

CANCER

STATE PROGRAMS EXPAND THE REACH OF CDC'S PREVENTION AND CONTROL EFFORTS

2009

Success Stories

Massachusetts: Registry Collects Data to Guide Research and Programs

In 2007, the Massachusetts Cancer Registry conducted a study to identify and compare invasive cancer cases among four racial and ethnic groups in the state—white non-Hispanics, black non-Hispanics, Asian non-Hispanics, and Hispanics. The study used data from 2000–2004 to analyze incidence rates, mortality rates, median ages, stage at diagnosis, and tumor size at diagnosis. The cancer registry is funded by CDC and operates out of the Massachusetts Department of Public Health (DPH).

Study results showed that the incidence of prostate cancer was 1.6 times higher among black non-Hispanic males than white non-Hispanic males, and the incidence of stomach cancer was

1.8 times higher. Mortality rates for lung cancer, prostate cancer, and all cancers combined also were higher (range: 1.2–2.8 times higher). Black non-Hispanic males also were significantly more likely to receive a diagnosis of prostate cancer at a later stage.

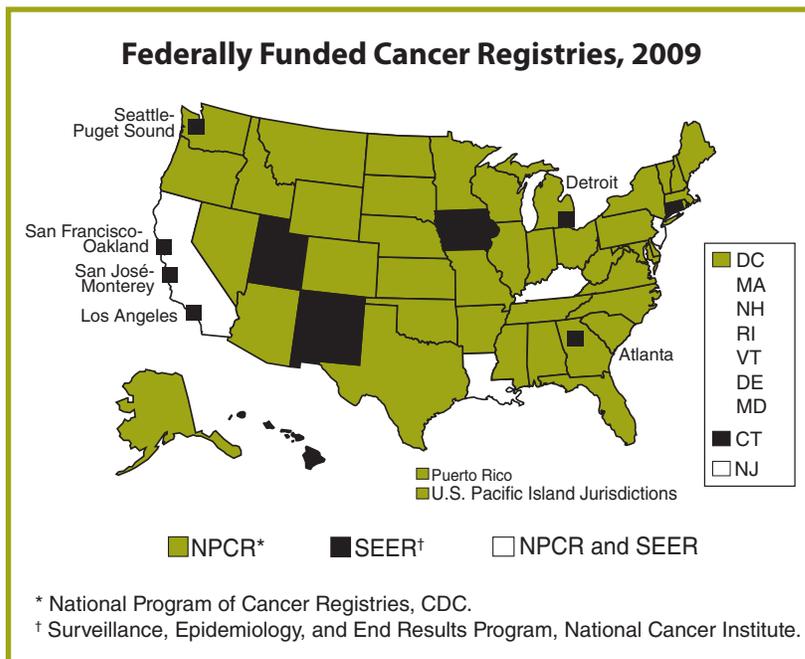
Black non-Hispanic females were significantly more likely than white non-Hispanic females to receive a cancer diagnosis at a later stage—42% vs. 32% for breast cancer and 41% vs. 24% for uterine cancer. For both breast and uterine cancer, black non-Hispanic females also were more likely than white non-Hispanic females to have a large tumor size at diagnosis.

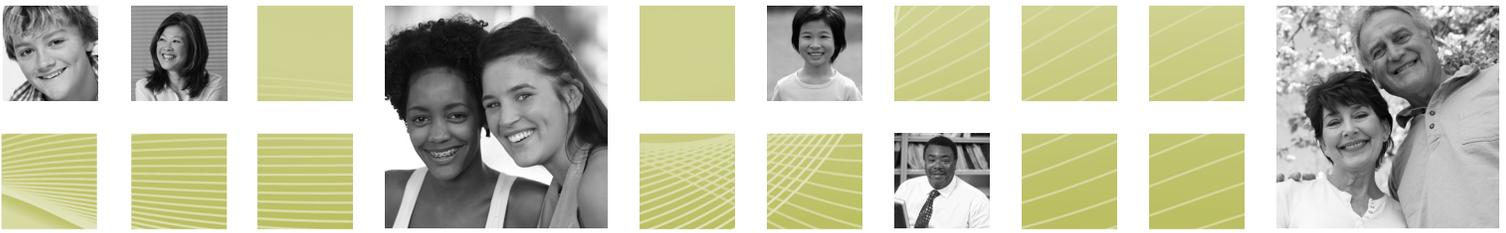
Although the study focused on larger population groups living in Massachusetts, it also assessed the most common cancers reported among Chinese, Vietnamese, Korean, Haitian, Puerto Rican, Portuguese-speaking, Latin American, and Dominican populations living in the state.

Public health officials in Massachusetts can use the results of this study to conduct further research to identify and understand the complex interaction of factors that affect people's health, including genetics, environment, and access to health care. They also can use this information to develop interventions to prevent and control cancer and focus these efforts on populations most at risk.

Maine: Comprehensive State Plan Addresses Colorectal Cancer

The Maine Cancer Consortium is a statewide comprehensive cancer control (CCC) partnership working to reduce cancer incidence, deaths, and health care costs among state residents. To help achieve this goal, the consortium has updated its CCC plan to reflect emerging needs and new issues in cancer prevention, detection, and care.





The 2006–2010 Maine Comprehensive Cancer Control Plan includes objectives and strategies designed to specifically address colorectal cancer. Examples include the following:

- A social marketing campaign designed to increase awareness about the benefits of colorectal cancer screening for all residents aged 50 years or older. In 2005 and 2006, two television commercials reached more than 15 million people in the state.
- A Colon Cancer Community Action Kit distributed to more than 60 community coalitions.
- Seven community mini-grants to increase colon cancer screening awareness at local levels.

Other state activities designed to raise awareness about colorectal cancer include events in two communities in 2007 that featured the Colossal Colon, an oversized interactive replica of the human colon.

Cherokee Nation: Reducing Health Disparities Among American Indians

The Cherokee Nation was the first tribal nation to develop a CCC plan for its population. The goal of this data-driven, systematic plan is to reduce cancer incidence and deaths among the members of the Cherokee Nation. The plan was released in October 2006 as part of the first Cherokee Nation Cancer Summit.

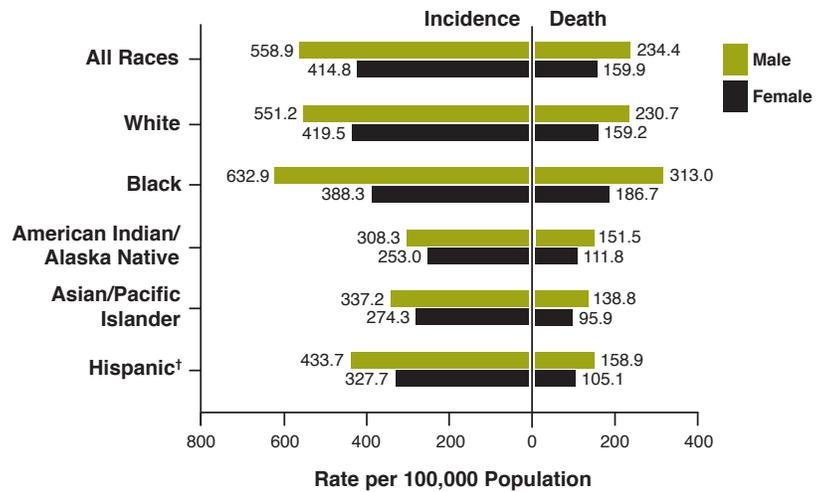
In addition to promoting the CCC plan, the summit was designed to increase awareness about cancer disparities among the members and leaders of the affected American Indian communities, as well as among health professionals and others interested in eliminating these disparities.

The summit drew a diverse group of representatives from throughout the state and region, including key Cherokee Nation and state partners, cancer survivors, researchers, health care providers, legislators, and members of different tribes.

Releasing the CCC plan at the summit increased its credibility and made people more aware of the high rates of cancer incidence and death among American Indians, including members of the Cherokee Nation. As a result of the summit, the Cherokee Nation enhanced its partnership with the University of Oklahoma-Tulsa by giving the university's College of Medicine \$1.5 million. The money helped to fund a new clinic that will provide expanded medical services, including care for cancer, for members of the Cherokee Nation.

The Cherokee Nation also began working with the Oklahoma Society of Clinical Oncologists on an initiative to increase the participation of American Indians in clinical trials in Oklahoma and surrounding states. The Cherokee Nation Web site (<http://www.cherokee.org>) will serve as the central site for information about this initiative.

Cancer Incidence and Death Rates* for All Cancer Sites Combined, by Race/Ethnicity and Sex, United States, 2001–2005



* Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population. Incidence rates are for 91% of the U.S. population; death rates are for 100% of the U.S. population.

† Hispanic origin is not mutually exclusive from race categories.

Source: *United States Cancer Statistics: 1999–2005 Incidence and Mortality Web-based Report*.