

Wisconsin  
Comprehensive Cancer Control **Plan**

**2015-2020**



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# Acknowledgements

## A Special Thank You

This Plan is dedicated to the strong spirit and determination of all Wisconsinites who have been touched by cancer -- to survivors, family members, caregivers, and especially to those whose lives have been lost in the fight against cancer.

The Wisconsin Comprehensive Cancer Control Plan 2015-2020 was created in the spirit of collaboration using a consensus process. We are grateful to the many dedicated individuals and Wisconsin Cancer Council member organizations (listed on the following page) for their expertise, time, and commitment given to this process. We offer a special thank you to the WCC Steering Committee for their ongoing leadership.

With the continued engagement of partners around the state we will put the Wisconsin Comprehensive Cancer Control Plan 2015-2020 into action.

***Together we will reduce the burden of cancer in Wisconsin.***



ABCD: After Breast Cancer Diagnosis  
 Affinity Health Systems  
 Agnesian Healthcare  
 Agrace Hospice Inc.  
 American Cancer Society – Midwest Division  
 American Heart Association – Wisconsin  
 American Lung Association – Wisconsin  
 Angel on My Shoulder  
 Appleton Health Department  
 Aspirus Wausau Hospital  
 Aurora Health Care  
 Bad River Health and Wellness Center  
 Bayfield County Health Department  
 Bellin Cancer TEAM  
 Breast Cancer Family Foundation  
 Breast Cancer Recovery Foundation  
 Bureau of Community Health Promotion  
 Bureau of Environmental and Occupational Health  
 Calumet County Activity and Nutrition Coalition  
 Cardinal Stritch University – School of Nursing  
 Center for Diagnostic Imaging  
 Center for Patient Partnerships  
 Center for Tobacco Research and Intervention  
 CHANGE Coalition  
 Childhood Obesity Prevention Collaborative  
 City of DePere Health Department  
 City of Milwaukee Health Department  
 Clark County Health Department  
 Collaborative Center for Health Equity  
 Columbia – St. Mary's  
 Community Memorial Hospital-Menominee Falls  
 Couleecap, Inc.  
 Dean Medical Center/ Dean Health Systems  
 Diverse and Resilient  
 Elevate, Inc.  
 Free to Breathe  
 Froedtert Memorial Lutheran Hospital  
 Gilda's Club of Madison  
 Gundersen Health  
 Ho-Chunk Nation Health Department  
 Hmong Cancer and Health, Inc.  
 HOPE Cancer Connection, Inc.  
 HOPE of Wisconsin  
 Indianhead Community Action Agency  
 Jackson County Health Department  
 KW2: Knupp, Watson & Wallman  
 La Crosse Area Family YMCA  
 La Crosse County Health Department  
 Leukemia and Lymphoma Society  
 Marquette County Health Department  
 Marquette University College of Nursing  
 Marshfield Clinic  
 Mayo-Franciscan Healthcare  
 Medical College of WI  
 Mercy Health System  
 MetaStar Inc.  
 Mid-State Technical College  
 Milwaukee Chapter National Black Nurses Association  
 Milwaukee Consortium for Hmong Health  
 Miriam B. White Foundation  
 Oconto County Health and Human Services  
 Oncology Nursing Society – Southeastern WI  
 Outagamie Public Health Department  
 Pancreatic Cancer Action Network  
 Peter Christensen Health Center

Planned Parenthood of Wisconsin  
 Prairie Clinic – Sauk City  
 ProHealth Regional Cancer Center  
 Restoring Hope Transplant House  
 Richland County HHS Public Health  
 Rural WI Health Cooperative  
 Sacred Heart Hospital-Eau Claire  
 Sawyer County Health & Human Services  
 Scenic Bluffs Community Health Center  
 Shawano-Menominee counties Health Department  
 St. Joseph's Hospital-Marshfield  
 Sisters 4 Cure, Inc. – Milwaukee  
 Southeastern Wisconsin Oncology Nursing Society (SWONS)  
 Starting Point of Ozaukee County  
 St. Mary's Hospital-Madison  
 St. Vincent Hospital/Regional Cancer Center  
 State Laboratory of Hygiene  
 Stillwaters Cancer Support Services  
 Susan G Komen for the Cure—Central WI Affiliate  
 Susan G Komen for the Cure—South Central Affiliate  
 Susan G Komen for the Cure—Southeast WI Affiliate  
 ThedaCare  
 Together for Jackson County Kids, Inc.  
 Tricia's Troops Cancer Connection  
 Turville Bay MRI & Radiation Oncology Center  
 Unity Hospice  
 UW Clinical Genetics Center  
 UW Department of Obstetrics and Gynecology  
 UW LaCrosse Dept. of Health Education & Health Promotion  
 UW Carbone Cancer Center  
 UW Population Health Institute  
 UW Center for Urban Population Health  
 UW Cancer Center – Riverview  
 UW Extension Adams County  
 Waushara County University of WI - Extension  
 West Allis Health Department  
 Wheaton Franciscan Healthcare, Inc.  
 WI Alliance for Women's Health  
 WI Breast Cancer Coalition  
 WI Cancer Registrars Association  
 WI Cancer Reporting System  
 WI Cancer Risk Program Network  
 WI Collaborative for Healthcare Quality  
 WI Department of Health Services  
 WI Department of Public Instruction  
 WI Dietetic Association  
 WI Hospital Association  
 WI Medical Society  
 WI Nurses Association  
 WI Ovarian Cancer Alliance  
 WI Pink Shawl Initiative  
 WI Primary Health Care Association  
 WI Public Health Association  
 WI Society of Health Care Consumer Advocates  
 WI Society of Radiation Oncology  
 WI Surgical Society  
 WI Tribal Health Directors' Association  
 WI Women's Health Foundation  
 Wood County Health Department  
 YMCA of Dane County  
 YMCA of Metropolitan Milwaukee  
 YMCA of the Northwoods  
 Young Survival Coalition

## **WCC Member Organizations**

The Wisconsin Cancer Council is a coalition of organizations dedicated to the development and coordination of a comprehensive cancer control program in Wisconsin.



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## Introduction

The Wisconsin Comprehensive Cancer Control Plan (WI CCC Plan) 2015-2020 is a common framework for action in cancer prevention and control to be implemented over five years. The WI CCC Plan 2015-2020 is designed to provide program leaders, policy makers and researchers with a carefully crafted vision of what needs to be done and the resources needed to reduce the burden of cancer in Wisconsin.

### Why did Wisconsin update its comprehensive cancer control plan?

Starting in 2009, deaths due to cancer surpassed those caused by heart disease. In 2010, the cancer mortality rate of 173.7 exceeded the heart disease mortality rate of 163.3. Nearly 30,000 Wisconsin residents per year are diagnosed with cancer, and over 11,000 Wisconsinites die annually from cancer. Although cancer is the leading cause of death in Wisconsin, the rates of new cases and deaths from cancer are declining. Advances in prevention, screening, and treatment are responsible for this decrease in cancer incidence and mortality. As a result, the rate of cancer survival has increased, with almost 280,000 cancer survivors living in Wisconsin.

Comprehensive cancer control is defined by the Centers for Disease Control and Prevention (CDC) as “an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.” CDC’s National Comprehensive Cancer Control Program (NCCCP) provides funding and technical assistance to states for developing and implementing comprehensive cancer control (CCC).

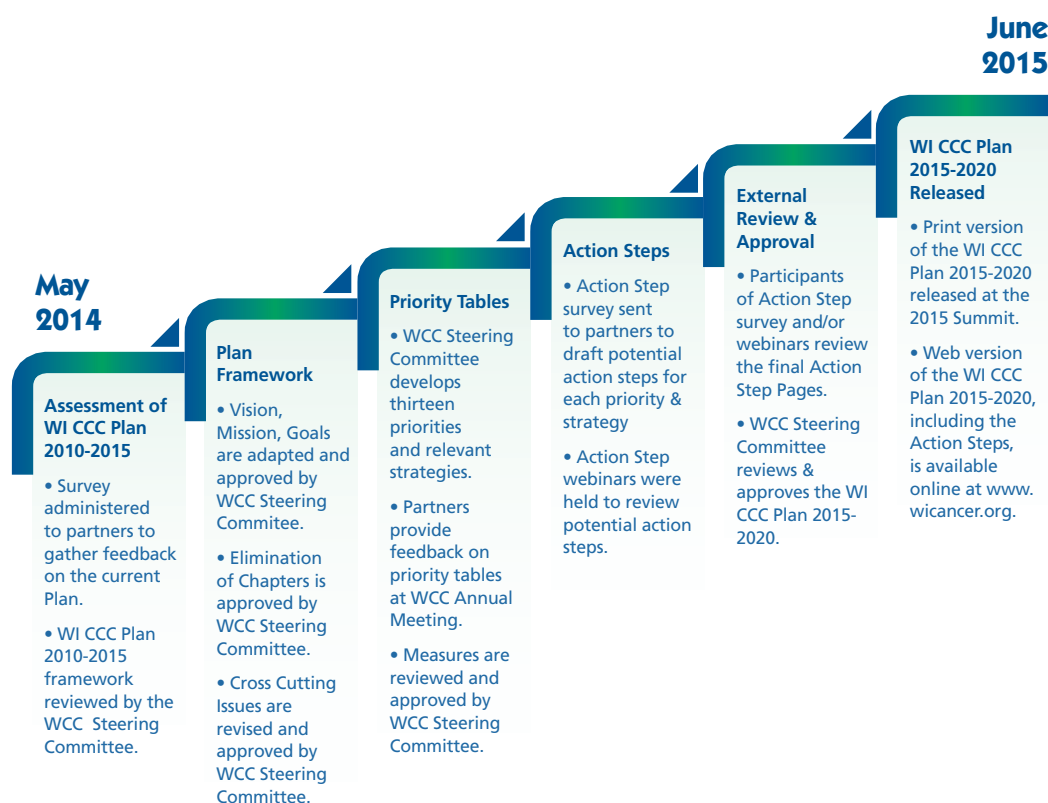
State cancer plans are the roadmap for advancing cancer prevention and control. Each state or tribal health agency develops an individual cancer plan to address its unique cancer burden. In September 2002, Wisconsin’s Department of Health Services was awarded a comprehensive cancer control planning grant from the Centers for Disease Control and Prevention. With this grant, diverse partners from all over the state came together to create Wisconsin’s first Comprehensive Cancer Control Plan 2005-2010. After five years of implementation, the WI CCC Plan was revised. From the first Plan, there were strategies that were successfully completed that could be eliminated. There were strategies that needed to be re-addressed and there were new, emerging issues in cancer control that needed to be included in a revised WI CCC Plan. Partnerships were renewed and recharged in developing the second WI CCC Plan for 2010-2015. In 2014, we were now building on two successful CCC Plans and it was agreed that it was best to revise and update the existing Plan. A large network of partners convened to develop the WI CCC Plan 2015-2020, recommitting to previous priorities and addressing new and existing cancer control concerns in Wisconsin.



## WI CCC Plan 2015-2020 Update Process

The WI CCC Plan 2015-2020 was updated by almost 150 partners across the state which included advocates, nurses, physicians, public health professionals, researchers, social workers, survivors and more. These partners represented the 128 Wisconsin

Cancer Council member organizations throughout Wisconsin that are dedicated to reducing the burden of cancer in the state. This update process occurred over the course of one year from May 2014 to June 2015. It is illustrated below.



## WI CCC Plan 2015-2020 Framework

**VISION:** A healthier Wisconsin by reducing the impact of cancer.

**MISSION:** To engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

**GOALS:** The WI CCC Plan 2015-2020 is working to achieve these five overarching goals.

- 1 Reduce the risk of developing cancer.
- 2 Increase early detection through appropriate screening for cancer.
- 3 Reduce death and suffering from cancer.
- 4 Improve the quality of life for cancer survivors.
- 5 Improve the quality and use of cancer-related data.

**CROSS CUTTING ISSUES:** The WI CCC 2015-2020 Plan also has cross cutting issues that encompass the continuum of cancer care. These cross cutting issues do not have a separate goal but instead are threaded throughout each priority to ensure that strategies and action steps developed in this Plan include:

- **Health Disparities:** Differences in the incidence, prevalence, mortality, survivorship and burden of cancer or related health conditions that exist among specific population groups in Wisconsin.
- **Access to Health Care:** Equal access to services throughout the continuum of cancer for all Wisconsin residents.
- **Policy, Systems and Environmental Change:** Population-based and system changes made to the economic, social or physical environment.
- **Workforce Development:** Address labor needs to better serve Wisconsin residents across the continuum of cancer.

**PRIORITIES** represent changes needed in order to reduce the burden of cancer in Wisconsin. The thirteen priorities of the WI CCC Plan 2015-2020 cross the entire continuum of cancer care.

All thirteen priorities are printed in tables that include strategies and measures. The action steps for each strategy are not in this printed version of the WI CCC Plan 2015-2020. They are printed in the web version of the Plan only – see note below.

**STRATEGIES** are evidence-based approaches to address the thirteen WI CCC Plan 2015-2020 priorities. Strategies are broad to allow for flexibility in developing action steps for the many diverse stakeholders implementing the WI CCC Plan.

**MEASURES** are used to monitor and evaluate change in each priority area. Each measure includes a baseline and

target. The baseline is the starting point for the priority being measured and uses data closest to the published date of the WI CCC Plan 2015-2020. The target is the goal in which the WI CCC Plan 2015-2020 strives to achieve over the next five years. Baseline years and data sources for each measure can be found on page 19 of the Plan.

**ACTION STEPS** are specific activities for partners to use to successfully implement a strategy of the WI CCC Plan 2015-2020. Online, action steps can be updated as needed to maintain relevance and will include links to resources to support implementation.

**NOTE:** Action steps are only found in the online version of the WI CCC Plan 2015-2020 and can be found by visiting [www.wicancer.org](http://www.wicancer.org).

## PRIORITIES OF THE WI CCC PLAN 2015-2020

- |  |   |
|--|---|
| <b>1</b> Decrease tobacco use and exposure to tobacco  | <b>8</b> Increase access to cancer genetic risk assessments and counseling        |
| <b>2</b> Increase healthy, active lifestyles           | <b>9</b> Increase access to quality cancer care and services                      |
| <b>3</b> Decrease high risk alcohol consumption        | <b>10</b> Increase awareness and knowledge of issues relevant to cancer survivors |
| <b>4</b> Increase HPV vaccine completion               | <b>11</b> Increase advance care planning  |
| <b>5</b> Decrease exposure to ultraviolet radiation    | <b>12</b> Increase participation in cancer clinical trials                        |
| <b>6</b> Decrease exposure to radon                    | <b>13</b> Improve WI specific cancer related data collection and use              |
| <b>7</b> Increase use of recommended cancer screenings |   |

## WI Cancer Incidence and Mortality Rates and 2020 Goals

During development of the Wisconsin Comprehensive Cancer Control Plan 2015-2020, the most recent data available for cancer incidence and mortality rates were 2011 data. Rather than project incidence and mortality rates out to 2020, it was decided to project 5 years to 2016 as those data will likely be the most recent available at the end of the 2020 plan.

To set targets, trend lines were estimated using 1995-2011 data from the Wisconsin Cancer Reporting System. Trends were estimated separately for each cancer

site and for all sites total for both incidence and mortality. The trend line was projected from 2011 to the estimated 2016 data point to determine the target. For incidence targets for all sites and for prostate cancer, data for 2001-2011 were used to estimate trends and project the 2016 data point. For melanoma incidence, the target was set equal to the 2011 rate; melanoma incidence rates have increased steadily over the time period and it was determined that remaining at the 2011 rate would be an improvement.

CANCER TYPE	INCIDENCE		MORTALITY	
	2011 Rate	2020 Goal	2011 Rate	2020 Goal
<b>ALL SITES</b>	471.3	<b>461.7</b>	175.0	<b>163.7</b>
<b>Colorectal</b>	39.2	<b>33.1</b>	14.8	<b>11.6</b>
<b>Female Breast</b>	127.6	<b>121.1</b>	21.4	<b>17.9</b>
<b>Lung</b>	61.8	<b>61.4</b>	47.3	<b>45.9</b>
<b>Prostate</b>	129.1	<b>111.3</b>	23.5	<b>18.1</b>
<b>Cervical</b>	5.8	<b>4.5</b>	1.7	<b>1.1</b>
<b>Melanoma</b>	20.3*	<b>20.3</b>	2.9	<b>2.7</b>

- Rates in this table are age-adjusted to the 2000 U.S. standard population per 100,000 population

\* Caution is warranted when interpreting the incidence rate for melanoma. Melanoma is the most underreported cancer for males (estimated at 76% complete) and second most underreported cancer for females (estimated at 82% complete).

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## PRIORITY 1: Decrease tobacco use and exposure to tobacco

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### STRATEGIES

- A** Prevent youth access to tobacco products
- B** Increase access to and use of evidence based tobacco addiction treatment
- C** Protect and strengthen clean air laws

### MEASURES

1.1

Percent of adults  
who are currently smoking

**Baseline: 18%**

**Target: 15%**

1.2

Percent of high school students  
who are using tobacco

**Baseline: 20%**

**Target: 10%**

1.3

Percent of middle school students  
who are using tobacco

**Baseline: 3%**

**Target: 2%**

1.4

Percent of high school students  
who are using e-cigarettes

**Baseline: 8%**

**Target: 3%**

## PRIORITY 2: Increase healthy, active lifestyles

### STRATEGIES

- A** Create environments that support physical activity
- B** Create environments that support healthy diets
- C** Increase the screening of and treatment for obesity

### MEASURES

2.1	
Percent of adults who are at a healthy weight	
<b>Baseline: 34%</b>	<b>Target: 40%</b>

2.2	
Percent of high school students who are at a healthy weight	
<b>Baseline: 75%</b>	<b>Target: 77%</b>

2.3	
Percent of adults who participated in 150 minutes or more of Aerobic Physical Activity per week in the past month	
<b>Baseline: 53%</b>	<b>Target: 63%</b>

2.4	
Percent of high school students who were physically active for a total of at least sixty minutes per day on all of the past seven days	
<b>Baseline: 24%</b>	<b>Target: 29%</b>

2.5	
Percent of adults who consumed at least five servings of fruits or vegetables a day in the past month	
<b>Baseline: 14%</b>	<b>Target: 25%</b>

2.6	
Percent of high school students who consumed at least five servings of fruits or vegetables a day in the past month	
<b>Baseline: 20%</b>	<b>Target: 22%</b>

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### PRIORITY 3: Decrease high risk alcohol consumption

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#### STRATEGIES

- A** Increase awareness of the connection between alcohol consumption and cancer risk
- B** Create environments that discourage excessive use of alcohol
- C** Increase screening and treatment for high risk alcohol consumption

#### MEASURES

3.1

Percent of adults who are heavy drinkers

**Baseline: 8%**

**Target: 6%**

3.2

Percent of high school students who had five or more alcoholic drinks within three hours, on one or more of the past 30 days

**Baseline: 18%**

**Target: 14%**

## PRIORITY 4: Increase HPV vaccine completion

### STRATEGIES

- A** Increase access to HPV vaccine services
- B** Increase parent, caregiver and patient acceptance of the HPV vaccine
- C** Reduce missed clinical opportunities to recommend and administer the HPV vaccine

### MEASURES

4.1	
Percent of females ages 13-17 who have completed the HPV vaccination series (3 doses)	
<b>Baseline: 34%</b>	<b>Target: 80%</b>

4.2	
Percent of males ages 13-17 who have completed the HPV vaccination series (3 doses)	
<b>Baseline: 11%</b>	<b>Target: 80%</b>

### REVISED MEASURES AS OF APRIL 2017

CDC now recommends two doses as a “completed HPV vaccination series” instead of three. This changes the baseline for the measure but the 2020 Target remains the same.

4.1	
Percent of females ages 13-17 who have completed the HPV vaccination series (2 doses)	
<b>Baseline: 42%</b>	<b>Target: 80%</b>

4.2	
Percent of males ages 13-17 who have completed the HPV vaccination series (2 doses)	
<b>Baseline: 30%</b>	<b>Target: 80%</b>



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## PRIORITY 5: Decrease exposure to ultraviolet radiation

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### STRATEGIES

- A** Increase opportunities for sun protection in outdoor settings
- B** Increase awareness about skin cancer prevention
- C** Decrease indoor tanning use

### MEASURES

5.1

Percentage of high school students who used an indoor tanning device such as a sunlamp, sunbed, or tanning booth one or more times during the past 12 months

**Baseline: 13%**

**Target: 12%**

5.2

Percentage of high school students who most of the time or always wear sunscreen with an SPF of 15 or higher when they are outside for more than one hour on a sunny day

**Baseline: 15%**

**Target: 17%**

## PRIORITY 6: Decrease exposure to radon

### STRATEGIES

- A** Increase awareness of the connection between radon and cancer risk
- B** Increase the testing and mitigation of homes and other buildings for radon
- C** Increase the number of residential buildings built or remodeled using radon reducing methods

### MEASURES

6.1

Number of houses tested and reported to DHS annually

**Baseline: 5,475**

**Target: 8,200**

6.2

Number of home mitigations performed by certified contractors and reported by DHS annually

**Baseline: 6,000**

**Target: 9,000**

6.3

Percent of adults whose household air has been tested for radon gas

**Baseline: 2014 data when available**

**Target:**

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## PRIORITY 7: Increase use of recommended cancer screenings

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### STRATEGIES

- A** Increase awareness of recommended cancer screenings
- B** Implement health care system based strategies to increase cancer screenings
- C** Increase access to recommended cancer screenings

### MEASURES

7.1

Percent of adults age 50-75 who are up to date on colorectal cancer screening

**Baseline: 72%**

**Target: 80%**

7.2

Percent of women 40 years or older who have had a mammogram in the past 2 years

**Baseline: 78%**

**Target: 90%**

7.3

Percent of women age 21-64 who have had a pap test within the past three years

**Baseline: 86%**

**Target: 93%**

## PRIORITY 8: Increase access to cancer genetic risk assessments and counseling

### STRATEGIES

- A** Educate providers and patients about assessing cancer genetic risk
- B** Increase the number of qualified professionals who offer cancer genetic risk assessment and counseling
- C** Advocate for health insurance coverage of cancer genetic risk assessment and counseling

### MEASURES

8.1	
Number of Board Certified Genetic Counselors in Wisconsin	
<b>Baseline: 42.5 FTE</b>	<b>Target: 47.0 FTE</b>

#### REVISED MEASURE AS OF APRIL 2017

Measure 8.1 is being revised to “Number of Board Certified Genetic Counselors in Wisconsin **providing cancer genetic counseling.**” This revised measure will better assess the current FTE for certified or board eligible genetic counselors in Wisconsin that are working specifically in cancer but the baseline is much lower so the 2020 Target is also revised.

Measure 8.1 of the WI CCC Plan 2015-2020 is being revised to be:

8.1	
Number of Board Certified Genetic Counselors in Wisconsin providing cancer genetic counseling	
<b>Baseline: 17.65 FTE</b>	<b>Target: 25.0 FTE</b>

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## PRIORITY 9: Increase access to quality cancer care and services

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### STRATEGIES

- A** Increase conversations between cancer patients, their families and providers about treatment options and goals of care
- B** Increase providers' use of standards of care for cancer treatment and symptom management
- C** Increase access to palliative care for all cancer patients
- D** Increase implementation of best practices for transition from active treatment to post-treatment care
- E** Increase patient and caregiver access to non-clinical support services
- F** Increase access to quality end of life care

### MEASURES

9.1

Percent of people diagnosed annually who receive treatment at a Commission on Cancer (CoC) accredited facility

**Baseline: 79%**

**Target: 90%**

9.2

Percent of people with physical pain from cancer or cancer treatment whose pain is under control

**Baseline: 72%**

**Target: 80%**

9.3

Percent of adults who have completed treatment for cancer who received a written summary of all their cancer treatments

**Baseline: 34%**

**Target: 40%**

9.4

Percent of hospice patients with a length of stay 8 days or longer

**Baseline: 70%**

**Target: 80%**

9.5

Percent of Medicare beneficiary patients who die in hospice

**Baseline: 49%**

**Target: 60%**

## PRIORITY 10: Increase awareness and knowledge of issues relevant to cancer survivors

### STRATEGIES

- A** Educate health care providers about cancer survivorship issues
- B** Educate cancer survivors on how to be active partners in their health
- C** Educate policy and decision makers about cancer survivorship issues

### MEASURES

#### 10.1

Percent of adults who have completed cancer treatment who have ever received written instructions from a health professional about where to return or who to see for routine cancer check-ups after completing treatment

**Baseline: 53%**

**Target: 58%**

#### 10.2

Five year survival rates for various types of cancer

**WI specific survival rates will be included in online version of the Plan in late 2015.**

### REVISED MEASURE AS OF APRIL 2017

In September 2016, the Wisconsin Cancer Reporting System within the Wisconsin Department of Health Services released its first report on Wisconsin Cancer Survival. When the WI CCC Plan was written in 2015, Measure 10.2 on WI specific 5 year cancer survival rates was included without data until this report was released. Measure 10.2 is now the WI five year cancer survival rates for various types of cancer.

2020 Targets have not been set yet because this is the first set of WI specific survival rates. Targets will be set when additional years of WI specific 5 year cancer survival rates become available. The full report 'Wisconsin Cancer Survival' can be found at: <https://www.dhs.wisconsin.gov/publications/p01585.pdf>

#### 10.2

WI five year survival rates for various types of cancer

Cancer Type	2011 Rate
All Cancers	64%
Colorectal	67%
Breast	89%
Lung	19%
Prostate	96%
Cervical	67%
Melanoma	89%

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## PRIORITY 11: Increase advance care planning

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### STRATEGIES

- A** Increase the number of advance care planning (ACP) conversations
- B** Increase the number of updated advance care planning documents for all cancer patients early in their treatment
- C** Improve accessibility of advance care planning documents within and across health care systems

### MEASURES

11.1

Number of patients offered an ACP facilitated conversation

**Baseline: 1,056**

**Target: 1,500**

11.2

Number of new advance care directives entered into the patient's electronic medical record

**Baseline: 491**

**Target: 750**

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## PRIORITY 12: Increase participation in cancer clinical trials

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### STRATEGIES

- A** Increase patient awareness of available clinical trials
- B** Implement health care system based strategies to increase patient referrals to clinical trials
- C** Increase research funding for clinical trials
- D** Ensure insurance coverage of clinical trials

### MEASURES

12.1	
Percent of adults who have completed cancer treatment who participated in a clinical trial as part of their cancer treatment	
Baseline: 7%	Target: 10%



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**PRIORITY 13: Improve WI specific cancer  
related data collection and use**

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**STRATEGIES**

- A** Improve the completeness, timeliness, and accuracy of the WI Cancer Reporting System (WCRS)
- B** Improve data collection for existing cancer related data sources
- C** Improve utilization of existing data
- D** Improve linkages with other data systems
- E** Address cancer data gaps identified throughout the WI CCC Plan

**MEASURES**

13.1	
Number of National Program of Cancer Registry Requirements for 2017 that have been met by the WCRS	
<b>Baseline:</b> 6 of the 10 requirements met.	<b>Target:</b> All requirements met by 2017.

## Measures' Baseline Years and Data Sources

Measure	Baseline Year	Data Source
1.1 2.1 2.3 2.5 3.1 12.1	2013	Centers for Disease Control and Prevention. BRFSS: Behavioral Risk Factor Surveillance System. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.  <i>Note: Healthy weight in Measure 2.1 = those adults who are not overweight or obese.</i>  <i>Note: Heavy drinkers in Measure 3.1 = adult men having more than two drinks per day and adult women having more than one drink per day.</i>
1.2 1.4	2014	Wisconsin Tobacco Prevention and Control Program. Wisconsin Youth Tobacco Survey (YTS) High School Fact Sheet. Wisconsin Department of Health Services, Division of Public Health. Madison, WI. 2015.
1.3	2014	Wisconsin Tobacco Prevention and Control Program. Wisconsin Youth Tobacco Survey (YTS) Middle School Fact Sheet. Wisconsin Department of Health Services, Division of Public Health. Madison, WI. 2015.
2.6	2011	Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
4.1 4.2	2013	Wisconsin Immunization Registry. Wisconsin Department of Health Services. Madison, WI. 2013.
2.2 2.4 3.2 5.1 5.2	2013	Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.  <i>Note: Healthy weight in Measure 2.2 = those students who are not overweight or obese.</i>
6.1 6.2	2013	Creswell PD, Christenson ML, Vogt C, Godecker A, Reynolds EA, Maloney J. Lung Cancer Risk and Radon in Wisconsin: The Need for Increased Testing and Improved Reporting. WI CCC Issue Brief, January 2015, Volume 11 No. 1. Accessed at <a href="http://www.wicancer.org/uploads/pub_84037.pdf">http://www.wicancer.org/uploads/pub_84037.pdf</a> , April 27, 2015.
6.3	2014	Centers for Disease Control and Prevention. BRFSS Statistical Brief on Cancer Screening Questions. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
7.1 7.2 7.3	2012	Centers for Disease Control and Prevention. BRFSS Statistical Brief on Cancer Screening Questions. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.  <i>Note: Up to date in Measure 7.1 = having received one or more of the recommended CRC screening tests within the recommended time interval: (1) high-sensitivity FOBT (guaiac-based FOBT or fecal immunochemical test [FIT]) annually, (2) colonoscopy every 10 years, or (3) sigmoidoscopy every 5 years with FOBT every 3 years.</i>
8.1	2015	The Wisconsin Cancer Risk Program Network provided names and affiliations for member health systems statewide. The WI CCC Program contacted each listed health system to ascertain the number of genetics counselors.
9.1	2012	Wisconsin Cancer Reporting System
9.2 9.3 10.1 12.1	2012	Centers for Disease Control and Prevention. BRFSS: Behavioral Risk Factor Surveillance System – Cancer Survivorship Module. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
9.4 9.5	2013	The 2013 Report on Wisconsin Hospices and Patients. The Hospice Organization and Palliative Experts (HOPE) of Wisconsin. Madison, WI. 2015.
11.1 11.2	2014	Data from Honoring Choices Wisconsin (HCW) annual report of new conversations conducted for the most recent cohort of participating organizations. Participants report new conversations and written plans over a 6 month period, after which they may continue to facilitate conversations and written plans but do not report data to HCW. Conversations & written plans may also be facilitated by others, such as trained volunteers, who do not document in the medical record.
13.1	2014	Wisconsin Cancer Reporting System Staff





Comprehensive  
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610 Walnut Street • 370 WARF • Madison WI 53726  
[www.wicancer.org](http://www.wicancer.org)