You are the Key
to HPV Cancer Prevention

Understanding the Burden of HPV Disease, the Importance of the HPV Vaccine Recommendation, and Communicating about HPV Vaccination

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Objectives

1. Describe the burden of HPV infection and related disease.
2. Provide information about HPV vaccination, including recommendations, safety, and impact.
3. Share and employ best practices for HPV vaccine communication and strong recommendations.
Understanding the Burden

HPV INFECTION & DISEASE
Most females and males will be infected with at least one type of HPV at some point in their lives

- Estimated 79 million Americans currently infected
- 14 million new infections/year in the US
- HPV infection is most common in people in their teens and early 20s

Most people will never know that they have been infected

Numbers of Cancers and Genital Warts Attributed to HPV Infections, U.S.

- Penis: 400
- Vagina: 500
- Juvenile-Onset RRP: 820
- Vulva: 1,600
- Anus: 1,600 (male), 2,900 (female) total
- Oropharynx: 5,900 (male), 1,500 (female) total
- Cervix: 11,500 (male), 18,000 (female) total
- Genital Warts: 160,000 (male), 180,000 (female) total

Includes Males and Females

Cervical Cancer

- Cervical cancer is the most common HPV-associated cancer among women
  - 500,000+ new cases and 275,000 attributable deaths worldwide in 2008
  - 11,000+ new cases and 4,000 attributable deaths in 2011 in the U.S.

- 37% cervical cancers occur in women who are between the ages of 20 and 44
  - 13% (or nearly 1 in 8) between 20 and 34
  - 24% (or nearly 1 in 4) between 35 and 44

Evidence-Based HPV Prevention

HPV VACCINE
ACIP Recommendation and AAP Guidelines for HPV Vaccine

- Routine HPV vaccination recommended for both males and females ages 11-12 years
- Also ages 13-21 years for males; 13-26 for females
- Vaccine can be given starting at age 9 years of age for both males and females; vaccine can be given ages 22-26 years for males

HPV Vaccine Is Safe, Effective, and Provides Lasting Protection

- **HPV Vaccine is SAFE**
  - Safety studies findings for HPV vaccine similar to safety reviews of MCV4 and Tdap vaccines

- **HPV Vaccine WORKS**
  - High grade cervical lesions decline in Australia (80% of school aged girls vaccinated)
  - Prevalence of vaccine types declines by more than half in United States (33% of teens fully vaccinated)

- **HPV Vaccine LASTS**
  - Studies suggest that vaccine protection is long-lasting; no evidence of waning immunity

HPV VACCINE COVERAGE
National Estimated Vaccination Coverage Levels among Adolescents 13-17 Years, National Immunization Survey-Teen, 2006-2012

CDC. National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012
MMWR 2013; 62(34);685-693.
Iowa

National Immunization Survey - Iowa

- Females, 3 doses: 35.6% (33.4% National)
  - 1 dose: 57.5% (53.8% National)
- Males, 1 dose: 19.4% (National 20.8%)
  - 3 dose data not available

Iowa Immunization Program Annual Report, 2012

- Females, 3 doses: 24%
- Based on IRIS
Actual and Achievable Vaccination Coverage if Missed Opportunities Were Eliminated: Adolescents 13-17 Years, NIS-Teen 2012

Among girls unvaccinated for HPV, 84% had a missed opportunity

Missed opportunity: Healthcare encounter when some, but not all ACIP-recommended vaccines are given.
HPV-1: Receipt of at least one dose of HPV.

Why We Need to Do Better in HPV Vaccination of 12 year olds

- Currently 26 million girls <13 yo in the US; If none of these girls are vaccinated then:
  - 168,400 will develop cervical cancer and
  - 54,100 will die from it

- Vaccinating 30% would prevent 45,500 of these cases and 14,600 deaths
- Vaccinating 80% would prevent 98,800 cases and 31,700 deaths

For each year we stay at 30% coverage instead of achieving 80%, 4,400 future cervical cancer cases and 1,400 cervical cancer deaths will occur.

Adapted from Chesson HW et al, Vaccine 2011;29:8443-50
Talking about HPV vaccine

FRAMING THE CONVERSATION
Strength of HPV Vaccine Recommendation for Female Patients, Pediatricians and Family Physicians (N=609)

11-12 y.o. females
- Strongly recommend: 51%
- Recommend, but not strongly: 36%
- Make no recommendation: 8%

13-15 y.o. females
- Strongly recommend: 79%
- Recommend, but not strongly: 15%
- Make no recommendation: 6%

16-18 y.o. females
- Strongly recommend: 85%
- Recommend, but not strongly: 10%
- Make no recommendation: 5%

Top 5 reasons for not vaccinating daughter, among parents with no intention to vaccinate in the next 12 months, NIS-Teen 2012

- Not sexually active
- Lack of knowledge
- Safety concerns/side effects
- Not recommended by provider
- Not needed or necessary**

* Not mutually exclusive.
** Did not know much about HPV or HPV vaccine.
Successful recommendations group all of the adolescent vaccines

- Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines
- Moms in focus groups who had not received a doctor’s recommendation stated that they questioned why they had not been told or *if the vaccine was truly necessary*
- Many parents responded that they trusted their child’s doctor and would get the vaccine for their child as long as they received a recommendation from the doctor
A case of vaccine hesitancy?

- Parents may be interested in vaccinating, yet still have questions
  - Many parents didn’t have questions or concerns about HPV vaccine
  - A question from a parent does not mean they are refusing or delaying
  - Taking the time to listen to parents’ questions helps you save time and give an effective response
  - CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver
An anti-cancer vaccine

The “HPV vaccine is cancer prevention” message resonates strongly with parents

- In focus groups and online panels, mothers wanted more information on the types of HPV cancers
- In focus groups mothers stated they were influenced to vaccinate their child because HPV vaccine prevents cancer, they had a family history of cervical cancers, and/or because they had a personal experience with cervical cancer
Tell me doctor, how bad is it?

- Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against

- Parents in focus groups knew HPV vaccine can prevent cervical cancers, however they lacked knowledge about indications for HPV vaccine other than cervical cancer for girls, all HPV vaccine indications for boys, and the recommended ages to receive HPV vaccine
Why at 11 or 12 years old?

- Parents want a concrete reason why 11-12 year olds should receive HPV vaccine
  - In audience research with moms, almost all respondents were unaware of the correct age range the vaccine was recommended
  - Respondents also missed the concept of vaccinating before sexual activity
A green light for sexual activity?

Parents may be concerned that vaccinating may be perceived by the child as permission to have sex

In focus groups, some parents expressed concern that in getting HPV vaccine for their child, they would be giving their child permission to have sex

This was one of the top four reasons respondents gave when asked why they would not vaccinate their daughter

A few parents expressed that while they wanted their child to “wait to have sex” they understood that might not be the case
Provider and Parent

HPV VACCINE CONVERSATIONS
Is she really too young? Take 1
(a conversation you may be familiar with)

**Doctor:** Meghan is due for some shots today: Tdap and the meningococcal vaccine. There is also the HPV vaccine...

**Parent:** Why does she need an HPV vaccine? She’s only 11!

**Doctor:** We want to make sure she gets the shots before she becomes sexually active.

**Parent:** Well I can assure you Meghan is not like other girls-she’s a long way off from that!

**Doctor:** We can certainly wait if that would make you feel more comfortable.
A Strong Recommendation at 11

**Doctor:** Meghan is due for some shots today: HPV, meningococcal vaccine, and Tdap.

**Parent:** Why does she need an HPV vaccine? She’s only 11!

**Doctor:** HPV vaccine will help protect Meghan from cancer caused by HPV infection. And I want to make sure Meghan receives all 3 doses and develops protection long before she becomes sexually active.

**Parent:** But it just seems so young...

**Doctor:** We don’t wait until exposure occurs to give any other routinely recommended vaccine. HPV vaccine is also given when kids are 11 or 12 years old because it produces a better immune response at that age. That’s why it is so important to start the shots now and finish them in the next 6 months.
What about boys?
Take 1

**Doctor:** Henry is due for 3 vaccinations today: Tdap, MCV4 and HPV vaccine.

**Parent:** Why does he need HPV vaccine- isn’t that just for girls?

**Doctor:** It could help protect his partners in the future.

**Parent:** That seems like the girl’s responsibility. Henry is a nice boy—if nothing will happen to him, then why bother?

**Doctor:** It’s completely up to you.
Get it for your son, take 2

**Doctor:** Henry is due for 3 vaccinations today: Tdap, MCV4 and HPV vaccines.

**Parent:** Why does he need HPV vaccine- isn’t it just for girls?

**Doctor:** Boys should also get HPV vaccine when they are 11 or 12 years old. HPV causes cancers in men too. Over 7000 men each year develop a cancer of the mouth, tongue or throat that is caused by HPV, and this number is rising. HPV also causes cancer of the penis and anus.

**Parent:** Wow, I had no idea. Yes, lets him that one too!

**Doctor:** Henry will need to come back for the second and third shots- make an appointment today for those visits.
Summary

Tell parents that almost everyone gets HPV and HPV can cause a variety of cancers in women and men.

Remind parents that HPV vaccine is for cancer prevention.

Provide a strong recommendation for HPV vaccine when patients are 11 or 12 years old.

Listen carefully to and welcome patient and parent questions especially about safety.
Contact Me

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Social Media Links:
www.pedsgeekmd.com

Facebook.com/pedsgeekmd

Twitter: @PedsGeekMD
HPV Vaccines for Teens: Taking Shots Against Cancer
Program Details

Received 2014 Concept Grant from the IIC

– Identify & notify youth in need of the vaccine

– Public Awareness of HPV and the vaccine

– Worked with the medical sector
Identify & notify youth in need of the HPV vaccine

• Obtained active patient lists ages 11-18 yo (name, DOB, & address) from each participating clinic & compared their list with each clinics’ IRIS patient list

• Untagged clients in IRIS the clinics no longer have as “active”

• Tagged clients in IRIS the clinics list as “active” but IRIS doesn’t list them as their patient

• Updated all addresses in IRIS in order to use the recall tool
IRIS Clean Up Findings

- Total Clinic Patient Records: 4,764
- Total IRIS Patient Records: 6,413 (+1,650 records)
- # Patients tagged incorrectly in IRIS: 3,827 (60%)
- # Address changes: 1,668 (35%)

- Vaccine coverage rate BEFORE clean up: 48% under-immunized
- Vaccine coverage rate AFTER clean up: 68% under-immunized
Direct Mailing

Recall reports ran for each clinic:

2,659 youth (68%) identified under-immunized

– Letter & flyer sent to parent/guardian

– 96% of mailings made it to their destination (111 returned undeliverable)

*Some clients were from different counties (9)*
Dear Parent/Guardian,

As a parent, you know that nothing is more important than the safety of your child and protecting him or her from illness or injury. You make sure your child has a healthy diet. You get the right gear to protect him or her from sports injuries. You take your child to the doctor for regular checkups. If you could prevent them from getting cancer, wouldn’t you?

Human papillomavirus (HPV) is a very common virus. In fact, it’s so common the Centers for Disease Control and Prevention (CDC) report most American men and women will get at least one type of HPV during their life. HPV is the cause of almost all cervical cancers and has been linked to the rise in oral cancers in both men and women. The cancer caused by this virus kills over 4,000 females and causes HPV-related cancers in over 7,000 men every year.

The good news is we have a vaccine that helps protect youth from this cancer-causing virus! The American Academy of Pediatrics (AAP) and the CDC recommend routine vaccination with three doses of HPV vaccine for all 11 and 12 year old boys and girls. Youth that didn’t get the vaccine at this age can get the vaccine through the age of 26. As with any vaccine, the best time to get vaccinated is BEFORE getting exposed to the virus. Vaccinating now protects them for later.

The Cerro Gordo County Department of Public Health and your child’s health care provider have teamed up to ensure all of your child’s vaccination needs are being met. Your child’s immunization record shows they are in need of the HPV vaccine. Please call your child’s health care provider or local public health department to have them receive the vaccine as soon as possible.

Thank You,

Cerro Gordo County Department of Public Health
Mercy Medical Center North Iowa Clinics


Centers for Disease Control and Prevention: http://www.cdc.gov/std/hpv/default.htm
What if I told you...

There is an 80% chance your child will become infected with a cancer-causing virus by the time they turn 50.

What is HPV?
- HPV is a common virus that causes infection of the skin or mucous membranes of various areas of the body (cervix, anus, penis, mouth and throat).
- 60% of oral cancer is linked to HPV.
- Almost all cervical cancer is caused by HPV.

How is HPV spread?
- An individual can be infected by HPV by coming in direct contact with another person's skin or mucous membranes that is already infected by the virus.
- It is possible to have HPV and not know it, so an individual can unknowingly spread HPV to another person.

Is there a vaccine for HPV?
- Yes, there is a vaccine to protect your child against HPV.
- The vaccine produces better immunity to fight infection when given at younger ages compared with older ages.
- Vaccinating for HPV is much more effective at preventing disease and cancer if all 3 doses are administered.

For most people, HPV will clear on its own. However, there is no way to know who will develop serious health problems if the virus doesn’t clear.

This program is made possible by the Iowa Cancer Consortium and the Iowa Department of Public Health. Information provided by the Centers for Disease Control and Prevention (CDC).
Public Awareness of HPV and the HPV vaccine

- Press Release + media interviews
- Health Department's Newsletter
- Social Media posts (3 per week)
- Radio Ads
- Poster for clinic exam rooms
Worked with the medical sector

Attended provider meetings: rates, concerns, barriers

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<th>Concerns/Barriers</th>
<th>Possible Solution</th>
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<tr>
<td>Fewer patients coming in for physical exams</td>
<td>Vaccinate at all visits (including sick visits)</td>
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<td>Vaccine safety concerns</td>
<td>Use the CDC <em>Tips &amp; Time Savers for Talking with Parents about HPV Vaccine</em></td>
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<td>Teens coming to appointment wo parent &amp; need consent</td>
<td>Obtain verbal consent over the phone</td>
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<td>Providers get bad customer service review if upset parent</td>
<td>Use the CDC <em>Tips &amp; Time Savers for Talking with Parents about HPV Vaccine</em></td>
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<td>Series completions difficult</td>
<td>Set up return appointment for next dose BEFORE they leave the office + reminder call day before appointment</td>
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Clinic Kick of Banquet

55 people attended (clinic nurses, providers, senior administration, CMA, clinic office managers, public health, Merck)

• Reviewed CDC Recommendations
• Successes & Barriers to administering the vaccine
• Recall Tools
• Importance of keeping IRIS updated
• Monthly audit feedback
HPV INFECTION

Most females and males will be infected with at least one type of HPV at some point in their lives. According to the CDC, 1 in 4 women and 1 in 2 men will be infected at some point in their lives.

- 1 million new infections/year in the US
- HPV infection is most common in people in their teens and early 20s.

Most people will never know that they have been infected.

ZERO SYMPTOMS

HPV is often asymptomatic, meaning it may not cause any noticeable symptoms or changes in a person’s body. However, HPV can lead to serious health problems if left untreated. It is important to get regular screenings and check-ups to detect and treat any potential issues early on.
Current & Future Steps – FY 15 IIC Grant

- Consumer Awareness Campaign
  - TV
  - Social Media
  - Bus Wraps
- CEU Symposium
- Series Completion Incentives for patients
- Expand age 19-26 yo with 2 additional clinics (Yr 2 & 3)
- HPV Awareness Posters
  - BCC clients
  - Worksite Wellness Agencies
  - 2 Colleges
Clinic Competitions

- Clinic Competitions
- Monthly Audits
- Thermometer Gauges
- Procedure Change in Clinics
- Reminder Tools
  Merck: 3 To Complete Tool
  Snap Chat
Are the efforts making a difference???
Questions???

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Trinity Regional Medical Center
Objectives

- Identify online resources to assist with Oral Head and Neck Screenings.
- Identify steps for implantation of a successful Oral Head and Neck screening.
2014

- Screening, studies
- Oral Head and Neck Cancer
- What can we do for this?
- Education, increase services to our patients with Oral Head and Neck Cancer, Screening
- Patient Navigation and Nurse Coordinator set up meeting with Bristol Myers-Squibb.
- Reviewed online resources for screening.
- Took information to manager then on to administration.
How to become involved in Oral, Head and Neck Cancer Awareness Week (OHANCAW)

OHANCAW is a team effort!
International Oral, Head, & Neck Cancer Awareness Week (OHANCAW)

- **Purpose:** promote public awareness and the importance of early detection.
- **What is it?** A week-long series of events organized by a dedicated group of health professionals, survivors, volunteers, and others.
- Events are organized at the discretion of local leaders and customized to resources and needs of a particular location.
- [http://www.ohancaw.com](http://www.ohancaw.com)
WHY participate in OHANCAW?

Raise public awareness!
Make a difference!
Enhance PR of your organization!
Possibly save a life!

According to a recent survey:

- 75% of respondents from a European study were NOT aware of the term “head and neck cancer”
- 15% of American’s have NEVER heard of oral, head & neck cancer
  - 62% were “not very” or “not at all” knowledgeable and 58% of these respondents used tobacco products
  - % knew that tobacco was a significant risk factor
  - 26% remember ever having an oral, head & neck exam (Day et al., 2005)
What is Oral, Head, & Neck Cancer?

- Any cancer in the head and neck excluding cancer of the brain
- Includes cancers of the mouth, skin, throat, salivary glands, neck and thyroid
- Oral cancer is the most common
- 40,000 new cases and 9000 deaths a year
Signs and Symptoms of Oral, Head, & Neck Cancer

May include...

A sore in your mouth that doesn’t heal or increases in size
Persistent pain in your mouth
Lumps or white, red or dark patches inside your mouth
Thickening of your cheek

Difficulty chewing or swallowing or moving your tongue
Changes in your voice
A lump in your neck
Bad breath
Difficulty moving your jaw, or swelling or pain in your jaw
How to Set up a Free Screening: Step 1

Establish screening committee

Assign roles within committee

- Screening Coordinator
- Volunteer Coordinator
- Fundraising Coordinator
How to set up a Free Screening: Step 2

- Develop a timeline.
- Organize regular meeting times.
- Identify screening locations.
- Determine staffing needs for screening.
- Brainstorm fundraising ideas to support event (such as for supplies & printing).
- Market your screening event.
Identify Screeners

Primary Screeners
- Otolaryngologists, Oral Maxillofacial Surgeons
- Dentists, Radiation Oncologists, Nurse Practitioners

Secondary Screeners
- Nurses, Speech Pathologists, Medical Students

General Volunteers
- Survivors, Family Members, Graduate Students

Additional support if available
- Nutrition Counselors/ Smoking Cessation Counselors
Primary Screeners

Conduct interview/education regarding risk factors
Implement exam
Make medical recommendations for follow-up
  • No diagnosis given at time of screening
  • Areas of concern identified
Secondary Screeners

- Set up room
- Restock after each screening
- Assist completing paperwork
- Collect follow up data
General Volunteers
(such as survivors, students, health professionals)

Volunteer Tasks:
• Meet/Greet
• Check in
• Assist with filling out pre-registration form (available online)
• Organize waiting room
• Distribute educational materials (available online)
• Provide smoking cessation information
Supplies

- Adequate light source (head lamps)
- Disposable dental mirrors
- Tongue blades
- Alcohol wipes
- Hand Sanitizer
- 4x4 gauze pads
- Gloves
- Liquid defog (optional)

- Trash bags
- Clip boards/ pens
- Folder for completed forms
- Information brochures on oral cancer
- Follow up forms/ contacts
- Otoscopes (optional)
Performing the Head and Neck Exam: Step 1

- **History and teaching!**
  - Ask about oral and neck lesions
  - Pain or bleeding
  - Change in function
  - Risky behaviors (smoking, drinking)
Performing the Head & Neck Exam: Step 2

• Inspect and palpate for masses of the:
  • Cervical lymph nodes
  • Thyroid
  • Salivary Glands

Use a hands-free light source!
Performing the Head & Neck Exam: Step 3

- Perform a cranial nerve exam
- Intraoral inspection and palpation
  - Lips, cheeks and floor of mouth
  - Wrap tongue in gauze and retract to assess lateral tongue borders, tonsillar pillars, hard palate, soft palate and gingiva
Positive Findings at Screening?

- Organize list with contact information
  - Local HN Surgeons, Oral Maxillofacial Surgeons (business cards when available)
- Or may provide contact information for Academy of Otolaryngology Head and Neck Surgery to locate physicians
- **Counsel participant: screening only, not an actual diagnosis**
- **Important to strongly recommend follow up if needed**
- Provide written summary of areas of concern for participant to give to physician
OHANCAW Events also include...

- News releases
- Public service announcements
- Physician directed “teach ins” for middle school-aged children
- Cancer survivor banquet
- Oral Cancer Walk-a-thons
- Research conferences
- Benefit concerts
- Governor’s Proclamation
- Highlight: Day of Free Oral Cancer Screenings
Community Education: Middle School Talks

Target 6th, 7th and 8th graders
Make it as interactive as possible
Lots of pictures
Talk about dangers of smoking and oral sex (if age appropriate)

Download community education materials at www.ohancaw.com
References

Adapted from Ashley Laursen, BSN, RN and Mary Beth Chalk, FNP-C presentation at the SOHN Annual Meeting, 2009, and Meryl Kaufman, M.Ed, CCC-SLP and Edie Hapner, PhD CCC-SLP PP presentation at the International Association of Laryngectomees Annual Convention, 2008
- Multidisciplinary team was formed to plan the screening.
- Members included administration, Manager, care coordinators, outreach coordinator, well team, marketing department, ACS, Bristol-Myers Squibb representatives, public and community health, physicians,
Site for screenings found. Host site was, Iowa Central Dental Hygiene Clinic.

Reviewed the available forms and posters from OHANAW.

Found a physician champion to help with letter for provide recruitment.

Newspaper and Radio interviews.
Forms and Poster

Screening Form

To be completed by participant (please print)  
First Name ____________________________________  Last Name ____________________________________  Age __________  DOB __/__/__ Sex M F

Address __________________________________________  City __________________________  State ________ Zip __________

Phone ( ) ___________________________________  Occupation __________________________  E-mail Address __________________________

Ethnicity: __ Hispanic ______ Non-Hispanic  Race: __ White (Caucasian)  __ Black (African-American)  __ Asian  __ Other

Please circle or fill in responses to the following statements:

I have been treated for skin cancer of the head and neck:  Yes No  Other cancer:  Yes No  Location __________________________

I have family members who have been treated for cancer of the head and neck:  Yes No  Location __________________________

I have had prior medical, surgical, or radiation treatments to the head and neck region:  Yes No  Location __________________________

I currently use tobacco:  Chewing Snuff Cigarettes Cigars Pipes None

I formerly used tobacco:  Chewing Snuff Cigarettes Cigars Pipes None

In my lifetime, I used tobacco for ______ years with an average of ______ per day.

In my lifetime, I drank alcoholic beverages for ______ years with an average of ______ drinks per day.

Please check any of the following head and neck problems you currently have:

__ Change in voice  __ Bleeding  __ Earache  __ Sore throat  __ Lump in throat  __ Swallowing difficulty  __ Sore in mouth  __ Tooth or gum problem  __ Growth in neck  __ Red or white patches in mouth

Did you know that any of these problems could be the earliest sign of a head or neck cancer?  Yes No

Have you ever been told you how to do an oral self-examination?  Yes No

Would you be interested in volunteering to promote awareness of this disease?  Yes No

Has this program increased your knowledge and awareness of this disease?  Yes No

RELEASE OF LIABILITY
I hereby release the Head and Neck Cancer Alliance, screening facility, and all health care personnel from any and all responsibility associated with the evaluation and results. I accept all responsibility for the evaluation, future scheduling and costs of further medical evaluation, diagnostic tests, and treatment in addition to the pursuit of any recommendations provided. I understand that this examination is not intended to be a complete head and neck examination or substitute for any examination performed by future or past practitioners. I am responsible for any follow-up examination, evaluation, or tests and release all other parties from any responsibility. The Head and Neck Cancer Alliance may use the results of this examination and the information on this form for statistical and educational purposes, but my name will not be released to any other person or organization without my express written consent.

Signature _______________________________________  Date ________________

SCREENING EXAMINATION – To be completed by practitioner

Please check all that apply

Site  Normal  Abnormal  Not evaluated

Skin

Ears

Nose

Oral Cavity

Gastroesophageal

Larynx

Salivary glands

Thyroid glands

Neck

__ Routine follow-up with primary care physician

Immediate consultation for suspected neoplasm:  ______ Skin Lesion  ______ Thyroid Mass  ______ UADT Neoplasm  ______ Neck Mass

Add l’Info __________________________________________  Date ________________

Signature _______________________________________  Date ________________

All you have to do is say AHHH!

FREE screenings for oral, head and neck cancer

Event Info:

________________________

________________________
- Point person for volunteer providers call ins.
- Call in and walk ins welcomed.
- Call in sheet created to schedule times for volunteers and screenings.
- Held monthly meetings for the planning group.
- Educational information on Oral Head and Neck cancer available.
- Drawings for various prizes.
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Marketing

- Marketing the Head and Neck Screening
- Send PSA to radio and area papers
- Utilize our cancer radio spot to advertise clinic
- Get Physician champion on KVFD radio
- Survivor interview with care coordinators on radio
- Web site calendar
- Guest Editorial
- Impressions
- Digital Signage
- Digital Billboard
- Face Book Posts
Education
April 8th 2014

- Hospital and allied health care facilities in Fort Dodge invited to attend.
- Grand Rounds with ENT and Radiation Oncology presentation on Oral Head and Neck cancer.
- Nurse navigation, speech therapy, nutritional, lymphedema needs for patients with Oral Head and Neck cancer.
- Total of 1 hour CME and 4 hour CEUs available for staff.
April 10th 2014

- Day of the screening.
- Posted signs around the college campus.
- Confirmation to providers and volunteers on where and when to arrive were given prior to event.
- Had snacks for volunteers
Event
Dental Hygiene Clinic

- 10 stations
- 3 dental hygienist
- 22 dental hygiene students
- Handicap accessible
- Supplies were minimal
- Great community event with multiple services utilized. dentistry, oral surgeon, dermatology, speech pathologist
- ENTs primary providers,
Our first Oral Head and Neck cancer screening

The turn out was phenomenal.

The multidisciplinary interaction between providers was a positive benefit to people and providers and students.

Community response was great. Calls even after event was held.
Results

1. Total number screened 149
   - 87 call-ins
   - 62 walk-ins
   - 8 immediate referrals
   - 16 further evaluation
   - 33 follow with primary

2. Providers 3-5 pm
   - 2 (3 unable)
   - 3 dental hygienists from college

   5-7pm
   - 9 dental students
Follow-Up

- Call back in June.
- 8 immediate referrals
- Able to reach 6/8 they had received treatment.
- 16 further evaluations
- 15/16 contacted and they had or have up coming appointments.
Here are the final numbers from OHANCAW® 2014.

- Total number of OHANCAW sites: 280
- Total number screened: 9,828
- Total number referred for routine follow-up: 3,319
- Total number referred for further evaluation: 1,029
- Total number referred for immediate consultation for suspected neoplasm: 256
- Potential lives saved due to early detection: 1,285
SAVE THE DATE

2nd Oral Head and Neck Cancer Screening
April 16th 2015
2:00 pm - 6:00 pm
- Patty Grossnickle Nurse Coordinator
- Trinity Cancer Center
- patty.grossnickle@unitypoint.org
- 515-574-6183