
Wyoming Cancer Plan

Screening & Early Detection Workgroup

September 30, 2020

Today's Objectives

- Build common understanding of current plan progress to date
- Select key goals/topics
- Identify priority strategies for each goal

Today's Agenda

- Data updates on goals
- Topics and goals for the future
- Progress on strategies
- Strategies for the future

Project Overview

- **Goal:** Write and design updated statewide cancer plan for 2021 to 2025 by January 31, 2021
 - Align with other statewide plans
 - Relevant to all key stakeholders
 - Across the cancer continuum
 - Measurable goals
 - Matches need and addresses disparities

What is the cancer plan?

- Statewide cancer plan
- Implemented by the coalition

What is the cancer plan?

- **Goal:** Measurable, time-bound goal
- **Strategy:** Action oriented activity to positively impact the topic area of focus and make progress on the goal

Framing

- Gather different perspectives
- Consider disparities
- Next 5 years

What we heard from the coalition

- Focused
- Measurable
- Actionable
- Messaging/Communication
 - To clinicians, stakeholder organizations, and the general population

Plan Overview

- Prevention
- Screening & Early Detection
- Survivorship
- Childhood Cancer

Plan Overview

- Prevention
- **Screening & Early Detection**
- Survivorship
- Childhood Cancer

Definition

- **Screening & Early Detection**
 - Occurs before symptoms are present
 - Identify cancer in an earlier stage
 - In some cases, think Cervical and Colorectal, catch before cells become cancerous

Topics Overview

- **Screening & Early Detection**
 - Breast Cancer
 - Cervical Cancer
 - Colorectal Cancer
 - Lung Cancer
 - Prostate Cancer
 - Skin Cancer

Screening Recommendations

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Screening Recommendation

Breast Cancer Screening

2016 Grade B

- Mammography every 2 years for women aged 50 to 74 years

Screening Recommendation

Cervical Cancer Screening

2018 Grade A

- Age 21 to 29 years
 - Pap test every 3 years
- Age 30 to 65 years
 - Pap test every 3 years OR
 - HPV test every 5 years OR
 - HPV and Pap test every 5 years

Screening Recommendation

Colorectal Cancer Screening

2016 Grade A; update in progress

- Age 50 to 75
 - Risk and benefit of different screening methods vary
 - Screening options include stool-based, direct visualization and serology

Screening Recommendation

Lung Cancer Screening

2013 Grade B; update in progress

- Adults aged 55 to 80 with history of smoking using low dose computed tomography
 - 30 pack-year history
 - Smoking status:
 - Currently smoke
 - Quit within last 15 years

Screening Recommendation

Prostate Cancer Screening

2018 Grade C

- Adults aged 55 to 69
 - Discuss potential benefits and harms of PSA screening

Screening Recommendation

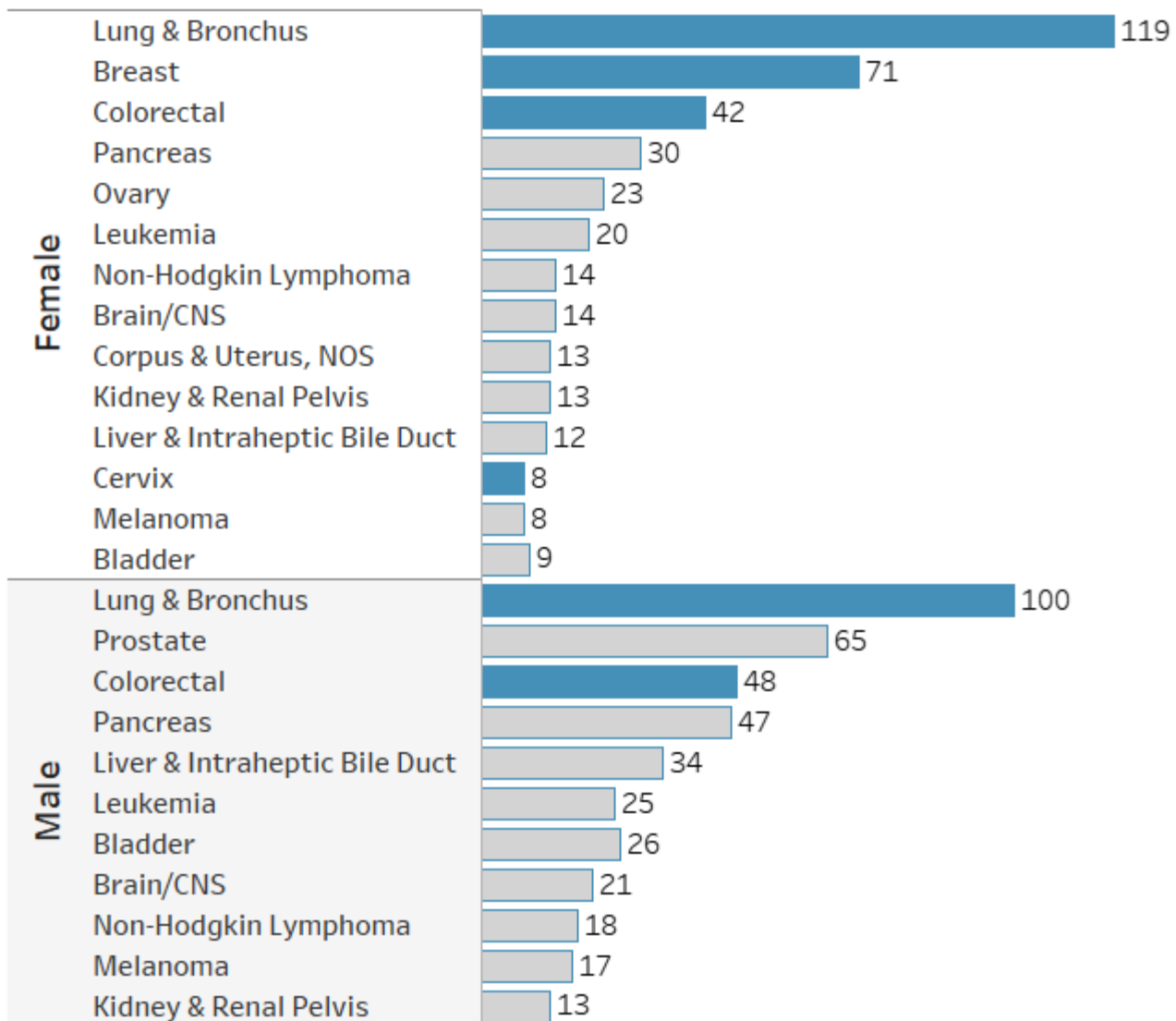
Skin Cancer Screening

2016 Grade I

- Insufficient evidence

Number of deaths caused by cancer in 2018

Screenable cancers in blue



**Cancer
Screening
Could Prevent
Deaths From
Cancer**

Data | Breast Cancer

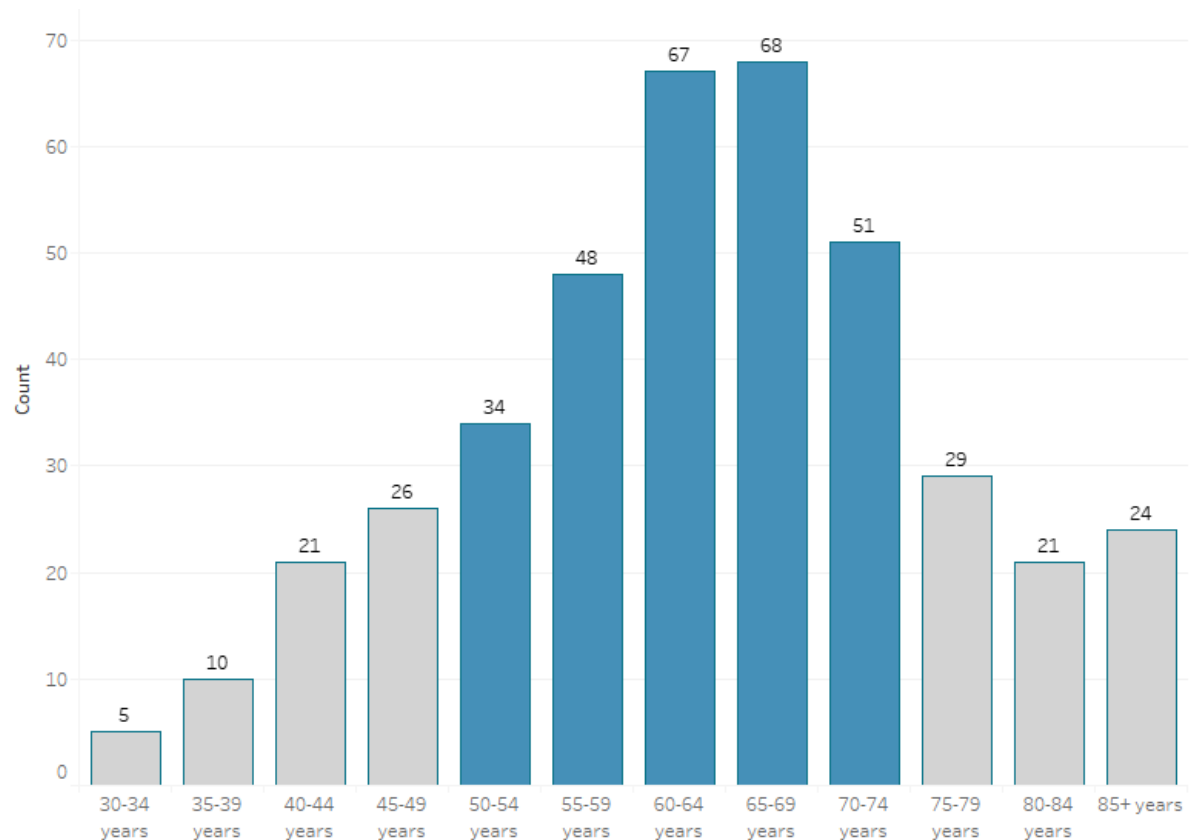
	Incidence	Mortality
Wyoming	116.4 per 100k	20.1 per 100k
United States	125.1 per 100k	19.9 per 100k

In 2018, **406 women in Wyoming were diagnosed** with breast cancer, and **71 women died** of breast cancer.

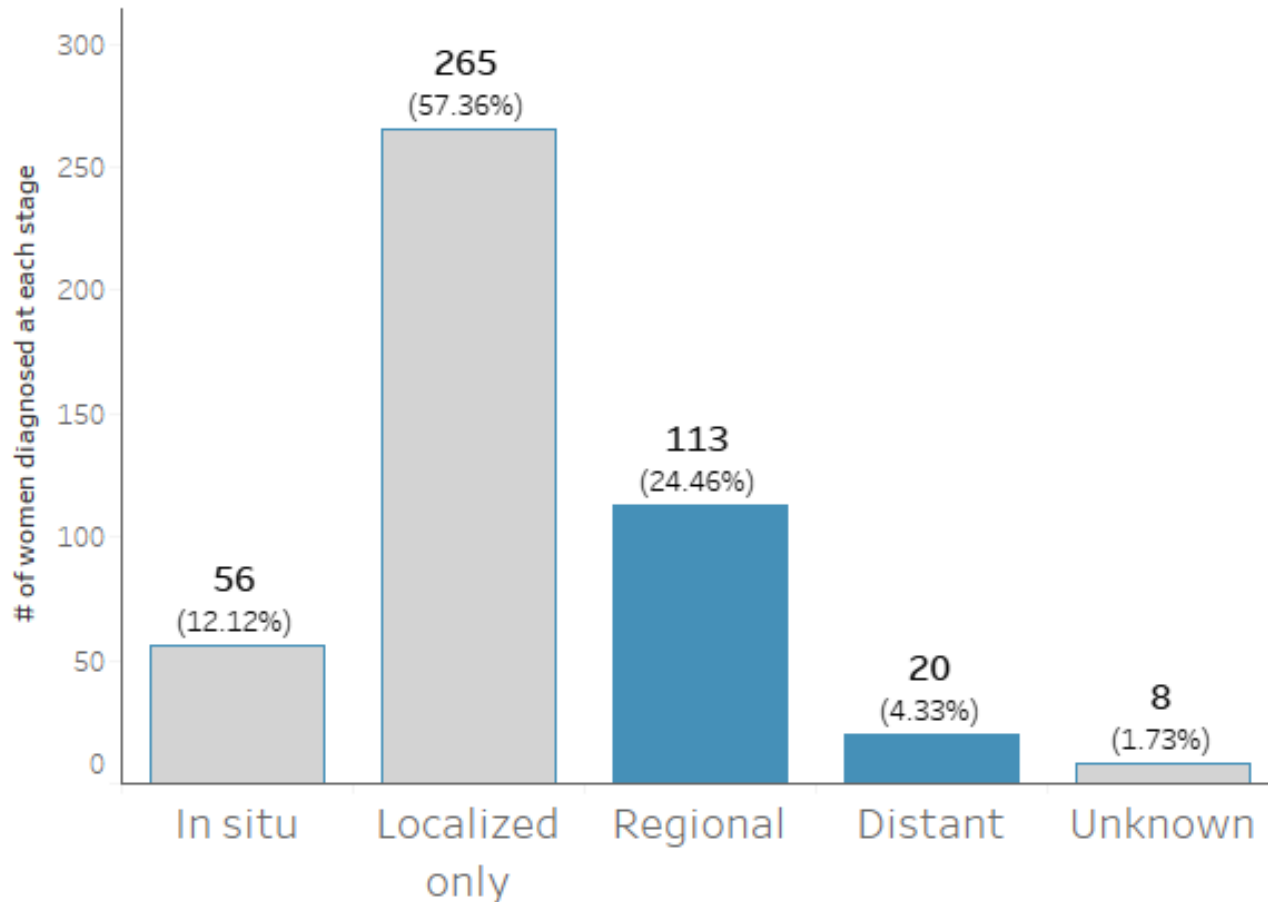
Data | Breast Cancer

66% of women diagnosed were within the screening age frame at time of diagnosis.

15% were younger & 18% were older



Data | Breast Cancer



~29% of women were diagnosed with late stage disease

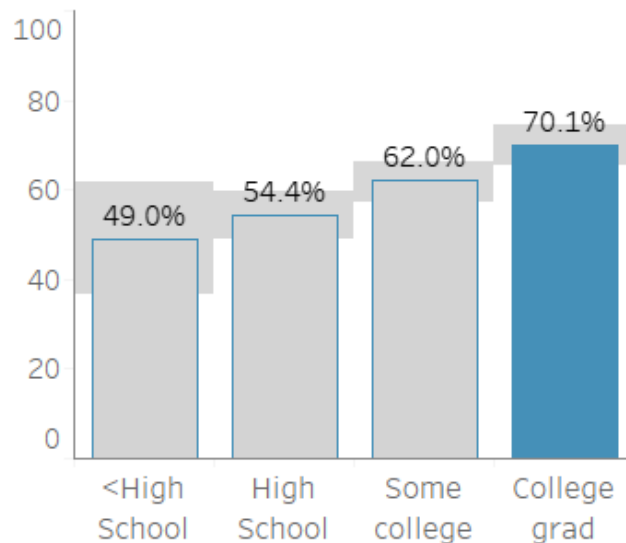
Data | Breast Cancer Screening

61.6%
Wyoming overall

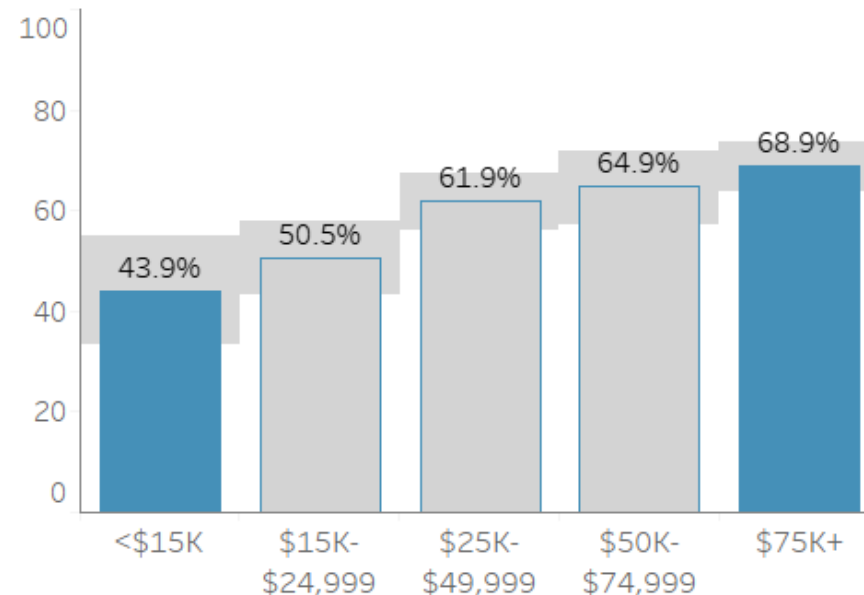
#49 of 51
Rank, including D.C.

71.8%
US Median

Breast Cancer Screening By Education



Breast Cancer Screening By Income



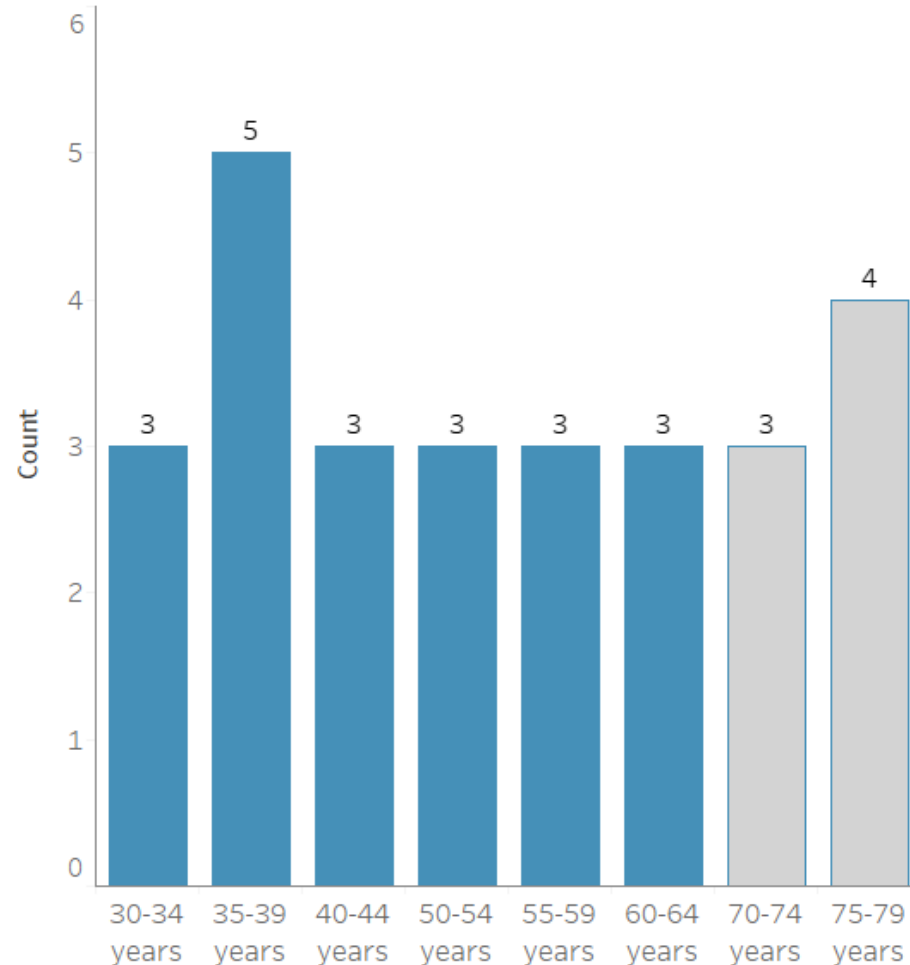
Data | Cervical Cancer

	Incidence	Mortality
Wyoming	10.6 per 100k	2.9 per 100k
United States	7.5 per 100k	2.2 per 100k

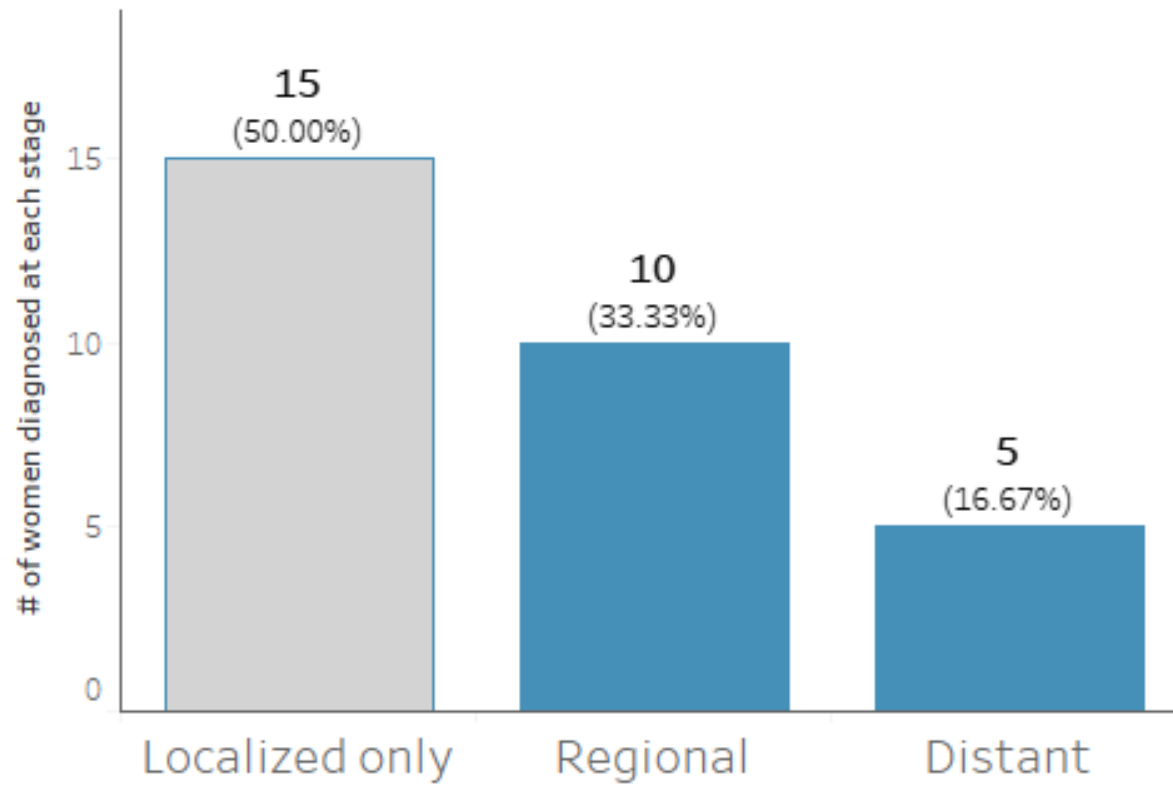
In 2018, **31 women in Wyoming were diagnosed** with cervical cancer, and **8 women died** of cervical cancer.

Data | Cervical Cancer

74% of women diagnosed were within the screening age frame at time of diagnosis.



Data | Cervical Cancer



50% of women were diagnosed with late stage disease

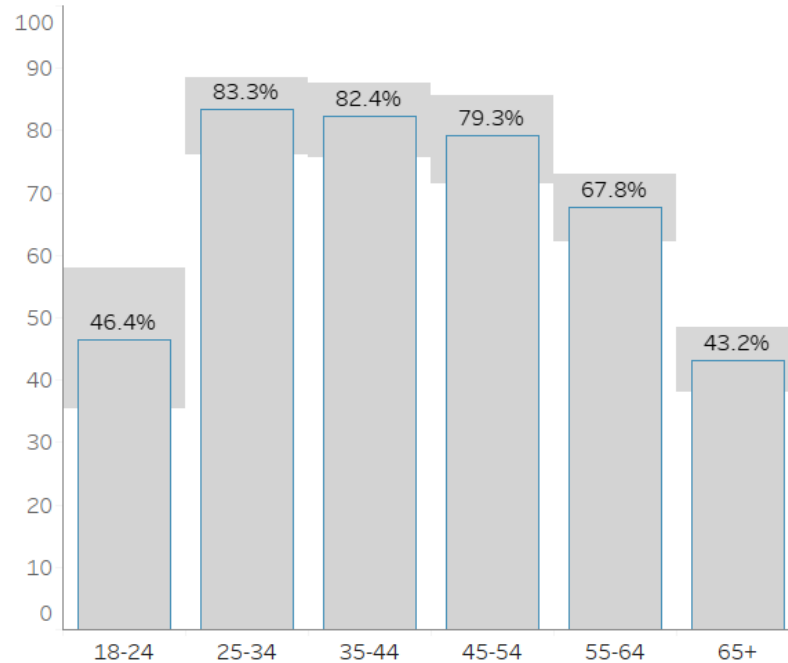
Data | Cervical Cancer Screening

68.6%
Wyoming overall

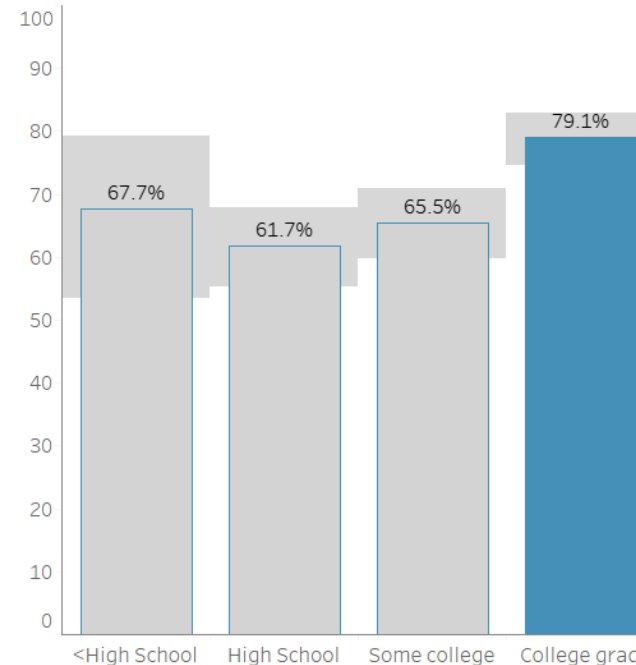
#40 of 51
Rank, including D.C.

71.5%
US Median

Cervical Cancer Screening By Age



Cervical Cancer Screening By Education



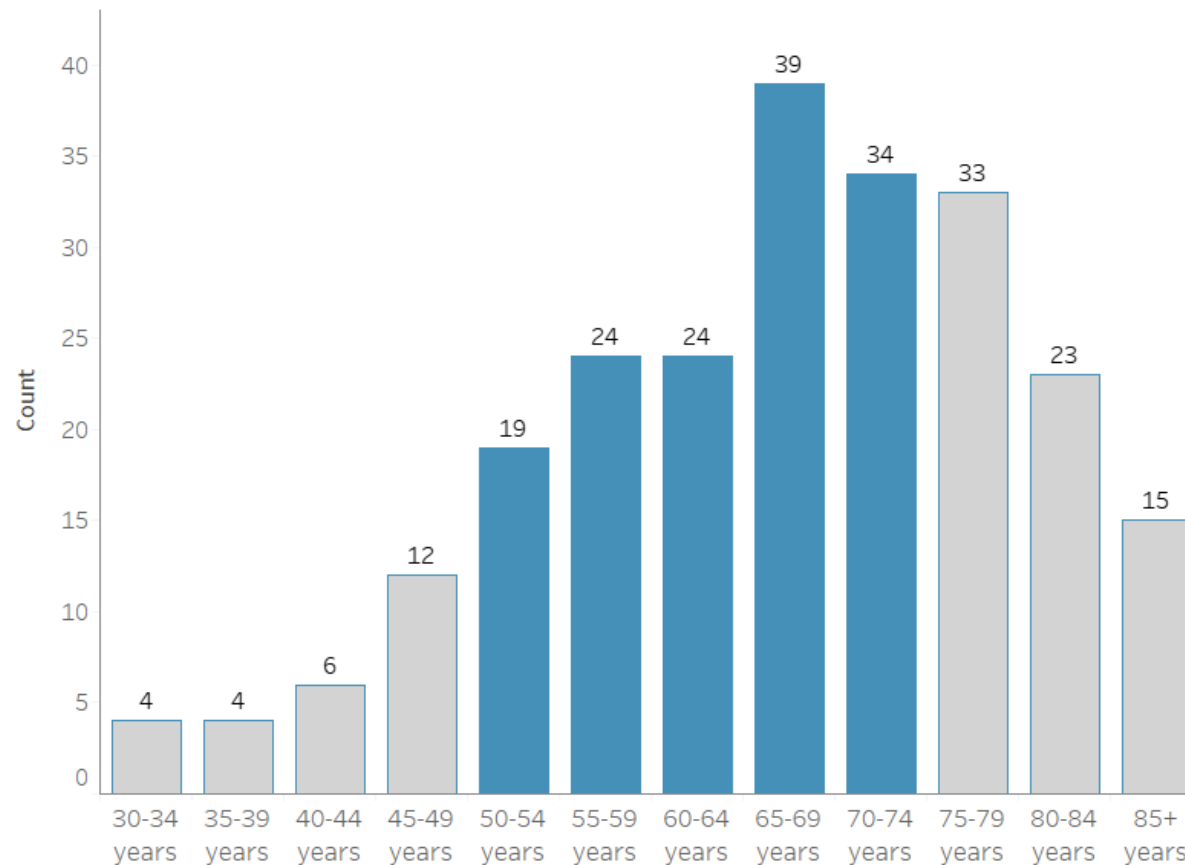
Data | Colorectal Cancer

	Incidence	Mortality
Wyoming	35.0 per 100k	13.1 per 100k
United States	32.3 per 100k	11.4 per 100k

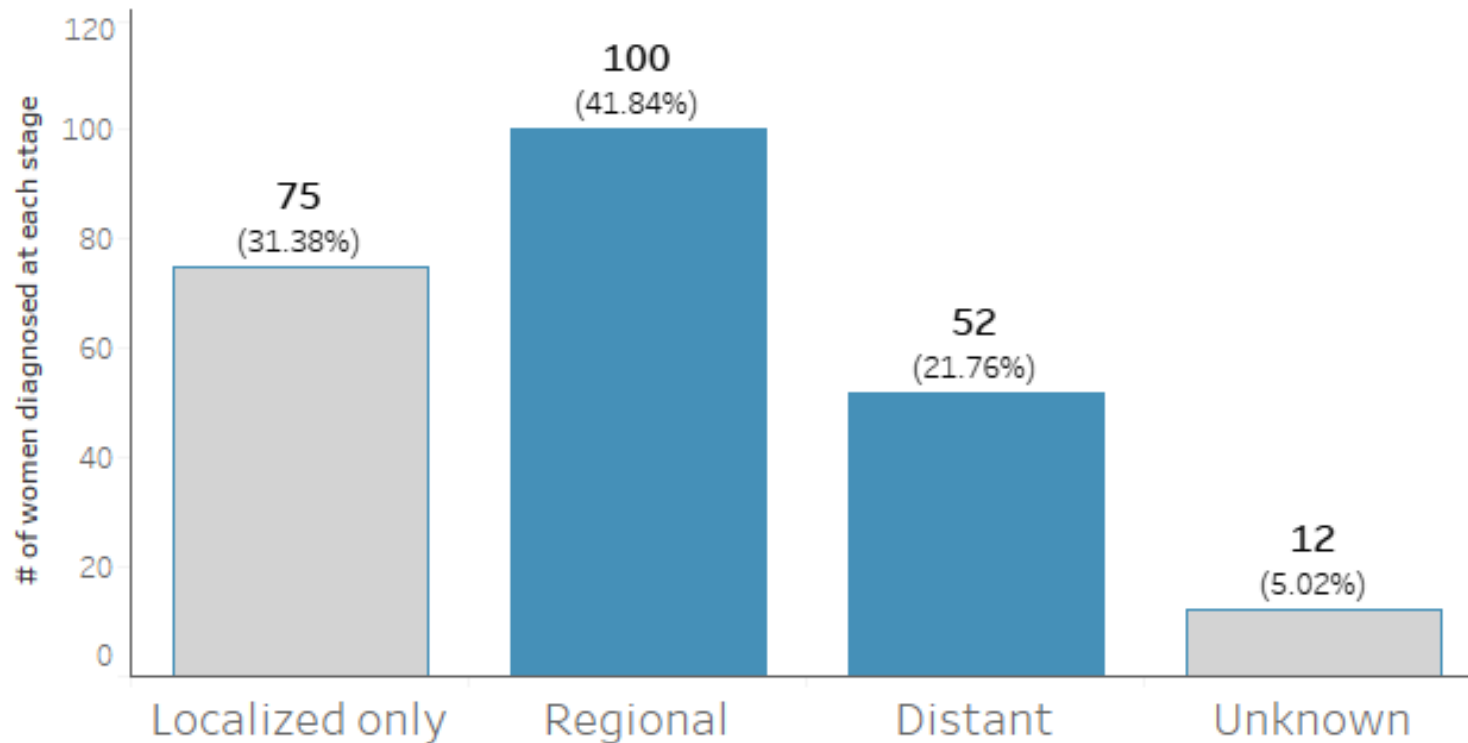
In 2018, **239 people in Wyoming were diagnosed** with colorectal cancer, and **90 died** of colorectal cancer.

Data | Colorectal Cancer

~60% of people diagnosed with CRC were within the screening age frame at time of diagnosis.



Data | Colorectal Cancer



63+% of people were diagnosed with late stage disease

Data | Colorectal Cancer Screening

56.9%

Wyoming overall

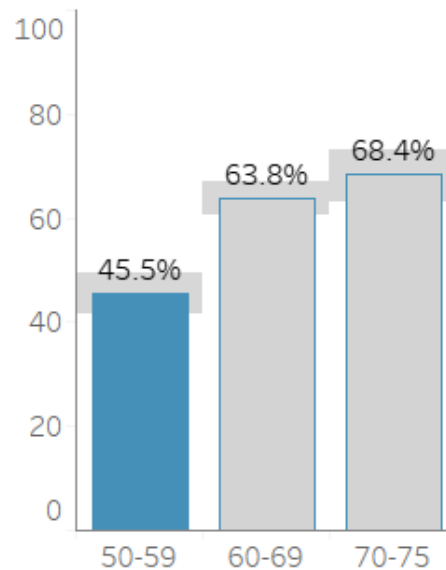
#51 of 51

Rank, including D.C.

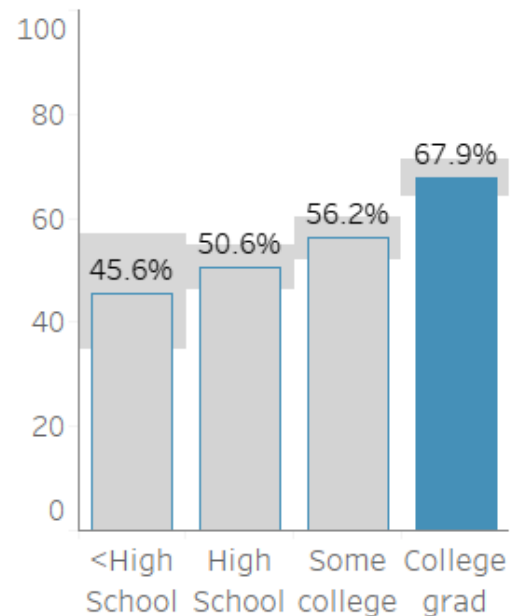
67.3%

US Median

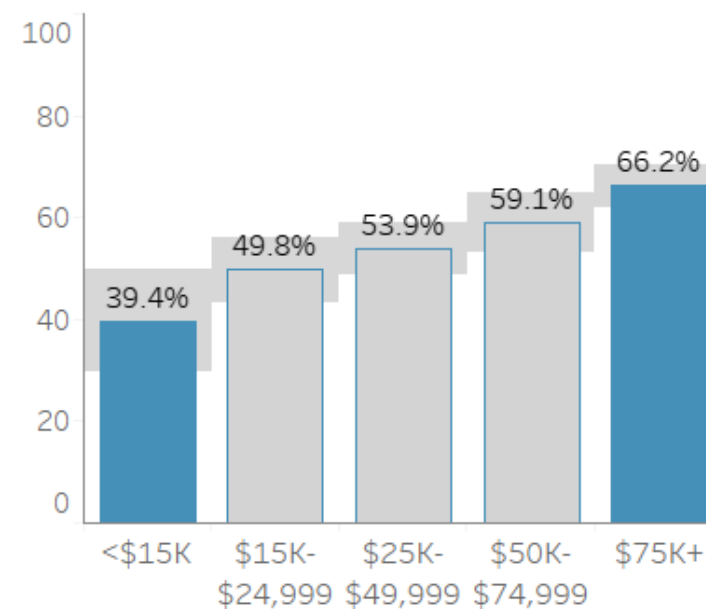
CRC Screening By Age



CRC Screening By Education



CRC Screening By Income



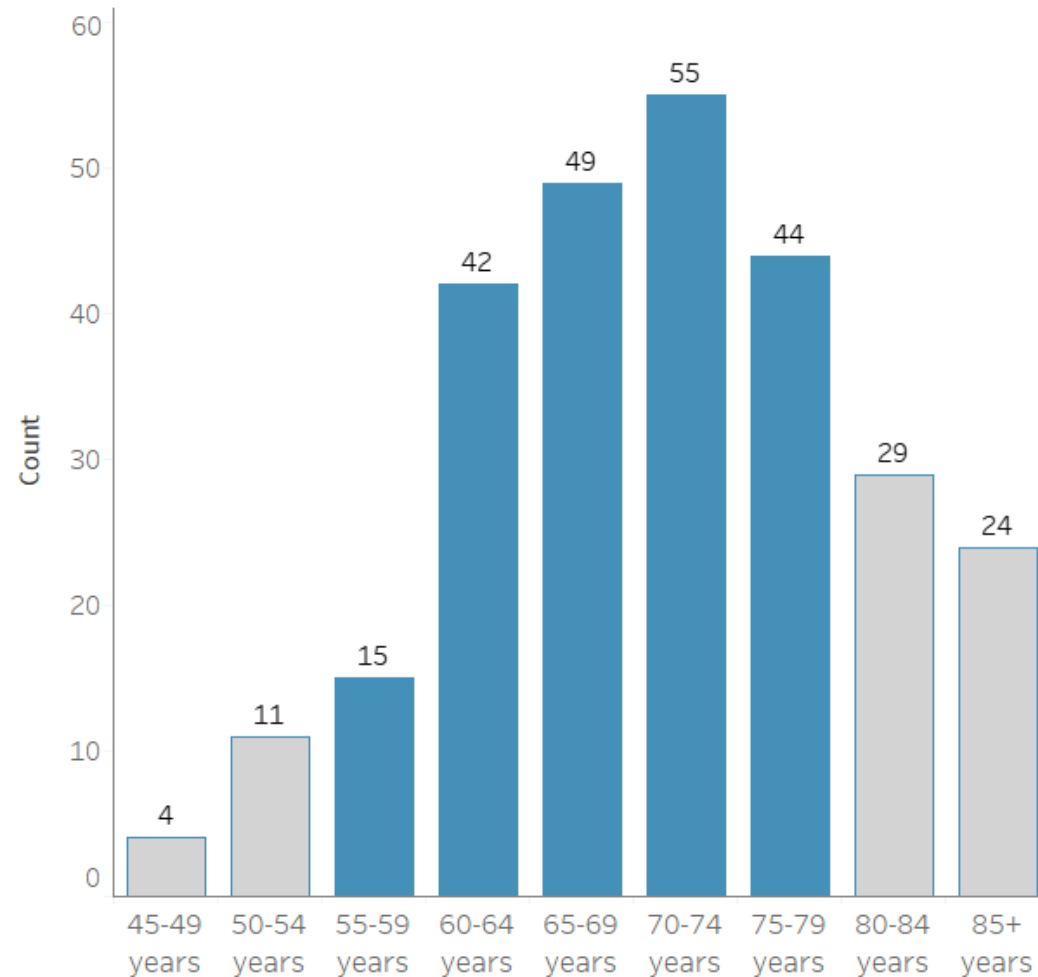
Data | Lung Cancer

	Incidence	Mortality
Wyoming	37.3 per 100k	29.7 per 100k
United States	55.2 per 100k	36.7 per 100k

In 2018, **275 people in Wyoming were diagnosed** with colorectal cancer, and **219 died** of lung cancer.

Data | Lung Cancer

~75% of people diagnosed with lung cancer were within the screening age frame at time of diagnosis. (Not all would necessarily qualify for screening.)



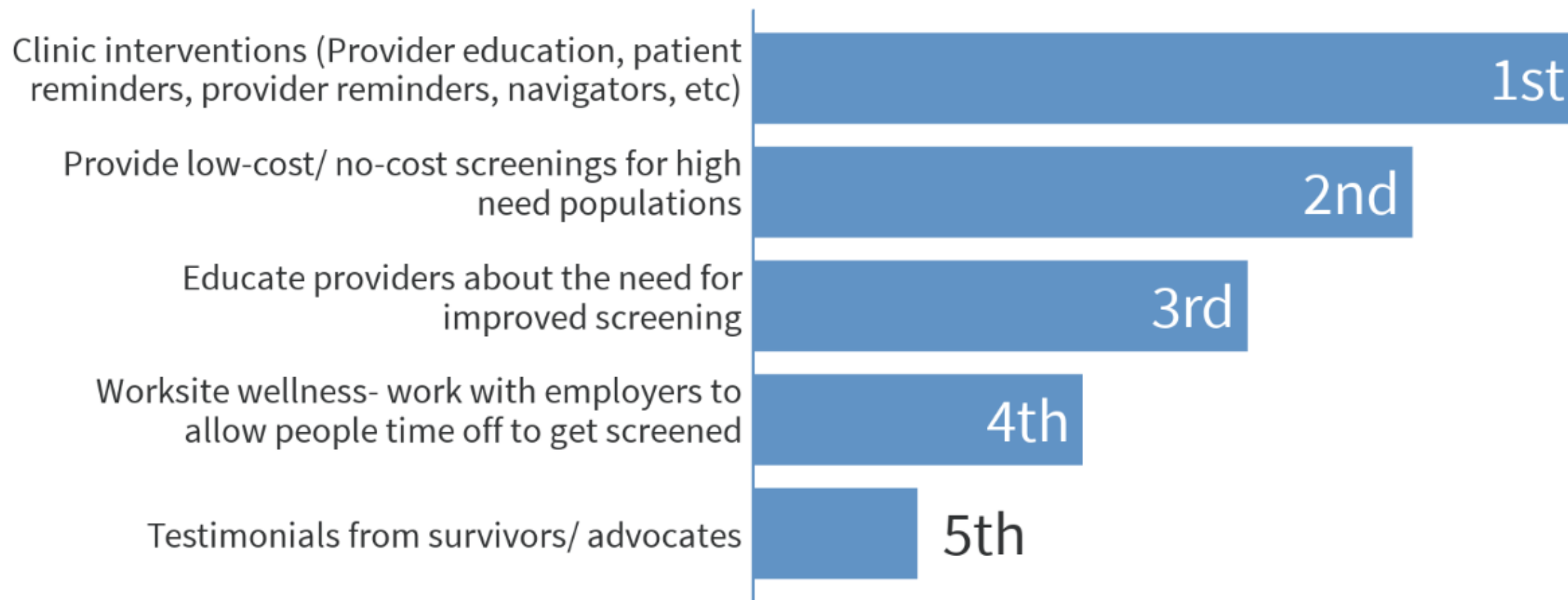
Goals | Early Detection & Screening

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer

Goals | Early Detection & Screening

Topic	Current	Rec'	Future
Breast Cancer	Reduce the percentage of breast cancer cases diagnosed as late-stage.	Keep	Increase screening Reduce late stage incidence
Cervical Cancer	Reduce the percentage of cervical cancer cases diagnosed as late-stage.	Adapt	Increase screening Reduce/eliminate incidence ...? 31 cases per year
Colorectal Cancer	Reduce the incidence of colorectal cancer cases in Wyoming.	Adapt	Increase screening Reduce incidence ... ? Disparity --- age 50-59
Prostate Cancer	Increase the number of targeted education materials and resources available highlighting shared decision making for prostate cancer screening and treatment to Wyoming men and health care providers.	Remove	
Lung Cancer	N/A	Add	Reduce late stage incidence Does WY have low-dose CT scanner??

Strategies | Early Detection & Screening



Next Steps

Prevention (including HPV)

8:30 to 10:00 am

Wednesday, September 30th

Zoom:

<https://us02web.zoom.us/j/82484057188>

Dial in: 1 (253) 215-8782

Meeting ID: 824 8405 7188

Screening and Early Detection

10:30 am to noon

Wednesday, September 30th

Zoom:

<https://us02web.zoom.us/j/88270636121>

Dial in: 1 (253) 215-8782

Meeting ID: 882 7063 612

Survivorship

1:00 to 2:30 pm

Wednesday, September 30th

Zoom:

<https://us02web.zoom.us/j/82796048581>

Dial in: 1 (253) 215-8782

Meeting ID: 827 9604 8581

Childhood Cancer

3:00 to 4:30 pm

Wednesday, September 30th

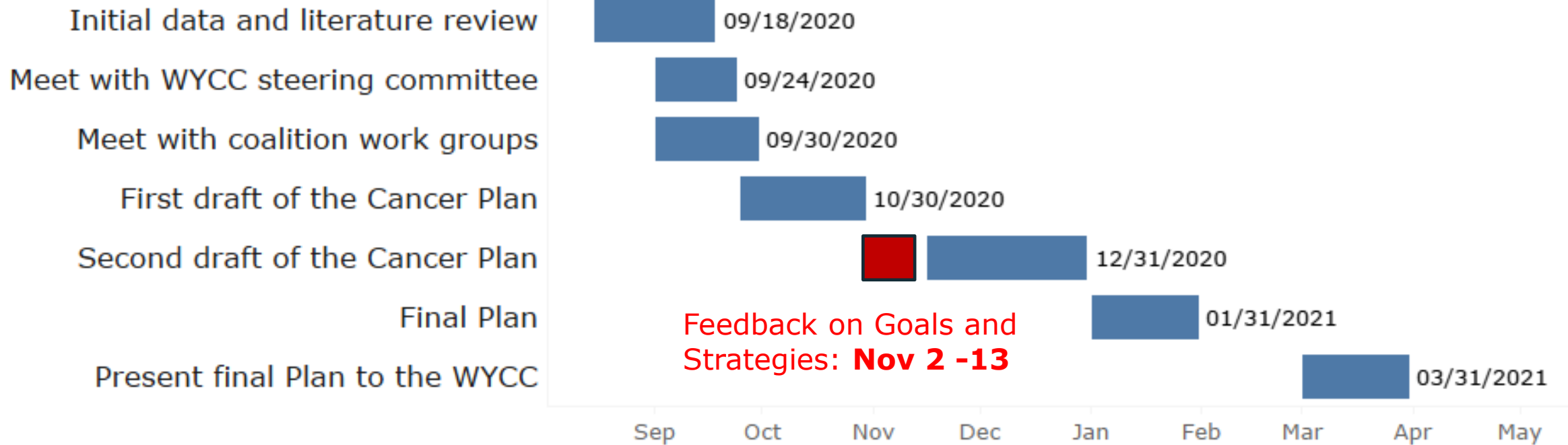
Zoom:

<https://us02web.zoom.us/j/89087245830>

Dial in: 1 (253) 215-8782

Meeting ID: 890 8724 5830

Project Timeline



Thank you!

Questions?

Megan Mackey

megan.mackey@onehealthinsights.com

