

**Task Force to Study Cervical Cancer Prevention,
Detection and Education
November 16, 2005 Meeting**

MEETING SUMMARY

Members in attendance: Senator Nancy Sullivan (co-chair), Representative Lisa Marrache (co-chair), Representative James Campbell, Dr. Michael Jones, Dr. Kolawole Bankole, Evelyn Kieltyka, Dr. Susan Miesfeldt, Dina Cole, Bob Downs, Dr. James Raczek, Dr. Jonathan Fanburg, Dr. Molly Schwenn, Sharon Jerome.

Members absent: Dr. James Wilberg, Dr. Carrie Bolander, Janet Miles

1. Welcome and Introductions

- Co-chairs Senator Nancy Sullivan and Representative Lisa Marrache welcomed Task Force members
- Members introduced themselves and briefly described their interest in the task force and how it relates to their work

2. Review of Resolve 2005, Chapter 121, duties of the Task Force

- See handout: “Chapter 121, H.P. 899, L.D. 1302, Resolve, Establishing The Task Force To Study Cervical Cancer Prevention, Detection and Education”
- Staff presented an overview of the resolve establishing the Task Force and the duties and reporting requirements of the Task Force

Related discussion:

- What is the goal of the Task Force, particularly given that Maine is now in-line with the national cervical cancer rate?
 - This could be the first cancer that could be eliminated; there is an opportunity to further reduce the rate and move toward eradication; we need more information to move toward that goal
 - We should be preventing 95-97% of cervical cancer given the current technology
 - Although we are on par with the national rate, there are gaps in prevention, detection and education that the Task Force can address

3. Overview of the Maine Cancer Registry

- Dr. Molly Schwenn, Director, Maine Cancer Registry (MCR) provided an overview of the Maine Cancer Registry and cervical cancer statistics in Maine
- See handouts: MCR presentation, “The Cancer Registry and Cervical Cancer Statistics in Maine” (PowerPoint slides) and MCR report, “2000 – 2001 Cancer Incidence and Mortality Report.”

- For additional information on the web see: <http://statecancerprofiles.cancer.gov>, www.maine.gov/dhhs/bohdcfh/mcr/index2.htm

Additional Points Made by Presenter:

- Facts about the registry:
 - This is an *incidence* registry only; at present, it does not require information on follow-up treatment
 - Registry counts cases once the cancer invades tissue
- There is a need to find ways to reach women who are 65+ years; from 1995-2002, 24% of cervical cancer cases were women 65 years and older; MBCHP primarily serves women 40-64 (will serve women over 64 years if no Medicare Part B)

Members' Questions and Suggestions:

- Address outreach to non-whites; getting information about cervical cancer and screening services immigrants and minority populations
- Develop strategies to address the unmet needs of two distinct group of women: (1) women who are not getting screened; (2) women who are screened but who experience screening failures
- Review the national recommendations/guidelines for cervical cancer screening
- Obtain data, if available, on the incidence of pre-cursor cases of cervical cancer
- Obtain data, if available, on additional demographic characteristics of the cervical cancer population in Maine (rural/urban, immigrant status)
- What are the implications of HIPAA for the cancer registry? The registry is HIPAA exempt; Molly Schwenn offered to bring an explanation of the HIPAA exemption to the next meeting.

4. Overview of the Maine Breast and Cervical Cancer Health Program

- Sharon Jerome, Director, Maine Breast and Cervical Cancer Health Program (MBCHP) provided an overview of the MBCHP
- See handout: Maine Breast and Cervical Cancer Health Program presentation (Power Point slides)

Additional Points made by Presenter:

- Currently serving 5,300 Maine women
- MBCHP received first funding from the CDC in 1994 and began screening in Sept 1995
- Current funding: \$1.8 million from CDC; approximately \$381,000 from GF; CDC funding is a fixed grant / no reimbursement beyond grant amount; compete for another 5 year grant next year
- MBCHP is part of the National BCCEDP; this is a comprehensive public health program in which every state participates; it is the *only* national cancer screening program
- MBCHP includes: (1) screening services (exam, testing, colposcopy), (2) public education and (3) professional education
- Since passage of 2001 "Treatment Act" legislation, women diagnosed with cervical cancer through MBCHP are deemed eligible for MaineCare (all services and benefits) for 1 year; continued eligibility, if still in cancer treatment at 1 year

Members' Questions and Suggestions:

- Address the needs of women under 40 years of age:
 - Explore opportunities to cover women under 40 years through MBCHP
 - What are the reasons that MBCHP does not serve women under 40 years of age?
 - Decision at outset of MBCHP; CDC makes it optional to start at age 18; given limited annual funding decided to focus on age groups that were less well-served; assessment made that younger women were covered by family planning services
 - How many women ages 20-39 years are falling through the cracks?
 - Molly Schwenn offered to obtain relevant data from the CDC Behavioral Risk Factor Surveillance System (BRFSS)
 - Who is eligible for family planning services?
- Is there geographic disparity in participation in MBCHP?
 - Get enrollment data by county
- Conventional pap smear vs. thin prep
 - *What does MBCHP cover?* MBCHP pays the rate for the traditional pap but finds some labs do the thin prep anyway at the lower rate
 - *What are the cost-benefit factors in comparing the traditional pap vs. the thin prep?* Thin prep more sensitive to pre-cancer; can use sample taken for thin prep to do HPV test if needed; costs: traditional pap \$4-5; thin prep \$15-16; very hard to prove that use of thin prep will save lives
 - *Other issues related to thin prep:* Currently for the Portland area, thin prep is used about 83% of the time; recommendation to consider ways to centralize and ensure access to information regarding cervical cancer resources
- Assess current outreach and public education efforts:
 - Examine adequacy of information currently available on-line
 - Learn more about where information on MBCHP is distributed

5. Developing a Work Plan

The Task Force identified the following tasks to include in its work:

- Identify barriers to screening and treatment: Examine barriers to screening and routine treatment. What prevents women from getting screened?
 - Sharon Jerome noted that she has a survey that addresses this issue for the Maine population; also there may be national information from CDC that the Task Force can obtain
- Assess/develop outreach strategies: Explore ways to reach out to those women who don't currently access cervical cancer screening and/or treatment services; utilize the annual "Legislative Update" as a tool for providing education and/or collecting information; explore strategies to educate providers and patients about the guidelines; partner with the American Cancer Society

- Address gaps in current system: Address two distinct populations who are falling through the cracks: (1) women who are not getting screened; (2) women who are screened but for whom screening fails
 - Dr. Jones offered to provide the Task Force a presentation on subgroup (2) and what can go wrong for someone who is in the system (*scheduled for 12/16/05*)
- Review technology issues: Address key clinical technology issues: (1) Vaccine; (2) HPV testing; (3) thin prep vs. conventional pap
 - Dr. Jones offered to provide a presentation on these issues; invite someone to speak specifically about the new vaccine (*scheduled for 12/16/05*)
- Review clinical guidelines: Examine the current clinical guidelines regarding screening for cervical cancer / pap smears
 - Dr. Raczek offered to compile screening guidelines and put together for task force in advance of the next meeting (*scheduled for 12/16/05*)

6. Planning for next meeting

Commission chairs and members outlined a tentative agenda for the December 16, 2005, meeting, focusing on current technologies, issues and prevention strategies.

- Invite Sara Hayes to speak about the Western Maine Community Action grant program, “At Your Cervix.”
- Invite a speaker to brief the Task Force on the newly developed cervical cancer vaccine
- Briefings from Dr. Jones, task force member, on:
 - Technology questions including: thin Prep vs. Traditional Pap Tests, state of the vaccine, HPV, and
 - Issues surrounding the population of women who are in the system but for whom the system fails
- Briefing from Dr. Raczek, task force member, on current clinical guidelines
- In follow-up communication, co-chair Representative Marrache requested information/speaker from DHHS on MaineCare coverage of cervical cancer screening and treatment services

7. Interim Report

Commission decided to request an extension from 12/7/05 to 12/23/05 for completion of the Interim Report. Request was made to the Legislative Council and was approved.

Future Meeting Dates

Friday, December 16, 2005 1:00pm to 4:00 pm, Statehouse Room 427(Insurance and Financial Services Committee Room), Augusta

Staff:

Lucia Nixon, OPLA, 287-1670, email: lucia.nixon@legislature.maine.gov

Nicole Dube, OPLA, 287-1670, email: nicole.dube@legislature.maine.gov