Delaware Cancer Consortium
Delaware Cancer Registry Advisory Committee (DCRAC)
Monday, October 14th, 2024
APPROVED Meeting Minutes
Location:
Thomas Collins Building
540 S. DuPont Hwy.,
Dover, DE 19901
Time: 10:00am – 11:00am

Attendance

Members

Attended	Robert Hall-McBride, Christiana Care Health Systems
Did Not Attend	Stephanie Guarino, Nemours
Did Not Attend	James M. Monihan, MD, Allied Diagnostic Pathology Consultants, PA
Attended	Nicholas Petrelli, MD, Helen F. Graham Cancer Center
Attended	Rishi Sawhney, MD, Bayhealth Medical Center
Did Not Attend	John D. Shevock, Bayhealth Medical Center
Attended	James Spellman, MD, Beebe Healthcare - Tunnell Cancer Center
Did Not Attend	Rita Williams, Beebe Healthcare
Attended	Scott D. Siegel, PhD, ChristianaCare

Staff

Attended	Wilhelmina Ross, Delaware Cancer Registry/Westat
Attended	Jason Lawson, Delaware Division of Public Health
Attended	Sumitha Nagarajan, Delaware Division of Public Health
Attended	Dawn Hollinger, Delaware Division of Public Health
Attended	Helen Arthur, Delaware Division of Public Health

Welcome

Attendance was recorded of committee members participating in the hybrid meeting.

Old & New Business

Approval of Minutes

The DCRAC reviewed and approved the minutes from the July 2024 meeting as written.

Brainstorming Ideas for Future Meetings

Ms. Wilhelmina Ross, Project Manager, led the brainstorming discussion for future meeting topics. Dr. Nicholas Petrelli, DCRAC Chairman, stated that the committee operates in 3 major areas: tumor registry data, education, and serving as a resource for research. Potential focus areas for the state are pancreatic and breast cancer.

DCR Information Technology Modernization Plan

Mr. Jason Lawson, Information Technology (IT) Manager, provided updates on the Delaware Cancer Registry's (DCR) IT Modernization Plan. There is a new version of WebPlus that has been upgraded and is in the testing phase now at the registry. For

EMaRC Plus, it will be upgraded after the annual Call for Data submission. As mentioned at the last meeting, the IT team continues to investigate the feasibility of migrating from Rocky Mountain to CRS Plus, which is a companion application to the Center for Disease Control's (CDC) other cancer registry products. Mr. Lawson will provide another update at the next meeting.

Registry Updates

Ms. Ross provided updates on the operations of the DCR. The registry is hard at work preparing for both the CDC's National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR)'s Call for Data annual data submission. This is due at the end of November. As Mr. Lawson mentioned, the registry is also testing Version 24 of WebPlus. DCR staff are also working on Death Clearance activities for the Call for Data submission. This involves requesting data from facilities regarding cancer cases the registry only has mortality data for. The registry needs this data to lower the amount of Death Certificate Only (DCO) cases to receive gold certification for the annual submission.

Epidemiology Working Group Updates and 2024 Delaware Cancer Incidence and Mortality (I&M) Report

Ms. Sumitha Nagarajan, Chronic Disease Epidemiologist, shared updates from the Epidemiology Working Group and highlighted selected statistics from the 2024 Delaware Cancer Incidence and Mortality (I&M) Report. The report will cover cancer incidence and mortality in the state of Delaware for the period of 2017-2021. Most all-site cancer incidence cases are among men, and the percentage of cases is higher among non-Hispanic white persons in New Castle County. The rate of all-site cancer incidence is higher in Delaware than the national average; this is also true when splitting among males and females. Out of the three counties, Kent County has the highest all-site cancer incidence rate. The highest percentage of cases by site is made up of breast, lung, prostate, and colorectal cancer. The most common cancer among women is breast cancer, and prostate cancer among men. In terms of mortality, most cancer deaths in Delaware were among non-Hispanic white males, and the majority of these were diagnosed in New Castle County. Delaware had a higher mortality rate than the national average. By county, Kent County has the highest all-site cancer mortality out of the three. The largest percentage of new cancer deaths by site is highest for lung cancer, followed by pancreatic and colorectal cancer. Ms. Nagarajan also shared preventative screening estimates taken from the Behavioral Risk Factor Survey (BRFS).

Creating a Breast Cancer Disparities Workgroup

Dr. Scott D. Siegel, Director of Cancer Control and Population Sciences, Helen F. Graham Cancer Center & Research Institute, presented on an initiative to address racial disparities in breast cancer in Delaware. Black and white women in Delaware are diagnosed with breast cancer at similar rates, but black women suffer from higher rates of mortality. This disparity increases as the age of women decreases. Researchers have suggested two main factors that began driving this disparity: the introduction of mammography screening and adjuvant endocrine therapy in the 1980's. Though these interventions lowered overall mortality, they benefitted specific groups of women

disproportionately due to structural barriers, leading more black women to be diagnosed at an advanced stage of cancer more often than white women. Black women are also more likely to have triple-negative breast cancer (TNBC), for which adjuvant endocrine therapy is a less effective treatment. Delaware is ranked #1 in the nation for TNBC incidence in black women. In Delaware, hotspots of areas with increased late-stage breast cancer in younger women were found in New Castle County. To address the disparity, there is a pilot embedded community health worker intervention within one of the identified hotspots, which hopes to increase screenings and provide risk assessments. To conduct further evaluations and expand this research across the state, Dr. Siegel and his team need de-identified data from the DCR. They have requested this data through a data request application but have been denied by the Delaware Public Health (DPH) Privacy Board. The team would like to adjust their application and reapply, but they did not receive reasons for their previous denial. Dr. Siegel believes one issue may be that they need data at the address-level, which is unprecedented for the state of Delaware, however this type of research has been done in other states. Ms. Helen Arthur, Section Chief, Health Promotion and Disease Prevention, proposed a meeting with Ms. Jennifer Miles, DPH Privacy Board Chairperson, to discuss the application prior to trying to re-submit, where Dr. Siegel may present the background information pertaining to the request. Dr. Awe Maduka, Medical Director for the Delaware Division of Public Health, stated that at the leadership level they are looking at improving the approach of the Privacy Board, and making sure those whose applications are denied receive reasons why.

Next Steps:

- Ms. Arthur, Ms. Dawn Hollinger, Bureau Chief - Cancer Prevention and Control
- Health Promotion and Disease Prevention Section, and Dr. Maduka will start an internal discussion with Ms. Miles from the DPH Privacy Board regarding Dr. Siegel's application. They will provide Dr. Siegel with any recommendations garnered from the discussion.
- Slides from today's meeting will be distributed to committee members.

Future Meetings	
Next Meeting: **January 2025**	**Upcoming Meetings:** **Dates - TBD** **April 2025** **July 2025** **October 2025**