Barbara K. Rimer, DrPH
Chair, President’s Cancer Panel

Update to the National Cancer Advisory Board

September 9, 2014
Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.

Authority: 42 U.S.C. 285a-4; Sec. 415 of the Public Health Service Act, as amended
Members

Barbara K. Rimer, DrPH
*Univ. of North Carolina at Chapel Hill*

Hill Harper, JD
*Cancer Survivor, Actor, and Best-Selling Author*

Owen N. Witte, MD
*University of California Los Angeles*
A key criterion for topics

Actionable recommendations
Overview

- 2012-2013 Report to the President – UPDATE
  Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer

- June 13, 2014 Planning Workshop
  Cancer Communication in the Digital Era: Opportunities & Challenges

- 2014-2015 Series
  Connected Health: Improving Patients’ Engagement and Activation for Cancer-Related Health Outcomes
Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer

A Report to the President of the United States from The President's Cancer Panel

Human papillomaviruses (HPV) cause most cases of cervical cancer and large proportions of vaginal, vulvar, anal, penile, and oropharyngeal cancers. HPV also causes genital warts and recurrent respiratory papillomatosis. HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males, but uptake of the vaccines has fallen short of target levels. The President's Cancer Panel finds underuse of HPV vaccines a serious but correctable threat to progress against cancer. In this report, the Panel presents four goals to increase HPV vaccine uptake: three of these focus on the United States and the fourth addresses ways the United States can help to increase global uptake of the vaccines. Several high-priority research questions related to HPV and HPV vaccines also are identified.

Click below to read more.

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.

- Increase Global HPV Vaccination
- Conduct High-Priority Research
- Maximize Access to HPV Vaccination Services
- Increase Parents', Caregivers', and Adolescents' Acceptance of HPV Vaccines
- Reduce Misused Clinical Opportunities to Recommend and Administer Vaccines
HPV Report Presentations

- National Vaccine Advisory Committee (February 2014): Drs. Rimer & Lowy
- NIH Office of Research on Women’s Health (March 2014): Dr. Sandler
- Policy session at AACR Annual Meeting (April 2014): Drs. Witte and Sandler
- Webinar for the National Foundation for Infectious Diseases (May 2014): Drs. Rimer and Noel Brewer
- Accepted poster for APHA Annual Meeting (November 2014) – J. Sienko/L. Paradis
Accelerating HPV Vaccine Uptake: What is Working and Why
Tuesday September 23, 2014
2:00-3:00 pm ET
For more information and to register:
http://researchtoreality.cancer.gov

Speakers include Abby Sandler, PhD, Executive Secretary, President’s Cancer Panel.
#HPVReport
- We created & disseminated a comprehensive hashtag to magnify reach, engage stakeholders, and monitor online sentiment.
- Tweets and Facebook posts revealed strong support for report.

Dr. Tom Frieden
@DrFriedenCDC
Clinicians: Clinical strategies in #HPVReport to accelerate HPV vax uptake & end cancers for our kids’ future. 1.usa.gov/1eADjt5

Hill Harper
@hillharper
As a #cancer survivor, it’s vital to protect youth from future cancers. Check out @PresCancerPanel’s #HPVReport 1.usa.gov/1eADjt5

The New York Times
Report Says Not Enough Children Get HPV Vaccine
The vaccine can protect against cancer-causing strains of the virus, which is transmitted by intimate contact. View on web
Promotional efforts, partner engagement, and report acclaim boosted monthly Twitter network and engagement numbers, enhancing online visibility and reinforcing the role of the Panel.

Report Release Week Analytics (Feb. 10-17, 2014)
- Reach: Over 4 million Twitter users
- Engagement activity: 170
- Followers: 65 new followers

@PresCancerPanel Monthly Engagement Levels
Dec 2013–Mar 2014

@PresCancerPanel Monthly Network Growth
Jan 2014–Feb 2014
2013 HPV Vaccination Coverage for Adolescents

In 2013:

- 37.6% of girls ages 13-17 completed three-dose series (compared to 33.4% in 2012).*
- 13.9% of boys ages 13-17 completed three-dose series (compared to 6.8% in 2012).

*Healthy People 2020 goal: 80 percent of girls ages 13-15 complete HPV vaccine series.

NCI announced one-year grant supplements: Promote collaborations between NCI-designated cancer centers and state/local cancer coalitions and HPV immunization programs.

Release date: July 17, 2014; Request Receipt date: August 4, 2014; Earliest Anticipated Start Date for Awards: September 10, 2014.
CDC announced funds

- Develop and administer national network of cancer prevention organizations.
- Goal: improve HPV vaccination delivery for prevention of HPV-related cancers.
As a healthcare provider, we urge you to improve the strength and consistency of your recommendation for HPV vaccination to your patients. Your recommendation is the number one reason why someone will get the HPV vaccine and be protected from HPV-associated cancers and disease.

Signed:

REID B. BLACKWEIDER, MD
President
American Academy of Family Physicians

THOMAS McINERNY, MD
President
American Academy of Pediatrics

JEANNE CONRY, MD
President
American College of Obstetricians and Gynecologists

THOMAS FRIEDEN, MD
Director
Centers for Disease Control and Prevention

MOLLY COOKE, MD
President
American College of Physicians

DEBORAH WEXLER, MD
Executive Director
Immunization Action Coalition
Cancer Communication in the Digital Era: Opportunities & Challenges
Connected Health: Improving Patients’ Engagement and Activation for Cancer-Related Health Outcomes
“The participation of patients in their own healthcare could substantially improve their care...Access to electronic personal health information and interfaces that make it easy for public and private clinical organizations to share health information with each other and with patients could enable healthcare providers and patients to collaborate in informed decision-making.”

P. 17, PCAST, *Realizing Potential of Health IT*, 2010
Exhibit 4: Changes in Adoption of Basic and Comprehensive EHRs, 2008-2013

- Percentage of Hospitals

- 2008: Comprehensive EHR = 25.5%
- 2009: Comprehensive EHR = 27.4%
- 2010: Comprehensive EHR = 33.4%
- 2011: Comprehensive EHR = 40.3%
- 2012: Comprehensive EHR = 50%
- 2013: Comprehensive EHR = 58.9%

Source: Authors’ calculations of data from the American Hospital Association Annual Survey Information Technology Supplement

Note: All analyses were statistically weighted for potential nonresponse bias.
The Public’s Move to Electronic Connectivity: The Demand Side (NCI’s Health Information National Trends Survey [HINTS])
Among trackers, the % who say tracking their health has had the following impacts, by chronic condition status:

- **Changed overall approach to own health or health of someone else**: 40% (40% for trackers with no chronic conditions and 51% for trackers with 1+ chronic conditions).
- **Led them to ask a doctor new questions or get a second opinion**: 33% (33% for trackers with no chronic conditions and 48% for trackers with 1+ chronic conditions).
- **Affected a decision about how to treat an illness/condition**: 25% (25% for trackers with no chronic conditions and 43% for trackers with 1+ chronic conditions).

**Source**: Pew Internet Health Tracking Survey, August 07 – September 06, 2012. N=3,014 adults ages 18+. Interviews were conducted in English and Spanish and on landline and cell phones. Margin of error is +/- 2 percentage points for results based on all adults.
Highly Engaged and Activated Patients Have Lower Healthcare Costs

"People who are disengaged in their health are the toughest group to manage and account for a disproportionate share of healthcare costs."

Joseph Kvedar, MD
Director
Center for Connected Health
Partners HealthCare System
Intelligent devices: potentially powerful new tools for health

Intelligent devices include remote sensors, wearables, digital cameras, and mobile phone apps.
What is HealthKit? How the iPhone will get you fit

by Jon Mundy 01 September 2014 | Go to comments

How Apple HealthKit is going to keep the doctor away

On the 9th of September, Apple will launch the iPhone 6, which means that it will also be launching a new version of iOS.
“Quantified Self” movement spurs new interest in prevention and healthy behaviors relevant to cancer control.

“Meaningful Use” incentives to health care providers focus on requirement to demonstrate “patient engagement” through health information technology (Phases 2 & 3).
Connected health may improve medication adherence.

- Non-adherence is a problem for oral cancer medications.
- Increased resource use, incl. ER visits, costs, reduced regimen efficacy
- Connected health could improve adherence.
  - Tailored reminders to patients
  - Feedback re: barriers to adherence
  - Live chats with pharmacists & others
  - Portals for easier medication refills
  - Social support from other patients

- Darkow et al. (Pharmacoeconomics, 2007): 31% of patients had Rx interruptions that led to increases in medical costs for patients on imatinib. Decrease in med persistence betw 4 & 14 months of Rx.
- Hohneker et al. (JOP, 2011): 54% to 80% of breast cancer patients receiving hormone therapy adhere to Rx.
- Kondryn et al. (Lancet Onc, 2011): 63% of teens & young adults do not adhere to cancer Rx regimens.

Consistent with other findings re: non-adherence to oral regimens
Communication Problems Significant in Cancer Care

- Interviews with 416 cancer patients across 3 clinical sites (Mazor, et al, 2012)
- Asked about events where something “went wrong,” the event could have been prevented, and the event could have caused significant harm

Results
- 28%: problems with medical care
- 47%: communication problems
- 24%: problems with communication & medical care

“You will receive a saliva reader that plugs into your smart phone, together with a few mobile applications that allow you to record your symptoms” (p. 3, line 8).

“Every eight hours, your phone will buzz to remind you to take your medicine and answer a short series of questions about how you are feeling” (p. 3, line 10).
Creating a Connected Cancer Care Platform

- CancerLinQ provides real-time quality feedback to providers.
- Real-time clinical decision support can inform discussions between patients and physicians & choice of therapy.
- Powerful analytic tools help uncover patterns that can lead to improved care.
Navigator programs increase 5-year survival rates for breast cancer patients—are expensive.

ONC funded pilots to improve navigation through connected technology.

GA Tech computer scientists creating computational model with triggers for improving patient navigation/health outcomes.

MyJourney Compass: National Pilot Project Uses Information to Improve Cancer Treatment

An experimental health information exchange being tested in the north Georgia city of Rome is helping Koren Sinnock keep her travel plans. A breast cancer patient, Sinnock had been reluctant to travel very far from her doctors until the new program promised to provide access to her medical records from anywhere she might happen to be— including the beach.

“It gives me a sense of freedom that I can actually leave town and know that I can have medical information related to my cancer with me,” she said. “I’m excited to be part of creating something that other people across the country might use.”

Providing easy access to medical histories and treatment records is just one aspect of MyJourney Compass, a pilot project designed to help patients navigate the complex cancer treatment process and become more involved in their health care decisions. Operated through the Georgia Department of Community Health, the computer provided medical information, access to health information records and a symptom tracker for regular communication with physicians. (Click image for high-resolution version. Credit: Rob Felt)
Cancer-Related Connected Health: Key Questions

- Does connected health improve patients’ activation, engagement & patient-provider communication?
- What cancer-related outcomes can be achieved through connected health?
- Are there negative consequences for patients or the system?
- Is cancer-related connected health being developed at the right pace?
Cancer-Related Connected Health: Key Questions

- Does providing computationally-tailored information to patients improve cancer care & care outcomes?
- Barriers to connected health?
- What would accelerate the process?
- Impact of connected health on diverse patients?
- Transformative processes, ideas, intelligent devices & technologies on the horizon with potential to improve cancer-related connected health care?
- Research needs?
Workshop 1: Engaging Patients with Connected Health Technologies  December 2014: Boston, MA
- Connected health landscape and potential cancer applications

Workshop 2: The Personal Health Data Revolution, Connected Health & Cancer March 2015: San Francisco, CA area
- Role of health data in promoting health, consumer and patient activation, optimizing self-management, and supporting insight-driven healthcare leading to optimal outcomes

Workshop 3: Imagining the Future of the Connected Cancer Patient  TBD
- Recommendations to accelerate progress re: connected health technologies in cancer
Contact Us

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