

CCC Early Detection and Screening Committee Meeting Minutes
 Thursday, November 12, 2009
 Location: AZ Department of Health Services, 150 Bldg, Room 535C
 Conference Call-in number 1-866-751-5726 (*1186832*)

On the Phone: Raquel Acosta, Hector Cariello, Hannah Carlson, Marque Collins, Mary Dokes, Sharon Jaycox, Sherryl Lewis, Elizabeth Markona, Kendra Sabol, Anita Cleer, Lee Anne Collins, Dr. Tim Flood
Guest Speaker on phone: Dr. Francisco Garcia

Agenda Items	Discussion	Follow-up Items
Virginia Warren	Virginia Warren has resigned as chairman of the Early Detection and Screening Committee. Jennifer Lenz and Virginia Warren were the original chairs of this committee and we appreciate all of their hard work that they have done.	
Hector Cariello	Hector Cariello will be the new chair for this committee. Hector works for the Health Services Advisory Group (HSAG). We are the California and Arizona Medicare contractors of both states. His role is the Physicians Office Project Manager. Currently we are working with physician's offices that have implemented an electronic health record and we're looking to help them improve on four preventive measures. Two of them are breast cancer screenings and colorectal cancer screenings. We're also looking to do health initiative disparities that are within the minority population but also in the Medicare population when it comes to screening breast cancer and colorectal cancer screenings.	
Dr. Tim Flood	Dr. Flood mentioned in the meeting that he would like to give a presentation with Hector about some of the cancer data and the findings.	
2nd Annual Undy 5000	Kendra brought to the committees attention about the 2 nd annual Undy 5000 on Saturday, November 21, 2009, to be held in downtown Phoenix. The monies are going for treatment dollars for colorectal cancer patients that are in the Fit & 50 program. This is a service program that Virginia Warren oversees for colorectal cancer.	

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<p>Dr. Francisco Garcia, University of Arizona</p>	<p>Dr. Garcia is part of the American Cancer Society GYN Cancer Advisory Committee. This is the group that has developed the fixation guidelines for cervical cancer prevention. The ACS has gotten a lot of perks for the article that has come out in the New York Times. The American Cancer Society has always talked about that there are considerations to be thought about when you start doing screenings. The AMS is not mocking down in terms of the sure promoting the age appropriate periodic screening for malignancies.</p>	
<p>Questions/Comments</p>	<p>Kendra: There has been a concern of medical providers who is a challenge in many cases to be proactive and encouraging their patients for screening. Can I use this as an opportunity to not be as directive about that?</p> <p>Answer: We know that it is hard enough to get providers motivated to do screenings. We're hoping when this article came out what providers about the ups and downs sides of screening. For example, in my area, we are recommending that people have a pap with HPV testing after the age of 30. When I talk women, I want to make sure that they understand what is going on. There is a lot of patient education and intelligent conversations that should be taking place between providers and patients. We need to find a way that people are getting the right information.</p> <p>Sharon: My concern is everyday person and everyday folks who read that message. What is their interpretation of that message going to be? To me I would say that is a reason for not to get screened because ACS says there is no use getting screened so I'm not getting screened.</p> <p>Answer: Correct. This has been one of the side effects of the</p>	

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	<p>article. The ACS will be putting together some case messaging that we have not backed off of our screening recommendations at all. Our screening recommendations are what they are. They have been well thought out and the access of publications that include those recommendations talked about what the limitations of screening are. We're afraid that people are going read that stuff in the press and think "oh well I'm going to get screened" and that would be the wrong message. It's about expectations. They do not understand how what you can and what you can't get from screening. It's a complicated message to get out there.</p>	
	<p>Kendra: I was surprised to see breast cancer thrown in the overcasting area?</p> <p>Answer: I think we all were. The article in JAMA sort of lumps breast cancer in that. Because it was published in JAMA it is not necessarily the end dollar and the end of all outstanding questions. What they were trying to convey was that breast cancer screening is detecting earlier than expected. However, the fraction of the disease that is later staged hasn't changed. We have to get smarter about detecting the later staged disease at a point that it is more manageable. The ACS is not backing off with regards to the recommendations of breast cancer screening with women over the age of 40. The need for mammography screening will be life saving for women who are screened.</p> <p>There has been some research work at looking at molecular markers that you can detect in the blood. Some of those molecular markers may apply to breasts also. Right now, they are being smarter about screening and having good conversations between providers and patients so that they will have a realistic expectation of what they can expect once the</p>	

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screening process happens. In the future it will be about new technology and new tasks. At this point, it's all about having conversations with the patients.

Address colon and cervical cancers:

In cervix, the screening has made a tremendous impact. The number of women who died from cervix cancer in this country is down to approximately 3600 as of the yearly estimate. That is almost 100+ thousand in the 1940's. The same is happening with colon cancer to a certain extent. It has to do with some real reduction at a population level in terms of mortality. People who are looking for those reductions at the level at the entire populations have seen a flattening out.

Tim Flood:

Dr. Flood wanted to make an additional comment on the article. I found the article very, very timely and very helpful for us in the public health settings where we're dealing with populations. Dr. Flood encourages everybody to read the article. What I found very helpful in the article is that it describes in much detail for two cancers the scenario that we are seeing being played out at the population level, which is breast cancer and prostate cancer; we're not seeing what we really would have expected to see if the screening test is clearly at stake. Our goal here is to prevent that. One slight criticism is the article talked about death but did not provide the data for it. Two valuable things about it gives us this theoretical description of what screening not to do to various kinds of cancer and how screening would work with four scenarios with they way the cancer presents itself. One of them talks about some cancers goes from not being present to being regional or distant and already a late stage.

It happens so fast that their screening intervals not able to detect those in time to make a difference. Then it talks about some cancers grows so slowly that they will never really get

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	<p>the patient into trouble medically as they do the patient with a service when they find those kinds of cancer it was never destined to get into trouble with those really slow cancers. Then there's this ideal life situation where you're able to do the screening test and detect the cancer in the early stage and before it spread and that's the ideal situation at that point by removing the cancer if it is the right treatment. You prevented that cancer from becoming regional or distant.</p> <p>The article talked about the concept of the number needed to treat to save a life or the number need to screen in order to save a life. I don't like the way our current medical establishment that informs patients about the benefits of the test. It's very hard for these patients to interpret these numbers.</p> <p>Statement from a JAMA article earlier in the year: "For preventing one prostate cancer death it requires 1068 men undergoes screening which would have identify 48 men who will need to be treated."</p> <p>Patients need to hear that kind of information as they decide whether to have screening or not.</p>	
<p>Co-chair and recorder for the Early Detections and Screening Committee</p>	<p>It was brought to the committee's attention that they need to have a co-chair and a recorder for the committee. If interested or have any questions, please email Kendra Sabol at Kendra.Sabol@azdhs.gov.</p>	
<p>Next Meeting Date:</p>	<p>Will be in January 2010.</p>	