

Gynecologic Cancer Commission

ANNUAL REPORT 2023



Prepared by:

Special Commission on Gynecological Cancers
and

Office of Women's Health and Family Services,

Division of Population Health Management,

Illinois Department of Public Health

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THE GYNECOLOGICAL CANCER COMMISSION

PA 102-0674 states that the Special Commission on Gynecological Cancers be created and consist of 22 members.

Purpose of the Commission

- (1) Establish a mechanism to ascertain the prevalence of gynecologic cancers in the state and, to the extent possible, to collect statistics relative to the timing of diagnosis and risk factors associated with gynecologic cancers.
- (2) Determine how to best effectuate early diagnosis and treatment for gynecologic cancer patients.
- (3) Determine best practices for closing disparities in outcomes for gynecologic cancer patients and innovative approaches to reaching underserved and vulnerable populations.
- (4) Determine any unmet needs of persons with gynecologic cancers and those of their families.
- (5) Provide recommendations for additional legislation, support programs, and resources to meet the unmet needs of persons with gynecologic cancers and their families.

Progress to Date - Accomplishments

- More than half of the board positions have been appointed.
- Four meetings have occurred.
- Three subcommittees have been formed, chairs identified, and members assigned.
- Subcommittee reports have been developed.

Subcommittee Reports

1) Early Screening and Risk Reduction

Chair: Kayla Nixon Marshall, M.D.

Co-Chair: Kimberly Jay

The goals of the Early Detection, Screening, and Risk Reduction Subcommittee are to identify optimal strategies for detecting premalignant changes that are known precursors of gynecological cancers, understand and educate the community on preventative lifestyle interventions, survey adherence to best practice preventative clinical interventions, and suggest incentives for practice changes.

Currently, the subcommittee has performed an extensive literature search on preventative strategies for each type of gynecologic cancer with a focus on prevalent cancer disparities. For endometrial cancer, this includes the link between obesity and endometrial hyperplasia, the impact of increased physical activity and weight management, standardization of hyperplasia management, and best practice criteria for endometrial biopsy. Considerations for cervical, vulvar, and vaginal cancers include an exploration by the subcommittee on HPV vaccination strategies and adherence, as well as research and implementation on primary HPV testing for cervical cancer screening. Ovarian cancer preventative measures focus on those known to reduce the risk of ovarian cancer diagnosis, which include primary fallopian tube cancers and primary peritoneal cancers that have the same histology, risks, and treatments. Strategies include assessing adherence to recommendations for opportunistic salpingectomy, adoption of salpingectomy as the standard sterilization technique for both post-partum and routine sterilizations, addressing stigma and barriers associated with cancer risk-reducing oral contraceptive use, and genetic testing of individuals without a personal history of cancer but with high-risk family histories. Cascade genetic testing offers potential benefit for specialized screening and surveillance, early detection, and risk reduction surgery in those identified as having hereditary cancer risk syndromes (e.g., Lynch syndrome, BRCA1/2, and other hereditary breast and ovarian cancer syndromes).

Lastly, the committee plans to delve into disparities uniquely affecting access to these preventative measures, such as exploring barriers to accessing cancer screenings, racial determinants to missed or delayed diagnosis, the history of sterilization that has disproportionately affected underserved communities, and stigma as mentioned above. The committee seeks to identify strategies for increased health education and uptake of best practices by both patients and providers.

2) **Research and Policy Development**

Chair: Shannon MacLaughlan David, M.D.

Co-Chair: Leah Hoeniges, MPH

The Research and Policy Subcommittee is using an epidemiologic and public health methodologic approach to identifying and defining health inequities that exist in the state as they relate to gynecologic malignancies. Additionally, informed by findings of other subcommittees, this subcommittee will distill the findings across all phases of care to put forth priority recommendations for policy-oriented solutions.

Currently, the subcommittee is identifying and accessing publicly available data sources, including, but not limited to, census data the Illinois Cancer Data Base, and the Behavioral Risk Factor Surveillance System to compile visual representations of incidence,

prevalence, morbidity, and mortality of gynecologic malignancies across the state with layered geomapping of board-certified gynecologic oncologists, high-volume hospitals, NCI-designated cancer centers, and the state's two comprehensive cancer centers (and National Cancer Coalition Network members). Once these demographics are defined fully for the state's population and existing physical infrastructure for high quality cancer, the subcommittee will integrate exposure data on well-documented risk factors for gynecologic malignancies, social determinants of health as reported by counties, and access to evidence-based prevention strategies.

Policy solutions currently in incubation focus on opportunities for state-funded payors and other health care programs to eliminate barriers to quality care in the prevention, diagnosis, and treatment of patients with gynecologic malignancies.

3) **Diagnosis, Treatment, and Survivorship**

Co-Chair: Emma Barber, M.D.

Co-Chair: Nita Lee, M.D.

The diagnosis, treatment, and survivorship subcommittee is focused on ensuring equitable access to all the components of high-quality care for people with gynecologic cancers. Ensuring adherence to specific metrics and treatment factors by cancer type is crucial for improved patient outcomes. Monitoring and improving the following metrics across the state can contribute significantly to narrowing the gap in cancer disparities and ensuring that all patients receive high-quality, evidence-based care.

For ovarian cancer, access to surgery performed by a gynecologic oncologist is crucial as their specialized expertise has been demonstrated to improve survival outcomes. Additionally, access to serum and tumor genetic testing for tailoring treatment plans and ensuring access to targeted therapies. Inclusion in clinic trials is a key metrics of high-quality care, providing patients with the opportunity to benefit from cutting-edge therapies and contributing to advancing the field.

In the case of endometrial cancer, ensuring access to minimally invasive surgery is vital as it leads to quicker recovery, shorter length of stay, and decreased postoperative complications. Sentinel lymph node biopsy is another important metric allowing for precise staging without the side effects of lymphedema and providing crucial information to inform subsequent treatment decisions. Similar to ovarian cancer, participation in clinical trials remains a critical component of high-quality care.

For cervical cancer, care should prioritize access to open radical hysterectomy that can be curative for early-stage disease. Adequate access to radiation therapy, specifically brachytherapy, is crucial to ensure improved patient survival. For vulvar cancers, access

to sentinel lymph node biopsy is also an important marker for appropriate care. Clinical trials for cervical and vulvar cancer are important for testing new targeted therapies to improve upon the standard of care, particularly for metastatic disease.

The subcommittee will focus on creating a feasible model for dissemination of community and patient education as well as provider education to promote best practices and to support the improved knowledge and implementation of guideline concurrent care across the cancer care continuum. This will include multi-level interventions engaging community members, survivors/caregivers, and safety net health system providers through multiple coordinated methods, including community education, curated patient resources, and novel tele-learning platforms (e.g., Echo Chicago). Understanding resources and gaps in gynecologic oncology care throughout the state and integrating cancer survivors as experts are keys to developing an action plan for improving gynecologic cancer care.

The subcommittees will continue to work on their respective areas and the entire commission will meet once a month until the report is completed. The commission will also continue to advocate for the seven remaining commission positions that need to be filled. Those vacant positions are as follows:

Position	Appointed by
Ovarian cancer survivor	Speaker of the House
Ovarian cancer survivor	Senate President
Ovarian cancer survivor	House Minority Leader
Cervical, vaginal, vulvar or uterine survivor	House Minority Leader
Medical specialist in gynecologic cancers	House Minority Leader
Ovarian cancer survivor	Senate Minority Leader
Cervical, vaginal, vulvar or uterine cancer survivor	Senate Minority Leader