

California's Comprehensive Cancer Control Plan 2011-2015

2016 Progress Summary



California's progress toward achieving the objectives set forth in California's Comprehensive Cancer Control Plan, 2011–2015 has been significant. Implementation of the plan has been a collaborative process with cancer control stakeholders throughout California working together with the California Dialogue on Cancer (CDOC) to achieve the target objectives for 2015. The information below specifically outlines the progress made towards achieving measurable objectives where current data are available. In addition, selected interventions initiated by CDOC that contributed to progress on several objectives are also summarized.

CALIFORNIA'S COMPREHENSIVE CANCER CONTROL PLAN



2011-2015



Summary

The primary target for decreasing overall cancer mortality in California has been surpassed. In addition, targets for most other objectives are well on their way to being achieved. These targets include the reduction of the projected increase of melanoma incidence, as well as reduced melanoma mortality. There has also been a decrease in prostate cancer mortality in all Californians, most notably, among African-American men, a population that has experienced the highest incidence and mortality rates for prostate cancer in California. A final evaluation of the plan will be conducted when data are available for 2015.

The Cancer Burden of California

Goal: To reduce the number of new cancer cases and deaths due to cancer



Cancer Burden Progress on Measurable Objectives using California Cancer Registry (CCR) Data,* 2011-2015

Objective	Baseline	Most recent available data (2013)	Target for 2015
The Cancer Burden: Objective 1 Decrease combined cancer incidence	413	398.0	392.4
The Cancer Burden: Objective 2 Decrease combined cancer mortality	156.4	146.5	148.6

* Incidence and mortality rates are per 100,000.

Source CCR, California Department of Public Health.



Early Detection and Screening

Goal: To increase early detection of cancer among Californians through appropriate and timely cancer screenings

Early Detection and Screening Progress on Measurable Objectives using CCR Data*, 2011-2015

Objective	Baseline	Most recent available data (2013)	Target for 2015
Breast Cancer: Objective 2 Increase early diagnoses of breast cancer (in situ and localized)	69%	71.6% (2009-2013)	89%
Colorectal Cancer (CRC): Objective 2 Decrease late-stage diagnoses of CRC (regional and distant)	55.3%**	55.8%	47%**
Colorectal Cancer: Objective 3 Decrease late-stage diagnoses of CRC for African Americans and Asian/Pacific Islanders	AA – 50.6%** A/PI – 56.3%**	AA – 53% A/PI – 56.5%	AA – 40.5%** A/PI – 45%**
Melanoma: Objective 1 Decrease late-stage diagnoses of melanoma (regional and distant)	6.9%	7.5% (2009-2013)	5.2%
Ovarian Cancer: Objective 1 Decrease distant-stage diagnoses of ovarian cancer	60.4%	55.2% (2009-2013)	55.4%

* Incidence and mortality rates are per 100,000. All races combined; except where indicated, both sexes combined where applicable.

Source CCR, California Department of Public Health.

** Baseline data for late stage diagnosis of colorectal cancer have been changed to reflect 2011 data (not projections). Targets have been adjusted based on new baseline data.

Cancer Site Specific Objectives

As a way to evaluate how much progress California is making toward the goal of reducing cancer incidence and mortality rates, the 2011–2015 cancer plan includes a focus on evaluating cancers that have screening and early detection methods.



Cancer Site Specific Progress on Measureable Objectives using CCR Data,* 2011-2015

Objective	Baseline	Most recent available data (2013)	Target for 2015
Reduce the breast cancer mortality rate	21.4	20.0	19.3
Reduce the cervical cancer incidence rate	8.2	7.1	7.0
Reduce the colorectal cancer mortality rate	14.5	13.0	12.0
Reduce projected increase in the incidence of melanoma among all Californians	23.1	21.9	22.2
Reduce the mortality rate due to melanoma	2.6	2.3	2.3
Reduce the mortality rate of ovarian cancer	8.1	7.2	6.9
Decrease the mortality rate for prostate cancer	21.7	19.5	19.5
Decrease mortality rate for prostate cancer among African American males	51.6	43.0	46.4

* Incidence and mortality rates are per 100,000. All races combined; except where indicated, both sexes combined where applicable.

Source CCR, California Department of Public Health.

Increasing Colorectal Cancer Screening - Progress Update



Increasing colorectal cancer screening among all Californians 50 years and older is a priority objective in the cancer plan on which progress has been made. However, the screening rate as of 2013 for all Californians 50 years and older is still 64.4 percent.* There remains a lot to be done which is why CDOC has made increasing colorectal cancer screening the coalition's BIG WIN to be achieved by 2018.

To accomplish this goal, CDOC has formed a Colorectal Cancer workgroup that includes partners from the American Cancer Society, the California Department of Public Health California Colon Cancer Control Program, the California Primary Care Association, the California Colorectal Cancer Coalition and Family Health Centers of San Diego. Workgroup efforts include developing a training course for community clinics that will focus on how to incorporate the Fecal Immunochemical Test (FIT) into systems of care.

* 2013 California Behavioral Risk Factor Surveillance System

Highlighting Progress Initiated by CDOC

The members of CDOC, who are tasked with facilitating the implementation of the plan, continue to make it their mission to close gaps in cancer control and prevention. CDOC workgroups, in collaboration with cancer control stakeholders throughout the state, have implemented multiple interventions that have contributed to the progress of many of the plan's objectives. Below are just a few projects that have been initiated by this dynamic cancer coalition.



- The California Colorectal Cancer Coalition (C4), a liaison workgroup of CDOC, has led many efforts that have contributed to progress on the colorectal cancer objectives in the plan. These efforts have included, among others, collaborative projects that have increased screening rates in several clinics in California, as well as the administration of a mini-grant program that has funded several organizations to implement projects focusing on systems change, education and awareness, and survivorship issues in relation to colorectal cancer.
- CDOC's Treatment and Survivorship workgroup has developed a new cancer survivorship survey module based off of the Centers for Disease Control and Prevention-developed cancer survivorship module that has been included on the 2014, 2015, and 2016 California Behavioral Risk Factor Surveillance Survey. The data from the 2014 module has been used to develop survivorship objectives for the next iteration of the state cancer plan.
- CDOC's Survivorship Aftercare Plan Advisory Group comprised of a number of cancer survivorship experts developed a survivorship after care plan toolkit for dissemination to institutions treating cancer patients in order to increase utilization of survivorship after care plans. In addition, other resources regarding the importance of survivorship after care plans were developed including patient fact sheets translated into Spanish, Vietnamese, Chinese, and Tagalog.
- CDOC's Mini-Grant Program (2007-2012) has funded over 40 community-based organizations, non profits, universities, and health centers to implement cancer education and prevention projects. This program commenced in 2007 and has included screening promotion campaigns, cancer education and awareness events, continuing medical education programs, and screening assistance programs that have contributed to the progress of several of the objectives in the plan.
- CDOC's former Disparities, Access to Care, and Early Detection (DAD) workgroup conducted numerous trainings that have built the capacity of several Access to Cancer Care Community Coalitions to better advocate for policy change and to implement programs in eliminating the prioritized barriers to cancer screening, detection, and treatment in their communities.
- CDOC's Nutrition and Physical Activity (NuPA) workgroup has implemented an intervention that contributes to one of the obesity prevention objectives in the plan by increasing adult physical activity through partnering with worksites to adopt and create workplace policies supportive of regular physical activity.
- CDOC has enhanced the utilization of cancer surveillance data by the cancer control community through dissemination of user friendly cancer data. In addition to reports and fact sheets developed by the CCR, a series of webinar trainings on utilizing surveillance data has been presented to key state, county, university, and community cancer control organizations in collaboration with CCR, the Public Health Survey Research Program and other partners.

This progress summary does not report out on all objectives in California's Comprehensive Cancer Control Plan, 2011 - 2015. There are some objectives in which data was obtained for baseline measurement by data sources that are no longer funded or may have wording changes for specific questions. Therefore, for some objectives, baseline data could not be compared to the current data.