

**Draft Minutes**  
**DHEC Cancer Control Advisory Committee**  
**Meeting – September 8, 2011**

**Members Present:** Debbie Seale (Chair), Judy Bibbo, Susan Bolick, Karen Brooks, Michael Byrd, Natalie Copeland, Lynn Erdman, Jim Maynard, Drew Monitto, Linda Morphis, Susan Outen

**Announced Absences:** Anthony Alberg, Margaree Crosby, Lynn Ivey, John Ureda

**DHEC Staff Present:** Susan Bolick, Lou-Ann Carter, Virginie (Ginie) Daguise, Susan Jackson, Dianna Lydiard, and Sonya Younger

**Guests:** Steve Lovelace, Executive Director; South Carolina Cancer Alliance (SCCA) and Dr. Sudha Xirasagar, USC Associate Professor, Arnold School of Public Health, Department of Health Services Policy and Management

**Welcome and Introductions**

Debbie Seale, Chair, welcomed the participants and reintroduced Sonya Younger as the newest DHEC CCAC staff.

**Minutes**

The May 2011 Meeting Minutes were reviewed. Dr. Drew Monitto made a motion and Lynn Erdman made a second to approve the minutes.

**Nominating Committee**

Dr. Mike Byrd, Nominating Committee Chair (Dr. John Ureda) made a motion to amend the CCAC Bylaws. Since the Nominating Committee is a standing committee, no motion of a second was needed. The motion was put forth to establish Dr. David Rice and Dr. Drew Monitto as Co-Chairs. Drs. Rice and Monitto feel that the dual role would better serve the position should the other not be able to attend a meeting due to their priority clinical roles. No one opposed the slates after an explanation of the timeline to amend the Bylaws was presented.

**Surveillance Subcommittee**

Dr. Tony Alberg was unable to attend. Susan Bolick presented a report on his behalf.

The Surveillance Subcommittee, chaired by Dr. Alberg, last met June 30, 2011 at DHEC. Two new members joined the group for this meeting: Dr. Charles Bennett from the SC School of Pharmacy and Dr. Swann Adams from the USC ASPH and Cancer Prevention and Control Program.

At this meeting, with new members present, an extensive discussion was held regarding the role of the subcommittee, the role of the researcher's IRB (since no application is accepted for use of registry data without IRB approval), and finally the role of the DHEC IRB.

Updates were provided on two formally reviewed proposals.

A more formal review process for applications requesting use of registry data was formalized as follows:

Each proposal received will be assigned two reviewers: one researcher and one non-researcher. This blend of expertise will help assure each proposal is thoroughly evaluated. The two reviewers may comment on any aspect of the proposal. The assigned reviewers will lead the discussion at the meetings on the proposals they reviewed. This process will help disperse the reviewer responsibilities evenly and will increase ownership of the review process among committee members.

The next meeting will be held during the first week of October. The Surveillance Subcommittee plans to return to meeting the same day as the CCAC as in the past.

### **Central Cancer Registry**

Susan Bolick provided the Central Cancer Registry report.

### **I. AUDIT**

Central Registries undergo a five (5) year funding cycle audit by the CDC contractor.

The SCCCRC underwent an audit in March of this year with results received in July.

Ten (10) hospitals were randomly selected and visited by the auditor in a two-week period and 27 data items were coded from the medical record on primary site, histology, behavior, grade, collaborative staging, and 1<sup>st</sup> course of treatment. These codes were then compared to the data on that patient at the SCCCRC.

There was a resolution time period to agree or disagree with the auditor's codes; if more information could be provided to justify the codes, they were accepted as correct.

For this audit, the 2008 cancer diagnosis year was audited, and the focus was on the completeness and quality of 1<sup>st</sup> course of treatment (including surgery, radiation therapy, chemotherapy, and hormonal therapy). This is the first time the treatment data has been evaluated for the SCCCRC.

The overall score for this data quality review was **94.6%**.

The CDC staff and audit staff were very pleased with the outcome as expressed on the post-audit conference call. The SCCCRC will be able to compare themselves to other states audited when CDC releases results of this year's audits.

There is a detailed report available on all the discrepancies identified to use for training purposes. Audit results and highlights of the errors were presented to the SC Cancer Registrars Assoc. Annual Educational Conference on Aug. 25 in Florence. Follow up training sessions are being planned.

## **II. NEW YEAR FUNDING**

The SCCCR received level funding from the CDC for FY12.

## **III. CDC CPCP SURVEILLANCE BRANCH CHIEF VISITS SCCCR**

Dr. Christie Eheman, CPCPSB Chief, contacted Susan asking to visit SC for two days on a fact-finding mission. In the face of impending FY13 federal budget cuts, she wants to have a better understanding of how registries operate, where should the most time be spent, what is most challenging, and what can be done without.

She visited on August 11-12. There were a good series of discussions. A lot was learned about her thought process and how she plans to approach the upcoming cuts. Dr. Eheman will evaluate states individually, due to the fact that there are those with much and those without much at all. (Some states have both SEER and CDC funding). Dr. Eheman was able to see SCCR's success despite being short-staffed.

Dr. Eheman is leaning toward requiring less data collection for collaborative staging. The requirements by the College of Surgeons have become unmanageable. From 2009 to 2010, the record length for the standard NAACCR record increased exponentially, mostly due to newly required fields for collaborative stage.

While this degree of clinical data may be what the College requires of their hospitals, and even SEER may choose to follow that lead, NPCR was established to provide a cancer incidence surveillance system for the nation. It will be interesting to see what unfolds.

Dr. Eheman was very complimentary of SCCR's operations and it was a pleasure to have her visit.

### **SCOPE SC Evaluation Report**

Sudha Xirasagar presented the SCCA, Cancer Control Plan Implementation Evaluation of SCOPE SC Year 01 report. The evaluation's approach was to compare SCOPE SC's quality benchmarks with those of the US MSFT. Of the 782 targeted, 665 (85%) procedures were performed. The majority participants were females (192; 28.9% Males) and African Americans (468; 71.1%) The major age range was 50-59 (426; 64.4%). The total number of adenomas was 338. Of those, 68 had advanced adenomas removed. The evaluation also showed advanced adenoma findings in African Americas at a young age (45-49) which supports the raised question about changing the screening age for this group. The expected number of colorectal cancers cases prevented in the future was 23 (based on lifetime risk of all Americans of 5% & colonoscopy ensuing cancer protection rate of 70%). Three of the outcomes mentioned in the report: 1) There was no difference in outcome among age groups; 2) There needs to be more male outreach (particularly among African Americans) along with quality monitoring (antidotal issues) and 3) the report provides a strong case for advocating for more funding.

### **Cancer Division Update**

Lou-Ann Carter provided a Cancer Division update. She confirmed that Commissioner Earl Hunter has elected to retire, while additional information was not known at the time.

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### ***Medicaid Treatment Act***

Susan Jackson reported on the Medicaid Treatment Act statistics for the current year. Susan reported BCCPTA Total Active Beneficiaries as of May: Option 1 – 29%, Option 3 – 68% and Missing – 3%. Susan also noted that men are starting to get screened. For more details, see the handout titled “CCAC BCCPTA Report” or contact Susan Jackson at (803) 545-4457 or [jacksosl@dhec.sc.gov](mailto:jacksosl@dhec.sc.gov)

### ***Best Chance Network***

Dr. Dianna Lydiard reported on the Best Chance Network (BCN) program and overall accomplishments for FY11. The BCN program had at least one screening provider in each county. The medical data system, Med-IT was upgraded to allow for electronic submission of claims starting September 2011, reducing in house data entry needs. The program met all performance indicators required by the NBCCEDDP grant for the October 2010 and April 2011 submissions. BCN screened 9,113 women, with 9,318 office visits provided. One-thousand (1,000) diagnostic mammograms and 1,358 ultrasounds were provided. For more details see the handout titled, “Accomplishments 2010-2011 – Cancer Division” or contact Dr. Lydiard at (803) 545-4116 or [lydiard@dhec.sc.gov](mailto:lydiard@dhec.sc.gov)

### ***Comprehensive Cancer Control***

Dr. Ginie Daguise reported on Comprehensive Cancer Control updates. She welcomed Steve Lovelace as the new SCCA Executive Director. The annual contract with SCCA was signed and is being implemented. DHEC received level funding from the CDC for FY 2011-2012 in the amount of \$313,266. DHEC was able to fund the regions again this year at \$20,000 per region. See the handout “DHEC Cancer Mini-Grant Objectives 2011-2012” for an overview of the Regions’ activities or contact Dr. Daguise at (803) 545-4942 or [daguisvg@dhec.sc.gov](mailto:daguisvg@dhec.sc.gov)

### ***SCCA Update***

New Executive Director, Steve Lovelace provided an SCCA update. The SC Cancer Control Plan 2011-2015 is complete with clearly defined, measurable objectives and in-depth strategies. The SCCA has a new location pending at Middleburg Office Park (2711 Middleburg Dr.) off Forest Dr. There will be Open House invites after the move. The date is to be determined in October of this year. There is a new brand logo and the revised website will be launched, also in October. The SCCA has need for volunteers. Formal volunteer opportunities include: Administrative Assistant, Network IT Communications, Special Events Coordinator (Multiple), and Program Manager. Volunteer positions are posted on the website. New membership management technology has been implemented. Improved communication and advanced member engagement are now available.

### ***Upcoming SCCA Events***

The SCCA Annual Meeting will be held October 14, 2011 at the Columbia Metropolitan Convention Center in Columbia from 10 a.m. until 3 p.m. Online registration is available at [www.sccanceralliance.org](http://www.sccanceralliance.org)

SCCA Cancer Advocacy Training will be held December 6, 2011 at the Capital City Club in Columbia from 10:30 a.m. until 2:30 p.m. Keynote Speaker, Anton J. Gunn, M.S.W. will present “Education for Action”. Workshops, lunch and a brief State House Tour will also be available.

## **Other Business**

### ***Subcommittee to Update Bylaws***

Debbie Seale made a motion to establish a Bylaw Amendment Subcommittee in which she, Karen Brooks and Lynn Erdman agreed to serve to help oversee the appropriate timeline and needed changes in the coming months.

### ***2012 Meetings***

This was the last scheduled meeting for 2011. The February and May meetings in 2012 will be conference calls and the September meeting will be in-person.

The meeting adjourned at 3:45 p.m. The next scheduled meeting will be held via conference call on February 9, 2012 at 2 p.m.