

Cancer Survivorship – Data Brief

2012 Vermont Behavioral Risk Factor Survey

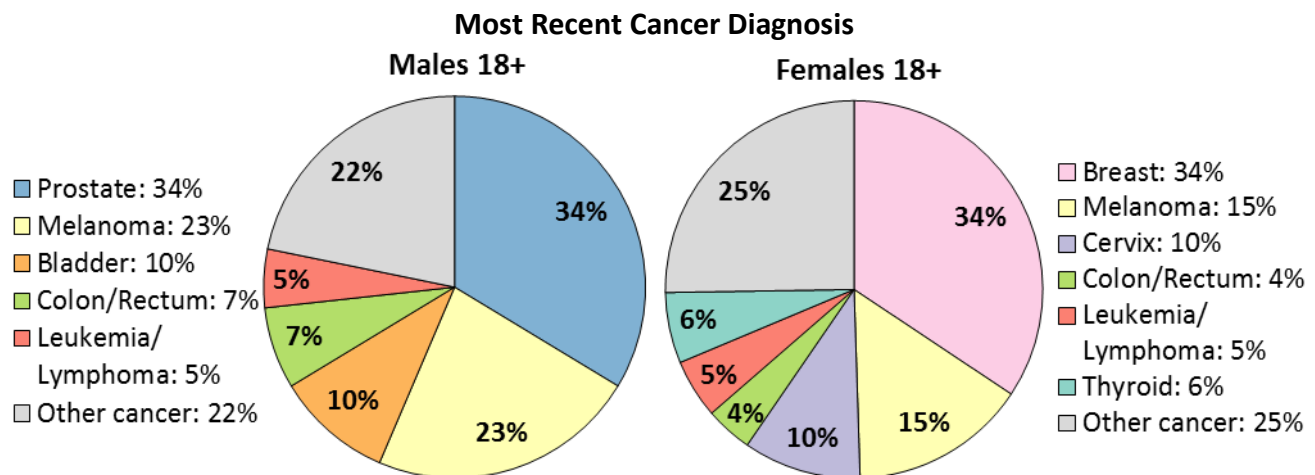
Background:

In 2012 the Behavioral Risk Factor Surveillance System (BRFSS) in Vermont included a module with additional questions for those respondents who indicated that they had ever been diagnosed with any kind of cancer. The purpose of this data brief is to describe the most pertinent results of this survey module.

Note: Vermonters who reported their most recent cancer diagnosis was a non-melanoma skin cancer (e.g. basal or squamous cell carcinoma) are not included in this brief because non-melanoma skin cancers rarely spread elsewhere in the body and are less likely than other cancers to be fatal.

Results:

Forty-one percent of those respondents diagnosed with cancer were male and 59% were female. The most prevalent cancer types among men were prostate, melanoma and bladder cancers. The most prevalent cancer types among women were breast, melanoma and cervical cancers.



Of those diagnosed with cancer, 8% had not started treatment, 11% were currently undergoing some form of cancer treatment, 79% had completed cancer treatment for their most recent cancer, and 2% had refused treatment.

The Institute of Medicine^{1,2} recommends that all cancer survivors receive a survivorship care plan from their cancer care team. The plan should include where to go for cancer checkups after treatment, a summary of all cancer treatments, appropriate screening for recurrence or secondary tumors, possible long term effects of treatment, and a list of resources. The BRFSS module measured whether cancer survivors received two parts of the survivorship care plan: instructions for follow-up care and a summary of treatments.

Among cancer survivors (those diagnosed with cancer who reported completing treatment), 61% reported receiving written instructions for who to see or where to go for routine cancer check-ups and 44% reported receiving a written summary of all their cancer treatments. Thirty-four percent of cancer survivors reported receiving both components after completing their most recent cancer treatments.

¹ *Cancer Survivorship Care Planning Fact Sheet*, Institute of Medicine, 2005.

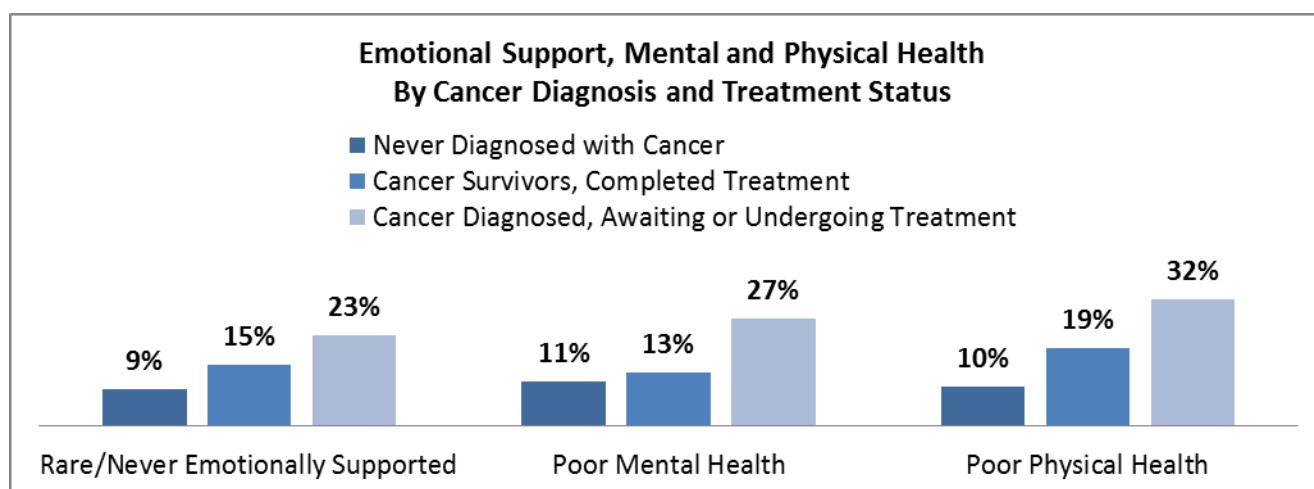
<http://www.iom.edu/~media/Files/Report%20Files/2005/From-Cancer-Patient-to-Cancer-Survivor-Lost-in-Transition/factsheetcareplanning.pdf>

² *Delivering high-quality cancer care: Charting a new course for a system in crisis*, Institute of Medicine, 2013. Washington, DC: The National Academies Press.

Among cancer survivors in Vermont, 89% reported having no current pain from their cancer or cancer treatment, while 7% reported currently having pain related to their cancer or cancer treatments, but that pain was under control. Three percent of cancer survivors reported current pain related to their cancer or cancer treatments that was NOT under control.

Ninety-three percent of cancer survivors reported that they had health insurance that paid for some or all of their most recent cancer treatment. Among cancer survivors, 11% had ever been denied health and/or life insurance because of their cancer diagnosis.

The majority of cancer survivors (59%) reported receiving the majority of their healthcare, post cancer treatment, from a family practitioner; 22% had a cancer specific doctor (e.g. medical oncologist, cancer surgeon, urologist) providing the majority of their medical care; and 19% received their care from some other type of physician.



Vermonters diagnosed with cancer who had either not started, were undergoing, or had completed treatment reported rarely or never receiving emotional support at a higher rate than those with no cancer diagnosis. Vermonters with a cancer diagnosis that were awaiting, undergoing or had complete treatment were more than twice as likely to report poor mental health on 14 or more days of the past month than those who had never received a cancer diagnosis. Poor physical health on at least 14 days of the past month was reported at a higher rate among Vermonters diagnosed with cancer (awaiting, undergoing, or completed treatment) than those with no cancer diagnosis.

For more information on cancer in Vermont, contact Leanne Shulman, M.S. (Leanne.Shulman@state.vt.us). For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (Jessie.Hammond@state.vt.us).

Definitions used in this publication:

- **Those diagnosed with cancer:** adult Vermonters who reported their most recent cancer diagnosis as any type of cancer other than non-melanoma skin cancer. In 2012 there were approximately 34,000 Vermonters diagnosed with cancer. Of those, around 25,800 had completed treatment and 6,200 were undergoing or awaiting treatment.
- **No cancer diagnosis:** adult Vermonters who did not report ever having been diagnosed with any type of cancer, skin or other.
- **Cancer survivors:** adult Vermonters who reported being diagnosed with any type of cancer other than non-melanoma skin cancer and reported having completed all cancer treatments.