most common sexually transmitted infection in the U.S.; in fact, about 90% of people will be infected with HPV at some point in their lives[1]. Several high-risk types of HPV are known to be precursors to cervical cancer, as well as anal, penile, vaginal, vulvar, rectal and oropharyngeal (mouth/throat) cancers[2]. An estimated 31,500 new HPV-attributable cancers occur in the United States each year: 19,400 among females (of which 10,600 are cervical cancer) and 12,100 among males (of which 11,600 are oropharyngeal cancers)[2]. Unfortunately, cases of oropharyngeal cancers are on the rise, and as of 2013, the age-adjusted incidence rate for HPV-associated cancers among New Hampshire males surpassed that of New Hampshire females[3].

Recommended vaccine schedule

The U.S. Advisory Committee on Immunization Practices (ACIP) published an updated vaccine schedule in late 2016, reflecting research findings that younger youth develop better immune responses to the HPV vaccine. The vaccine is recommended for all 11–12 year-olds adolescents, and the vaccine series should ideally be completed by age 13. This age range is ideal for several reasons, including:

- 11–12 year-olds are due for other vaccines during this age range. Vaccinating against HPV along with the Tdap and meningococcal vaccine helps normalize the vaccine.
- 11–12 year-olds have a higher immune response to the HPV vaccine than older adolescents[3].
- 11–12 year-olds are unlikely to have been exposed to HPV yet.
- 11–12 year-olds who follow the vaccination schedule only need two doses of the vaccine, rather than three doses.

If they were not vaccinated at 11–12 years old, the vaccine is also recommended for:

- Females through age 26;
- Males through age 21;
- Men who have sex with men, through age 26;
- Young adults who are transgender, through age 26;
- Young adults who have certain immunocompromising conditions, through age 26 [4].

Because the vaccine is more effective when given at a younger age, these groups should get the vaccine as early as they are able to[3].

Adolescents who start the vaccine series after their 15th birthday, need three doses of the vaccine for full protection—giving a strong incentive for providers, parents, and adolescents to start the series early and follow the vaccine schedule[3]. Please see this helpful decision guide[3] from the CDC for more information about who needs to be vaccinated and how many doses they need.

Local HPV vaccination rates

New Hampshire's initiation rate of the HPV vaccination series is

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Arsenic and Health

- **Objective #1:** Increase the percentage of households that report having had their private well water tested for arsenic within the past three years.
  - **Baseline:** 44.2% of those who reported using a private well as the main source of drinking water at home (2014 BRFSS)
  - **Target:** 50%
- **Objective #2:** Increase private well testing for arsenic.
  - **Baseline:** 1,673 private well samples analyzed for arsenic by the NH State Public Health Laboratory in (2016).
  - **Target:** 1,840 per year (10 percent increase)

2017-2018 Member Recognitions

- HPV Stakeholders Working Group
  - Cynthia Watts, DPHS
- Arsenic and Health
  - Kathrin Lawlor, Dartmouth Toxic Metals Superfund Research Program

NH CCC Board of Directors

- **Robert Gerlach (Chair),** DH Norris Cotton Cancer Center
- **Peter Ames,** Foundation for Healthy Communities
- **Semra Aytur,** University of New Hampshire
- **Ashley Conley,** Catholic Medical Center
- **Diana Gibbs,** North Country Health Consortium
- **Lee Gilman,** American Lung Association of the Northeast
- **Whitney Hammond,** NH Division of Public Health Services
- **Christine Howard,** Elliot Regional Cancer Center
- **Nancy Kane,** Anticancer Lifestyle Foundation
- **Barbara Kimball,** Immediate Past NH CCC Board Chair
- **Shawn LaFrance,** Cheshire Medical Center, DH Keene
- **Janice McDermott,** NH Hospice & Palliative Care Org
- **Elizabeth McGrath (Vice Chair),** DH Norris Cotton Ca Ctr
- **Andrew Morse,** Concord Regional Visiting Nurse Assoc
- **Roshani Patel,** Dartmouth-Hitchcock, Manchester
- **Justin Pentenrieder,** American Cancer Society
- **Jenna Schiffelbein,** DH Norris Cotton Cancer Center
- **Karen Servacek,** Seacoast Ca Ctr/Wentworth-Douglass
- **Rhonda Souliere,** Portsmouth Hospital
- **Terry Steiner,** Elliot Breast Health Center

New Board Members

Nancy Kane

Shawn LaFrance

Jenna Schiffelbein

Karen Servacek

NH CCC Board Priorities Work Group

2015-2020 Cancer Plan-Based Priority Strategies

- Decrease the percentage of NH adults who report currently smoking cigarettes
- Increase the percentage of health care centers that report having a system in place to assist smokers with tobacco treatment
- Increase the percentage of NH youth who complete the recommended HPV vaccination series
- Increase the percentage of people who receive screening for colorectal, cervical, and breast cancer based on USPSTF guidelines
- Increase availability and access to systems that provide relevant, evidence-based and/or recommended survivorship programs and services designed to improve quality of life

Sustainability Planning
Key Infrastructure

- Administrative assistance
  - Terry Johnson
- Communications center (e.g., website)
  - https://www.facebook.com/pg/nhcancer/about/?ref=page_internal
- Annual meeting

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Revenue Sources

- Volunteers
- Division of Public Health Services Contract
- Annual Meeting
- Sponsor Organization (Foundation for Healthy Communities)

New Hampshire Division of Public Health Services

Year 2 Work Plan

- Decrease consumption of sugary beverages
- Increase number of adults who attempt to quit smoking
- Increase HPV vaccination
- Increase enrollment in the Breast and Cervical Cancer Program for free screening and navigation
- Increase awareness of the needs of cancer survivors in NH

NH CCC Future

- Annual Meeting:
  - Valued and sustainable
- NH CCC Partnership with Foundation for Healthy Communities
  - Alignment of missions
  - Need for communications center
- NH Division of Public Health Services:
  - RFP pending
  - CDC shift in focus of investment from infrastructure to impact
  - Expectations aligning with aims of implementation projects
- Reliance on NH CCC Volunteers
  - NH CCC Board to date representative of "membership"
  - Future CDC-driven roles/opportunities likely to align with specific work plan deliverables
  - Retain ability to facilitate grassroots Member-driven Cancer Plan initiatives

Questions / Announcements?

- Time permitting

  or

- Look for us throughout meeting

Keynote Address

"Communities in Action: Pathways to Health Equity"

James N. Weinstein, D.O., M.S.
Immediate Past CEO and President
Dartmouth-Hitchcock Health System