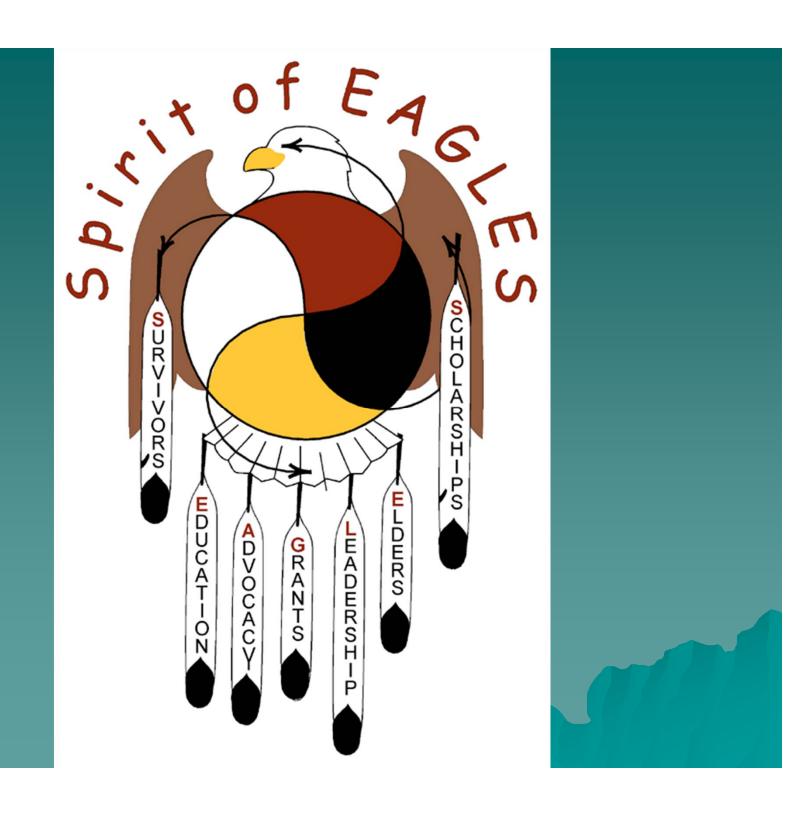
CNPs as strong partners for comprehensive cancer control research

Judith Salmon Kaur, M.D. PI "Spirit of Eagles"



SPECIAL ARTICLE -

Annual Report to the Nation on the Status of Cancer (1973 Through 1998), Featuring Cancers With Recent Increasing Trends

Holly L. Howe, Phyllis A. Wingo, Michael J. Thun, Lynn A. G. Ries, Harry M. Ro.

Background: Th

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SPECIAL ARTICLE

Annual Report to the Nation on the Status of Cancer, 1975–2000, Featuring the Uses of Surveillance Data for Cancer Prevention and Control

Hannah K. Weir, Michael J. Thun, Benjamin F. Hankey, Lynn A. G. Ries, Holly L. Howe, Phyllis A. Wingo, Ahmedin Jemal, Elizabeth Ward, Robert N. Anderson, Brenda K. Edwards

Disease Control and Prevention (CDC), the National Cancer increasing trend Institute (NCI), and the North American Association of Cen- Is 1998, the initial report tral Cancer Registries (NAACCR) collaborate annually to two-sided test, 5 1994 through 19 update cancer rates and trends in the United States. This tuted in the 1930s (1), Sul From 1992 throu report updates statistics on lung, female breast, prostate, and and provided updates (2-3 maks and kma colorectal cancers and highlights the uses of selected surveil- cancer trends associated only in makes. It lance data to assist development of state-based cancer con-trol plans. Methods: Age-adjusted Incidence rates from 1996 largely because some older age g through 2000 are from state and metropolitan area cancer detection. Form registries that met NAACCR criteria for highest quality. death in women, Death rates are based on underlying cause-of-dea Long-term trends and rates for major radal and ethnic Increased in 10 o populations are based on NCI and CDC data. Incidence cancer incidence trends from 1975 through 2000 were adjusted for reporting delays. State-specific screening and risk factor survey data decline in the U are from the CDC and other federal and private organizations, Results: Cancer incidence rates for all cancer sites combined increased from the mid-1970s through 1992 and then decreased from 1992 through 1995. Observed incidence The American rates for all cancers combined were essentially stable from Institute (NCI), th 1995 through 2000, whereas the delay-adjusted trend showed an increase that had borderline statistical signifiand Prevention (C cance (P = .05). Increases in the incidence rates of breast Statistics (NCHS cancer in women and prostate cancer in men offset a longtion and Health term decrease in lung cancer in men. Death rates for all report or the curr cancer sites combined decreased beginning in 1994 and stayears ago, the in bilized from 1998 through 2000, resulting in part from redine in cascer d cent revisions in cause-of-death codes. Death rates among nen continued to decline throughout the 1990s, whereas trends in death rates among women were essentially un-changed from 1998 through 2000, Analysis of state data for these declines in Special features i the leading cancers revealed mixed progress in achieving mittonal objectives for improving cancer screening, risk fac-EM SPECIAL AR for reduction, and decreases in mortality. Conclusions: Overall cancer incidence and death rates began to stabilize in the mid- to late 1990s. The recent increase in the delayadjusted trend will require monitoring with additional years of data. Further reduction in the burden of cancer is possible but will require the continuation of strong federal, state, local, and private partnerships to increase dissemination of evidence-based cancer control programs to all segments of

> The American Caucer Society (ACS), the Centers for Disease Coatrol and Prevention (CDC), the National Cancer Institute

the population, II Natl Cancer Inst 2003:95:1276-12991

12% SPECIAL ARTICLE

Journal of the National Cancer Institute, Vol. 95, No. 17, September 3, 2003

sulting from the aging a These demographic trend communities that must d tion and control plans the

This report updates di (lang, female breast, prost more than half of the car population. This report als surveillance data to plan vention and control progra

Cancer Cases and Dea

Information on newly States is based on data co American Association of

Promotion, Contern for Discus sociation of Central Cancer Registries, Springfield, IL; R. N. Ander of Vani Statutica, National Center for Health Statutica, Centers Coated and Properties Bootsodle, MD

Correspondence to: Hannah K. Weir, PhD, Division of Cancer

Annual Report to the Nation on the Status of Cancer, 1975-2001. with a Special Feature Regarding Survival

- SPECIAL ARTICLE

Ahmedin Jemal, oxa Linis X. Clegg, PAD.2 Annual Report to the Nation on the Status of Cancer, Bizabeth Ward, PAD. 1975-2002, Featuring Population-Based Trends in Lyne A G. Ries, Ma.2

Cancer Treatment

Xiaocheng Wu, M.O., M.

Patricia M. Jamison

Phyllis A. Wisgo, m.o. Holly L. Howe, m.o.

Robert M. Anderson,

Brenda K. Edwards,

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Brenda K. Edwards, Martin L. Brown Elizabeth Ward, Lynn A. G. Ries, Deb Ahmedin Jemal, Xiao Cheng Wu, Car Joan Warren, Robert N. Anderson, Li

Background: The American Cancer Society tert for Diteate Control and Prevention (CD Cancer Institute (NCI), and the North Amer of Central Center Registries (NAACCR) of ally to provide information on cancer rates United States. This year's report updates at most common cancers in the five major rations in the United States for 1992-2002 and fea based trends in cancer treatment. Method CDC, and the NAACCE provided inforexter, and the CDC provided information Reported incidence and death rates were ag 2000 U.S. standard population, annual pe rates for fixed intervals was estimated by I and annual percent change in trends was est point regression analysis. Population-base were derived from the Surveillance, Epid Retult: (SEER) Program registries, SEERdatabases, and NCI Patterns of Care Quality Results: Among men, the incidence rates fo combined were stable from 1995 through 2001 the incidence rates increased by 0.346 and through 2002. Death rates in men and w decreased by 1.169 annually from 1993 the cancer sites combined and also for many o mon cancers. Among women, lung cancer created from 1995 through 2002, but lung rates stabilized from 1998 through 2002. A cancer treatment studies suggest that much cancer treatment for selected cancers is consi based guidelines, they also point to g economic, and age-related disparities in increasing for many de Conclusions: Concer death rates for all car and for many common cancers have decl time at the dissemination of guideline-bat the community has increased, although the thared equally across all racial and ethnic p from population-based cancer registries, linkage with administrative databases, are tource for monitoring the quality of cance this cancer surveillance system, along with in medical informatics and electronic me

facilitate monitoring of the translation of b sured of the National Canor Institute, Vol.

Annual Report to the Nation on the Status of Cancer,

1975–2003, Featuring Cancer Among U.S. Hispanic/ Latino Populations

Holly L. Howa, reo' Xiao chong Wa, we ww^{1,2} Lynn A. G. Rios, us Vilma Cokkinides, ne Farugue Ahmed, rec¹ Ahmodin Jomal, eve. rec* Barry Millor, not Molanio Williams, no 18 Elizaboth Ward, rec Phyllis A. Wingo, ac Amolio Ramiroz, cest Branda K. Edwards, no³

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School of Public Health, Louissons State University Health Science Centur, Heav Orleans, Louissons.

On bloom of Carcon Control and Population Sciences, Haltonal Carcon Institute, Setting Gr., Haryland.

Epidemid opyand Screelback Remarch Department, American Carcer Society, Alberta, Georgia

Division of Carcor Prevention and Control, Halteral Center for Change Disease Presention and Health Promotor, Centura for Disease Control and Preventor, Attents, Georgia.

Tests Department of State Health Services, Austr., Tests.

Dan L. Durcon Carcer Certer, Easter College of Medicine, Houston, Texas.

BACKEROUNG. The American Concer So dety. Genters for Disease Control and Prevention, National Cancer Institute, and North American Association of Central Cancer Registries collaborate amoually to provide U.S. cancer information, this war featuring the first comprehensive compilation of cancer information for U.S. atimo s

METHODS. Cancer incidence was obtained from 90% of the Hapanic/Latino and 82% of the U.S. populations. Cancer deaths were obtained for the entire U.S. population. Canoer acreening, risk factor, incidence, and mortality data were compiled for Latino and non-Latino adults and children (incidence only). Long-term (1975-2000) and fixed-interval (1995-2000) trends and comparative analyses by disease rage urbanicity and area poverty were evaluated.

RESUUS. The long-term trend in overall cancer death moss, dedining since the early 1990s, continued through 2000 for all races and both sense combined. Hower, female lung cancer incidence rates increased from 1975 to 2000, decelerating

(NCI), and the North Ar Background: The American Cancer Society, the Centers for Registres (NAACCR) co to the nation on the curre

SUBJECTS AND METHO

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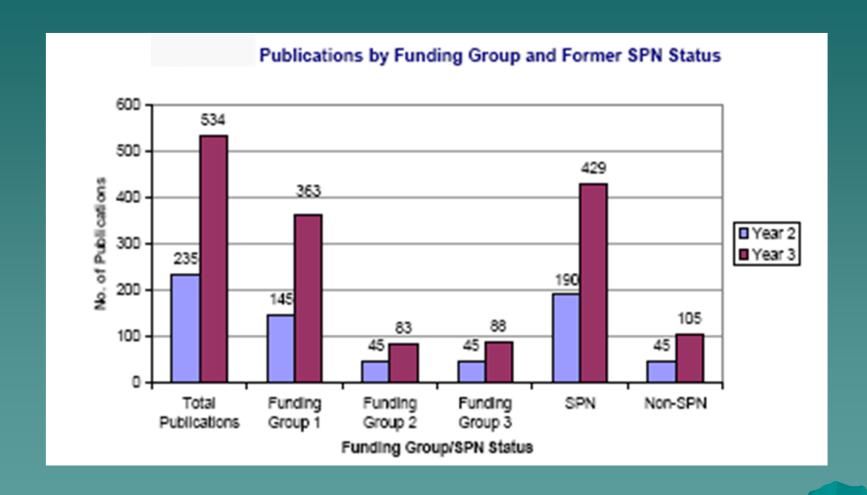
Death rates decreased Affiliations of custom: H. K. on and Control, National Co.

many of the top 15 o surrival rates impre-

Thun, A. Jonad, E. Ward, Epidemiology and Surveillance Research E. American Cancer Society, Adlanta; B. F. Hantry, L. A. G. Ries, B. K. Division of Cancer Control and Population Sciences, National Cance National Institutes of Health, Berhende, ND, H. L. Howe, North Ast

Control. National Conter for Chronic Disease Prevention and Realth Proposition Contex for Disease Control and Prevention, MS E-53, 4770 Dated Bey. Athens, GA 30341 (o-mail: hbwl-@ok.gov)

DOI 10.1093/jnci/fig010 Journal of the National Concer Institute, Vol. 95, No. 17, © Ontors University



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COMPREHENSIVE CANCER CONTROL

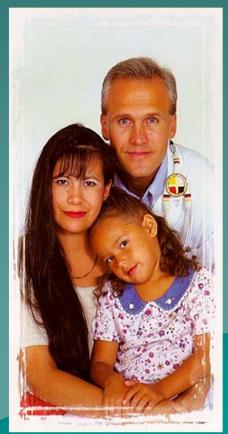
PRIMARY: Tobacco, HPV vaccines,

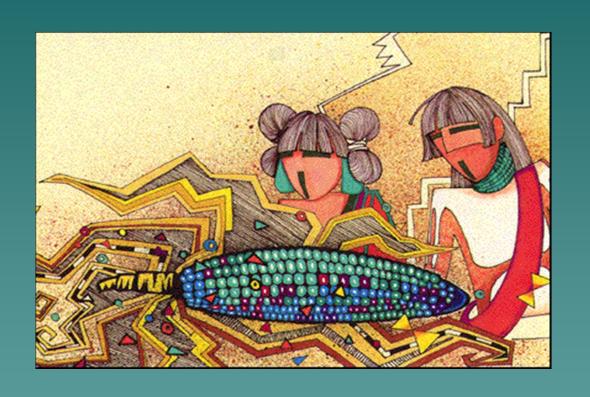
lifestyle

SECONDARY: Screening

◆ TERTIARY: Clinical trials

OTHER: End of life care





Walking Forward: NIH Disparity Project to Lower Cancer Mortality Rates For American Indians in Western, South Dakota

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University of South Dakota Medical School
Rapid City, South Dakota
e-mail: dpetereit@rcrh.org





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Key Elements of Walking Forward

Phase II/III Clinical Trials

- Prostate brachytherapy
- Breast brachytherapy
- Tomotherapy
- Reduce overall treatment duration
- Phase II/III cooperative group trials

Surveys

- Address barriers to health care
- General population
- Cancer population

Patient Navigator Program

- Community education
- Assistance with service and access issues
- documentation and data collection

ATM analysis

 To determine association between ATM heterozygosity and sensitivity to radiation

Alaska Tobacco Research Program Brief Update Nicotine Exposure And Metabolism (NEAM)



Punk, whole fungus



Punk ash for sale in local grocery store



Fire cured tobacco leaves for sale

- Anne P. Lanier, MD, MPH
- Caroline Cremo Renner, MPH
- Rose Heyano, BA
- Ana Chartier, BA

Scientific Progress



- Enrollment launched Aug. 2008
- 141 of 400 planned participants already enrolled
- ♦ 63% have agreed to long term storage of their specimens. Result of 18 month CBPR with communities
- Storage of specimens provided by the CDC Arctic Investigations
 Program

CONCLUSIONS

 CNPs are productive aspects of the national cancer program efforts to reduce cancer health disparities

Infrastructure building crucial and

ongoing

 Unique value added to NCI investment in comprehensive cancer control