

2024-2029



UNITED STATES VIRGIN ISLANDS

CANCER PLAN



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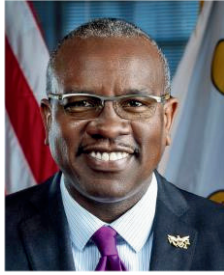
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THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE GOVERNOR
GOVERNMENT HOUSE

A MESSAGE FROM GOVERNOR ALBERT BRYAN JR.

It is with immense pride that I wholeheartedly endorse the US Virgin Islands Cancer Control Plan. This vital initiative represents a significant step forward in our ongoing efforts to combat cancer within our community. Cancer affects each one of us, either directly or indirectly, through our loved ones, friends, or colleagues. Its impact is profound, touching all aspects of our lives. However, with a comprehensive and coordinated approach, we can work towards reducing the burden of this disease and improving the lives of those affected by it.

The USVI Comprehensive Cancer Control Plan is a testament to our commitment to addressing cancer comprehensively. It outlines actionable strategies to prevent cancer, detect it early, ensure access to high-quality treatment and care, and support survivors and their families. By bringing together healthcare providers, policymakers, community organizations, and individuals, this plan fosters collaboration and synergy, essential components in our fight against cancer.

Furthermore, the plan emphasizes the importance of equity, recognizing that certain populations face disproportionate burdens when it comes to cancer incidence, mortality, and survivorship. Through targeted interventions and initiatives, we aim to reduce disparities and ensure that all residents of the US Virgin Islands have equal opportunities for optimal health outcomes.

I urge all stakeholders, including healthcare professionals, community leaders, businesses, and residents, to support and actively participate in the implementation of the USVI Comprehensive Cancer Control Plan. Together, we can make a tangible difference in the lives of our fellow citizens and future generations. Thank you for your dedication to this important cause. Let us unite in our efforts to create a healthier, cancer-free US Virgin Islands.

Sincerely,

A handwritten signature in blue ink, appearing to read "Albert Bryan Jr." with a stylized flourish at the end.

Albert Bryan Jr.
Governor



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

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Dear fellow Virgin Islands citizens,

I am writing to express my enthusiastic endorsement of the US Virgin Islands Cancer Control Plan. As the Commissioner of Health for the Virgin Islands, and through personal loss of my sister to cancer, I am acutely aware of the devastating impact that cancer can have on individuals, families, and communities. Therefore, I wholeheartedly support initiatives aimed at preventing, diagnosing, and treating cancer in our territory.

The USVI Comprehensive Cancer Control Plan represents a collaborative effort among stakeholders from various sectors, including healthcare providers, community organizations, government agencies, and advocacy groups. This plan outlines a strategic framework for addressing the burden of cancer in the US Virgin Islands by focusing on prevention, early detection, treatment, survivorship, and disparities reduction.

One of the key strengths of this plan is its emphasis on community engagement and empowerment. By involving community members in the planning and implementation process, we can ensure that the strategies outlined in the plan are culturally sensitive, contextually relevant, and responsive to the unique needs of our population.

Furthermore, the USVI Comprehensive Cancer Control Plan aligns with our department's broader public health goals and priorities, including efforts to reduce tobacco use, promote healthy lifestyles, increase access to screening and treatment services, and eliminate health disparities.

I am confident that by working together to implement the strategies outlined in the USVI Comprehensive Cancer Control Plan, we can make significant progress in reducing the burden of cancer in our territory and improving the health and well-being of all Virgin Islanders.

Thank you for your dedication and commitment to this important cause. I look forward to our continued collaboration in the fight against cancer.

Sincerely,

A handwritten signature in blue ink that reads "Justa Incarnacion".

Commissioner of Health
Virgin Islands Department of Health



INTRODUCTION

The 2024 – 2029 U.S. Virgin Islands Cancer Plan provides a roadmap to guide cancer prevention and control work by identifying generalized goals, measurable objectives, and evidence-based strategies that address the burden of cancer in the Territory. The goals were derived from national and local priorities and used to identify measurable objectives to allow the implementers to track progress over time. The plan represents a collaborative approach by focusing on cross-cutting priorities such as health equity, data, and policy change as well as the following stages of the cancer continuum:

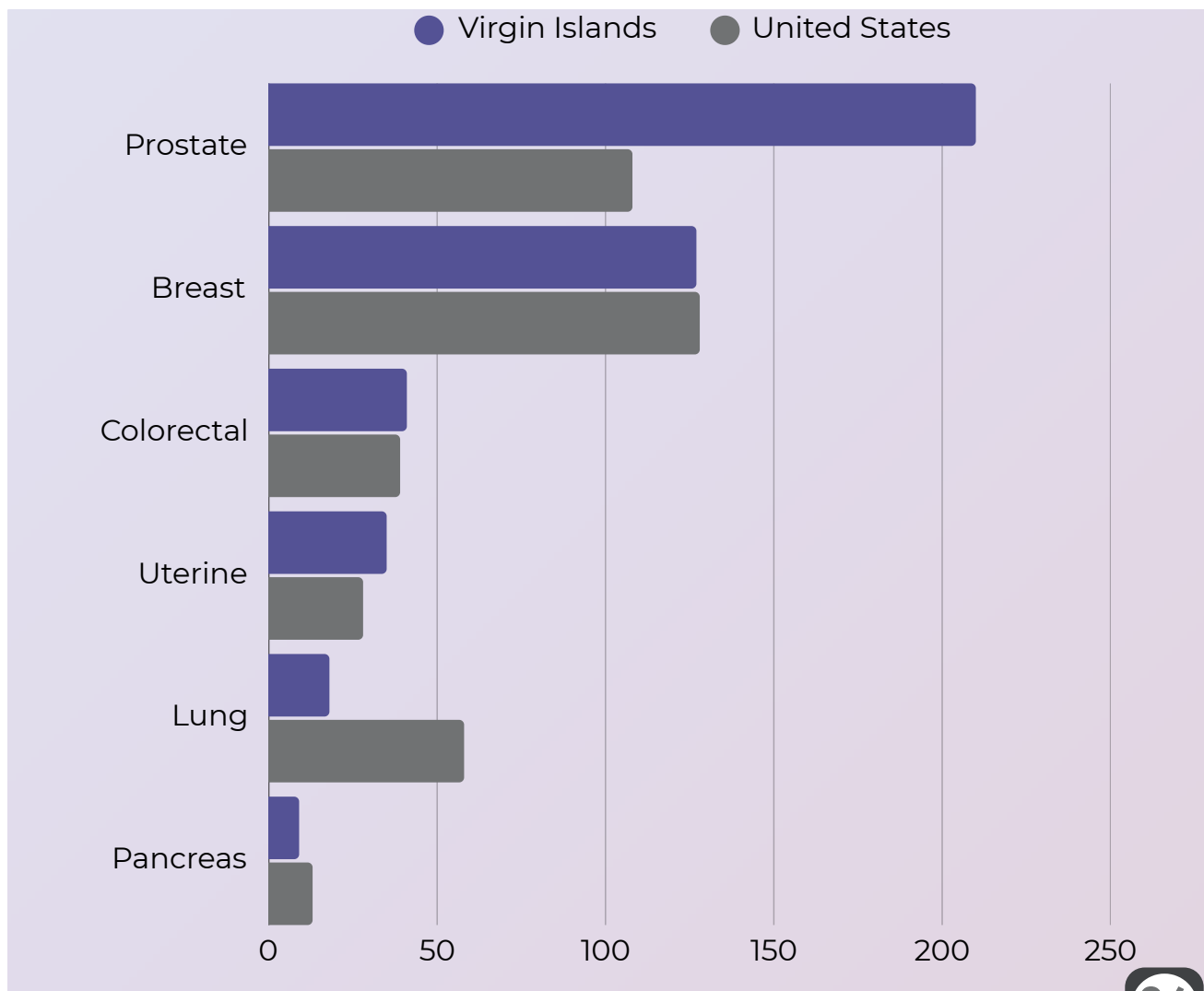
- Prevention
- Early detection
- Diagnosis and treatment
- Survivorship, quality of life, and palliative care

Being the second leading cause of death in the U.S. Virgin Islands (USVI), cancer impacts everyone. As outlined in this plan, it takes a collective effort to ensure that the USVI is efficiently and adequately addressing cancer, its risk factors, and inequities. The intended outcomes are far-reaching with the opportunity to address the morbidity and mortality due to cancer in the United States Virgin Islands.

PURPOSE

The purpose of this five-year plan is to provide a data-driven resource to mobilize stakeholders to reduce the risk, incidence, morbidity, and mortality associated with cancer in the USVI. The plan is intended to foster a collaborative effort by partners such as the health department, health care systems, nonprofit organizations, policy makers, academic institutions, cancer survivors, and any individual working to reduce the impact of cancer. The first part of the cancer plan underscores how the plan was developed, displays the burden of cancer using available data sources, and provides information on implementing the plan. The second part of the plan identifies objectives using baseline and target measures and provides strategies to achieve targets.

US VIRGIN ISLANDS NEW CANCER CASES RATE PER 100,000 POPULATION



CANCER PLAN GOALS SNAPSHOT

The plan is organized into four areas of focus with each area represented by a generalized goal statement, which is then narrowed down into measurable objectives necessary to achieve the goal. Evidence-based practices were used to develop strategies that can be operationalized to achieve the objectives. The areas of focus and goals are:



Prevention: Prevent cancer in the USVI through the reduction of high-risk behaviors.



Early Detection: Find cancer as early as possible.



Diagnosis and Treatment: Diagnose and treat all cancer patients with the most appropriate and effective therapy.



Survivorship, Quality of Life, and Palliative Care: Assure quality palliative care, survivorship, and end-of-life care in the USVI.



CROSS-CUTTING PRIORITIES



HEALTH EQUITY

Achieving health equity is crucial for advancing goals related to cancer prevention, early detection, diagnosis, treatment, and survivorship. Socioeconomic factors, such as income, education, and health insurance coverage play significant roles in cancer outcomes. These factors influence access to timely screenings, appropriate treatment, and supportive care, impacting survival rates and overall health disparities. Low-income individuals, minorities, and those lacking health insurance often face later cancer diagnoses, leading to shorter survival times and higher treatment costs. Despite advances, disparities in health care access and outcomes continue to affect cancer survivorship rates.

Stakeholders need to work together to ensure that services are available and accessible to all persons across the continuum of care, with a high priority on vulnerable populations. There is a need to improve cancer-related health outcomes among persons who are most impacted by health disparities such as low-income and uninsured individuals, minorities, and persons with low health literacy. The National Breast and Cervical Cancer Early Detection Program, once implemented, will increase screening rates for breast and cervical cancer among underinsured and uninsured women. Many Virgin Islanders are unable to access cancer screenings for prostate and colon cancer due to a myriad of factors such as difficulty getting screening appointments, lack of health insurance, apprehension about screening, and lack of awareness of screening recommendations. Achieving health equity involves several key strategies: prioritizing communities most at risk, forging partnerships across sectors to foster healthy environments, enhancing access to preventive services in clinical and community settings, employing culturally and linguistically appropriate approaches, and rigorously evaluating interventions to ensure effectiveness and progress.



CROSS-CUTTING PRIORITIES



DATA

Data regarding cancer in the USVI are available from one primary source each with respect to mortality, prevalence, and incidence. Mortality data are available from CDC's National Center for Health Statistics. The Vital Statistics Online Data Portal Mortality data was downloaded, processed, and aggregated by cause of death. Age-adjusted rates were computed for comparison with national rates. Prevalence data are available from the Behavioral Risk Factor Surveillance System (BRFSS) survey, which collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. For the USVI, these data are sufficient for computing cancer prevalence, but due to small numerators and denominators, they are not able to be used for site-specific prevalence.

Incidence data are derived from the Virgin Islands Central Cancer Registry tumor database. The data are aggregated by primary site and computed as incidence rates (number per 100,000 population). These rates are age-adjusted to provide comparison with national rates.

Primary sites with high incidence and/or high mortality were identified for selection as areas for primary focus.

RESEARCH



Cancer research is a vast and dynamic field focused on understanding, preventing, diagnosing, and treating cancer. The USVI experiences a significant gap in cancer research funding and capacity in comparison to the U.S. mainland. There are key areas of research aimed at improving cancer outcomes that would be beneficial to the community. Academic institutions, such as the University of the Virgin Islands, are encouraged to explore research opportunities to improve access to groundbreaking cancer treatments and clinical trials in the Territory. Continuous progress in research holds promise for improving cancer outcomes, enhancing survival rates, and ultimately finding cures for many types of cancer.

CROSS-CUTTING PRIORITIES



EMERGENCY PREPAREDNESS

A crucial cross-cutting priority within the USVI Cancer Plan is the integration of emergency preparedness into cancer care. Given the region's susceptibility to natural disasters like hurricanes, the plan emphasizes the necessity of ensuring the continuity of care for cancer patients during emergencies. This involves developing comprehensive emergency response strategies that include safeguarding medical records through secure, accessible digital storage, and ensuring an uninterrupted supply chain for essential medications, treatments, and equipment. Establishing clear protocols for healthcare providers and facilities to follow during emergencies is also paramount, ensuring that all stakeholders are prepared and can act swiftly to protect patients' health.

Additionally, effective communication networks are vital to keeping cancer patients informed and connected with healthcare providers during emergencies. This includes utilizing multiple channels such as phone, radio, email, and social media to disseminate critical information and updates. The plan also advocates for regular training and drills for healthcare providers and emergency responders to enhance their readiness to manage the specific needs of cancer patients in crisis situations. By embedding these emergency preparedness measures into the USVI Cancer Plan, the Department of Health aims to build a resilient healthcare system capable of maintaining high standards of care for cancer patients, regardless of the challenges posed by emergencies.

POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

The 2024 – 2029 USVI Cancer Plan emphasizes promoting cancer control and prevention through prioritizing policy, systems, and environmental (PSE) changes to achieve broad community impact. PSE change is a strategic approach aimed at creating sustainable improvements in community health, behavior, and overall well-being by modifying environments where people live, work, and play. These approaches are fundamental in public health efforts to address complex health challenges and promote community well-being. An overview of each component is on the next page:



CROSS-CUTTING PRIORITIES



Policy Change

- Definition: Policy change involves implementing new laws, regulations, or rules at organizational, community, or governmental levels to support healthier behaviors or environments.
- Examples:
 - Mandating calorie labeling on restaurant menus to promote healthier eating habits.
 - Implementing smoke-free policies in public places to reduce exposure to secondhand smoke.

Systems Change

- Definition: Systems change focuses on altering the structures, processes, or networks within organizations or communities to support & sustain healthier behaviors or environments.
- Examples:
 - Modifying school curricula to include physical activity breaks to combat childhood obesity.
 - Creating partnerships between healthcare providers and community organizations to improve access to preventive health services.



Environmental Change

- Definition: Environmental change aims to modify physical or social surroundings to make healthier choices easier and more accessible for individuals and communities.
- Examples:
 - Building bike lanes and walking paths to promote physical activity.
 - Installing water fountains in public spaces to encourage hydration and reduce sugary drink consumption.

HOW THE PLAN WAS DEVELOPED

The 2024 – 2029 USVI Cancer Plan is the product of public health leaders, community organizations, medical professionals, champions, cancer survivors, and caregivers working in concert to outline actionable steps to reduce the burden of cancer in the Territory. The development of the plan was an inclusive process led by the Virgin Islands Department of Health’s National Comprehensive Cancer Control Program (VI NCCCP) in collaboration with the USVI Cancer Coalition and aligns with the Center for Disease Control and Prevention (CDC) national priorities for cancer control. Planning activities commenced during coalition meetings and continued during the two-day 2023 USVI Cancer Summit. The summit convened multisectoral stakeholders with a vested interest in cancer prevention and control and included presentations on cancer plan development, health equity, and leveraging community services and programs. Participants joined workgroups based on interest and expertise and were instrumental in selecting the objectives and strategies.



USVI CANCER PLAN DEVELOPMENT TIMELINE

Kickoff Meeting

During the USVI Cancer Summit, attendees learned of the importance of the USVI having its own cancer plan. Participants signed up to be a part of a workgroup specific to each cancer plan section.

JULY 2023

Cancer Plan Next Steps

Virgin Islands Department of Health, the USVI Cancer Coalition and Strategic Health Concepts discuss the next steps in the cancer plan development process.

JULY 2023

Workgroup Meetings

Workgroup leaders were oriented to the process. Workgroups then began meeting to develop priority area goals, objectives, and strategies.

AUGUST - OCTOBER 2023

Cancer Plan Development

The NCCCP Program Manager created the 1st draft of the USVI Cancer Plan.

NOVEMBER 2023 - JANUARY 2024

Feedback Meetings

VIDOH NCCCP Program Manager, Chronic Disease Director, SHC, & the USVI Cancer Coalition reviewed the 1st draft. Workgroup Leaders, NCCCP Program Manager, Chronic Disease Director & SHC met to discuss additional edits & comments.

NCCCP Cancer EXPO

VI DOH NCCCP Program & the USVI Cancer Coalition hosted an expo for partners to network & receive updates on the Charlotte Kimelman Cancer Institute & the USVI Cancer Plan.

JAN 2024

Cancer Plan Edits

The NCCCP Program Manager continued to make necessary edits and submitted the drafts to SHC; final draft was sent in April.

JANUARY - MAY 2024

Cancer Plan Design

The VIDOH met with the graphic designer in March to discuss the design for the plan. Plans for another USVI Cancer Summit discussed.

Final Draft

NCCCP Program Manager made necessary edits and corrections to the final draft. The edited final draft was then sent to the graphic designer for editing, graphic design, and formatting purposes.

MAY 2024

USVI Cancer Plan

Cancer Plan formatted by the graphic designer and ready for dissemination in time for the USVI Cancer Summit in July.

JUNE 2024

USVI Cancer Plan Unveiling

The 1st version of the complete USVI Cancer Plan unveiled at the USVI Cancer Summit on July 10th.

JULY 2024

Implementation Begins

Workgroups begin implementing the strategies outlined in the plan.

JULY 2024-2029

CANCER PLAN IMPLEMENTATION



The implementation of the USVI Cancer Plan will involve a multi-faceted approach aimed at addressing various aspects of cancer prevention, treatment, and support within the United States Virgin Islands (USVI). Firstly, comprehensive education and outreach programs will be launched to raise awareness about cancer risk factors, screening guidelines, and healthy lifestyle choices. These initiatives will target both the public and healthcare professionals to ensure widespread understanding and engagement. Additionally, improved access to screening and diagnostic services will be facilitated through partnerships with local healthcare providers and the expansion of existing infrastructure. Treatment protocols will be enhanced through the establishment of multidisciplinary cancer care teams and the incorporation of evidence-based practices. Furthermore, the plan will prioritize the enhancement of support services for cancer patients and their families, including counseling, financial assistance, and survivorship programs. Continuous monitoring and evaluation mechanisms will be implemented to assess progress, identify areas for improvement, and adapt strategies as needed, ensuring the effective realization of the USVI Cancer Plan's goals.

WHO IS RESPONSIBLE FOR IMPLEMENTATION?

The implementation of the USVI Cancer Plan will be a collaborative effort involving various stakeholders across governmental, non-governmental, and healthcare sectors. The USVI Department of Health will play a central role in coordinating and overseeing the execution of the plan, working closely with local healthcare providers, community organizations, and advocacy groups. Additionally, partnerships with national cancer organizations, research institutions, and funding agencies will be fostered to leverage resources and expertise. Multidisciplinary teams comprising oncologists, public health experts, nurses, social workers, and community health workers will be mobilized to drive the implementation of specific strategies outlined in the plan. A steering committee or task force may be established to provide guidance, monitor progress, and facilitate collaboration among stakeholders. Ultimately, the responsibility for implementing the USVI Cancer Plan will be shared among all stakeholders, each contributing their unique strengths and resources toward achieving the common goal of reducing the burden of cancer in the US Virgin Islands.

USVI CANCER COALITION ROLE



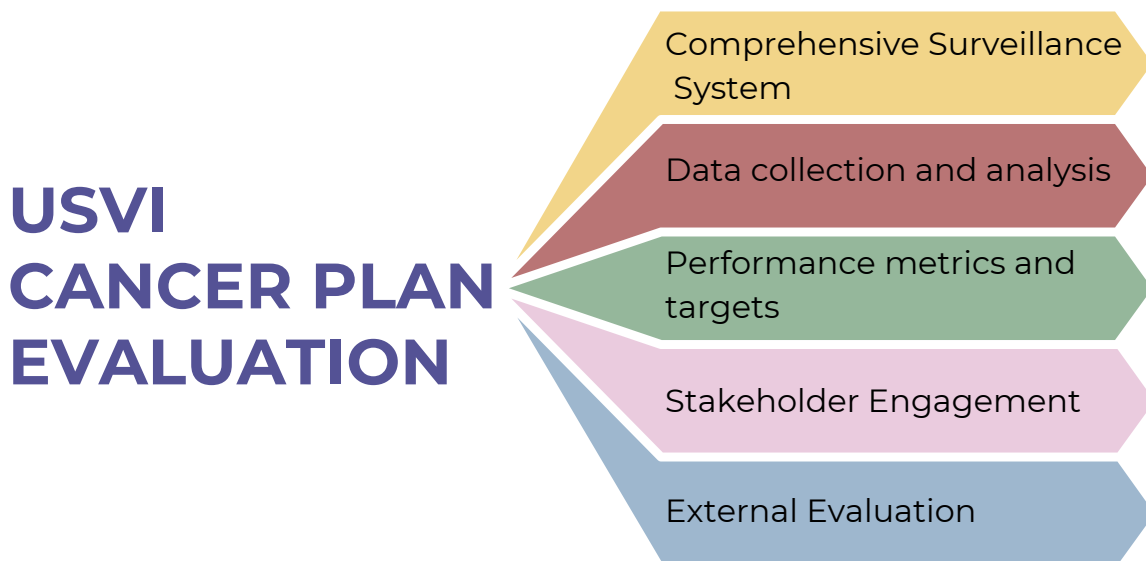
The USVI Cancer Coalition will serve as a key partner in the implementation of the USVI Cancer Plan, playing a pivotal role in mobilizing community resources, raising awareness, and advocating for policy changes to support cancer prevention, early detection, and treatment efforts. As a coalition comprised of healthcare professionals, community leaders, survivors, and advocates, its strength lies in its ability to foster collaboration among diverse stakeholders and amplify the collective voice in addressing cancer-related issues. The coalition will actively engage in the dissemination of educational materials, organizing outreach events, and promoting screening initiatives to increase public awareness and encourage proactive health behaviors. Furthermore, it will work closely with governmental agencies, healthcare providers, and other organizations to identify and address systemic barriers to cancer care access and equity. By leveraging its networks and expertise, the USVI Cancer Coalition will play a vital role in advancing the goals outlined in the USVI Cancer Plan and driving meaningful change in the fight against cancer in the USVI.

ROLES OF PARTNERS & COMMUNITIES IMPACTED BY CANCER

In the implementation of the USVI Cancer Plan, all partners and communities impacted by cancer play integral roles in driving change and fostering a collaborative approach to tackling the challenges associated with cancer prevention, treatment, and support. Healthcare providers within the community are on the front lines of patient care, delivering essential services such as screening, diagnosis, and treatment. Their expertise and dedication are essential in ensuring that individuals receive timely and quality care. Additionally, advocacy groups and nonprofit organizations provide vital support services, raise awareness, and advocate for policy changes to improve cancer outcomes and address disparities, informed by research conducted with higher education partners, to include the University of the Virgin Islands. Survivors and their families offer invaluable insights and perspectives, shaping programs and services to meet the needs of those affected by cancer. Moreover, community members at large have a crucial role in promoting healthy behaviors, supporting loved ones through their cancer journeys, and advocating for access to care. By fostering partnerships and engaging all stakeholders, the USVI Cancer Plan harnesses the collective strength of communities and partners to create meaningful impact in the fight against cancer in the USVI.

HOW WILL THE PLAN BE MONITORED AND EVALUATED

Monitoring and evaluating the USVI Cancer Plan will be a dynamic and iterative process aimed at assessing progress, identifying areas for improvement, and ensuring the effectiveness of implemented strategies. This will involve the establishment of a comprehensive surveillance system to track key cancer indicators, including incidence rates, screening rates, treatment outcomes, and disparities in access to care. Regular data collection and analysis will enable stakeholders to monitor trends over time and identify emerging issues. Additionally, performance metrics and targets will be established to measure the attainment of specific goals outlined in the plan. Stakeholder engagement will be prioritized through periodic feedback sessions and forums to solicit input, share findings, and promote transparency. Furthermore, external evaluations conducted by independent experts may be commissioned to provide an objective assessment of the plan's impact and effectiveness. By employing a robust monitoring and evaluation framework, the USVI Cancer Plan can adapt and evolve in response to changing needs and circumstances, ultimately enhancing its ability to reduce the burden of cancer and improve outcomes for individuals and communities in the USVI.



RESOURCES FOR IMPLEMENTATION



The Virgin Islands Department of Health leverages several key programs to assist with the implementation of the USVI Cancer Plan. The Family Planning Program plays a vital role by providing essential reproductive health services, education, and preventive care, which directly contributes to early cancer detection and prevention. Additionally, the Virgin Islands Breast and Cervical Cancer Program is instrumental in the fight against cancer, offering comprehensive screening services, diagnostic evaluations, and treatment referrals for breast and cervical cancers. This program ensures that individuals, especially those uninsured or underinsured, have access to critical cancer prevention and treatment services, aligning with the broader objectives of the USVI Cancer Plan to reduce cancer incidence, morbidity, and mortality through early detection, health education and outreach, and timely intervention.

Implementing the USVI Cancer Plan requires significant resources, including substantial funding to support research, treatment facilities, and outreach programs. In-kind support volunteer efforts, partnerships with healthcare providers, and donations of medical supplies and equipment to enhance screening, prevention, and care initiatives are also crucial.

The Department of Health in the Virgin Islands can leverage several key strengths to bolster the implementation of the USVI Cancer Plan. Strong partnerships with organizations such as Cancer Support VI and the American Cancer Society provide invaluable resources, expertise, and community outreach capabilities. These partnerships facilitate access to education, support services, and advocacy efforts that are crucial for raising awareness and supporting cancer patients. Additionally, CDC funding enhances the department's capacity to execute comprehensive cancer control initiatives, ensuring that programs are well-resourced and effective. This funding also enables the implementation of evidence-based interventions and supports data collection and analysis, which are essential for monitoring progress and making informed decisions. Collectively, these strengths position the Department of Health to effectively combat cancer and improve health outcomes for the community.

WHAT YOU CAN DO



Healthcare Providers

- Offer comprehensive cancer screenings and diagnostic services.
- Implement evidence-based treatment protocols.
- Provide supportive care services for cancer patients and survivors.
- Participate in multidisciplinary cancer care teams to ensure holistic patient management.
- Conduct community outreach and education programs on cancer prevention and early detection.



Nonprofit Organizations and Advocacy Groups

- Advocate for policy changes to improve cancer care access and equity.
- Provide financial assistance and support services for individuals impacted by cancer.
- Organize awareness campaigns and fundraising events to support cancer research and programs.
- Facilitate support groups and survivorship programs for individuals affected by cancer.
- Collaborate with healthcare providers and governmental agencies to address systemic barriers to cancer care.



Community Organizations

- Promote healthy lifestyle behaviors to reduce cancer risk factors.
- Participate in cancer screening programs and encourage loved ones to do the same.
- Support individuals affected by cancer through caregiving, emotional support, and practical assistance.
- Advocate for increased funding and resources for cancer prevention, treatment, and research.
- Engage in community-based initiatives to raise awareness and educate others about cancer-related issues.



Governmental Agencies

- Allocate funding and resources to support cancer prevention, treatment, and research efforts.
- Develop and implement policies to improve access to cancer screening, diagnosis, and treatment services.
- Coordinate with healthcare providers and community organizations to ensure the effective delivery of cancer care services.
- Monitor and evaluate cancer-related data to track progress and identify areas for improvement.
- Collaborate with national and international partners to leverage expertise and resources in the fight against cancer.

USVI CANCER BURDEN



~400

Virgin Island residents diagnosed with invasive cancer each year



2nd

leading cause of death (after cardiovascular disease)

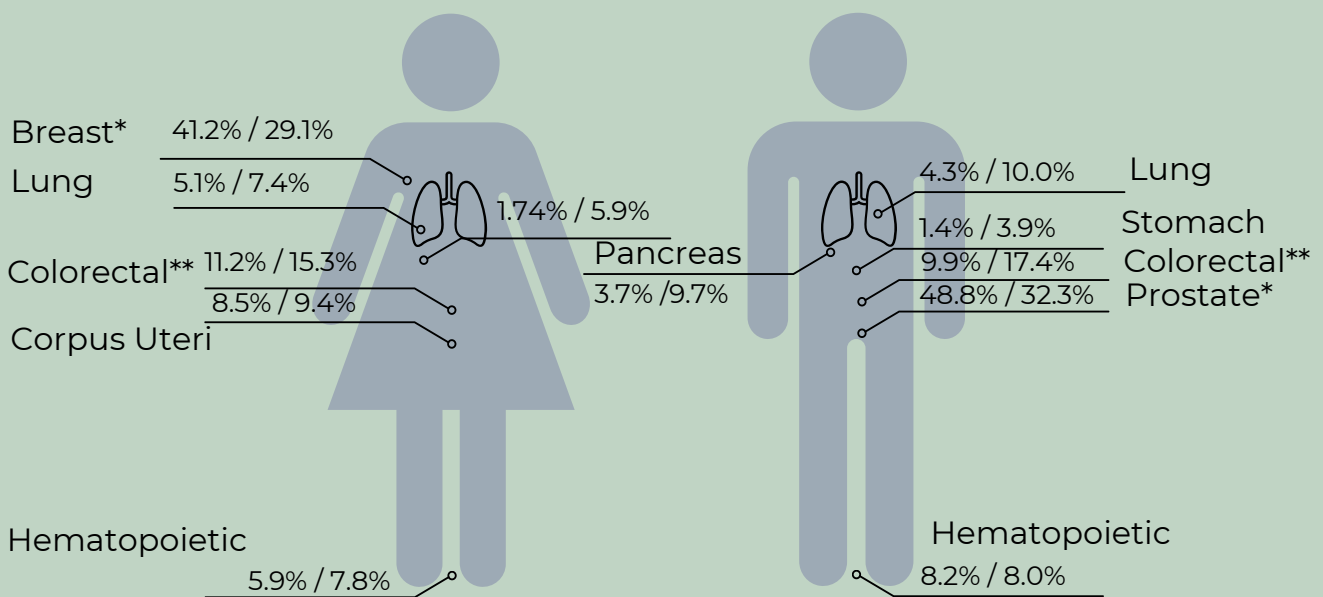


~125

Virgin Islands residents die from cancer every year



Newly Diagnosed cases 2016-2018 / Cancer Deaths 2016 - 2022



* Leading cause of death in women/men respectively.

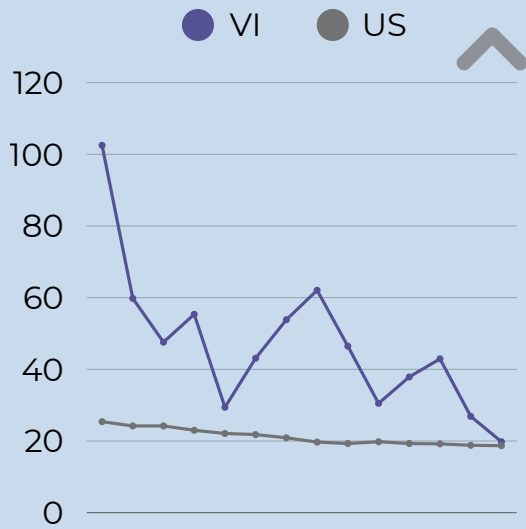
** Second leading cause of death in women/men respectively

USVI CANCER BURDEN

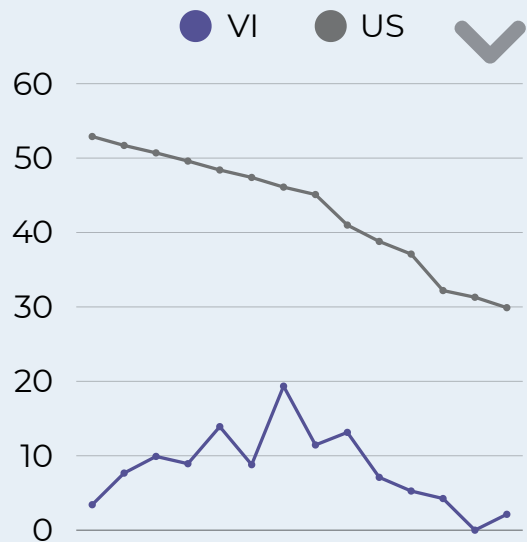
TRENDS IN MORTALITY IN THE US VIRGIN ISLANDS (DEATHS FROM 2005-2022)

^ Higher than national
 v Lower than national
 == Similar to national

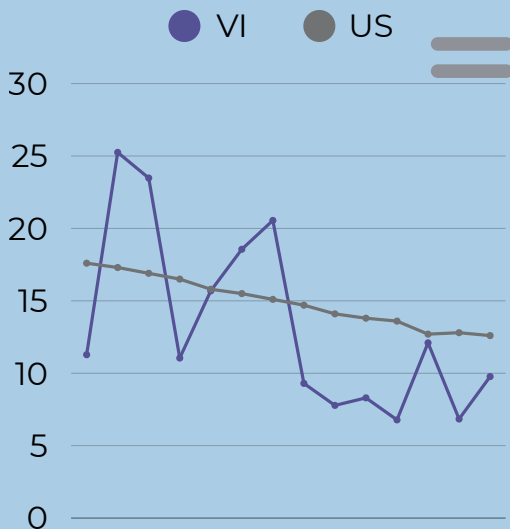
PROSTATE CANCER



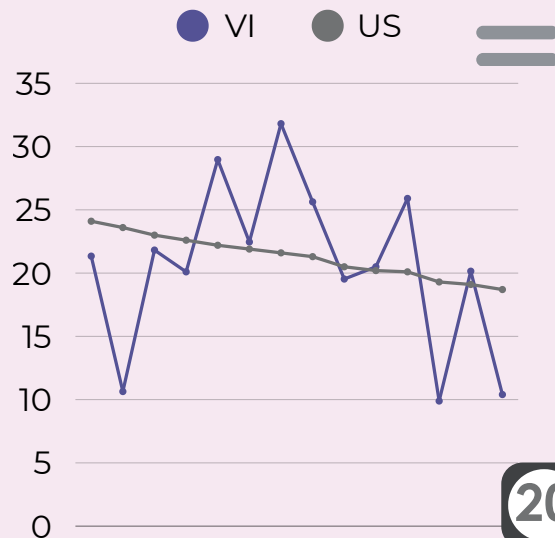
LUNG CANCER



COLORECTAL CANCER



BREAST CANCER





PREVENTION

While genetics can be a contributing factor to the development of cancers, individuals can take proactive steps to decrease their likelihood of developing cancer. Individuals should adopt cancer prevention behaviors. However, the Virgin Islands community and public health stakeholders must recognize their responsibility for addressing environmental, legal, and infrastructural factors that can increase cancer incidence throughout the territory. We can work together to reduce cancer incidence and promote a healthier community by taking proactive measures.

Unhealthy lifestyle choices such as tobacco use, alcohol consumption, poor diets, lack of physical activity, obesity, and prolonged exposure to the sun have been linked to an increased risk of cancer. Moreover, exposure to environmental pollutants, radiation, and household or workplace carcinogens can also contribute to an increased risk of cancer. Personal health factors such as certain infections, poor stress management, and reproductive health can also contribute to higher incidences of cancer.

GOAL

Prevent cancer in the United States Virgin Islands through the reduction of high-risk behaviors

FOCUS AREAS

Tobacco Cessation
Hepatitis B and HPV
Vaccination
Nutrition and Physical
Activity





PREVENTION

GOAL 1

Prevent cancer in the United States Virgin Islands through the reduction of high-risk behaviors

OBJECTIVE 1.1

By 2029, reduce the incidence and mortality from tobacco-related cancers in all Virgin Islanders.



Reduce tobacco-related cancer incidence and mortality

4.9%
Baseline
2024

3.0%
2029
Target

(BRFSS, 2022)

STRATEGIES 1.1



1. Provide annual cessation training on Brief Tobacco Intervention and Pharmacotherapies for healthcare providers throughout the territory.
2. Promote the use of Electronic Health Records systems to track and identify patients who currently smoke and advise them of their options to quit.
3. Through coalitions and other community stakeholders, advocate for policy changes to regulate marketing and sales of cigarettes and non-cigarette tobacco products and alcohol.
4. Develop a local quit line and promote existing national quit lines with cultural relevancy to aid in cessation.



PREVENTION

OBJECTIVE 1.2

By 2029, develop two territorial, small media campaigns to promote Hepatitis B virus (Hep B) vaccination and the Human Papilloma Virus (HPV) vaccination.

Develop two territorial Hep B and HPV vaccination campaigns

0
Baseline
2024

2
2029
Target



STRATEGIES 1.2



1. Identify stakeholders such as the Virgin Islands DOH Immunization Program to establish a communications workgroup to develop a small media campaign.
 - Identify and secure resources for the campaign.
 - Evaluate the effectiveness of the campaign.
2. Collaborate with community clinics, private providers, and pharmacies to make HPV and HBV vaccinations easily accessible to all Virgin Islanders and ensure that providers are efficiently reporting.



PREVENTION



OBJECTIVE 1.3

By 2029, increase the percentage of adults who participate in physical activity and maintain a healthy diet.

OBJECTIVE 1.3A

By 2029, increase the percentage of adults who meet daily recommended fruit and vegetable intake.

Adults who are physically active for 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week.



(BRFSS, 2021)



Adults who consume five or more servings of fruits and vegetables daily.



(BRFSS, 2021)



STRATEGIES 1.3 AND 1.3A



1. Support the Virgin Islands Department of Education and private and parochial schools in improving nutrition and physical activity curriculum for youth as a part of their health education coursework.
2. Collaborate with the Department of Sports, Parks, and Recreation to develop and improve programs and events targeting youths and adults to promote physical activity.
3. Collaborate with the Department of Public Works and other stakeholders to improve transportation and community plans to promote walking, running, biking, and other forms of physical activity, including to and from schools.
4. Through coalitions and other community stakeholders, advocate for policies that address accessibility of safe and enjoyable environments for physical activity for all Virgin Islanders.
5. Support the Virgin Islands Department of Education's School Lunch Program to improve healthy standards for food and beverages in schools.
6. Work with the Department of Licensing and Consumer Affairs to improve access to healthy food with improved pricing and placement.



EARLY DETECTION

Early detection of cancer or cancer screening refers to a series of medical tests and examinations that are performed to detect pre-cancerous or cancerous cells in asymptomatic persons. These examinations and medical tests are often performed dependent on certain risk factors, such as older age, smoking, sun exposure history, biological sex and family history. The goal of early detection is to identify cancer and begin treatment in the early stages before symptoms develop further. Beginning treatment at early stages of cancer increases survival rates and prevents cancer cells from growing to other parts of the body. In some cases, screening can also prevent cancer by detecting pre-cancerous lesions. The Community Guide was used to assist in the development of the strategies. The United States Preventive Services Task Force (USPSTF) is an independent panel of experts in disease prevention that publishes evidence-based recommendations about clinical preventive services. As of 2023, the USPSTF has published recommendations for regular, routine breast, cervical, colorectal, skin and lung cancer screenings for all eligible adults. The objectives below incorporate USPSTF recommendations.

Many people living in the US Virgin Islands are uninsured due to a lack of affordable health insurance options in the territory. The early detection section of this cancer plan emphasizes increasing screening rates among the uninsured through connecting this population with free or low-cost screening services. The Virgin Islands Family Planning Program routinely offers breast and cervical screening and referral services to all clients. As of 2022, the US Virgin Islands Department of Health has received funding to implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program will provide breast and cervical cancer screening and diagnostic services to uninsured women. Uninsured women in the territory also have the option to seek funding for screening and diagnostic mammograms through the Yvonne Ashley Galiber Breast Cancer Foundation (YAG Foundation).



GOAL

Find cancer as early as possible

FOCUS AREAS

Cancer screening:

- Breast
- Cervical
- Prostate
- Colorectal



EARLY DETECTION

GOAL 2

Find Cancer as Early as Possible

Breast Cancer

OBJECTIVE 2.1

Increase the number of women aged 40 and older who received a mammogram within the past two years.

OBJECTIVE 2.1A

Increase the number of uninsured or underinsured women aged 40 and older who received a mammogram in the past two years.



UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) BREAST CANCER SCREENING RECOMMENDATION

The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.

* This change has recently been implemented by USPSTF.



EARLY DETECTION

Breast Cancer

GOAL 2

Find Cancer as Early as Possible

BREAST CANCER MEASURES AND STRATEGIES

Women 40+ who have received a mammogram in the past two years

62.9%

Baseline
2024

67.3%

2029
Target

(BRFSS, 2022)

Uninsured Women 40+ who have received a mammogram in the past two years

52.83%

Baseline
2024

58%

2029
Target

(BRFSS, 2022)

STRATEGIES 2.1 AND 2.1A



1. Collaborate and support the Breast and Cervical Cancer Early Detection Program through the Virgin Islands Department of Health.
2. Create partnerships with Virgin Islands Housing Authority to ensure that public housing residents are aware of and up to date on screening services.
3. Create and disseminate a resource guide which details available low-cost breast and cervical cancer screening services in the USVI for uninsured & underinsured women.
4. Create a comprehensive community outreach program using community health workers to educate women and provide patient navigation (one-to-one and group education) in workplaces and faith-based communities about the importance of getting routine all cancer screenings including mammograms.
5. Collaborate with local physicians to provide screening services during off-hours and weekends including utilizing a Department of Health Mobile Van.
6. Utilize Community Health Workers to implement the client reminder system which will be used to remind patients of their health screenings and routine appointments.



EARLY DETECTION

GOAL 2

Find Cancer as Early as Possible

Cervical Cancer

OBJECTIVE 2.2

By 2029, increase the number of women aged 21-64 who have received a cervical cancer screening.

OBJECTIVE 2.2A

By 2029, increase the number of uninsured or underinsured women aged 21-64 who receive a cervical cancer screening.



USPSTF CERVICAL CANCER SCREENING RECOMMENDATION

The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting) aged 40 to 74 years.

* This change has recently been implemented by USPSTF.



EARLY DETECTION

GOAL 2

Find Cancer as Early as Possible

Cervical Cancer

CERVICAL CANCER MEASURES AND STRATEGIES

Women 21-64 who have received a cervical cancer screening

48.64%

Baseline
2024

(BRFSS, 2022)

52.6%

2029
Target

Uninsured Women 21-64 who have received a cervical cancer screening

35.45%

Baseline
2024

(BRFSS, 2022)

40%

2029
Target

STRATEGIES 2.2 AND 2.2A



1. Implement the Breast and Cervical Cancer Early Detection Program through the Virgin Islands Department of Health
2. Create partnerships with Virgin Islands Housing Authority to ensure that public housing residents are aware of and up to date on screening services.
3. Create and disseminate a resource guide which details available low-cost breast and cervical cancer screening services in the USVI for uninsured and underinsured women.
4. Create a comprehensive campaign (using one-to-one and group education, as well as small media) which educates high school and college-aged women about cervical cancer screening recommendations.
5. Use a Department of Health Mobile Van and partner with local physicians to provide screening services during off-hours and weekends.
6. Utilize Community Health Workers to implement the client reminder system which will be used to remind patients of their health screenings and routine appointments.



EARLY DETECTION

GOAL 2

Find Cancer as Early as Possible

Prostate Cancer

OBJECTIVE 2.3

By 2029, increase the number of men who have spoken to their doctor about the advantages and disadvantages of prostate cancer screening.

OBJECTIVE 2.3A

By 2029, reduce the number of men who are diagnosed with prostate cancer at a later stage (stages 3 or 4).



USPSTF PROSTATE CANCER SCREENING RECOMMENDATION

For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one.



EARLY DETECTION

Prostate Cancer

GOAL 2

Find Cancer as Early as Possible

PROSTATE CANCER MEASURES AND STRATEGIES

Men 55-69 who have spoken to their doctor about the advantages and disadvantages of prostate cancer screening.



(BRFSS, 2022)



Men diagnosed with prostate cancer in stages 3 or 4.



(Cancer Registry)



STRATEGIES 2.3 AND 2.3A



1. Create a comprehensive media campaign which educates the public about the importance of speaking to one's doctor about prostate cancer screening options.
2. Collaborate with the Virgin Islands BRFSS to routinely gather information regarding the percentage of men who have talked with health care providers about the advantages and disadvantages of a prostate cancer screening.
3. Increase access to prostate cancer screenings in the U.S. Virgin Islands.
4. Incentivize men to seek prostate cancer screenings by providing barber shop, gas, and hardware store coupons.
5. Increase educational training for health care professionals about prostate cancer screening guidelines.



Data will be available late 2024



EARLY DETECTION

Colorectal Cancer

GOAL 2

Find Cancer as Early as Possible

OBJECTIVE 2.4

By 2029, increase the number of adults aged 45 and older who have had a colorectal screening.

OBJECTIVE 2.4A

By 2029, increase the number of uninsured adults aged 45 and older who have had a colorectal cancer screening



USPSTF COLORECTAL CANCER SCREENING RECOMMENDATION

The USPSTF recommends screening for colorectal cancer in all adults aged 45 to 75 years.

Recommended screening strategies include:

- High-sensitivity guaiac fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT every 1 to 3 years
- Colonoscopy screening every 10 years
- Computed tomography colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + annual FIT



EARLY DETECTION

GOAL 2

Find Cancer as Early as Possible

Colorectal Cancer

COLORECTAL CANCER MEASURES AND STRATEGIES

Adults 45+ who have met USPSTF recommendations for colorectal cancer screening.

56.8%

Baseline
2024

61.8%

2029
Target

(BRFSS, 2022)

Uninsured adults 45+ who have met USPSTF recommendations for colorectal cancer screening.

10.96%

Baseline
2024

20%

2029
Target

(BRFSS, 2022)

STRATEGIES 2.4 AND 2.4A



1. Establish a relationship with off-island medical labs to increase the capacity to examine colorectal cancer screening kits.
2. Create an advisory committee within the USVI Cancer Coalition that helps support the continued growth of colorectal screening services in the territory. Involve local physicians' offices and on-island labs to identify gaps in colorectal screening services.
3. Use small media distribution to educate the public on colorectal cancer risk factors, signs and symptoms, and screening recommendations and options. Utilize community health workers to do colorectal cancer related outreaches in workplaces and faith-based communities.
4. Utilize Community Health Workers to implement the client reminder system which will be used to remind patients of their health screenings and routine appointments.



DIAGNOSIS AND TREATMENT

The early diagnosis and treatment of cancer are critical components of the prevention and control continuum in the US Virgin Islands. Patients must receive adequate counseling regarding their screening test results and should be referred to appropriate diagnostic testing when necessary. The availability of high-quality cancer diagnostic results can help inform all aspects of patient care planning, including staging, treatment, rehabilitation, palliation, and survivorship, including surveillance for late effects and recurrence of the disease.

The approval of the Charlotte Kimelman Cancer Institute (CKCI) by the Commission on Cancer (CoC) Approvals Program is a commendable initiative that promises to enhance the standard of cancer care for all patients in the US Virgin Islands. This institute will offer a wide range of medical services and adopt a multidisciplinary patient care approach. The establishment of the CKCI will undoubtedly bolster the quality and longevity of life for all residents of the USVI.



GOAL

Diagnose and treat all cancer patients with the most appropriate and effective therapy.



FOCUS AREAS

Cancer center and PET machine
Patient transportation



DIAGNOSIS AND TREATMENT

GOAL 3

Diagnose and treat all cancer patients with the most appropriate and effective therapy.

OBJECTIVE 3.1

By 2029, support the Charlotte Kimelman Cancer Institute (CKCI) with the re-opening in the USVI to include radiation oncology & Positron Emission Tomography (PET) scanner machine.

Re-Opening of the CKCI in the USVI with radiation oncology and Positron Emission Tomography (PET) scanner machine for colorectal cancer screening.



Number of radiation oncologists in the US Virgin Islands.



STRATEGIES 3.1



1. Support CKCI with the re-building and re-construction of the facility by ensuring that Department of Health staff and USVI Cancer Coalition participate in CKCI construction meetings.
2. Support CKCI with purchasing new equipment to include Linear accelerator and PET scanner machine.
3. Support CKCI staff with hiring medical oncology, radiation oncology and oncology nurses.



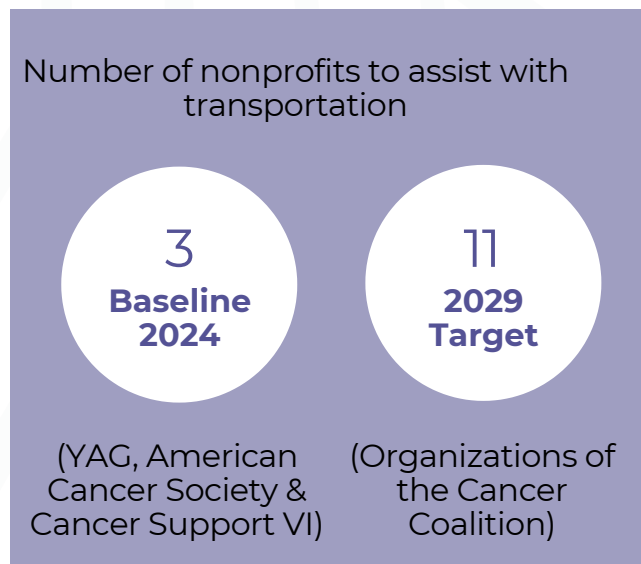
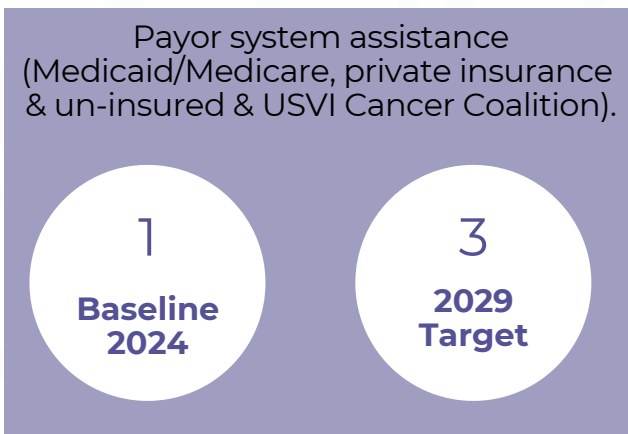
DIAGNOSIS AND TREATMENT

GOAL 3

Diagnose and treat all cancer patients with the most appropriate and effective therapy.

OBJECTIVE 3.2

By 2029, support the Charlotte Kimelman Cancer Institute (CKCI) in developing services in the USVI for patients on St. Croix to travel to St. Thomas to be treated.



STRATEGIES 3.2



1. Assist CKCI in establishing a plan with each payor system to support Cancer patients to travel for their treatment. (Medicaid/Medicare, private insurance & un-insured & USVI Cancer Coalition).
2. Assist CKCI in establishing discounted pricing with the hotels and airlines for all Cancer patients with the assistance of the USVI Cancer Coalition.
3. Assist CKCI in establishing relationships with non-profits to help pay for patient travel.
4. Assist CKCI with inquiring with medical air transport companies that provide membership plans on whether this transport can be covered.



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

Thanks to improved screening techniques and advancements in early detection and treatment, cancer patients are experiencing better outcomes. As a result, there has been a rise in the number of cancer survivors who live for many years after their diagnosis. The expansion in survivorship has led to an increased need for education, resources, and support to enhance the quality of life for survivors following their treatment.

It's essential to recognize the myriad of challenges that cancer survivors face, both in the short and long term, which can have a significant impact on their overall well-being. These challenges can include physical side effects of treatment, as well as emotional and spiritual needs, pain management, and end-of-life considerations for some. Survivors need to receive comprehensive and compassionate follow-up care after completing their treatment.

The approval of the Charlotte Kimelman Cancer Institute (CKCI) by the Commission on Cancer (CoC) Approvals Program is a commendable initiative that promises to enhance the standard of cancer care for all patients in the US Virgin Islands. This institute will offer a wide range of medical services and adopt a multidisciplinary patient care approach. The establishment of the CKCI will undoubtedly bolster the quality and longevity of life for all residents of the Virgin Islands.

GOAL

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands



FOCUS AREAS

- Survivorship Care Plans
- Survivorship Resources
- Advance Healthcare Directives
- Palliative and Hospice Care



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

GOAL 4

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands

OBJECTIVE 4.1

By 2029, increase cancer survivorship care plan usage as a standard of care in oncology and the number providers trained in survivorship cancer care plan usage.

Cancer survivors who received a survivorship care plan as a standard.



30%
**2029
Target**

Number of providers trained in survivorship care plan usage.



STRATEGIES 4.1



1. Collaboratively assess physicians' knowledge of post-cancer care with Virgin Islands Central Cancer Registry and the Virgin Islands Department of Health.
2. Utilize BRFSS cancer survivorship module to gather and evaluate survivorship care plan data to create a baseline. (CDC - Behavioral Risk Factor Surveillance System).
3. Educate oncology stakeholders (physicians, policymakers, and oncologists) on the importance of integrating survivorship care plans as standard.
4. Educate survivors and caregivers about survivorship care plans through workshops and health education initiatives.



Data will be available late 2024



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

GOAL 4

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands

OBJECTIVE 4.2

By 2029, increase utilization of survivorship resources for cancer survivors, caregivers, and families and create two resource guides detailing cancer services available territory and out-of-state.

Utilization of cancer survivorship resources for caregivers, survivors, and families.



Resource guides that details cancer services available within the territory and out-of-state.



STRATEGIES 4.2



1. Identify and catalog survivorship services and resources in the United States Virgin Islands and off-island.
2. Distribute information about survivor resources and services through partner websites and offices, community outreach, and through social and traditional media.
3. Utilize BRFSS cancer survivorship module to gather and evaluate survivorship care plan data to create a baseline regarding utilization of resources. (CDC - Behavioral Risk Factor Surveillance System).
4. Encourage collaboration among healthcare professionals, cancer centers, and community organizations for cancer survivor and caregiver support.



Data will be available late 2024



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

GOAL 4

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands

OBJECTIVE 4.3

By 2029, increase the number of Virgin Islanders who have an Advance Healthcare Directive via education campaigns.

Cancer survivors with an Advance Healthcare Directive education campaign.



STRATEGIES 4.3



1. Design an educational and promotional program emphasizing the importance of advance care planning.
2. Promote discussions about advance care planning with cancer patients at or near diagnosis.
3. Educate healthcare professionals, survivors, and caregivers about culturally sensitive advance care planning.
4. Reinforce education to employers about the importance and the requirements for Advance Health Care Directives and advance care planning.



Data will be available late 2024



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

GOAL 4

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands

OBJECTIVE 4.4

By 2029, expand access to Palliative and Hospice Care services in the Virgin Islands.

Cancer survivors with access to palliative and hospice care services.



Create educational campaigns regarding access to palliative and hospice care.



STRATEGIES 4.4



1. Request physician and healthcare provider input regarding care coordination strategies such as case management, patient navigators, and health advocates for palliative and hospice care.
2. Provide ongoing education and on-site and off-site at the Charlotte Kimelman Cancer Institute and via TEAMS/ZOOM training in palliative care. This includes in-service instruction and support for fellowship programs.
3. Collaborate with businesses and advocacy groups to support legislative agenda for palliative and hospice care with reliable payment mechanisms.



Data will be available late 2024



SURVIVORSHIP, QUALITY OF LIFE, AND PALLIATIVE CARE

GOAL 4

Assure quality palliative care, survivorship, and end-of-life care in the US Virgin Islands

OBJECTIVE 4.5

By 2026, develop an awareness campaign to educate Virgin Islanders about Palliative and Hospice Care within all three islands.

Incorporate case management systems to assist Virgin Islanders with Palliative and Hospice Care.



Create education campaigns to educate Virgin Islanders on the importance of Palliative and Hospice Care.



STRATEGIES 4.5



1. Enhance communication regarding palliative care in patient discussions, healthcare literature, and media/marketing materials.
2. Increase the media coverage and marketing efforts to promote the palliative care services offered within the territory.
3. Develop a case management system to follow patients throughout their care journey, facilitating communication and supporting patients and their families.
4. Utilize BRFSS cancer survivorship module to gather and evaluate palliative and hospice care awareness data to create a baseline. (CDC - Behavioral Risk Factor Surveillance System).



Data will be available late 2024

GLOSSARY

Age-adjusted mortality rate- a mortality rate statistically modified to eliminate the effect of different age distributions in the different populations.

Behavioral Risk Factor Surveillance System (BRFSS)- is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories.

Collaborative- involving two or more people or organizations working together for a particular purpose.

Continuum of care- in medicine, describes the delivery of health care over a period of time. In patients with a disease, this covers all phases of illness from diagnosis to the end-of-life.

Cross-cutting- are priorities that are identified as important and that affect and cut across most or all aspects of development.

Data- factual information (such as measurements or statistics) used as a basis for reasoning, discussion, or calculation.

Evidence-based- an approach that is based on the practical application of research findings.

Generalize- make (something) more widespread or widely applicable.

Health disparities- are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health equity- when everyone can attain their full potential for health and well-being.

Incidence- the number of new cases of a disease diagnosed each year.

Inequity- lack of fairness or justice.

Integration- the action or process of combining two or more things in an effective way

Iterative- the repetition of a process, especially of a mathematical or computational process.

Linguistically- in a way that relates to language or linguistics.

Measurable- capable of being measured: able to be described in specific terms (as of size, amount, duration, or mass) usually expressed as a quantity.

GLOSSARY

Morbidity- having a disease or a symptom of disease, or to the amount of disease within a population.

Mortality- a measure of the frequency of occurrence of death in a defined population during a specified interval of time.

Objectives- a thing aimed at or sought, a goal.

Operationalize- put into operation or use.

Palliative Care- is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness.

Policy Change- altering or modifying existing laws, regulations, or governmental practices.

Prevalence- the number or proportion of cases or events or conditions in each population.

Risk- is something that increases your chance of developing a disease.

Surveillance- is the continuous and systematic collection, orderly consolidation and evaluation of pertinent data with prompt dissemination of results to those who need to know, particularly those who are in a position to take action.

Susceptibility- the state or fact of being likely or liable to be influenced or harmed by a particular thing.

Virgin Islands Central Cancer Registry- an epidemiologic surveillance system designed to collect information regarding incidence, distribution, risk factors, and mortality of cancer.



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- **USVI Cancer Coalition:** Your commitment to improving cancer prevention, treatment, and survivorship in the US Virgin Islands is exemplary. Your expertise and advocacy have shaped this plan significantly.
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- **Workgroup Members:** We wanted to take a moment to express our deepest gratitude for all your hard work and dedication throughout the process of drafting the USVI Cancer Plan. Your contributions have truly been invaluable. We are proud to have had the opportunity to work alongside each of you, and we look forward to seeing the positive impact of our collective efforts in the months and years to come.
- **Cancer Summit Participants:** We want to extend our sincerest thanks for your participation in the USVI Cancer Summit. Your presence and active engagement made the event a resounding success. Your dedication to this important cause is deeply appreciated, and we look forward to continuing our collective efforts towards creating a healthier future for all.

We acknowledge the collective effort of all individuals and organizations who have contributed to this plan, as together, we strive to enhance cancer prevention, treatment, and survivorship across the US Virgin Islands.

REFERENCES

Cancer prevention and control. The Community Guide. (2023, August 17). <https://www.thecommunityguide.org/topics/cancer.html>

Centers for Disease Control and Prevention. (2023a, July 21). *CDC - 2021 BRFSS survey data and Documentation*. Centers for Disease Control and Prevention. https://www.cdc.gov/brfss/annual_data/annual_2021.html

Centers for Disease Control and Prevention. (2023b, December 2). *CDC - 2022 BRFSS survey data and Documentation*. Centers for Disease Control and Prevention. https://www.cdc.gov/brfss/annual_data/annual_2022.html

NAACCR Cari Database. CaRI Database. (n.d.). <https://apps.naacr.org/cfd-portal/public/cari/>

Transforming research into community and clinical practice. Home | Evidence-Based Cancer Control Programs (EBCCP). (n.d.). <https://ebccp.cancercontrol.cancer.gov/index.do>

US Preventive Services Taskforce. (2018, August 21). *Cervical cancer: Screening*. Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>

US Preventive Services Taskforce. (2024, April 30). *Breast cancer: Screening*. Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>

Virgin islands central cancer registry. VI Department of Health. (2024, July 9). <https://doh.vi.gov/programs/chronic-disease-and-prevention/virgin-islands-central-cancer-registry/>



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