



The mission of CACV is to reduce the burden of cancer for all persons living in Virginia utilizing the Virginia Cancer Plan to provide a forum for collaboration, education, and advocacy.

Who we are?

Virginia's State Cancer Coalition

- ✓ **Develop** the Virginia Cancer Plan (VCP) every 5 years
- ✓ Work with partners to **implement** the VCP
- ✓ **Evaluate** our collective efforts to reduce the burden of cancer

To develop, implement and evaluate the VCP, CACV fosters relationships between health care systems, nonprofits, community organizations and individuals throughout Virginia to achieve our vision of a Virginia without cancer.



Working Together
for a Virginia Without Cancer



VIRGINIA CANCER PLAN
2023 - 2027

2023-2027 Virginia Cancer Plan



Why a plan?

Fast Facts About the Burden of Cancer in Virginia

- 4 in 10 Virginians are likely to develop cancer in their lives
- 408,060 cancer survivors estimated to live in Virginia
- 62% of Virginians live 5 years after a cancer diagnosis
- The most common cancer diagnoses in Virginia:
 1. Breast (32%)
 2. Prostate (22%)
 3. Lung (12- 14%)
 4. Colon (8-9%)
- Rate of cancer deaths is declining

Purpose

Virginia Cancer Plan Purpose

Each of us has an equal right to health care, support, and compassion.

In that spirit, the 2023 – 2027 Virginia Cancer Plan uses data to provide guidance, information, and links to resources for all Virginians so that—together—we can address and reduce the burden of cancer.

Our Progress 2018-2022

Virginia Cancer Plan 2018-2022 Progress

- Reduced smoking rates among adults
- Increased diagnosis of lung cancer at the early stages
- Improved the number of those aged 13-17 who completed their HPV vaccine series
- Secured dedicated state funding to support children with cancer

CACV's Focus Areas



Prevention



Early
Detection



Diagnosis
and Cancer
Directed
Therapy



Survivorship
and
Palliative
Care



Pediatric,
Adolescent,
and Young
Adult Cancers



Health
Equity

Prevention

Encouraging Virginians to adopt healthy behaviors and avoid unhealthy environments.

Prevention Goals Include:

- Reduction in use and exposure to tobacco products
- Increase adoption of dietary habits recommended to reduce cancer
- Improve physical activity
- Decrease underage and excessive alcohol consumption
- Increase prevention and treatment of carcinogenic infectious diseases (HPV and Hepatitis)
- Reduce overexposure to UV radiation from the sun and indoor tanning services
- Reduce exposure to radon and other environmental substances linked to cancer

Example of a Prevention Objective & Strategy

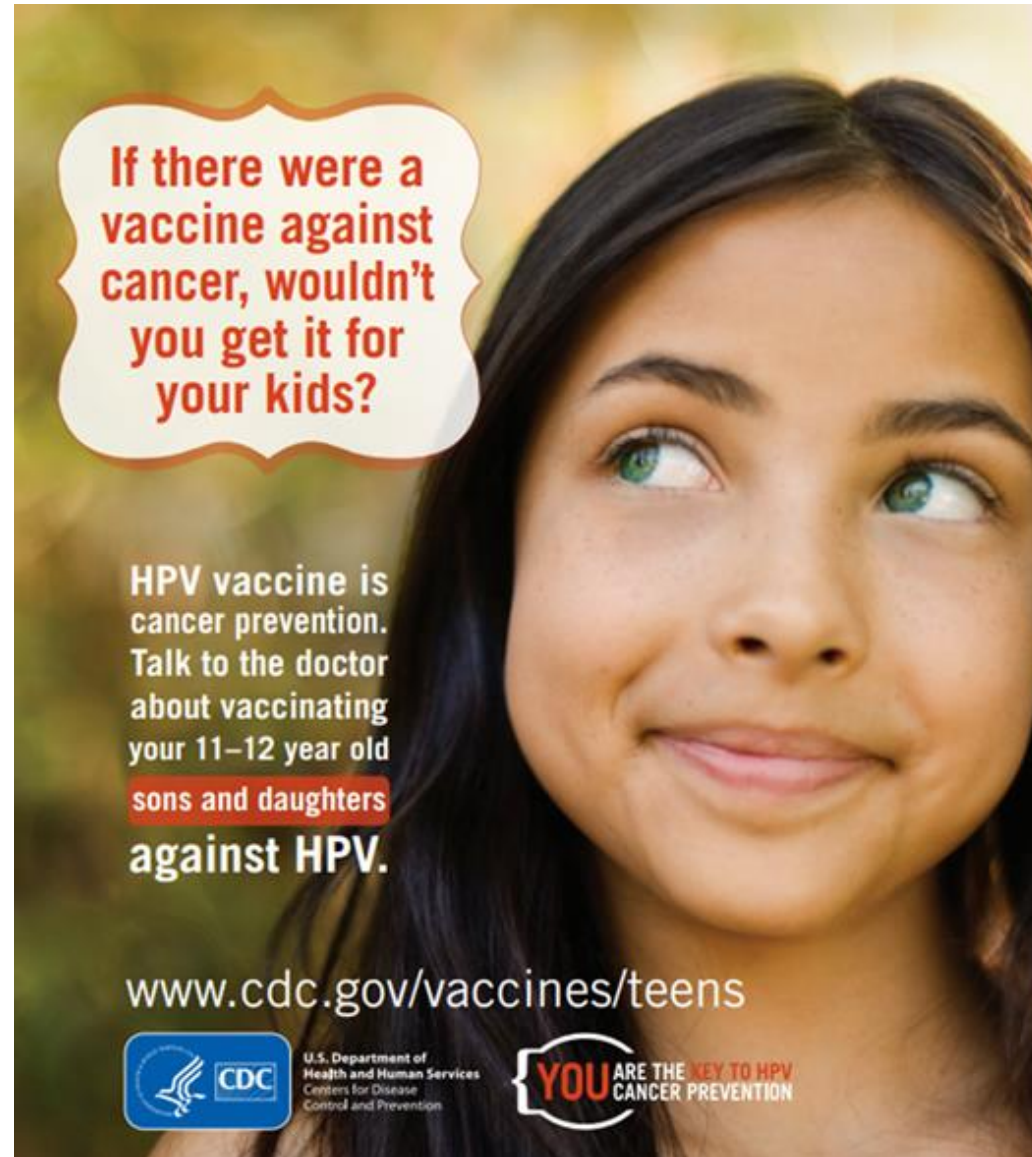
Objective 5.3: Increase the percentage of 7th graders who have begun the **HPV vaccine** series.

Baseline: 54.2%

Target: 80.0%

Select strategies:


- a. Provide accurate information to Virginians (including parents, schools, communities, and clinicians) about the purpose, efficacy and safety of the HPV vaccine.
- b. Advocate for school-based health services to include HPV vaccination.



If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11–12 year old **sons and daughters** against HPV.

www.cdc.gov/vaccines/teens

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

YOU ARE THE KEY TO HPV
CANCER PREVENTION

Early Detection

Promoting the benefits of screening tests to ensure early diagnosis.

Early Detection Goals Include:

- Increase high-quality cancer screening and early detection rates
 - Mammograms
 - Pap Tests
 - HPV Tests
 - Colorectal Cancer Screening
 - Lung Cancer Screening
 - Prostate Screening/PSA Test
 - Melanoma Early Detection
 - Oral Cancer Early Detection
 - Ovarian Cancer Early Detection
 - Pancreatic Cancer Early Detection

Example of an Early Screening Objective & Strategy

Objective 8.5: Increase the percentage of adults aged 45-75 who receive recommended colorectal cancer screening.

Baseline: 67.6%
Target: 80%

Strategies:

- a. Provide education to physicians, other healthcare providers, and the public about:
 - the increase in early onset colorectal cancer in individuals younger than 45.
 - the symptoms to look for in individuals under the age of 45.
 - issues related to colon cancer and colon cancer screening in the LGBTQIA+ community.
 - the importance of personal choice for the selection of colorectal cancer screening tests including non-invasive tests.
- b. Update EMR reminders to be aligned with (USPSTF and ACS) guidelines (starting at age 45).



Diagnosis & Cancer Directed Therapy

Reducing the barriers to care, promoting evidence-based practices, and encouraging participation in clinical trials.

Diagnosis & Cancer Directed Therapy Goals Include:

- Increase availability and access to current evidence-based diagnosis and treatment options following national standards.
- Reduce socioeconomic, structural, cultural and workforce barriers to obtaining quality diagnosis and treatment.
- Increase the number and diversity of cancer patients enrolled in clinical research trials.
- Establish a system for regular collection of data regarding cancer care across the Commonwealth of Virginia.

Example of a Diagnosis & Cancer Directed Therapy Objective & Strategies

Objective 12.1: Implement a biennial survey of cancer treatment providers regarding cancer care.

Baseline: TBD

Target: TBD

Strategies:

- a. Establish a CACV taskforce to develop and implement a survey of Virginia cancer treatment providers regarding cancer care.
- b. Educate the Virginia General Assembly on the value of the survey and importance of funding for accurate data collection and analysis.



Survivorship & Palliative Care

Ensuring resources to optimize quality of life for cancer survivors and their families.

Survivorship & Palliative Care Goals Include:

- Optimize the quality of life for patients and caregivers across the cancer continuum.

Example of a Survivorship & Palliative Care Objective & Strategies

Objective 13.4: Increase the percentage of patients who received written instructions for routine cancer check-ups (after completing cancer treatment) from a healthcare provider.

Baseline: 84.45%

Target: 88.7%

Strategies:

a. Provide education to primary care providers on the importance and use of written summaries with the patients who are cancer survivors and connect them to a resource as appropriate.



Pediatric, Adolescent & Young Adult (AYA) Cancers

Improving access to care for pediatric and AYA patients, improving long-term follow-up care, improving support systems, and increasing awareness of palliative strategies for pediatric and AYA patients.

Pediatric and AYA Cancers Goals Include:

- Improve long-term follow up care for childhood cancer survivors.
- Improve support services for pediatric patients, survivors and their families.
- Increase awareness of palliative care strategies for children with cancer among healthcare providers, patients and families.
- Address financial burdens of pediatric patients, survivors, and their families.

Example of a Pediatric & AYA Cancers Objective & Strategies

Objective 14.3: All pediatric cancer treatment centers will have a policy of providing collaboration between medical oncology and pediatric oncology for AYA patients.

Baseline: TBD
Target: TBD

Strategies:

- a. Collect baseline data from key stakeholders for how many AYA patients are treated at pediatric cancer treatment centers versus adult centers, variability in location.
- b. Identify one pediatric oncology provider to be a liaison to the medical oncology groups in their local pediatric cancer treatment center to champion this collaborative approach, variability in localities.
- c. Encourage health systems to establish policies related to collaboration between pediatric oncology and medical oncology to determine optimal treatment location for AYA patients based on age, cancer diagnosis, and psychosocial needs.
- d. Advocate for fertility preservation at time of initial diagnosis as well as throughout treatment.



Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”

The VCP addresses health equity throughout the plan and focuses on specific populations experiencing health disparities:

- LGBTQIA+ community
- Black and Hispanic/Latino populations
- Rural Communities (including Southwest Virginia)

Where do we
start?

Taskforces, Committees & Workgroups

Virginia Colorectal Cancer Roundtable (VCCRT)

Virginia HPV Immunization Taskforce (VHIT)

Virginia Breast Cancer Taskforce (VBCT)

Virginia Cancer Patient Navigator Network (VACPNN)

Coming Soon:

- Virginia Cancer Survivorship Taskforce
- Virginia Lung Cancer Roundtable
- CACV Advocacy Committee



Everyone Has a Role



Next Steps



How to get involved?

Ways to Get Involved in CACV

- Become a member of the coalition
- Engage with our taskforces, committees and workgroups
- Tell your colleagues and community about the Virginia Cancer Plan
- Attend our events
 - Quarterly Meetings: March, June, September and December
 - Virginia Cancer Conference, September 28-29, 2023, Richmond

Let's Stay in Touch

- Email:
cacv@cancercoalitionofvirginia.org
- Website:
cancercoalitionofvirginia.org

