

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. Rosen

Background: The American Cancer Society, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute (NCI), and the North American Association of Central Cancer Registries (NAACCR) collaborate annually to update cancer rates and trends in the United States. This report updates statistics on lung, female breast, prostate, and colorectal cancers and highlights the uses of selected surveillance data to assist development of state-based cancer control plans. Methods: Age-adjusted incidence rates from 1996 through 2000 are from state and metropolitan area cancer registries that met NAACCR criteria for highest quality. Death rates are based on underlying cause-of-death data. Long-term trends and rates for major racial and ethnic populations are based on NCI and CDC data. Incidence trends from 1975 through 2000 were adjusted for reporting delays. State-specific screening and risk factor survey data 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 rates for all cancers combined were essentially stable from 1995 through 2000, whereas the delay-adjusted trend showed an increase that had borderline statistical significance (P = .05). Increases in the incidence rates of breast cancer in women and prostate cancer in men offset a long-term decrease in lung cancer in men. Death rates for all cancer sites combined decreased beginning in 1994 and stabilized from 1998 through 2000, resulting in part from recent revisions in cause-of-death codes. Death rates among men continued to decline throughout the 1990s, whereas trends in death rates among women were essentially unchanged from 1998 through 2000. Analysis of state data for the leading cancers revealed mixed progress in achieving national objectives for improving cancer screening, risk factor 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 delay-adjusted 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 population. [J Natl Cancer Inst 2003;95:1276-1299]

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

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

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

SPECIAL ARTICLE

Annual Report to the Nation on the Status of Cancer, 1975-2002, Featuring Population-Based Trends in Cancer Treatment

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

Annual Report to the Nation on the Status of Cancer, 1975-2003, Featuring Cancer Among U.S. Hispanic/Latino Populations

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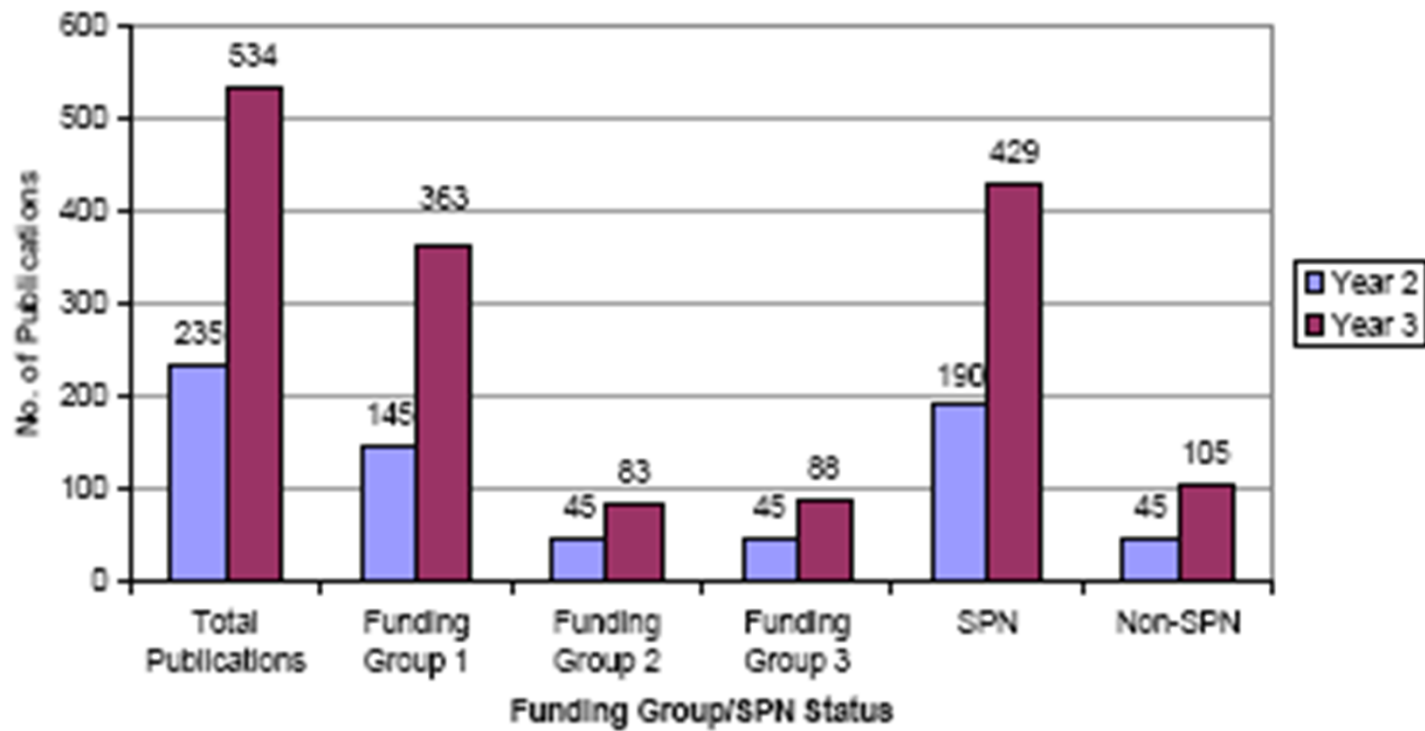
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Background: The American Cancer Society, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute (NCI), and the North American Association of Central Cancer Registries (NAACCR) collaborate annually to provide U.S. cancer information, this year featuring the first comprehensive compilation of cancer information for U.S. Latinos.

Methods: Cancer incidence was obtained from 90% of the Hispanic/Latino and 82% of the U.S. population. Cancer deaths were obtained for the entire U.S. population. Cancer screening, 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 stage, ethnicity and area poverty were evaluated.

Results: The long-term trend in overall cancer death rates, declining since the early 1990s, continued through 2000 for all races and both sexes combined. However, female lung cancer incidence rates increased from 1975 to 2000, decelerating

Publications by Funding Group and Former SPN Status

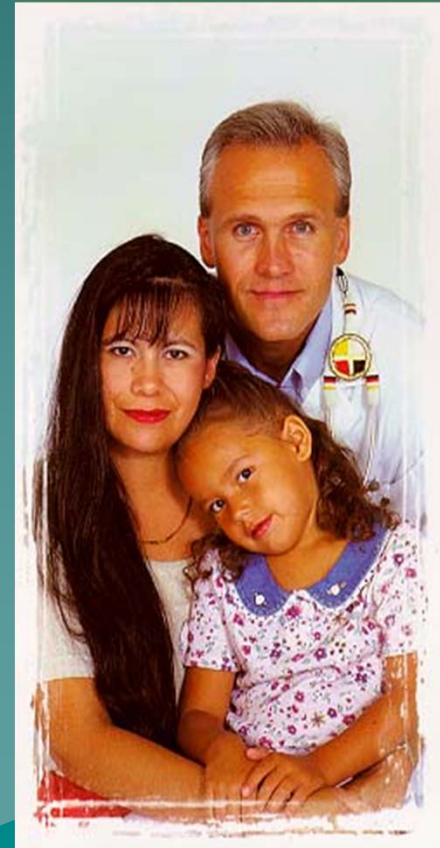


CRCHD \$\$ LEVERAGED



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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Rapid City, South Dakota

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**RAPID CITY
REGIONAL HOSPITAL**

John T. Vucurevich Cancer Care Institute



To'katakiya zanniyan omani pi ye/yo

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

