

# Guam Comprehensive Cancer Control Plan

## 2018-2022

*Working for a cancer-free future for Guam*

June 2017



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## **Message from DPHSS and the Guam Comprehensive Cancer Control Coalition**

Cancer is a shared problem in our island.

Majority of our families have been affected by cancer, and have experienced the devastation – physical, socio-economic, and psychological – that a diagnosis of cancer unleashes.

Yet, approximately 30-50% of cancers are preventable, and majority of cancers have a good chance at cure if diagnosed early and treated appropriately. For those with advanced cancers, good palliative care can promote freedom from pain and good quality of living at the end of life.

The Guam Comprehensive Cancer Control Strategic Plan 2018-2022 is the 3<sup>rd</sup> plan of action to address cancer in Guam. It builds upon the previous two plans, and maximizes lessons learned from the past ten years that the Guam Comprehensive Cancer Control Coalition has been in existence. By focusing on priority cancers and evidence-based strategies to reduce cancer risk, it provides a viable “road map” to accelerate progress against this deadly but potentially preventable disease.

Cancer may be a shared problem in Guam, but with our shared vision and strategies, and with leadership and commitment from all stakeholders, we can move closer towards a future freed from avoidable cancer burden. We invite all of the members of our island community to join with the coalition in implementing this strategic plan, to create a healthier, cancer-free future for our people!

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## Acknowledgements

The 3<sup>rd</sup> Guam Comprehensive Cancer Control Strategic Plan was created through a collaborative partnership between the Guam Comprehensive Cancer Control Coalition (GCCCC) and the Department of Public Health and Social Services (DPHSS) Comprehensive Cancer Control Program, under the leadership of Ms. Rose Grino (GCCCC Chair) and Mr. Lawrence Alam (DPHSS Program Coordinator).

DPHSS Director James Gillan and Bureau of Community Health Services Supervisor Ms. Roselie Zabala provided the supervision and guidance of the strategic planning process. Dr. Annette M. David (Health Partners, LLC) served as the DPHSS Consultant who facilitated the strategic planning process and wrote the final strategic plan based on the participants' inputs. Ms. Vivian Pareja oversaw the collation and transcription of stakeholder inputs.

Most importantly, the individual members and advocates who participated in the strategic planning process and contributed to the conceptualization of Guam's 3<sup>rd</sup> Comprehensive Cancer Control Strategic Plan deserve our profound thanks and appreciation. Their energy, creativity, passion and commitment are the fuel that will drive progress towards our shared vision of a future where Guam's people are cancer free!

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*\*Members who were not able to participate in the strategic planning workshops, but provided support in the several years leading to the conceptualization of the new cancer plan.*



## Introduction

### Our VISION

We envision that someday, the people of Guam will be cancer-free, embracing a healthy lifestyle and living in a healthy environment.

### Our MISSION

The mission of the Guam Comprehensive Cancer Control Coalition is to reduce cancer incidence and mortality on Guam through collaboration of public and private stakeholders.

The Guam Comprehensive Cancer Control Coalition aims to empower our island community to utilize local data and develop evidence-informed strategies and interventions to:

- Promote healthier lifestyles;
- Lower exposure to cancer risk factors;
- Enhance Guam's health care system capacity to diagnose cancer early and treat cancers appropriately;
- Improve the quality of life for cancer patients;
- Strengthen palliative care; and,
- Mobilize community and political support for sound cancer prevention and control policies and programs.

### Our APPROACH

As an inclusive and community-driven coalition, we used a community-based participatory process to evaluate progress in implementing Guam's Comprehensive Cancer Control Plan 2013-2017, and utilized the assessment to guide the development of the 3<sup>rd</sup> Comprehensive Cancer Control Plan for 2018-2022. Diverse stakeholders for cancer prevention and control met twice in February and June 2017, to collectively develop the plan, and further refined the plan details during monthly action team meetings. A community-based peer review process allowed for open feedback prior to finalization of the plan.

#### **1<sup>ST</sup> COMMUNITY STRATEGIC PLANNING WORKSHOP**

24 February 2017

At this initial strategic planning workshop, coalition members and other community stakeholders collectively decided Guam's cancer priorities, using local prevalence data weighted against feasibility and political support for current action. The previous plan's objectives were assessed in relation to progress, and an initial set of objectives for the new plan was created.

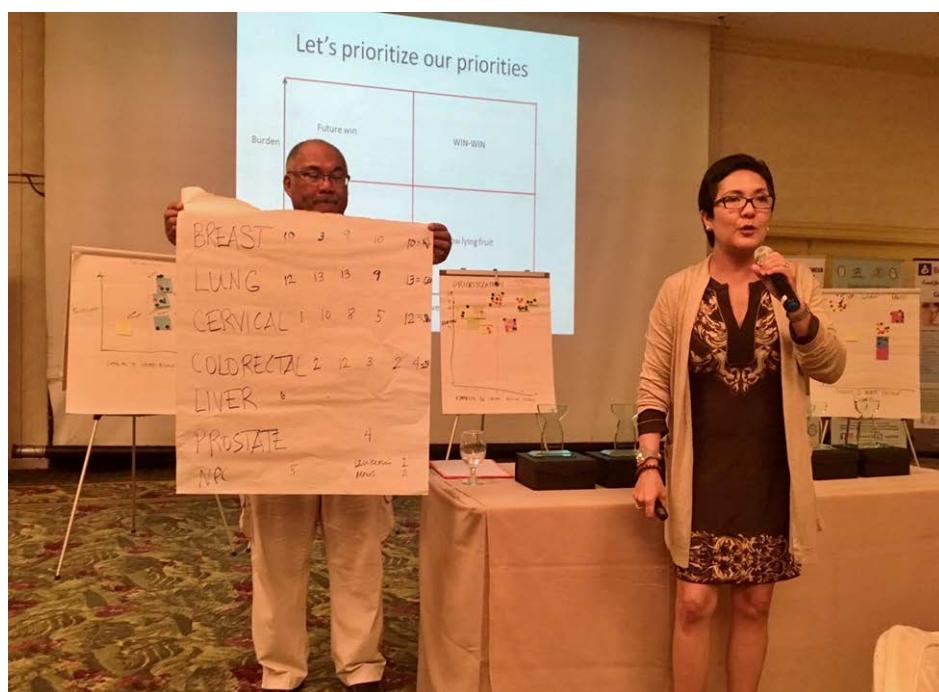
## 2<sup>nd</sup> COMMUNITY STRATEGIC PLANNING WORKSHOP

17 June 2017

At the second planning workshop, action teams critically reviewed and sharpened the objectives, ensuring conformity with the “SMART” format. The teams developed strategic actions for each year covered by the plan, and identified progress indicators.

### Our approach to strategic planning:

- **Integrative** – We built upon previous work and strove to align with local, national and regional initiatives and targets. Our intention was to complement and augment other existing strategic plans, such as the NCD Prevention and Control Plan and the Diabetes Prevention and Control Plan.
- **Inclusive** – Our planning process was open to diverse stakeholders from multiple sectors.
- **Interactive** – Planning was conducted to maximize the involvement and input of all the stakeholders.
- **Insight-generating** – We intentionally attempted to provoke critical thinking and elicit analytical feedback from our stakeholders, to strengthen the new plan by learning from previous successes and mistakes.
- **Incisive** – Focus demands sacrifice, and we challenged ourselves to focus on a few priority areas where the greatest possible change could be achieved within the next 5 years, aiming to achieve measurable impacts on cancer burden.



## Selection of Guam's Cancer Priorities

Recognizing the limitations of our island's resources, Guam's cancer prevention stakeholders examined data on prevalence, and indicators of disease burden, and contrasted these with community readiness, political support, health system capacity and availability of effective preventive, diagnostic and therapeutic interventions to determine the cancer priorities for our island. Using a facilitated exercise to rationalize the selections, the consensus on cancer priorities identified:

### Immediate priorities:

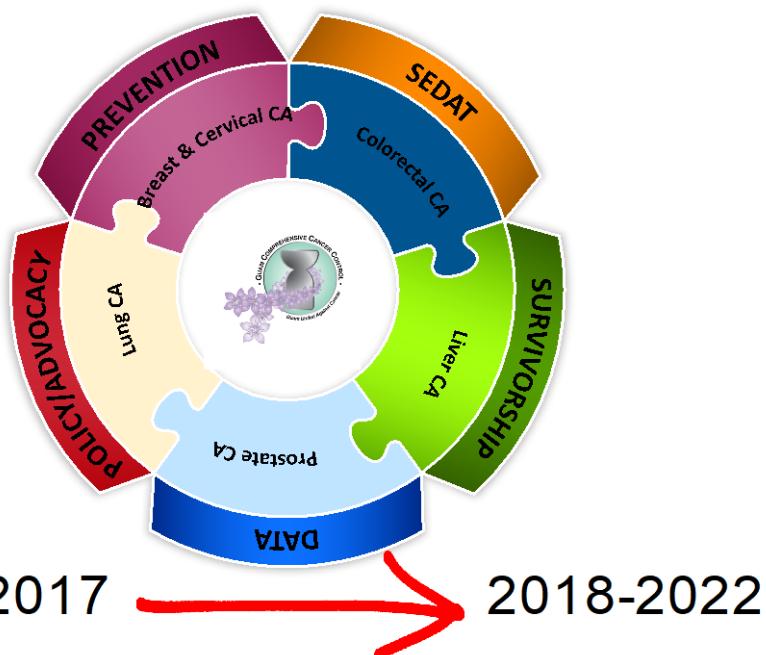
- Lung cancer
- Breast and cervical cancer
- Colorectal cancer

### Intermediate priorities:

- Liver cancer
- Prostate cancer

While we acknowledge that all cancers are devastating, we realize that we need to focus on a few priority cancers to make a sustainable and measurable impact on the overall cancer burden.

### Moving towards a cancer-free future...



## Progress in meeting the objectives of the Guam Comprehensive Cancer Control Plan 2013-2017

### Prevention Action Team

Objectives	Status
<b>1.1</b> By June 2017, increase the percentage of women aged 40 and over who have had a mammogram within the past two years from 64.4% to 69.4%. (Source: Behavioral Risk Factor Surveillance System)	Not met
<b>1.2</b> By June 2017, increase the percentage of women aged 18 and over who have had a Pap test within the past three years from 63.5% to 68.5%. (Sources: Behavioral Risk Factor Surveillance System)	Not met
<b>1.3</b> By June 2017, increase the percentage of adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy from 42.6% to 47.6% (Source: Behavioral Risk Factor Surveillance System)	Ongoing
<b>1.4</b> By June 2017, implement the cancer prevention curriculum program (Kids for the Cure Project), using the St. Jude Research Hospital's Cure4Kids curriculum in 10 elementary schools (Source: Guam Cancer Care)	Achieved
<b>1.5</b> By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of middle school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days from 37% to 42%. (Source: Youth Risk Behavior Surveillance System)	Achieved
<b>1.6</b> By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of high school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days from 37% to 42% (Source: Youth Risk Behavior Surveillance System)	Ongoing
<b>1.7</b> By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of neighborhood and school playground access to 50% (Baseline and source: to be determined)	Not started

### Progress Indicators

Objective	Indicator	Baseline	Current
<b>1.1</b>	Women aged 40 and over who have had a mammogram within the past two years	64.4%	62.3% (2014)
<b>1.2</b>	Women aged 18 and over who have had a Pap test within the past three years*	63.5%	62.8% (2014)
<b>1.3</b>	Adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy*	42.6%	44.9% (2014)
<b>1.4</b>	Cancer prevention program (Kids for the Cure Project), using St. Jude Research Hospital's Cure4Kids curriculum in 10 elementary schools	0	>10
<b>1.5</b>	Percentage of middle school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	37%	43.9% (2015)
<b>1.6</b>	Percentage of high school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	37%	38.3% (2015)
<b>1.7</b>	Increase the percentage of neighborhood and school playground access to 50%	N/A	N/A

## Screening, Early Detection and Treatment Action Team (SEDAT)

Objectives	Status
<b>2.1</b> By December 2015, increase the percentage of health care providers using the U.S. Preventive Services Task Force standardized minimum screening guidelines to 60%. (Source: SEDAT Screening 2014)	Achieved
<b>2.2</b> By June 2017, increase the percentage of adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy from 42.6% to 47.6%. (Source: Behavioral Risk Factor Surveillance System, 2012)	Ongoing
<b>2.3</b> By June 2017, increase the percentage of adults aged 50 and over who have had a blood stool test within the past two years from 7.7% to 12.7%. (Source: Behavioral Risk Factor Surveillance System, 2012).	Ongoing
<b>2.4</b> By June 2017, increase the percentage of women aged 40 and over who have had a mammogram within the past two years from 64.4% to 69.4%. (Source: Behavioral Risk Factor Surveillance System, 2012).	Not Met
<b>2.5</b> By June 2017, increase the percentage of women aged 18 and over who have had a Pap test within the past three years from 63.5% to 68.5%. (Source: Behavioral Risk Factor Surveillance System, 2012)	Not Met
<b>2.6</b> By December 2015, increase the % of health care providers' use of the U.S. Preventive Services Task Force standardized minimum screening guidelines to 60% by recommending appropriate organization to require at least 1 contact hour (CME/CEU) of cancer guideline training to medical professionals. (Baseline: to be determined)	Not started

### Progress Indicators

Objective	Indicator	Baseline	Current
<b>2.1</b>	Health care providers using the U.S. Preventive Services Task Force standardized minimum screening guidelines	<60%	100% (2015)
<b>2.2</b>	Adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy*	42.6%	44.9% (2014)
<b>2.3</b>	Adults aged 50 and over who have had a blood stool test within the past two years*	7.7%	9.9% (2014)
<b>2.4</b>	Women aged 40 and over who have had a mammogram within the past two years	64.4%	62.3% (2014)
<b>2.5</b>	Women aged 18 and over who have had a Pap test within the past three years*	63.5%	62.8% (2014)
<b>2.6</b>	At least 1 contact hour (CME/CEU) of cancer guideline training to medical professionals.	N/A	N/A

### Survivorship and Quality of Life Action Team (SQOL)

<b>Objectives</b>	<b>Status</b>
<b>3.1</b> By June 2017, increase the number of cancer education activities on Hospice Care, Caregiver Support, Communication with Doctors, Spirituality and Religion and Doctor Education from 0 to 4. (Source: SQOL Action Team Report)	Met
<b>3.2</b> By June 2017, increase the number of Hope Project products (book, video, and website) to 3. (Sources: SQOL Action team Report)	Ongoing

### Progress Indicators

<b>Objective</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Current</b>
<b>3.1</b>	Cancer education activities on Hospice Care, Caregiver Support, Communication with Doctors, Spirituality and Religion and Doctor Education	0	4 (2017)
<b>3.2</b>	Number of Hope Project products	0	Ongoing (2017)

### Policy and Advocacy Action Team (PANDA)

<b>Objectives</b>	<b>Status</b>
<b>4.1</b> By June 2014, formalize and strengthen Policy and Advocacy Action Team (PANDA) structures by increasing the number of operating guidelines from 0 to 3 (Source: PANDA Action Team Report)	Ongoing
<b>4.2</b> By June 2017, engage and support the GCCC Coalition and NCD Consortium by maintaining the number of PSE activities to 4 per project year. (Source: PANDA Action Team Report)	Met
<b>4.3</b> By June 2017, increase the number of stakeholders from diverse sectors that serve as NCD policy advocates from 6 to 8. (Source: PANDA Action Team Report)	Met

### Progress Indicators

<b>Objective</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Current</b>
<b>4.1</b>	Number of PANDA operating guidelines	0	1
<b>4.2</b>	Number of PSE activities per project year	0	>4/year (2017)
<b>4.3</b>	Number of stakeholders from diverse sectors that serve as NCD policy advocates	6	8

## Data and Research Action Team (DRAT)

Objectives	Status
<b>5.1</b> By June 29, 2014, produce a report on Cancer Survival Rates for Guam. (Source: Data & Research Action Team (DRAT Report)	Met
<b>5.2</b> By June 29, 2014, produce a report on the Economic Costs of Cancer for Guam. (Source: DRAT report)	Met
<b>5.3</b> By June 29, 2015, produce an updated Guam Facts and Figures Report incorporating data from 2008-2012 (Source: DRAT Report)	Met
<b>5.4</b> By June 29, 2015, respond to an average of 3 requests for data and/or assistance from Coalition Action Teams. (Source: DRAT Report)	Met
<b>5.5</b> By June 29, 2017, increase the number of active DRAT members from 5 to 10. (Sources: DRAT Report)	Met
<b>5.6</b> By June 29, 2017, develop and adopt data standards and data analysis across both private and public sector cancer and other NCD data gatherers to ensure data uniformity. (Source: DRAT Report)	Ongoing
<b>5.7</b> By December 31, 2014, produce a prioritized list of Guam Cancer Coalition activities and/or objectives to be evaluated. (Source: DRAT Report)	Ongoing
<b>5.8</b> By June 29, 2015, produce a “feedback” document to strengthen evaluation of Coalition/ objectives for 5 Action Teams. (Source: DRAT Report)	Met

## Progress Indicators

Objective	Indicator	Baseline	Current
<b>5.1</b>	Report on Cancer Survival Rates for Guam	None	Completed; not released
<b>5.2</b>	Report on the Economic Costs of Cancer for Guam.	None	Completed; not released
<b>5.3</b>	Updated Guam Facts and Figures Report	None	Completed
<b>5.4</b>	Response rate to requests for data and/or assistance from Coalition Action Teams	None	>3
<b>5.5</b>	Number of active DRAT members	6	12 (2017)
<b>5.6</b>	Uniform data standards and data analysis adopted	None	Ongoing
<b>5.7</b>	Prioritized list of Guam Cancer Coalition activities and/or objectives to be evaluated	None	Not started
<b>5.8</b>	“Feedback” document to strengthen evaluation of Coalition/ objectives for 5 Action Teams created	None	Completed

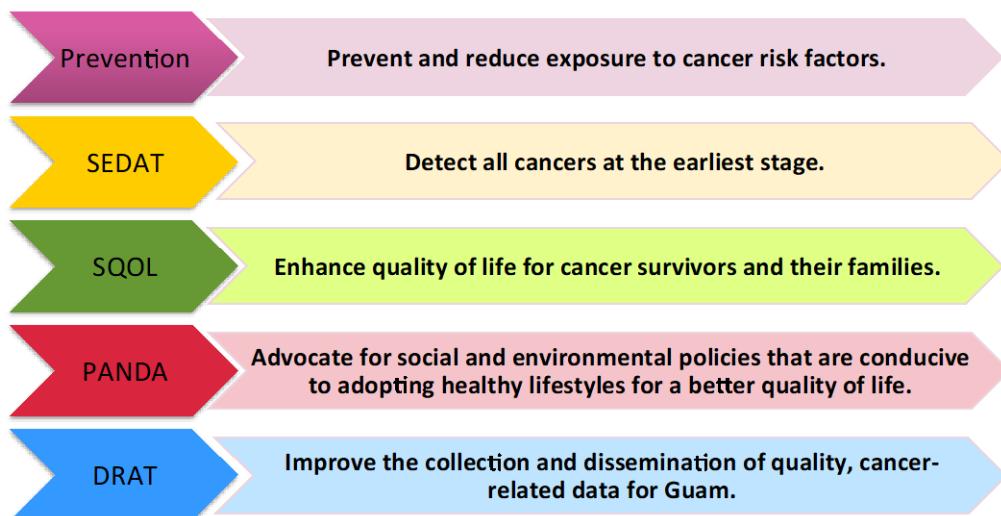
NOTE: Indicators marked with “\*” underwent revisions in the 2016 BRFSS; thus, it may not be possible to do an accurate comparison between the baseline data in the 2013-2017 strategic plan with final data from the 2016 or succeeding BRFSS surveys.

## 2018-2022 Objectives, Strategic Actions and Progress Indicators

Our 5 action teams – Prevention, Screening, Early Detection and Treatment (SEDAT), Survivorship and Quality of Life (SQOL), Policy and Advocacy (PANDA) and Data and Research (DRAT) – form the spokes of a wheel that is moving our island community towards a future freed from the burden of preventable cancer.

The goals of each action team are pulling the wheel closer to the vision of a future where Guam's people are cancer-free.

### Driving forces for reducing Guam's cancer burden



## Prevention

**Goal:** Prevent and reduce exposure to cancer risk factors.

### Objectives:

- By June 2022, the Prevention Action Team and partners will increase the percentage of children aged 9 – 18 years that have completed the HPV vaccination series by 10%.
- By June 2022, the Prevention Action Team and partners will increase awareness and knowledge on colorectal cancer prevention strategies in the community by 5%.
- By June 2022, the Prevention Action Team and partners will increase knowledge and awareness on lung cancer prevention strategies in the community by 5%.

### Strategic actions and progress indicators:

**Objective 1: By June 2022, increase the percentage of children aged 9 – 18 years that have completed the Human Papilloma Virus (HPV) vaccination series by 10%.**

**Links to NCCCP Indicators:**

- *Adolescent females aged 13-15 years that have completed the 3-dose HPV series*

Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<i>Year 1:</i> Strengthen HPV Workgroup membership.  Finalize and implement the HPV Vaccination Action Plan.  Finalize and implement the HPV Toolkits: a) Provider b) Parent, c) Adolescents (kids).	Fall 2017  Fall 2017  Fall 2017-Provider Fall-Winter 2017-Parent Winter-Spring 2017-2018 - Kids	UOG Cancer Research Team; GCCC; GRMC Patient Education/Outreach; GBCCEDP Program; ACS	# of members maintained  HPV action plan finalized and implemented  At least 3 toolkits developed and utilized
<i>Year 2:</i> Develop and implement an Outreach & Education Campaign promoting the (3) toolkits – to increase awareness of	Launch: Winter 2018  2018-2022	Media Stakeholders; GRMC Patient Ed/Outreach; Health Care Providers (OB/GYN/Peds); GCCC; ACS;	At least 3 Outreach and Education activities implemented

the importance of HPV vaccination, facilitate community access to vaccination, mobilize, health care champions, and increase stakeholder leaders.		GBCCEDP; GMS; GMA	
<i>Year 3:</i> Promote and support vaccination programs in schools to increase community access to vaccination services, help with system strengthening to ensure successful completion of 2/3 dosing, and promote school champions.	2019-2022	DPHSS VFC Program; DOE Champion Middle Schools; Superintendent; School Nurses	% of children who complete 2/3-dose vaccination increased by 5% over baseline  At least 3 HPV vaccine school champions identified
<i>Year 4:</i> Coordinate and implement a Provider & Medical Community education conference/symposium focusing on the latest information on Cervical Cancer and HPV Vaccination; and offering CE/CME to local health professionals.	Summer 2020-2022	UOG Cancer Research Center; GCCC; ACS; GBCCEDP; GRMC PT Ed/Outreach	At least 2 local conferences on HPV/ Cervical Cancer conducted  At least 75 health care professionals obtaining CE/CMEs on HPV prevention
<b>Objective 2: By June 2022, increase awareness and knowledge on colorectal cancer (CRC) prevention strategies in the community by 5%.</b>			
<i>Links to NCCCP Indicators:</i> <ul style="list-style-type: none"> <li>• <i>Adoption of evidence-based tools</i></li> </ul>			
Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<i>Year 1:</i> Strengthen CRC workgroup membership.  Finalize and implement the CRC Action Plan.	Fall 2017  2017- 2022	GCCC; FHP; SDA; AMC; PMC; DPHSS; Naval; VA; Clinics; ACS; GRMC Pt. Ed; GCC	# of members maintained  CRC action plan finalized and implemented

Finalize and disseminate the CRC Provider Toolkit to local health care organization.	Winter 2017		At least 3 toolkits developed and disseminated to healthcare organizations
<b>Year 2:</b> Develop and implement a Communication Plan as part of an Outreach & Education Campaign to promote the use of the CRC Toolkit in selected settings. The objective of this strategy is to increase awareness on the importance of colorectal cancer screening, including addressing barriers to screenings such as the “butt” issue.	2018-2022	Media Stakeholders; GCCCC; ACS; UOG Cancer Research; GRMC Pt. Ed; EMC; GCC	CRC communication plan finalized and implemented  At least 3 CRC campaigns implemented
<b>Year 3:</b> Identify, engage and increase the number of partners and stakeholders implementing the CRC communications plan.	2019-2022	Providers/Clinics; Political Leaders; Mobile Healthcare; GCCC; Labs; GMA; GMS; Survivors; Surgery Centers; ACS; EMC; GCC	At least 2 stakeholders and partners implementing the plan
<b>Objective 3: By June 2022, increase knowledge and awareness on lung cancer prevention strategies in the community by 5%.</b>			
<b>Links to NCCCP Indicators:</b> <ul style="list-style-type: none"> <li>• <b>Youth tobacco cessation attempts</b></li> <li>• <b>Adult tobacco cessation attempts</b></li> <li>• <b>State population covered by 100% smoke-free ordinance</b></li> <li>• <b>State population not exposed to secondhand tobacco smoke in workplaces, restaurants and bars</b></li> </ul>			
Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<b>Year 1:</b> Identify stakeholders and partners; and form a Lung Cancer Prevention Workgroup.	Fall 2017	GCCCC; UOG; ACS; GCC; GCR; GNA; GMS; TPCP; NCD Tobacco; etc.	Lung cancer prevention workgroup established

Develop and implement a Lung Cancer Prevention Action Plan.	Creation of Action Plan – Winter 2017  Implementation of Plan Spring 2018-2022		Lung cancer action plan finalized and implemented
<i>Year 2:</i> Develop and implement a Communications & Education Plan to reduce tobacco use.	Creation of Plan – Winter 2018  Implementation of Plan- Spring 2019-2022	GCCCC; UOG; ACS; GCC; GCR; GNA; GMS; TPCP; NCD Tobacco; etc.	Tobacco control communications and education plan developed and implemented
<i>Year 3:</i> Support and promote youth and adult smoking cessation programs with the possible implementation of an incentive program.	2020-2022	Tobacco Coalition; Y4Y; GCCCC; Clinics; GRMC Pt Ed;	Increase participation by youth and adults in a cessation program by 10%
<i>Years 4-5:</i> Use mass media campaigns to reduce tobacco use initiative inclusive of community education to reduce secondhand smoke exposure.	2021-2022	Media Stakeholders; GCCC; Tobacco Coalition	At least 2 stakeholders and partners implementing campaigns



## Screening, Early Detection and Treatment Action Team (SEDAT)

**Goal:** Detect all cancers at the earliest stage.

### Objectives:

- By 2022, increase the percentage of healthcare providers using the U.S. standard screening guidelines for lung cancer by 60%.
- By 2022, increase the percentage of adults aged 50 – 75 years who have had a blood stool test within the past three years from 10.9% to 15%. (Source: BRFSS, 2016)
- By 2022, increase the percentage of adults aged 50 – 75 years who have had a sigmoidoscopy or colonoscopy from 41% to 46% for colonoscopy and from 2.5% to 7% for sigmoidoscopy. (Source: BRFSS, 2016)

### Strategic actions and progress indicators:

<b>Objective 1: By 2022, increase the percentage of healthcare providers using the U.S. standard screening guidelines for lung cancer by 60%.</b>			
<i>Links to NCCCP Indicators:</i>			
<ul style="list-style-type: none"><li>• <i>Providers who follow USPSTF recommendations</i></li></ul>			
Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<i>Year 1:</i> Obtain baseline data using a Pre-assessment survey on: a) Healthcare providers b) Insurance companies.	2018-2019	Alma Domingo/DRAT	Survey developed and completed; results made available to Action Team members
<i>Year 2:</i> Disseminate lung cancer screening guidelines to health care providers through educational activities of professional organizations.		Rose Grino; Sara Alejandro; Dr. Spak	95% of providers participated in an educational presentation by GMS, GNA, GMA, or other health professional organization
<i>Year 3:</i> Conduct a mid-term assessment.		Partner groups; Alma Domingo/DRAT	Survey completed
<i>Year 4:</i> Implement revisions based on mid-term assessment.		SEDAT	SEDAT strategic plan revised, as needed.
<i>Year 5:</i> Conduct a post-assessment to measure changes in knowledge, awareness, and practice.		Alma Domingo/DRAT	At least 60% of healthcare providers using US standard screening guidelines

<p><b>Objective 2:</b> By 2022, increase the percentage of adults aged 50 – 75 years who have had a blood stool test within the past three years from 10.9% to 15%. (Source: BRFSS, 2016)</p>			
<p><b>Objective 3:</b> By 2022, increase the percentage of adults aged 50 – 75 years who have had a sigmoidoscopy and colonoscopy from 41% to 46% for colonoscopy and from 2.5% to 7% for sigmoidoscopy. (Source: BRFSS, 2016)</p>			
<p><b>Links to NCCCP Indicators:</b></p> <ul style="list-style-type: none"> <li>• <i>Ever had a sigmoidoscopy or colonoscopy</i></li> <li>• <i>Adults aged 50-75 years who received a high-sensitivity fecal occult blood test (FOBT) within the past year</i></li> <li>• <i>Adoption of evidence-based tools</i></li> </ul>			
Strategic Actions	Time Frame	Responsible Stakeholders	Success Indicator
<i>Year 1:</i> Collate information on insurance company schedule of benefits.	Jan – March 2018	Alma Domingo/SEDAT	Master list of insurance benefits disseminated to SEDAT members
<i>Year 2:</i> a) Collaborate with the Prevention Action Team developing and disseminating the colorectal cancer (CRC) toolkit to all healthcare providers/clinics. b) Launch CRC Awareness Month. c) Work with PANDA to ensure comprehensive coverage of sigmoidoscopy/colonoscopy by insurance carriers.		Prevention Action Team; SEDAT	95% of all healthcare providers/clinics received the CRC toolkit  CRC Awareness Month established Insurance coverage extended for CRC screening/diagnostic procedures
<i>Year 3:</i> Conduct a mid-term assessment		SEDAT	Assessment conducted; data available to guide revisions.
<i>Year 4:</i> Implement revisions based on mid-term assessment.		SEDAT	SEDAT strategic plan revised, as needed.
<i>Year 5:</i> Conduct a Post-assessment to measure changes in sigmoidoscopy and colonoscopy uptake.		SEDAT	Adults undergoing colonoscopy up to 46%; sigmoidoscopy increased to 7%



## **Survivorship and Quality of Life Action Team (SQOL)**

**Goal:** Enhance quality of life for cancer survivors and their families.

**Objectives:**

- By 2022, establish a survivorship care plan at 4 cancer treatment centers.
- By 2022, establish an advance directive tool or curriculum.

**Strategic actions and progress indicators:**

**Objective 1: By 2022, ensure that the 4 Guam cancer treatment centers are utilizing the survivorship care plan.**

**Links to NCCCP Indicators:**

- *Patients that reported having a treatment summary plan or survivorship care plan*
- *Health care professionals' knowledge of the burden of cancer survivorship and issues faced by survivors*
- *Trainings on cancer survivorship for health professionals and para-professionals*
- *General public's knowledge of the burden of cancer survivorship and issues faced by survivors*

Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
Years 1 & 2: Review, modify, and adopt survivorship care plan.	Jan – June 2018	SQOL Action Team	Survivorship care plan template completed
Assess and determine if treatment centers have a care plan in place.	July – Dec 2018	SQOL Action Team	Knowledge of what/if any process exists for care plans

Pilot test the plan at 1 clinic	Jan - Dec 2019	SQOL Action Team	Plan is pilot tested, revised and ready to be implemented
<i>Year 3:</i> Educate clinics and health providers, and advocate for adoption of care plan.  Conduct 4 outreach events to raise awareness and mobilize public support for the survivorship care plan.	Jan - June 2020  2020 - 2022	SQOL Team  Community groups with SQOL Action Team and at least 1 clinic.	At least 4 cancer treatment clinics have adopted and are implementing the care plan  Number of persons reached at outreach events
<i>Years 4-5:</i> Fully implement the survivorship care plan at 4 cancer treatment clinics	July 2021 – Dec 2022	SQOL Action Team/ 4 clinics	At least 80% of cancer patients with a survivorship care plan
<b>Objective 2: By 2022, establish an advance directive tool or curriculum for Guam cancer patients and families.</b>			
<i>Links to NCCCP Indicators:</i> <ul style="list-style-type: none"> <li>• Policies related to cancer survivorship</li> </ul>			
Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<i>Year 1 &amp; 2:</i> Identify, modify, and adopt an advanced directive tool/curriculum.  Pilot test in the community and use focus groups to: 1) Determine acceptability and	Jan – June 2018  June 2018 – Dec 2018	SQOL Action Team/social workers  SQOL Action Team with support from other partners, social workers	Tool/Curriculum completed  Focus group results summarized in a written report  Advanced directive

adequacy of tool/curriculum, 2) Obtain guidance from those who have already written an advance directive			template/tool finalized
<b>Years 3-5:</b> Educate community (public and health provider outreach, talking to legislature, etc.) and collaborate with PANDA Action Team to promote advanced directives for cancer patients  Fully implement utilization of advanced directive.	Jan 2019 – 2022  2020-2022	SQOL Action Team/ PANDA Action Team  SQOL Action Team/ ACS social workers	Requirement for addressing advanced directives incorporated into clinic and hospital policies for the treatment of cancer patients  At least 50% of cancer patients have completed an advanced directive instrument
<b>Year 5:</b> Monitor progress.	2022	SQOL Action Team/ ACS social workers	At least 50% of cancer patients have completed an advanced directive instrument



## Policy and Advocacy Action Team (PANDA)

**Goal:** Advocate for social and environmental policies that are conducive to adopting healthy lifestyles for a better quality of life.

### Objectives:

- By 2022, support the GCCC Coalition and NCD Consortium Action Teams in their efforts to develop policy, systems, and environmental related changes specific to top 4 cancers (lung, breast, cervical, and colorectal).
- By 2022, increase the pool of community advocates for cancer from 5% to 50%.

### Strategic actions and progress indicators

<b>Objective 1: By 2022, support the GCCC Coalition and NCD Consortium Action Teams in their efforts to develop policy, systems, and environmental related changes specific to top 4 cancers (lung, breast, cervical, and colorectal).</b>			
<i>Links to NCCCP Indicators:</i>			
Strategic Actions	Time Frame	Responsible Stakeholders	Success Indicator
Years 1-5: Attend action team meetings as needed/requested.  Provide advocacy support for action team initiatives through letters of support, political mapping, mobilizing political champions, and other policy advocacy strategies.	2018-2022	PANDA Action Team	PANDA represented in action team meetings; Number of policies adopted addressing cancer prevention and control
<b>Objective 2: By 2022, increase the pool of community advocates for cancer by 50% from baseline. (Source: Based on historical data)</b>			
Strategic Actions	Time Frame	Responsible Stakeholders	Success Indicator
Year 1: Re-engage the current advocate pool; determine baseline.	2018	PANDA Action Team	Baseline number of advocates established

Secure membership commitment through an advocacy pledge, and define the roles and responsibilities of advocates.			Written advocates' pledge finalized Written roles of advocates created
<p><i>Years 2-5:</i></p> <p>Develop a list of potential community advocates (public and private sectors) and secure their participation and commitment for cancer prevention and control.</p> <p>Conduct advocacy training in cancer prevention and control.</p>	2019-2022	PANDA Action Team	<p>Membership in PANDA increased by 10% per year</p> <p>Advocacy training conducted annually</p>



## Data and Research Action Team (DRAT)

**Goal:** Improve the collection and dissemination of quality, cancer-related data for Guam.

### Objectives:

- By 2022, increase public awareness of the impact of cancer in the community by 30% from baseline.
- By 2022, use data to mobilize support and resources for cancer prevention and control among 80% policy makers.

### Strategic actions and progress indicators

Strategic Actions	Time Frame	Responsible stakeholders	Success Indicator
<i>Year 1:</i> Disseminate the Cancer Survival Rate report and Economic Cost of Cancer analysis through print and online media by the end of 2018	June 2018	DRAT	Written and online versions of reports available to the public
<i>Year 2:</i> Collaborate with PANDA to inform policy makers of the most recent cancer data	June 2019	DRAT; GCR; PANDA	Data briefings with policy makers conducted
<i>Year 3:</i> Establish an online inventory of cancer-related data sources and research, for public use.	June 2020	DRAT Sub-Committee	Cancer data inventory available online
<i>Year 4:</i> Revise and publish Guam Cancer Facts & Figures 2013-2017.	June 2021	DRAT; GCR; Data Consultants	Guam Cancer Facts and Figures updated and available to the public

<i>Year 5:</i> Explore feasibility of producing second report on cost of cancer involving private insurance data.	June 2022	DRAT, insurance company representatives	Data sharing MOU to create the 2 <sup>nd</sup> Cost of Cancer report executed with insurance agencies.
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## Moving towards a future free from avoidable cancer burden

Here in Guam, cancer is a familiar issue. Most families have been affected by cancer, and the cancer burden continues to grow.

This strategic plan represents the combined input of diverse stakeholders, representing the public sector, the private sector, the health care professionals, the political leadership, the faith community, the academic sector and, most importantly, community members who have been impacted by cancer. As the 3<sup>rd</sup> 5-year plan, it builds on the work accomplished under the first 2 action plans, addressing the vision of a healthier Guam, freed from the burden of preventable cancer.

Using a community-driven participatory process for strategic planning the five action teams have identified goals, objectives, actions and progress indicators to reduce our exposure to cancer risk factors, promote the early recognition and treatment of cancer, and strengthen survivorship and palliative care using sound data, research and policy interventions.

We continue to learn from our successes and failures, and we are committed to using the iterative process over the plan's lifespan. Thus, this plan is intended as a "living document" that is open to constant revision as we monitor our progress over the next five years. If the action teams are the spokes of the wheel that will help our island traverse the road to a cancer-free future, this plan is the map that will determine where the wheel will travel.

Recognizing that a plan is only as good as its implementation, we commit ourselves to continually engage with our community and our leaders so that our aspirations translate into concrete actions. Ultimately, we want to see cancer incidence and mortality decrease, and healthy behaviors increase. This will require coordinated changes in individual, family, institutional and societal behaviors and policies. As a coalition vested in our island's future, we commit ourselves to making these positive changes a reality.



## Guam Cancer Coalition Membership

### Why should I join the Coalition?

- Get involved with developing, enhancing, and supporting cancer programs and services.
- Advocate for and support cancer survivors and their families.
- Network with others in the community that share a strong interest in cancer and access cancer-related resources and information.

### When do we meet?

The Coalition's Steering Committee and most subcommittees meet once a month as they work to implement activities identified in the Guam Comprehensive Cancer Control Plan.

### Get involved by contacting:

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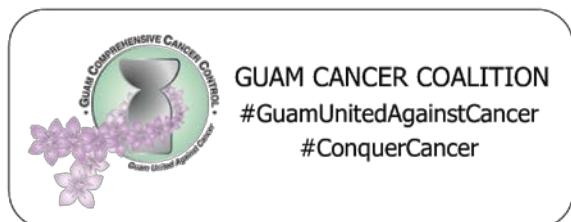
### Connect with us:



GUAMCCC



GCCCP



GUAM CANCER COALITION  
#GuamUnitedAgainstCancer  
#ConquerCancer



## Glossary

<b>Acronym</b>	<b>Full name</b>
ACS	American Cancer Society
AMC	American Medical Center
BRFSS	Behavioral Risk Factor Surveillance System
CRC	Cancer Research Center
DPHSS	Department of Public Health and Social Services
DRAT	Data and Research Action Team
EMC	Edward M. Calvo Cancer Foundation
FHP	TakeCare Asia clinic
GBCCEDP	Guam Breast and Cervical Cancer Early Detection Program
GCC	Guam Cancer Care
GCCC	Guam Comprehensive Cancer Control
GCCCC	Guam Comprehensive Cancer Control Coalition
GCR	Guam Cancer Registry
GMA	Guam Medical Association
GMH	Guam Memorial Hospital
GMS	Guam Medical Society
GNA	Guam Nurses Association
GRMC	Guam Regional Medical City
MOU	Memorandum of Understanding
NCD	Non-communicable diseases
NCCCP	National Comprehensive Cancer Control Program
PANDA	Policy and Advocacy Action Team
PMC	Physicians Medical Clinic
SDA	Seventh Day Adventist clinic
SEDAT	Screening, Early Detection and Treatment Action Team
SQOL	Survivorship and Quality of Life Action Team
TPCP	Tobacco Prevention and Control Program
UOG	University of Guam
VA	Veterans Affairs
VFC	Vaccines for Children Program

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