



CUT OUT CANCER IN OKLAHOMA

OKLAHOMA CANCER STATE PLAN 2006-2010





CANCER

The fabric of life is not always guaranteed to be seamless. Patterns of fabric seen throughout this piece represent cancer. Fabric patterns are inherently repetitious, just like cancer, oftentimes reoccurring in individuals' lives and in society.

As the designer of this piece, all of the fabrics and threads represented here are personally significant, because they symbolize the journey of a cancer survivor, my aunt. During her treatment for breast cancer, she turned to her talents as a seamstress to cope with the mental and physical side effects that she endured. Throughout the duration of her treatment, many inspiring creations were made from these fabrics.

Like the fabrics, the threads illustrated here are equally symbolic. Although thread has the illusion of being fragile, it is actually quite strong. In its most common use, thread holds two or more pieces of fabric together. More symbolically, it is the element that binds cancer patients, family members, health agencies, medical professionals and researchers in the effort to eradicate cancer.

CONTENTS



- 03 Preface**
- 04 Contents**
- 05 Letter from the Commissioner**
- 06 Executive Summary**
- 12 The Cancer Burden**
- 20 Goals**
- 22 Prevention
- 26 Early Detection
- 32 Diagnosis & Treatment
- 35 Quality of Life
- 38 Survivorship
- 39 Summary
- 40 Data & Surveillance
- 42 What YOU Can Do
- 44 Acknowledgements
- 46 Cancer Control Network
- 48 Appendices**
- 50 Glossary
- 52 References
- 54 Membership**

Dear Colleagues and Fellow Oklahomans,

Cancer has touched nearly all of our lives. Without much thought you could likely recall a neighbor, church member, or work associate who has battled the disease. Perhaps cancer has hit you much closer to home with a relative, spouse or child being affected. You may be struggling with cancer yourself right now; perhaps you are a cancer survivor or you treat those who have cancer.

Cancer places a heavy burden on the state of Oklahoma. Cancer affects one out of three Oklahomans during their lifetime and it is the second leading cause of death for Oklahomans. More than 18,000 new cancer cases are diagnosed each year in Oklahoma and over 7,500 lives are claimed by cancer. Other burdens include financial hardships such as high medical costs, lost wages, and the economic impact on employers.

However, the good news is that healthy behaviors increase the chance of living cancer free. Studies show that people can greatly reduce the risk of cancer by choosing a healthier lifestyle, which not only reduces cancer risks but also increases the chances of survival if diagnosed.

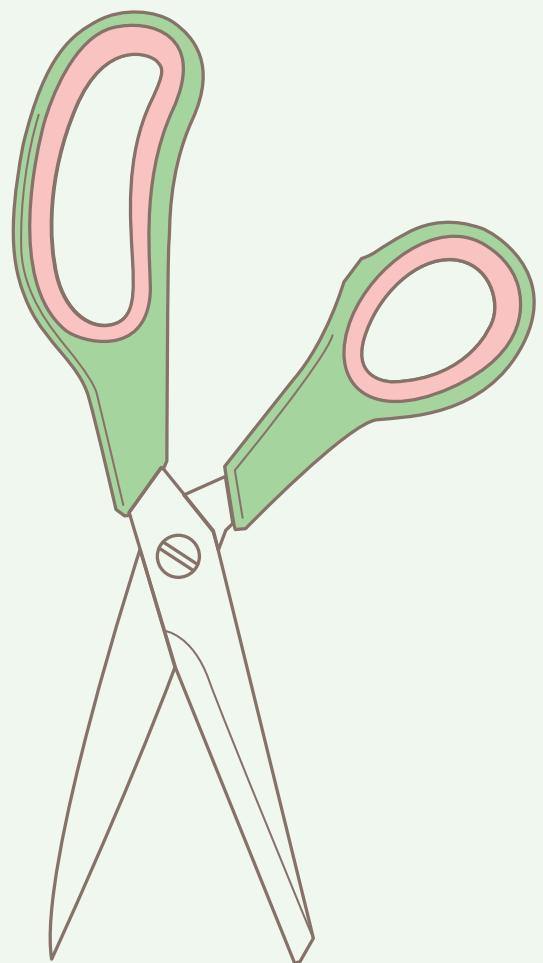
More than 140 professionals working in the cancer field from all areas of the state have volunteered their expertise, experience and leadership to form the Oklahoma Comprehensive Cancer Network. Together with this Network, the Oklahoma State Department of Health is dedicated to addressing the burden of cancer and reducing the number of new cancer cases and deaths through implementation of a comprehensive cancer control plan. It is a tremendous job to tackle the cancer epidemic. Together we can achieve this goal.

Sincerely,



James M. Crutcher, MD, MPH

Secretary of Health & Commissioner of Health
Oklahoma State Department of Health





EXECUTIVE SUMMARY

The Process

The Oklahoma Comprehensive Cancer Network (OCCN) first met in February 2004 to begin the plan for comprehensive cancer control in Oklahoma. In this initial period of plan development a great many people have met to create the first goals and objectives for the Oklahoma Cancer Plan. This report represents the initial blueprint for collaboration among many partners. Initial work has focused on information and data currently available about all aspects of cancer. Initial group activities were focused on building collaborative relationships among the members. After identification of priorities, the group formed workgroups to address each specific area. The members of these workgroups were responsible for the development of at least one goal statement, the construction of objectives and strategies to reach that goal, the process of implementing those strategies and reviewing the outcomes.

Goals, objectives, and supporting strategies were then brought to the full membership for discussion and inclusion into the overall plan. Some workgroups have moved farther along the path of goal and objective development than others. As information is evaluated, new goals, objectives and strategies will be added to the plan. This is viewed as a dynamic document and the first step in a process to “**cut out cancer**” in Oklahoma.

The Choice

The partners in the Oklahoma Comprehensive Cancer Network (OCCN) recognize that certain Oklahomans, especially those underserved because of income, race, ethnicity, disability, or sexual orientation, suffer the greatest consequences. These citizens are at increased risk of death or disability from cancer due to smoking, eating a poor diet, lacking exercise, and having limited options for primary and secondary prevention services, for early diagnosis, and for early initiation of treatment.

Our Goal

The OCCN is committed to decreasing the number of new cases of cancer, increasing the survivorship of cancer patients once diagnosed, improving the quality of life for survivors, and informing all citizens about cancer prevention, risk reduction, diagnosis, treatment and survival.

1988-1991

Chronic Disease Service was funded to conduct Cervical Cancer Surveillance. The data was used for planning for the Breast and Cervical Cancer Early Detection Program.

The Change

Addressing cancer needs in Oklahoma requires the collaboration of many individuals, agencies and public and private organizations. While many health systems, healthcare professionals, and researchers are working to reduce Oklahoma's cancer burden, there are not enough resources to fully address this important health issue. Improvements must be made in the coordination of information, personnel, resources, and efforts among those working to fight cancer in order to maximize the ability to impact cancer prevention and control in Oklahoma. It is also essential that relationships with public and private healthcare providers, private industry, regional cancer coalitions and survivors be developed, enhanced and expanded. This focused and strengthened position of partnerships will provide the maximum benefits to people in their communities.

1993-Present

The Oklahoma Breast and Cervical Cancer Early Detection Program (Take Charge!) was funded to provide statewide early breast and cervical screening services to rarely and never screened, low-income women.

1994-Present

The Oklahoma Central Cancer Registry (OCCR) was funded to collect, analyze, and house the cancer data for the state of Oklahoma.

2000

The Comprehensive Cancer Control Work Group was formed as a collaborative effort to assess the feasibility of supporting a Comprehensive Cancer Control Program (CCCP) in Oklahoma.

2003

The Comprehensive Cancer Control Planning Grant was awarded by the Centers for Disease Control and Prevention (CDC) to form the OCCN and begin the process of drafting the Oklahoma Cancer Plan.

The Challenge

Decreasing cancer-related morbidity and mortality requires continued focus on the cancer continuum including prevention, screening, diagnosis, treatment, quality of life, survivorship, palliation, and end of life. Nearly 65% of new cancer cases and 33% of cancer deaths could be prevented through lifestyle changes such as eliminating tobacco use, improving dietary habits, exercising regularly, maintaining a healthy weight, obtaining early detection cancer screening tests, and obtaining timely and appropriate treatment. Programs that increase opportunities for education and awareness about high-risk behaviors and their impact on new cancer cases are needed. The challenge is for everyone to take a proactive approach to assure the greatest number of Oklahomans will be offered appropriate, timely, and much-needed information and services across the cancer continuum.



2004	2006	2007
The OCCN began initial work identifying cancer control leaders, activities and resources; developing an action agenda for moving forward with the development of a comprehensive cancer control plan; and identifying information and data currently available about all aspects of cancer.	The Comprehensive Cancer Control Program (CCCP) was funded for implementation of the Oklahoma Cancer Plan.	The Oklahoma Cancer Plan was published and distributed to healthcare professionals, key stakeholders, and the public at large.
	The first Colorectal Cancer Screening Project, championed by Senator Johnnie Crutchfield, a colorectal cancer survivor, was funded by the Oklahoma Legislature to provide no cost screening (colonoscopy) to low income, uninsured Oklahomans.	



Why Comprehensive Cancer Control in Oklahoma?

In 2003, the Oklahoma State Department of Health (OSDH) took the administrative initiative to form the OCCN to address the cancer burden in Oklahoma. This coalition is comprised of representatives of organizations who have cancer prevention and control as a major focus of their mission. Organizations represented include private hospitals, universities, cancer centers, healthcare professional associations, nonprofit organizations, government agencies, minority health coalitions, community organizations and survivors. The OCCN has as its mission to “**cut out cancer**” in Oklahoma. This group stresses a unified fight against cancer through collaboration and use of a comprehensive approach. Members agree that more will be achieved together than could be accomplished by individual organizations working on their own.

Oklahoma has joined other states, tribes and U.S. territories in developing a coordinated approach in cancer prevention and control. This comprehensive approach will not only help limit duplication of effort, but will also help identify missed opportunities in the cancer and disease prevention realm. Strategies have been developed to best address the economic and financial burden of cancer with the limited resources available. Many improvements in the delivery of public health and education will be achieved with the comprehensive approach, including increased professional expertise, improved understanding of the complexities of delivering community-based screening services, additional research and clinical trials, as well as greater availability of program results through evaluation. Such improvements will reinforce the value of coordinated cancer prevention and control programs at the national, state, and community levels. These improvements are and will be shared through the many partnerships formed with agencies and other healthcare partners interested in reducing the burden of cancer in Oklahoma.



5

PRIORITY AREAS

- Prevention
- Early Detection
- Diagnosis & Treatment
- Quality of Life
- Survivorship



6

PRIORITY CANCERS

- Breast • Prostate • Lung & Bronchus
- Colorectal • Skin • Cervical

How is Comprehensive Cancer Control Accomplished?

Comprehensive cancer control relies on active involvement by concerned citizens and key stakeholders and uses data in a systematic process to:

- Determine the cancer burden;
- Identify the needs of communities and/or population-based groups;
- Prioritize these needs;
- Develop interventions and infrastructure to address the needs;
- Mobilize resources to implement interventions; and
- Evaluate the impact of these interventions on the health of the community/population.

Ways of Looking at the Cancer Burden

- **Cancer Site**
(breast, prostate, lung, colorectal)

- **Approach**
(prevention, early detection, treatment)

- **Demographics**
(gender, age, race, ethnicity, geographic location)

Priority Cancers

Combined, the six priority cancers comprise the vast majority of cancer cases and cancer related deaths in Oklahoma. And, they can either be prevented by evidence-based, health behavior change activities or survival can be improved by early detection and initiation of treatment. In discussing the many concerns to be addressed for these cancers, the OCCN partners noted that many issues overlapped the different sites. Therefore, they chose to address these issues across the continuum of care.

THE CANCER BURDEN



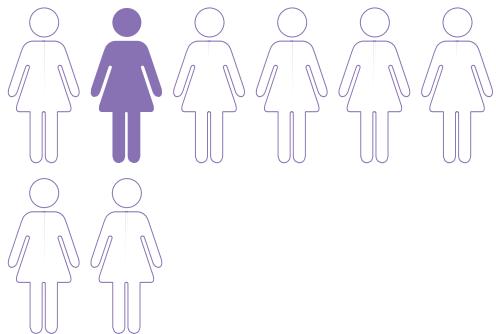
The Impact

Cancer places a heavy burden on the state of Oklahoma. It is the second leading cause of death following heart disease. The American Cancer Society (ACS) estimates that 18,640 new cases of cancer will be diagnosed in Oklahoma in 2006 and 7,520 deaths will be due to cancer. Overall, for both males and females, Oklahoma's average cancer incidence between 1998 and 2002 is lower than the national average. While at first glance, this may appear to be a positive trend, there are some instances where higher incidence rates are preferred. For example, for screenable cancers such as breast, cervical, prostate and colorectal, having lower incidence rates may be indicative of lower screening rates. This might suggest these cancers are being diagnosed at later stages, thereby lowering survival probabilities. For some specific sites, Oklahoma's average is higher than the nation, which may reflect Oklahomans' behavioral risk factors. For example, according to 2005 Behavioral Risk Factor Surveillance System (BRFSS) results, Oklahoma ranks fifth in the nation for the proportion of the population that is current smokers. Likewise, the lung cancer rates for both males and females in Oklahoma are higher than the nation (113.1 cases per 100,000 Oklahoma males compared to 90.1 cases per 100,000 males nationally and 61.1 cases per 100,000 females compared to 54.6 cases per 100,000 females nationally).

This cancer burden statement will focus on the six cancer sites that the Oklahoma Comprehensive Cancer Network (OCCN) has chosen to be of highest priority. These include breast, cervical, prostate, colorectal, lung and melanoma (skin). *Cancer in Oklahoma*, an annually updated publication, provides data on a more inclusive list of cancer sites.



1 in 8 women will be diagnosed with breast cancer some time during their life.



When detected at an early stage, invasive cervical cancer is one of the most successfully treated cancers with a five year survival rate of 92% for localized cancers.

Breast Cancer: Women

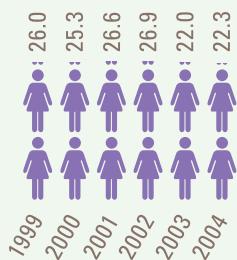
Breast cancer screening, which includes clinical breast exams and mammograms, is critical in decreasing mortality from breast cancer. Survival is greatly improved when breast cancer is detected at an earlier stage. Even though we cannot yet prevent the development of breast cancer, it is possible to decrease the mortality by screening regularly. Nationally, 22.5% of cases were diagnosed at the earliest stage, *in situ*, in 2006. Between 1998 and 2002 in Oklahoma women, 13.7% of the breast cancer cases were diagnosed at *in situ*. As breast cancer incidence increases with age, and increases more rapidly after age 40, the American Cancer Society (ACS) recommends that women with no other risk factors begin screening mammograms at age 40. (Figure 2)

Cervical Cancer: Women

The rate of Oklahoma's women being diagnosed with cervical cancer at 10.4 cases per 100,000 women is slightly higher than the national rate of 9.3. The death rate from cervical cancer in Oklahoma is also slightly higher than the national rate. The greatest proportion of cases are diagnosed among white women both nationally and in Oklahoma. In Oklahoma, the second highest proportion diagnosed are among American Indian women. The Pap test is key to detecting abnormal cells that can lead to cervical cancer, effectively halting cancer development. Of note is the recent development of the Human Papilloma Virus (HPV) vaccine *Gardasil*,® which may prove in the future to prevent 70% of cervical cancers that are the direct result of infection by two particular strains of HPV.

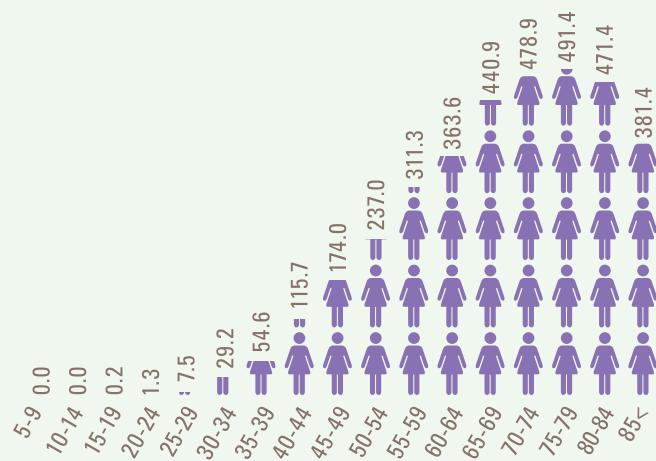
1 Age Adjusted Mortality Rate Female Breast Cancer
1999-2004. Oklahoma Vital Statistics

each  = 10 cases/100,000 population

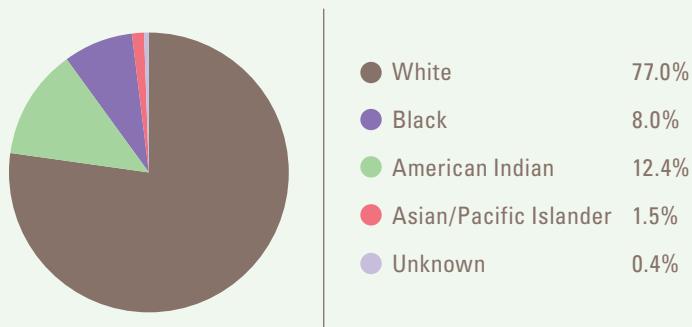


2 Age Specific Incidence of Female Breast Cancer.
1998-2002, Oklahoma Central Cancer Registry

each  = 100 cases/100,000 population



3 Proportion of Cervical Cancer Cases Diagnosed by Race.
1998-2002, Oklahoma Central Cancer Registry





Colon cancer is the 4th most commonly diagnosed cancer in Oklahoma.

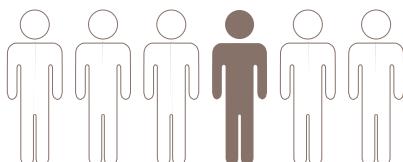
Colorectal Cancer

Colorectal cancer is the fourth most commonly diagnosed cancer in Oklahoma among men and women. Screening tests offer a powerful opportunity for the prevention, early detection and successful treatment of colorectal cancer. Incidence rates in Oklahoma for both men and women are similar to those in the U.S. as a whole. In Oklahoma, between 1999 and 2002, there were 53.1 cases diagnosed per 100,000 people, as compared to the national rate of 54.4 cases per 100,000 people. (Figure 4)

Both men and women in Oklahoma have similar patterns of stage at diagnosis. There is a clear need to raise public awareness about colorectal cancer screening to decrease the proportion of malignancies diagnosed at late stage. (Figure 5)



1 in 6 men will be diagnosed with prostate cancer some time during their life.



Prostate Cancer: Men

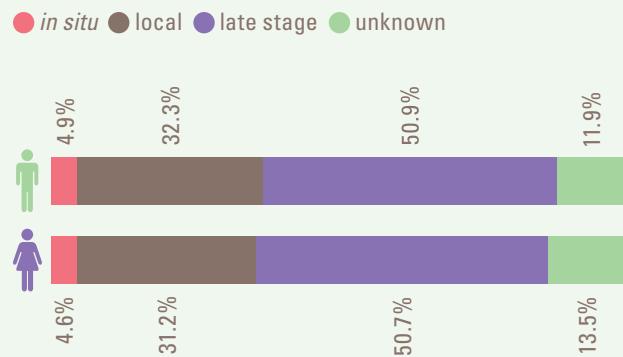
Prostate cancer is the most commonly diagnosed cancer in Oklahoma men. The ACS estimates 2,490 cases diagnosed in Oklahoma men in 2006, and 290 deaths due to prostate cancer in 2006. Prostate cancer can be detected at earlier stages with proper screening such as the Prostate Specific Antigen (PSA) blood test. Prostate cancer incidence rates in Oklahoma men are much lower at 147.1 cases per 100,000 men than the nation at 164.4 cases per 100,000 men. In Oklahoma, the lower incidence rates for prostate cancer may be an indicator that screening is insufficient. (Figure 6)

**4 Colorectal Cancer Age Adjusted Incidence Rates by Gender.
1999-2002, CDC WONDER**

each  = 10 cases/100,000 population

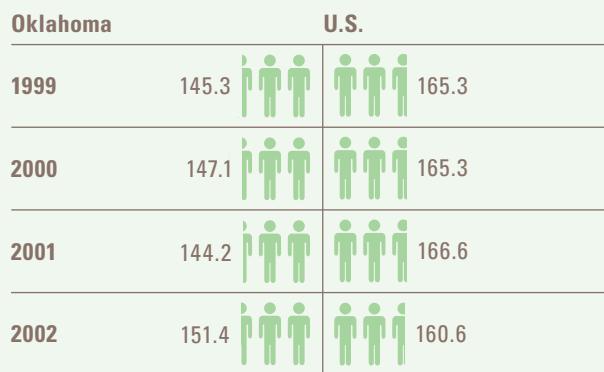


**5 Colorectal Cancer at Stage of Diagnosis by Gender.
1998-2002, Oklahoma Central Cancer Registry**

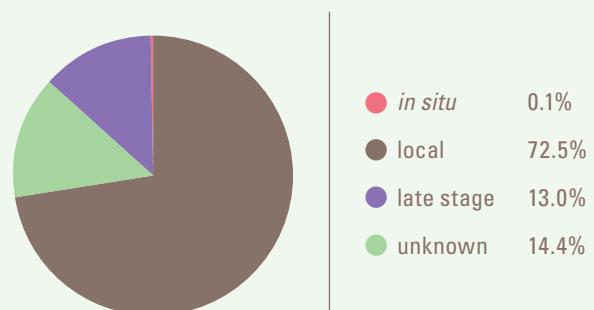


6 Prostate Cancer Age Adjusted Incidence Rate in Oklahoma and the United States. 1999-2002, CDC WONDER

each  = 50 cases/100,000 population



7 Prostate Cancer at Stage of Diagnosis. 1998-2002, Oklahoma Central Cancer Registry





Cancers of the lung, trachea, and bronchus are the leading cause of cancer deaths for both men and women in Oklahoma.

Lung Cancer

Overall, lung cancer is the most commonly diagnosed cancer in Oklahomans as well as the leading cause of cancer deaths. Since tobacco use is the leading cause of lung cancer, these statistics are a direct reflection of Oklahoma's ranking of fifth in the nation for proportion of the population that is a current smoker. Due to the lack of a proven screening test for lung cancer, mortality is difficult to reduce when cancers are diagnosed at later stages. The overall incidence rate for Oklahomans between 1999-2002 was 82.7 cases per 100,000, which was higher than the national rate of 70.0 cases per 100,000 people. Females have lower rates for both incidence and mortality across all the races and ethnicities in Oklahoma than males. Rates for both genders in Oklahoma, however, are higher than their national counterparts. (Figure 8)



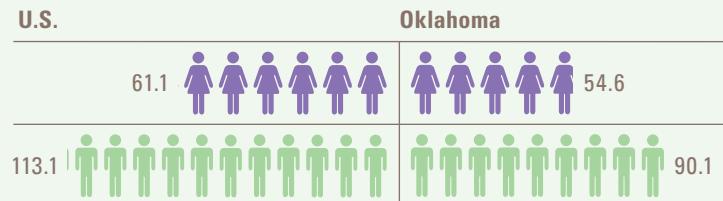
Oklahoma ranks 1st nationally for deaths due to malignant melanoma.

Malignant Melanoma

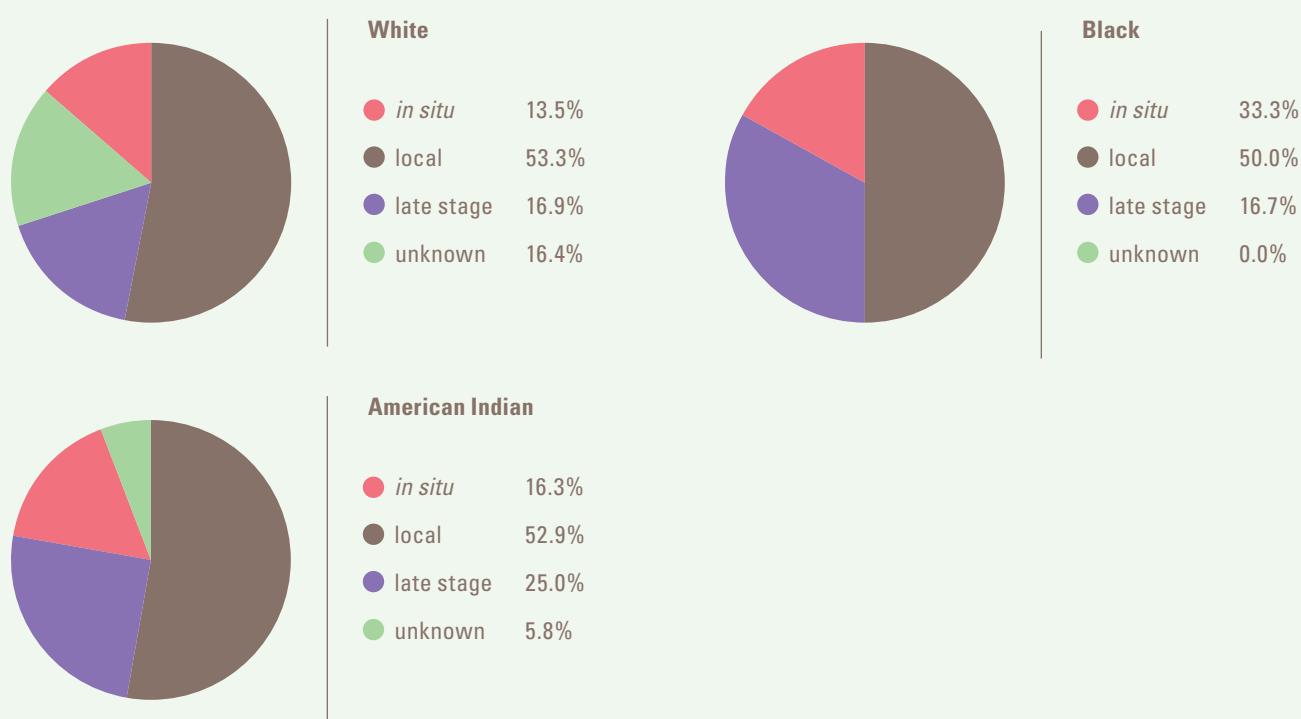
Skin cancer is the most common form of cancer. Two types of skin cancer, squamous and basal cell, are not reportable to the Oklahoma Central Cancer Registry (OCCR) as they are rarely malignant and easily treatable. Malignant melanoma, however, is reportable to the OCCR. It is the eighth most commonly diagnosed cancer in Oklahoma with an incidence rate of 12.1 cases per 100,000 people. The national rate is 15.6 cases per 100,000 people. Although Oklahoma's rate is lower than the national rate, the mortality due to malignant melanoma is the highest in the nation. (Figure 9)

**8 Lung Cancer Age Adjusted Incidence Rate by Gender.
1998-2002, Oklahoma Central Cancer Registry**

each  = 10 cases/100,000 population



**9 Stage of Diagnosis for Malignant Melanoma by Race.
Oklahoma Central Cancer Registry**





GOALS



The Plan

The Oklahoma Comprehensive Cancer Network (OCCN) partners have identified goals to advance cancer control in Oklahoma over the next four years (2006 to 2010). These goals are intended to be a broad road map that communities can follow, each in their own way, to get to the same destination: fewer new cancer cases and cancer deaths in Oklahoma. These goals represent needs identified by experts in the field of cancer control and public health, and concerns raised by Oklahoma citizens.

Many of these objectives require gathering and analyzing baseline data to help determine next steps. Once these objectives are accomplished, new reports, materials, and tools will be developed to assist communities in the fight against cancer. Community-based organizations will be better able to take advantage of existing cancer programs and resources, mobilize support to increase access to existing resources and to develop new ones, and to work collaboratively to reduce the cancer burden in their communities and throughout the state. A second report (The Oklahoma Comprehensive Cancer Plan: 2010, Phase II) will outline progress to date and the next steps that will take Oklahomans to the end of this decade in comprehensive cancer control.

Prevention is About:

Modifying diet and exercise habits, eliminating tobacco use, following routine screening recommendations, obtaining preventive vaccinations, and avoiding exposure to the sun in an effort to reduce cancer risk factors.

Morris Foster, Ph.D., Committee Chair

The Focus

Choosing the right behaviors and preventing exposure to certain chemicals may help prevent cancers before they can start. Scientists estimate that as many as 50%-75% of cancer deaths in the U.S. are caused by human behaviors such as smoking, physical inactivity, and poor dietary choices. Modifying behaviors can help prevent cancer. Smoking causes about 30% of all U.S. deaths from cancer. Avoiding tobacco use is the single most important step Oklahomans can take to reduce the cancer burden in our state.

Additional important steps include maintaining a healthy weight, being physically active, eating a low-fat diet and increasing consumption of fruits and vegetables, balancing calories with physical activity, and protecting skin from sunlight. Certain chemicals in the environment are known to cause cancer. The most common are secondhand smoke and radon. Secondhand smoke contains over 60 carcinogens and other irritants, toxicants, and mutagens. In addition to lung cancer, investigation continues to link tobacco smoke to nasal, sinus, cervical, breast, and bladder cancers. Studies continue in children to link secondhand smoke to other cancers such as brain cancer, leukemia, and lymphoma and the development of breast cancer in women who were exposed to secondhand smoke in childhood.

1

Increase outreach and education on prevention for major cancers among diverse populations.

1.1 Objective	Strategies
<ul style="list-style-type: none"> - By 2008, identify organizations that provide cancer prevention education programs among diverse populations. 	<ul style="list-style-type: none"> - Identify key elements of effective, evidenced-based programs to include: type of program (educational, prevention, site-specific), cultural appropriateness, method of dissemination, target audience, etc. - Identify outcome data associated with programs.

1.2 Objective

- By 2009, identify areas and populations where gaps in prevention education exist.

Strategies

- Identify gaps in services, community resources, healthcare providers, data, etc.
- Utilize collected information to assess gaps.
- Make recommendations to fill gaps.

1.3 Objective

- By 2009, identify prevention education resources and materials for the OCCN to utilize that are evidenced-based, culturally appropriate in an effort to provide consistent and accurate information to all Oklahomans.

Strategies

- Provide information on prevention education resources and materials through the OCCN Web site, partners' Web sites and/or links to other reputable cancer sites.
- Coordinate ongoing review of prevention education resources and materials through the OCCN and the Prevention Committee.

2

Reduce the impact of tobacco use on the burden of cancer in Oklahoma.

2.1 Objective

- Provide ongoing support for the three comprehensive approaches of the Oklahoma Tobacco Use Prevention and Cessation Advisory Committee, namely: Fully implement proven programs and policies to reduce the number of young people who take up tobacco use; reduce the number of tobacco users through programs and policies that encourage cessation; and protect all Oklahomans from involuntary exposure to secondhand smoke.

Strategies

- Support the State Tobacco Use Prevention Plan as approved by the Tobacco Use Prevention and Cessation Advisory Committee in September 2005. The Plan includes: Measures and Outcomes for 2010, a summary of public policy recommendations, and a description of key program areas.
- Increase the awareness surrounding the risks of tobacco use and the benefits of quitting to Oklahoma adults and youth through other initiatives already in place (Great American Smokeout, etc).
- Encourage local coalitions, local public health offices, private healthcare providers, hospitals, health plans, and others to utilize the resources provided by the Oklahoma Tobacco Helpline.
- Support and reinforce culturally-appropriate public education messages about the link between commercial tobacco use and lung, breast, cervical and other cancers.
- Collaborate with other state agencies, such as Medicaid, to promote cost-saving measures, such as using the Oklahoma Tobacco Helpline and promoting providers' cessation advice to client.

3

Educate employers and health plans on the importance of wellness benefits. Encourage them to include wellness benefits as part of their overall benefits packages.

3.1 Objective

- By 2010, increase the proportion of employers and health plans that have adopted comprehensive wellness programs.

Strategies

- Identify key employers in Oklahoma who have implemented successful employee wellness programs.
- Compile data on the cost-effectiveness of employee wellness programs.

- Disseminate information on model employee wellness programs (including cost benefits) through outreach to Oklahoma employers, third party administrators, health plans, and purchasers.

4

Raise awareness of high-risk behaviors associated with the development of cancer.

**Prevention Tips**

- QUIT smoking
- Eat healthy
 - Eat five-nine fruits/vegetables a day
 - Eat foods high in fiber/low in fat
 - Limit red meat/animal fat
 - Participate in moderate daily exercise
- Avoid daily consumption of alcohol
- Maintain suggested body weight
- Apply 15 Sun Protection Factor (SPF) or higher before going outdoors
- Obtain the recommended cancer screenings at appropriate intervals

4.1 Objective

- By 2010, reduce the incidence of sexually transmitted infections (STI) in Oklahoma that are associated with the development of cancer, including Hepatitis C, Human Papilloma Virus (HPV) and Human Immunodeficiency Virus (HIV).

Strategies

- Promote updated, culturally appropriate education for healthcare providers and family planning professionals about HPV prevention messages, developments in vaccine testing and treatment for sexually active patients, especially those with HPV infection and their partners.
- Promote public knowledge about HPV through culturally appropriate individualized counseling or health education messages delivered at the community level.
- Support the regulation from the Oklahoma State Board of Health and supported by the Department of Education, requiring HPV vaccination for all girls entering the 7th grade, beginning with the 2008 school year.

- Support public education to promote condom use as a social/community norm and increase condom availability and access. Target these efforts to people initiating sexual activity and those at high risk for STIs.
- Promote HIV antibody counseling, testing, partner counseling, and referral services for individuals at high risk of HIV infection.
- Evaluate current HIV and STI prevention strategies that target high-risk groups and use results to develop more effective behavioral change interventions.

4.2 Objective

- By 2009, increase awareness of sexual behaviors associated with an increased risk for transmitting the HPV virus which can cause cervical cancer (i.e., early initiation of sexual activity and unprotected sex with any partner who has ever had sex with other partners).

Strategies

- Encourage healthcare providers to provide culturally-appropriate counseling on the prevention of sexually transmitted infectious agents.
- Encourage culturally-appropriate cancer risk information be included in public awareness campaigns and written materials addressing infectious agents used by existing programs.
- Promote culturally-appropriate efforts to increase access to sexual health programs and services.
- Support surveillance for determining prevalence of high-risk sexual behavior.

4.3 Objective

- By 2010, increase the number of Oklahomans who utilize protection against skin cancer for themselves and their children.

Strategies

- Promote culturally appropriate public knowledge about skin cancer prevention through use of sun protection, avoidance of tanning booths, and providing sun protection beginning in infancy.
- Include use of sun protection questions to health behavior surveys in order to develop an ongoing evaluation of public awareness and prevention activity.

5

Reduce the impact of obesity and poor nutrition on the burden of cancer in Oklahoma.

5.1 Objectives

- Reinforce public knowledge of the role of physical activity and nutrition in cancer prevention.

Strategies

- Provide ongoing support for the state Physical Activity and Nutrition Plan.
- Increase culturally-appropriate awareness surrounding the benefits of physical activity and nutrition.
- Encourage local coalitions, local public health offices, private healthcare providers, hospitals, health plans, and others to utilize culturally-appropriate physical activity and nutrition resources.
- Support culturally-appropriate public education messages about the cancer prevention benefits of physical activity and nutrition.

6

Promote, increase, and optimize the appropriate utilization of high quality cancer screening and follow up in Oklahoma among the general public, high-risk groups, and healthcare professionals.

The Focus

The use of screening tests to detect cancers early often leads to more effective treatment with fewer side effects. Patients whose cancers are found early also are more likely to survive these cancers than are those whose cancers are not found until symptoms appear. The following screening tests have been found to detect cancers accurately and decrease the chances of dying from cancer:

Breast Cancer: Mammography/Clinical breast examination (CBE)

Cervical Cancer: Pap test + Human Papilloma Virus (HPV) test

Colorectal Cancer: Fecal Occult Blood Test (FOBT) + Sigmoidoscopy/Colonoscopy

Prostate Cancer: Prostate Specific Antigen (PSA)/Digital Rectal Examinations (DRE)

Melanoma: Skin examinations

Oral Cancer: Oral care including dental exams

BREAST

Desired Outcome

- To increase the percentage of Oklahoma women ≥ 40 years old who have had a screening mammogram and clinical breast exam (CBE) within the last 24 months to >90% by 2015.
- To increase the percentage of Oklahoma women ≥ 40 years old who have had a screening mammogram within the last 14 months to >70% by 2015.

6.1 Objectives

- Increase public knowledge and understanding regarding breast cancer risk factors, signs and symptoms, and importance of routine screening to survival.
- Use cancer surveillance data to re-evaluate breast cancer incidence rates and changes in cancer prevalence.

Strategies

- Promote breast cancer screening through public awareness campaigns.
- Establish a 1-800-PREVENT number to give Oklahoma women a readily accessible source of information about breast cancer screening, early detection, and sites providing services within the state.

6.2 Objectives	Strategies		
<ul style="list-style-type: none"> - Ensure primary care providers are recommending and/or conducting appropriate breast cancer screening tests according to established guidelines. - Use cancer surveillance data to re-evaluate incidence rates and changes in cancer prevalence. 	<ul style="list-style-type: none"> - Develop Continuing Medical Education (CME) to teach appropriate method for CBE, risk factor assessment, and mammography screening guidelines to primary care providers. - Utilize primary care provider audits to determine compliance with breast cancer screening guidelines. 		
6.3 Objectives	Strategies		
<ul style="list-style-type: none"> - Identify and incorporate strategies to overcome barriers to breast cancer screening for all women age 40 and older. - Use cancer surveillance data to re-evaluate breast cancer screening rates, incidence rates, and changes in prevalence. 	<ul style="list-style-type: none"> - Survey consumers to identify barriers to participation in recommended breast cancer screening tests. - Expand access to and funding of public and privately funded breast cancer screening programs for low income, uninsured women. 		
6.4 Objectives	Strategies	6.5 Objectives	Strategies
<ul style="list-style-type: none"> - Identify and target counties with disparities in breast cancer screening rates either by location or by race/ethnicity in Oklahoma. - Use cancer surveillance data to re-evaluate breast cancer screening rates, incidence rates and changes in stage at diagnosis. 	<ul style="list-style-type: none"> - Identify disparate counties using the OCCR incidence and mortality data and health behavior surveys. - Collaborate with providers and lay health workers in disparate counties to promote breast cancer screening. - Determine effectiveness by increasing percentage of women diagnosed as stage 0 or 1. 	<ul style="list-style-type: none"> - Ensure that women with abnormal breast cancer screening results receive timely and appropriate follow-up. - Use cancer surveillance data to re-evaluate stage at diagnosis, treatment modality, and survival rates. 	<ul style="list-style-type: none"> - Support improvement of primary care office tracking and follow-up through implementation of appropriate systems. - Provide established guidelines for breast cancer screening, diagnosis, and risk management to primary care providers. - Utilize primary care provider audits to determine compliance with timely and appropriate follow-up of abnormal breast cancer screening results.

CERVICAL

Desired Outcome

- To increase from 70% to 90% the percent of Oklahoma women with cervical cancer who are diagnosed at the earliest stage by 2015.
- To decrease the number of Oklahoma women who have not had a pap test in the past five years from 13.1% to 8% by 2015.

6.6 Objective

- Increase the public knowledge and understanding of cervical cancer risk factors, signs and symptoms, and importance of routine screening to survival.

Strategies

- Promote benefits and importance of cervical cancer screening through public awareness campaigns which include HPV testing.
- Use cancer surveillance data to re-evaluate incidence rates and changes in cancer prevalence.

6.7 Objective

- Ensure primary care providers are recommending and/or conducting appropriate cervical cancer screening in accordance with established guidelines from the United States Preventive Services Task Force (USPTF).

Strategies

- Utilize Centralized Medicare Services (CMS) records to determine compliance with cervical cancer screening guidelines.
- Develop and target CME to areas with the lowest compliance rates for cervical cancer screening.
- Utilize primary care provider audits to determine compliance with cervical cancer screening guidelines.
- Develop a system to recognize primary care providers who adhere to cervical cancer screening guidelines.

- Use cancer surveillance data and health behavior surveys to re-evaluate cervical cancer screening rates, incidence rates and changes in cancer prevalence.

6.8 Objectives

- Remove barriers to cervical cancer screening services.
- Use cancer surveillance data to re-evaluate cervical cancer screening rates, incidence rates and changes in cancer prevalence.

Strategies

- Survey consumers to identify barriers that prevent participation in recommended cervical cancer screening guidelines.
- Collaborate with providers and lay health workers to address identified barriers.

6.9 Objectives

- Ensure that women with an abnormal cervical cancer screening result receive timely and appropriate follow-up.
- Use cancer surveillance data to re-evaluate cervical cancer incidence rates and changes in cervical cancer prevalence.

Strategies

- Support improvement of primary care office tracking and follow-up through implementation of appropriate systems.
- Provide established guidelines for cervical cancer screening, diagnosis, and risk management to primary care providers.
- Utilize primary care provider audits to determine compliance with timely and appropriate follow-up of abnormal cervical cancer screening results.

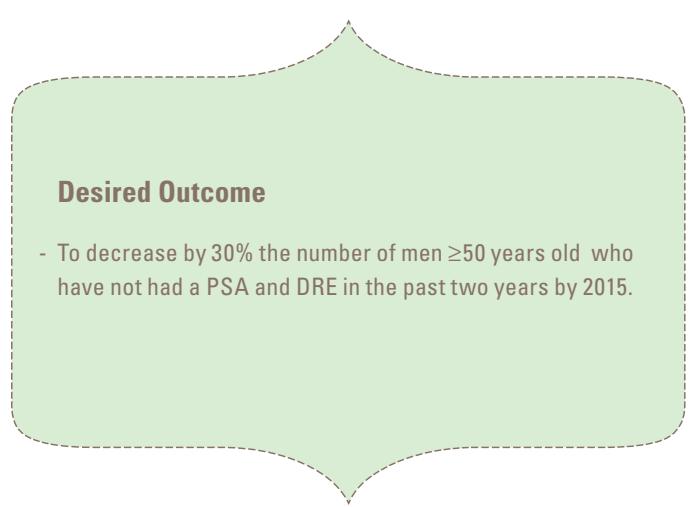
COLORECTAL

<p>Desired Outcome</p> <ul style="list-style-type: none">- To increase from 37.5% to 47.5% the number of Oklahomans who have had fecal occult blood (FOBT) testing by 2015.- To increase from 40.7% to 50.7% the number of Oklahomans who have had a flexible sigmoidoscopy or colonoscopy by 2015.	<p>6.10 Objectives</p> <ul style="list-style-type: none">- Increase public knowledge and understanding regarding colorectal cancer risk factors, early warning signs, and the need for screening.- Use cancer surveillance and health behavior survey data to re-evaluate colorectal cancer screening rates, incidence rates and changes in cancer prevalence. <p>Strategies</p> <ul style="list-style-type: none">- Promote colorectal cancer screening through public awareness campaigns.- Establish a 1-800-PREVENT number to give Oklahomans a readily assessable source of information about colorectal cancer screening and early detection.
<p>6.11 Objectives</p> <ul style="list-style-type: none">- Ensure that primary care providers are recommending and/or conducting appropriate colorectal cancer screening tests to their patients according to established guidelines.- Use cancer surveillance, health behavior survey and other data to re-evaluate colorectal cancer screening rates, incidence rates, and changes in cancer prevalence.	<p>Strategies</p> <ul style="list-style-type: none">- Provide professional education programs for primary care providers to improve adherence to colorectal cancer screening guidelines.- Utilize physician surveys and chart audits to determine that colorectal cancer screening referrals are being made according to established guidelines.- Provide professional education programs to primary care providers to improve adherence to colorectal cancer screening guidelines.- Identify and reward primary care providers that routinely recommend and/or screen patients for colorectal cancer.
<p>6.12 Objectives</p> <ul style="list-style-type: none">- Identify and address barriers to colorectal cancer screening for men and women age 50 and older.- Use cancer surveillance, health behavior survey and other data to re-evaluate colorectal cancer screening rates, incidence rates, and changes in cancer prevalence.	<p>Strategies</p> <ul style="list-style-type: none">- Survey consumers to identify barriers to participation in recommended colorectal cancer screening guidelines.- Develop a low-or no-cost pilot colorectal cancer-screening program for underserved men and women over 50 years of age.- Pilot test and evaluate the low-or no-cost colorectal cancer screening program in selected counties.- Implement the colorectal cancer screening program for priority population.

GOALS: EARLY DETECTION

6.13 Objectives	Strategies	6.14 Objectives	Strategies
<ul style="list-style-type: none">- Identify and target counties with lower colorectal cancer screening rates in Oklahoma.- Use cancer surveillance and other data to re-evaluate colorectal cancer screening rates, incidence rates and changes in cancer prevalence.	<ul style="list-style-type: none">- Using the OCCR incidence and mortality data, health behavior surveys and other data, identify the disparate counties for colorectal cancer screening.- Develop or identify a mechanism(s) to raise awareness about the importance of colorectal cancer screening in Oklahoma's disparate counties.	<ul style="list-style-type: none">- Ensure that patients with abnormal colorectal cancer screening results receive timely and appropriate follow-up.- Use cancer surveillance data to re-evaluate incidence rates and changes in colorectal cancer prevalence.	<ul style="list-style-type: none">- Disseminate guidelines and protocols for colorectal cancer screening and follow-up to healthcare providers through a variety of continuing education mechanisms.- Support improvement of primary care office systems through implementation of reminder/recall systems, tracking systems, and tickler systems, among others.

PROSTATE



Desired Outcome

- To decrease by 30% the number of men ≥50 years old who have not had a PSA and DRE in the past two years by 2015.



Skin cancer is the 8th most commonly diagnosed cancer in Oklahoma.

6.15 Objectives	Strategies
<ul style="list-style-type: none">- Increase knowledge and understanding regarding prostate cancer risk factors, warning signs and the recommendations for screening.- Use cancer surveillance and other data to re-evaluate prostate screening rates, incidence rates and changes in cancer prevalence.	<ul style="list-style-type: none">- Promote understanding of prostate cancer, including recommendations for screening through public awareness campaigns.- Ensure primary care providers are familiar with the recommendations for prostate cancer screening and provide screenings as appropriate.- Use cancer surveillance data and health behavior surveys to re-evaluate prostate screening rates, incidence rates and changes in cancer prevalence.

SKIN

Desired Outcome

- To decrease by 10% the number of people who have not had an annual skin examination for skin cancer by 2015.

6.17 Objective

- Increase public knowledge and understanding regarding skin cancer risk factors, warning signs and the recommendations for screening.

Strategies

- Promote understanding of skin cancer, including recommendations for prevention and screening through public awareness campaigns.
- Ensure primary care providers are familiar with the established recommendations and provide skin cancer screenings as appropriate.
- Use cancer surveillance data and health behavior surveys to re-evaluate skin cancer screening rates, incidence rates and changes in cancer prevalence.

General Screening Recommendations

Cancer Type	Who	What	When
breast	women 20+	- self breast exam - clinical breast exam (CBE) - mammography	- monthly starting age 20 - every 3 yrs, 20-39, yearly 40+ - yearly,* 40+
colorectal	adults 50+	Any of the following: - fecal occult blood test (FOBT) - FOBT & flexible sigmoidoscopy - flexible sigmoidoscopy - double-contrast barium enema (DCBE) - colonoscopy	- yearly* - every 5 years - every 5 years - every 5 years - every 10 years
prostate	men 50+	- Digital Rectal Exam (DRE) & Prostate Specific Antigen (PSA)	- yearly*
cervical	women 18+	- Pap test & pelvic exam	- yearly,* if negative for 3 years, then less frequently
general cancer check-up	adults 20+	- exam of testicles/thyroid/ovaries/ lymph nodes/oral cavities/skin	- every 3 years until age 40+, then yearly*

*Contact your healthcare provider for your individualized cancer screening guidelines.

Diagnosis & Treatment is About:

Ensuring that all citizens have access to and financial coverage for timely and appropriate cancer treatment and other services such as home or hospice care. Improving treatment options through increased participation in clinical trials.

Mary Jo Wichers, Committee Chair

The Focus

The rates of newly diagnosed cancer cases (incidence) are one way to measure progress against cancer. Another important measure is the proportion of cancers diagnosed at a late stage. The stage of a cancer shows how far the disease has progressed. The earlier the stage at diagnosis, the better the chances for a cure. Downward trends in the proportion of late cancer diagnoses are a sign that prevention education and screening are working for the cancers for which effective early detection methods are available.

Clinical trials are the major avenue for discovering, developing, and evaluating new therapies. It is important to increase physician and patient awareness and participation in clinical trials to test new treatments more rapidly, find more effective treatments, and broaden the options available to patients. Studies also show that older individuals and members of racial ethnic minority groups are less likely to receive treatments or participate in clinical trials. The ultimate measure of success against cancer is how far the death rate from this group of diseases can be lowered. After years of increase, Oklahoma and national age-adjusted cancer death rates began to fall during the 1990's. This trend must be maintained and accelerated.

7

Identify disparities in cancer diagnosis and treatment in Oklahoma.

7.1 Objective	Strategies
- By 2010, identify disparities in cancer treatment among diverse populations (including but not limited to race, ethnicity, geographic location, payer source, socioeconomic status) through analysis of patterns of care (POC) with the OCCR.	<ul style="list-style-type: none">- Determine priority cancer area for POC study (to include but not limited to breast, cervical, prostate, colorectal, lung, and melanoma cancer treatment).- Complete initial POC study for one priority cancer area in Oklahoma.- Determine a second priority cancer area for POC study in Oklahoma.- Complete POC study in second priority cancer area in Oklahoma.- Determine completeness of diagnosis and treatment data for all cancers diagnosed in Oklahoma.- Complete analysis of all other priority cancer areas to determine disparities in POC.

7.2 Objective	Strategies	7.3 Objective	Strategies
<ul style="list-style-type: none"> - By 2008, inventory facilities that provide cancer diagnosis and treatment in Oklahoma. 	<ul style="list-style-type: none"> - Survey all facilities providing cancer diagnosis and treatment in Oklahoma (survey to include services available, guidelines, resources and accessibility). - Map and review diagnosis and treatment resources in Oklahoma. 	<ul style="list-style-type: none"> - By 2008, assess percentage of cancer care practices/facilities providing treatment in accordance to major treatment guidelines. 	<ul style="list-style-type: none"> - Address priority cancer areas for treatment (to include but not limited to lung, breast, prostate, colorectal, cervical, and melanoma cancer). - Support the collection, analysis and distribution of results from Oncology Demonstration Project in Oklahoma. - Promote use of the demonstration project codes thru Medicare and Medicaid.

Common Signs/Symptoms

- A thickening or lump in the breast or any other part of the body
- An obvious change in a wart or mole
- A sore that does not heal
- A nagging cough or hoarseness
- Changes in bowel or bladder habits
- Indigestion or difficulty swallowing
- Unexplained changes in weight (gain or loss)
- Unusual bleeding or discharge

Any of these symptoms may be caused by cancer or by other, less serious health problems. If you have any of these symptoms, see your doctor.

7.4 Objective	Strategies
<ul style="list-style-type: none"> - By 2009, map and compare information known about differences in treatment and care based on age, socio-economic status, geographic region, access, and other related variables. 	<ul style="list-style-type: none"> - Map all data collected in Objectives 7.1, 7.2 and 7.3. - Complete spatial analysis of data from objective 7.1, 7.2 and 7.3. - Determine any disparities in each priority area.

8

Develop and implement interventions to address disparities in cancer diagnosis and treatment in Oklahoma.

8.1 Objective	Strategies
<ul style="list-style-type: none"> - By 2008, assess healthcare professional knowledge, attitudes, and practice patterns with regard to cancer diagnosis and treatment. 	<ul style="list-style-type: none"> - Develop strategies to collect information from healthcare providers on professional knowledge, attitudes, and practice patterns with regard to cancer diagnosis and treatment. - Develop strategies to collect information from community focus groups on healthcare professional knowledge, attitudes and practice patterns with regard to cancer diagnosis and treatment.

GOALS: DIAGNOSIS & TREATMENT

8.2 Objective

- By 2009, develop and implement educational programs for healthcare professionals to address gaps in knowledge, attitudes and practice with regard to cancer diagnosis and treatment.

Strategies:

- Target disparate regions of the state as shown through Goal 7.
- In partnership with the University of Oklahoma (OU), the Oklahoma State University (OSU) and the Area Health Education Centers (AHEC), develop educational programs to address gaps in knowledge, attitudes and practice with regard to cancer diagnosis and treatment.
- Develop a mechanism to provide CMEs for health professionals participating in educational programs to address gaps in knowledge, attitudes and practice with regard to cancer diagnosis and treatment.

9

Increase awareness of, and enrollment in, clinical trials, especially among diverse populations through public education and physician outreach.

9.1 Objective

- By 2008, in conjunction with Goal 8, assess and inventory healthcare providers' knowledge of clinical trials.

Strategies

- See objective 8.1.

9.2 Objective

- By 2008, create an inventory of currently available clinical trials and locations in Oklahoma.

Strategies

- Document existing health plan policy coverage for clinical trial treatment and expenses.
- Identify location of all clinical trials in Oklahoma.
- Identify content area experts who are evaluating barriers for diverse populations' participation in clinical trials.

9.3 Objective

- By 2009, assess barriers to participation in clinical trials among diverse populations.

Strategies

- Assess barriers in healthcare coverage for participation in clinical trials.
- Assess barriers in location of clinical trials.

9.4 Objective

- By 2009, develop "Best Practices" utilized to increase enrollment in clinical trials especially among diverse populations.

Strategies:

- To be determined.

10

Increase patient, caregiver, and healthcare professionals' awareness of QOL issues and options, and facilitate development of quality of life interventions available for utilization by the cancer population and by caregivers.

The Focus

Quality of Life (QOL) care aims to relieve symptoms, side effects and psychosocial stressors of cancer and cancer treatment for the patient, family and caregivers. Quality of Life often refers to pain relief, but should also include addressing symptoms such as nausea, vomiting, loss of appetite, fatigue and psychological distress. It is important to recognize that cancer patients and their families can benefit from intervention at any time during the cancer journey, from the time of diagnosis, through treatment and into recovery, or to the end of life.

Quality of Life is About:

Meeting the needs of patients, families, friends, and caregivers for educational, physical, psychological, social, spiritual, and financial resources at diagnosis and through the continuum of cancer survival.

Rhonda Johnson, Ph.D., Committee Chair

10.1 Objective

- By 2008, develop and distribute a statewide cancer resource directory to all healthcare professionals, i.e., physicians, nurses, social workers, cancer centers, hospitals, mental health associations, pastoral care and ministry associations and patient advocacy groups across the state.

Strategies

- Conduct Oklahoma State Department of Health initiated and funded survey of current resources available statewide.
- Develop and routinely (at least yearly) update a resource directory.
- Develop and regularly update (monthly) a Web site with cancer and cancer related resource information.
- Utilize existing health-care professionals and associations to distribute cancer resource directory and information to their membership.

GOALS: QUALITY OF LIFE

10.2 Objective	Strategies	
- By 2010, increase number of cancer patients receiving rehabilitation services by 25%.	<ul style="list-style-type: none">- Determine what rehabilitative services are currently available.- Educate healthcare providers and the public to the benefits of rehabilitative interventions.- Encourage insurance companies to provide reimbursement for rehabilitative services for cancer survivors.- Increase access to rehabilitative services by monitoring data from existing rehabilitative services.	
10.3 Objective	Strategies	
- By 2008, educate consumers about holistic care management from diagnosis through survivorship and end of life.	<ul style="list-style-type: none">- Provide educational information to groups or organizations working with cancer patients and their families about care options.- Partner with existing End of Life coalitions to conduct a statewide campaign (public service announcements, brochures) to encourage patients and their families to be well informed before making care and end of life decisions.- Conduct pre and post campaign surveys with general population to determine knowledge, attitudes and practices.	
11 Increase access to and utilization of current quality of life initiatives.	11.1 Objective <ul style="list-style-type: none">- By 2008, increase awareness of the benefits of a healthy lifestyle for cancer patients, their families, caregivers and public at large. 11.2 Objective <ul style="list-style-type: none">- Assure QOL issues are being taught in state medical, nursing and pharmacy programs by petitioning all Oklahoma schools to demonstrate curriculum. 11.3 Objective <ul style="list-style-type: none">- To be determined.	Strategies <ul style="list-style-type: none">- Support and promote the Oklahoma State Department of Health healthy lifestyle campaigns and the Oklahoma Physical Activities and Nutrition State Plan. Strategies <ul style="list-style-type: none">- To be determined.

12

Increase the psycho-emotional and spiritual well being of the cancer patients, their families, and caregivers.



65% of new cancer cases and 33% of cancer deaths could be prevented throughout lifestyle changes.

12.1 Objective

12.1 Objective

- By 2008, raise level of public awareness of psycho-emotional issues for cancer patients.

Strategies

- Identify and/or develop culturally appropriate resources to educate healthcare professionals, allied health professionals, ministerial professionals, support group leaders working with cancer patients, their families, and their caregivers about psycho-emotional and spiritual needs and issues.
- Partner with specially trained nurses and AHEC to get information to the public statewide.
- Provide educational articles for organizational newsletters such as the Oklahoma State Medical Association (OSMA) Journal.

12.2 Objective

Strategies

- By 2010, identify and disseminate a standardized QOL tool for use by healthcare providers in developing a long-term treatment and follow up plan to optimize quality of life.

- Identify an interdisciplinary team to evaluate and make recommendations for assessment instruments for use on a statewide basis.
- Conduct a pilot study to determine the feasibility and ability of implementing a standardized QOL assessment tool in cancer centers across the state.

- Utilize results of pilot study to promote the use of a standardized QOL assessment tool statewide to address quality of life issues in treatment, follow-up, and survivorship.
- Distribute standardized QOL assessment tool to cancer centers statewide and provide education/training/feedback on use of instrument.
- Utilize results from the pilot study to identify and promote research in quality of life issues.



Because of advances in the early detection and treatment of cancer, people are living many years after a diagnosis. As of January 2002, there were approximately **10.1 million** cancer survivors in the United States. Today, approximately **65%** of people diagnosed with cancer are expected to live at least five years after diagnosis.

12.3 Objective

Strategies

- Identify and address quality of life changes that occur as a diagnosis and treatment of childhood cancer, given that unique challenges and unique domains of quality of life are known to be relevant to children with cancer.

- To be determined.

Survivorship is About:

The physical, psychosocial and economic issues of cancer, from diagnosis until the end of life. It includes issues related to the ability to get healthcare and follow up treatment, late effects of treatment, second cancers, and quality of life.

Richard Perry, Committee Chair



The Focus

A vital component of comprehensive cancer planning identified by the CDC is addressing the needs of the growing cancer survivor population. The National Cancer Institute (NCI) states, "An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life." Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition.

Key to addressing needs of survivors is gaining understanding of unique needs and concerns throughout the diagnosis, treatment, and recovery phases of the cancer experience. These needs and concerns span the physical, psychological, social, emotional, and spiritual domains. Examples of survivor issues include concern regarding late-term and long-term effects of cancer treatment, re-employability and insurability, and fear of recurrence.

13

To develop a comprehensive system of education and training for patients and health professionals to effectively address issues of cancer survivorship.

13.1 Objective

- Increase public awareness and knowledge of cancer survivorship issues and how they impact the lives of Oklahoma patients, their families and caregivers.

Strategies

- Establish training for healthcare professionals to increase knowledge of cancer survivorship issues and ways to incorporate this information into their patient care plans.
- Identify survivors of cancer.
- Identify and partner with existing cancer survivor support groups to have input and support.
- Identify and develop training materials.
- Market the training program.
- Develop and implement opportunities to support patients' navigation through their healthcare plan/system.

The Summary

Cancer is the second leading cause of death in the U.S. and in Oklahoma. In 2005, over 17,500 Oklahomans were diagnosed with cancer, and an estimated 7,500 Oklahomans died of cancer. Oklahoma's disadvantaged populations are disproportionately affected by cancer. These are all significant enough reasons to act, but the need for a call to action becomes even more urgent when one considers that the burden of cancer extends even further – to the family, caregivers, employers, the healthcare system, and communities.

We know that 65% of new cancer cases can be prevented through lifestyle changes including: eliminating tobacco use, improving dietary habits, increasing exercise, maintaining a healthy weight, and obtaining early detection cancer tests. More lives can be saved by increasing access to appropriate treatment and follow-up care and increasing participation in clinical trials. More cancer patients and families can improve their quality of life by accessing early and more comprehensive palliative care. High quality data related to all aspects of cancer – incidence, mortality, risk behaviors, clinical outcomes, research findings, utilization, and healthcare expenses – are key to guiding our efforts and measuring our progress.

The Oklahoma Comprehensive Cancer Network (OCCN) believes that we can “**cut out cancer**” in Oklahoma.

To be successful, everyone – each individual, each healthcare professional, hospital, school, organization, association, employer, and community – must work together.



“An individual is considered a cancer SURVIVOR from the time of diagnosis through the balance of his or her life...”

- **Together**, we can identify ways to address priorities outlined in this plan and ways to improve our health, the health of our loved ones, and of our communities.

- **Together**, we can increase access to information and resources on cancer prevention and control, work to eliminate disparities among diverse populations in Oklahoma, and work to improve the quality of life for all those touched by cancer.

- **Together**, we will “**cut out cancer**” in Oklahoma.





The Bottom Line

The members of the Oklahoma Comprehensive Cancer Network (OCCN) have reviewed the cancer burden data for Oklahoma from dual perspectives: first, as representatives of their respective agencies and interest groups tasked with developing a cancer plan to reduce the mortality and morbidity of cancer; and secondly, as individuals whose lives have been touched in some way by cancer.

Cancer surveillance is the routine collection of specific information about cancer cases occurring in Oklahoma and includes demographic information about the patient, as well as detailed information about the cancer itself. Information such as name, date of birth, race, ethnicity, address, cancer site, stage at diagnosis, and source of the report are required by Oklahoma law to be reported within six months of diagnosis of certain cancers. These data are kept confidential. Reports of the data contain no information that would allow the public to identify an individual cancer patient.

Surveillance data are important because they allow health professionals to identify risk factors for cancer, to determine incidence, mortality, and survival rates to evaluate the cancer burden at a local and state level, and to compare this information to the nation as a whole. All of this information helps researchers to analyze trends in cancer incidence and mortality, identify ways in which we can reduce risk factors for cancer, and develop means of improving early detection. These data are also important in identifying and addressing the needs of certain populations who may be at higher risk for developing or dying from cancer.

The Oklahoma Central Cancer Registry (OCCR) is the OSDH program responsible for collecting, analyzing, and housing the cancer data for the state Oklahoma. The OCCR attained the national quality standard of complete case reporting for cases reported 2003-2006. Oklahoma has continued to meet the national quality standards for data element collection. As a result, Oklahoma received the North American Association of Central Cancer Registries (NAACCR) Gold Certificate (highest level) for data quality for the past four years.



The Outcome

The OCCR, CCCP, Oklahoma Breast and Cervical Cancer Early Detection Program and the OSDH collaborate to produce *Cancer in Oklahoma*. This publication provides detailed data on the cancer burden in Oklahoma, including data on cancer incidence, mortality and risk behaviors. These data are used to monitor and understand cancer trends over time in diverse populations. *Cancer in Oklahoma* is designed to assist healthcare organizations, health professionals, community groups and others who are working to reduce the cancer burden in Oklahoma.

Evaluation is a systematic method for collecting, analyzing, and using evidence-based information to answer basic questions about a program. It is an essential organizational practice in public health that helps determine if program efforts are appropriate, adequate, effective, and efficient, and if not, how to make corrections. By assessing program performance, measuring impacts and documenting success, we are better able to direct limited resources to where they are most needed and most effective.

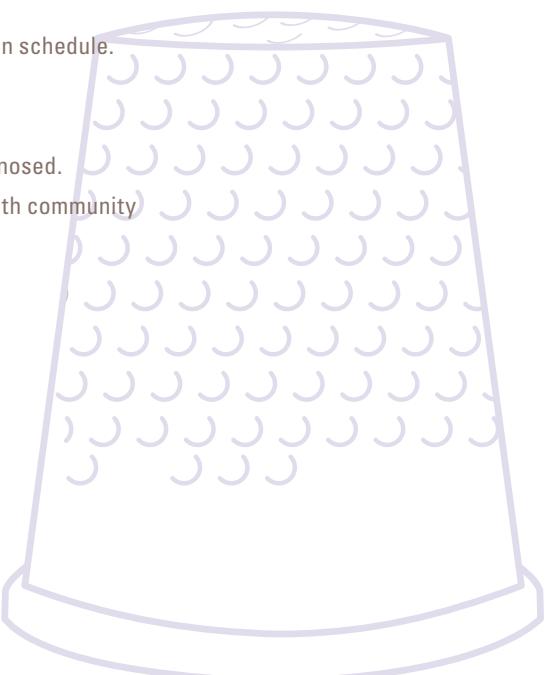
The Evaluation Committee will ensure that the Oklahoma Cancer Plan objectives are measurable, and include identified data sources and baseline data, whenever possible. This committee will develop the evaluation framework, the evaluation plan, and guide, monitor, and assess the evaluation process.

GOALS: WHAT YOU CAN DO

The Oklahoma Cancer Plan identifies broad goals to reduce the burden of cancer. To accomplish these goals, everyone needs to be involved. What can YOU do? Listed below are examples each of us can do, right now, to work towards our mission to “**cut out cancer**” in Oklahoma.

Classification	What YOU Can Do
Hospital	<ul style="list-style-type: none">- Assure that your cancer cases are reported in a timely manner.- Provide meeting space for cancer support groups.- Collaborate to sponsor community screening and education programs.- Maintain American College of Surgeons (ACOS) membership.
Local Public Health Department	<ul style="list-style-type: none">- Provide cancer awareness information and data to citizens and groups.- Collaborate in community-based coalitions.- Work with physicians to promote screening programs and case reporting.- Provide space for community survivor support groups.- Assess community needs and implement policy and environmental changes to reduce cancer risks.- Assure access to care for uninsured and under insured.
Community-Based Organization	<ul style="list-style-type: none">- Provide cancer awareness information to constituents.- Promote cancer screening among clients.- Encourage participation in clinical trials.- Collaborate to provide community prevention programs.
Professional Organization	<ul style="list-style-type: none">- Provide continuing education credits on cancer topics.- Include clinical trials' information in meeting agendas.- Form speakers' bureaus to provide cancer education.- Train facilitators for survivor support groups.
Employer	<ul style="list-style-type: none">- Establish a tobacco-free workplace policy.- Provide healthy foods in vending machines and cafeterias.- Encourage employees to increase physical activity.- Collaborate with hospitals to host screening events.- Provide health insurance coverage.

Classification	What YOU Can Do
School/University	<ul style="list-style-type: none"> - Include cancer prevention messages in health classes. - Provide healthy foods in vending machines and cafeterias. - Increase physical education requirements. - Make your entire campus a tobacco-free environment.
Faith-based Organization	<ul style="list-style-type: none"> - Provide cancer prevention information to members. - Collaborate with other community-based groups. - Learn how to provide healthy pot-lucks and meeting meals. - Open your building for walking clubs in cold weather. - Encourage members to get cancer-screening tests on time.
Physician	<ul style="list-style-type: none"> - Make sure patients get appropriate cancer screening tests. - Refer patients to smoking cessation classes and nutrition programs. - Be sure your cancer cases are reported in a timely manner. - Find out how to enroll patients in clinical trials. - Make earlier referrals to hospice for end of life care.
Oklahoma Citizen	<ul style="list-style-type: none"> - Avoid tobacco and secondhand smoke. - Eat a nutritious and balanced diet and maintain a healthy weight. - Increase your daily physical activity. - Know when to be screened and obtain screenings on schedule. - Support tobacco-free environments. - If diagnosed, consider enrolling in a clinical trial. - Show your support and care for those who are diagnosed. - Volunteer with your hospital, health department, faith community or local groups who support cancer control efforts.



The Oklahoma Cancer Plan is made possible through the partnership of the Oklahoma State Department of Health (OSDH), and the Oklahoma Comprehensive Cancer Network (OCCN). The OCCN is a statewide group concerned about cancer who worked together over the past three years to develop a state cancer plan to lower the incidence and mortality of cancer. Special acknowledgment is given to the four OCCN workgroups for their contribution to the plan and for future leadership as the plan is implemented throughout the state. The OSDH Comprehensive Cancer Prevention and Control Programs, OSDH Cancer Epidemiologist, the Oklahoma Central Cancer Registry staff and Principal Investigator and the OSDH Chronic Disease Service administrative staff also provided special assistance and data support.

The Oklahoma Cancer Plan reflects the reality of cancer in Oklahoma and the strategic interventions to address the burden over the next few years. These interventions include increased public education and awareness, early detection, and improved diagnosis and treatment which ultimately will increase survivorship. All Oklahomans benefit when people live longer, healthier, cancer free lives.

Sincerely,



William C. Dooley, M.D., F.A.C.S

Chair, Oklahoma Comprehensive Cancer Network



The OCCN acknowledges the following individuals and organizations for their time and energy in preparing the Oklahoma Cancer Plan.

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GOALS: OCC NETWORK

Amgen
American Cancer Society
American College of Surgeons (Oklahoma liaison)
Association of American Indian Physicians
Cancer Care Associates
Cancer Information Services
Central Oklahoma Integrated Network System (COINS)
Cherokee Nation
Choctaw Nation
Genetech BioOncology
Indian Health Service
Integris Medical System
Intercultural Cancer Council (OK representative)
Jane Phillips Memorial Medical Center
Kaw Nation
LaFortune Cancer Center at St. Johns Medical Center
Lance Armstrong Foundation
Latino Community Development Agency
The Leukemia & Lymphoma Society
Komen Foundation of Central Oklahoma
Mercy Health Center
Native American Women's Health Resource Center
Norman Regional Medical Center
Pfizer
Project Woman Coalition (Central Oklahoma)
Oklahoma Area Health Education Centers
Oklahoma Breast Care Center
Oklahoma Cancer Registrars Association
Oklahoma City Area Inter-Tribal Health Board
Oklahoma County Areawide Aging Agency
Oklahoma County Medical Association
Oklahoma Foundation for Medical Quality
Oklahoma Geriatric Education Association
Oklahoma Healthcare Authority
Oklahoma Hospital Association
Oklahoma Nurses Association
Oklahoma Osteopathic Association
Oklahoma Primary Care Association
Oklahoma Rural Health Research & Policy Center
Oklahoma Society of Clinical Oncology

Oklahoma State Department of Health

Chronic Disease Service
Community Health Service
Immunization Service
Maternal Child Health Service
Nursing Service
Office of Communications
OK Breast & Cervical Cancer Early Detection Program (Take Charge!)
OK Cares Program
OK Central Cancer Registry
OK Health Information Service
Physical Activity & Nutrition Program
Strong and Healthy Oklahoma Program
Tobacco Use Prevention Service
Turning Point

Oklahoma State Medical Association

Oklahoma State University

Department of Surgery
Center of Rural Health
School of Osteopathic Medicine

Oklahoma Tobacco Settlement Endowment Trust

REACH
Scroggins & Cross Health Attorneys
Tulsa Areawide Aging Agency
Tulsa Project Woman
Warren Bryant Cancer Center at St. Francis Medical Center

University of Oklahoma Health Science Center

College of Nursing
College of Public Health
Department of Pastoral Care
Department of Geriatrics
Department of Gynecological Oncology
Department of Psychiatry & Behavioral Sciences
Department of Surgical Oncology
OU Breast Institute
OU Cancer Institute
OU Children's Physicians
OU Community Network Project
OU Physicians

Y-Me

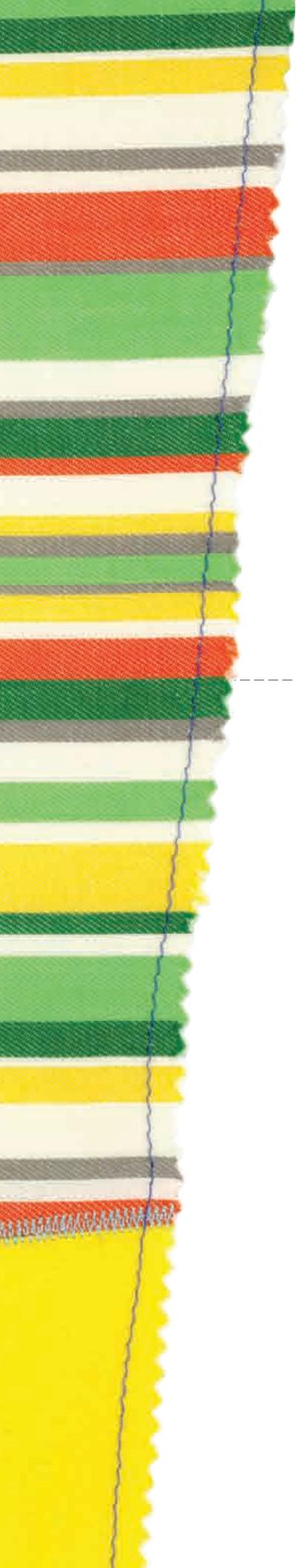


**“When patterns
are broken, new
worlds emerge.”**

Tuli Kupferberg



APPENDICES



The Extras

This section contains all of the extra information that when put together helped to make the Oklahoma Cancer Plan a reality. These extras bits of information mark the end of the Oklahoma Cancer Plan. The members of the OCCN hope that you have found this information useful, informative and a call to action to help “**cut out cancer**” in Oklahoma.

APPENDICES: GLOSSARY

age adjustment

Statistical adjustment of calculations to provide the rate that would be expected in the area's population if it had the same age distribution as the U.S. population in 2000. This allows for comparison of rates between populations that have different distributions of age (for example one has a lot more older people than the other). Age-adjustment is necessary for accurate conclusions when trying to compare different areas or even the same geographic area at two different times.

age-specific incidence rates

Age-specific rates are calculated by dividing the number of cases for a given age group by the total population of that age group and are expressed as an average annual rate per 100,000 population by age group.

BRFSS

Behavioral Risk Factor

Surveillance System is an ongoing, state-based random-digit dialed telephone survey system. Through a series of monthly telephone interviews, states uniformly collect data on the major behavioral risks associated with premature morbidity and mortality among adults.

breast

Either of two milk-secreting, glandular organs on the chest of a woman; the human mammary gland.

burden

Overall impact of cancer in a community.

cancer

Malignant growth accompanied by abnormal cell division, invasion of surrounding tissues and metastasis to distant sites.

carcinogen

Any chemical, physical, or biological agent that causes cancer.

carcinoma

A malignant tumor.

cervix

The lower, narrow end of the uterus that forms a canal between the uterus and vagina.

colon

The section of the large intestine extending from the cecum to the rectum.

colonoscopy

An examination of the inside of the colon using a thin, lighted tube, called a colonoscope, which is inserted into the rectum.

cytology

The study of cells using a microscope.

diagnosis

The process of identifying a disease by the signs and symptoms.

digital rectal exam (DRE)

An exam to detect cancer. A healthcare provider inserts a lubricated, gloved finger into the rectum and feels for abnormal areas.

early detection

Screening tests to find disease, before it has grown large or spread to other sites.

fecal occult blood test (FOBT)

A test to check for small amounts of blood in the stool.

five-year relative survival

An estimate of the percentage of people with a given cancer who are expected to survive five years or longer with the disease.

human papilloma virus (HPV)

A member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV increases the risk of developing cervical cancer.

incidence

The number of new cases of a disease diagnosed each year in a given population (typically a rate).

lifetime probability

The likelihood that an individual, over the course of a lifetime, will develop or will die from a disease such as cancer.

lung

One of a pair of organs in the chest that supplies the body with oxygen, and removes the carbon dioxide from the body.

malignant

Cancerous. Malignant tumors that can invade and destroy nearby tissue and spread to other parts of the body.

melanoma

A form of skin cancer that begins in melanocytes (the cells that make the pigment melanin). Melanoma usually begins in a mole.

metastasis

The spread of cancer cells to other parts of the body.

morbidity

The presence of disease in a population.

mortality

The number of deaths from a disease within a given population (typically a rate).

ovarian cancer

Cancer that forms in the tissue of the ovary. Most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in the cells on the surface of the ovary) or malignant germ cell tumors (cancer that begins in egg cells).

ovary

One of a pair of female reproductive glands in which the ova, or eggs are formed. The ovaries are located in the pelvis, one on each side of the uterus.

palliation

Relief of symptoms and suffering caused by cancer and other life-threatening diseases. Palliation helps a patient feel more comfortable and improves the quality of life, but does not cure the disease.

pap test

A procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer. A Pap test can also show noncancerous conditions, such as infection or inflammation. Also called a Pap smear.

patterns of care (POC)

Patterns of Care (POC) studies provide an assessment of the quality of the stage at diagnosis and treatment data in representative samples from the population-based cancer registries.

prevalence

The total number of cases of a disease in a given population at a specific point in time.

prevention

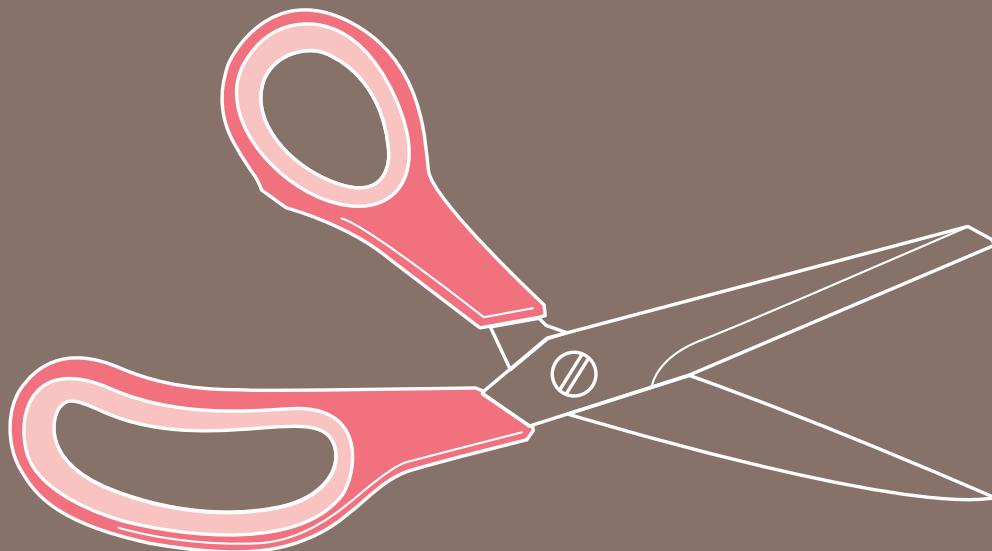
Action(s) taken to decrease the chance of getting a disease.

prostate specific antigen (PSA)

A substance produced by the prostate that may be found in an increased amount in the blood of men who have prostate cancer, benign prostatic hyperplasia, or infection or inflammation of the prostate.

Acronyms

ACS	American Cancer Society
ACOS	American College of Surgeons
AHEC	Area Health Education Centers
ASCO	American Society of Clinical Oncology
BRFSS	Behavioral Risk Factor Surveillance System
CBE	Clinical Breast Exam
CCCP	Comprehensive Cancer Control Program
CDC	Centers for Disease Control and Prevention
CME	Continuing Medical Education
CMS	Centralized Medicare Services
DCBE	Double Contrast Barium Enema
DRE	Digital Rectal Exam
FOBT	Fecal Occult Blood Test
HPV	Human Papilloma Virus
NAACCR	North American Association of Central Cancer Registries
NCCN	National Cancer Network
NCI	National Cancer Institute
OCCN	Oklahoma Comprehensive Cancer Network
OCCR	Oklahoma Central Cancer Registry
OSDH	Oklahoma State Department of Health
OSMA	Oklahoma State Medical Association
OSU	Oklahoma State University
OU	University of Oklahoma
POC	Patterns of Care
PSA	Prostate Specific Antigen
QOL	Quality of Life
STI	Sexually Transmitted Infections
USPSTF	United States Preventative Services Task Force



General Information

American Cancer Society (ACS)

www.cancer.org

American College of Surgeon's Commission on Cancer (ACS-COC)

www.facs.org/index.html

American Society of Clinical Oncologists (ASCO)

www.asco.org

CDC Cancer Prevention & Control

www.cdc.gov/cancer

Cancer Information Services (CIS)

cis.nci.nih.gov

National Cancer Institute

www.cancer.gov

National Comprehensive Cancer Network (NCCN)

www.nccn.org

National Institutes of Health

www.nih.gov

The Wellness Community

www.thewellnesscommunity.org

US Preventative Services Task Force (USPFT)

www.ahcpr.gov

Data Sources

Centers for Disease Control & Prevention (CDC) Wonder

<http://wonder.cdc.gov>

Allows U.S. to state comparison, but does not include IHS linked data.

CDC Behavioral Risk Factor Surveillance Survey (BRFSS)

www.cdc.gov/brfss

Fed Stats

www.fedstats.gov

North American Association of Central Cancer Registries (NAACCR)

(CINA + Online) www.naaccr.org/cinap

Oklahoma Central Cancer Registry (OCCR)

www.health.ok.gov/ok2share

1997-04 data available on Web site; includes IHS linked data on American Indians.

Oklahoma State Department of Health (OSDH)

(Chronic Disease Web Page)

www.health.state.ok.us/program/cds

OSDH Web Based Vital Statistics

www.health.ok.gov/ok2share

Oklahoma Mortality Data can be found on this Web site; includes IHS linked data on American Indians.

Surveillance Epidemiology & End Results (SEER-NCI)

www.seer.cancer.gov

US Census Bureau

www.census.gov

Endnotes

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American Cancer Society. *The Complete Guide-Nutrition and Physical Activity*. Atlanta, GA, 2002.

Harvard School of Public Health. *Harvard Report on Cancer Prevention*, Vol 1. Cambridge, MA, 1996.

National Institutes of Health, National Cancer Institute:

What You Need to Know About Colon Cancer. 2003 NIH Publication No. 03-1552.

What You Need to Know About Prostate Cancer. 2003 NIH Publication No. 03-1576.

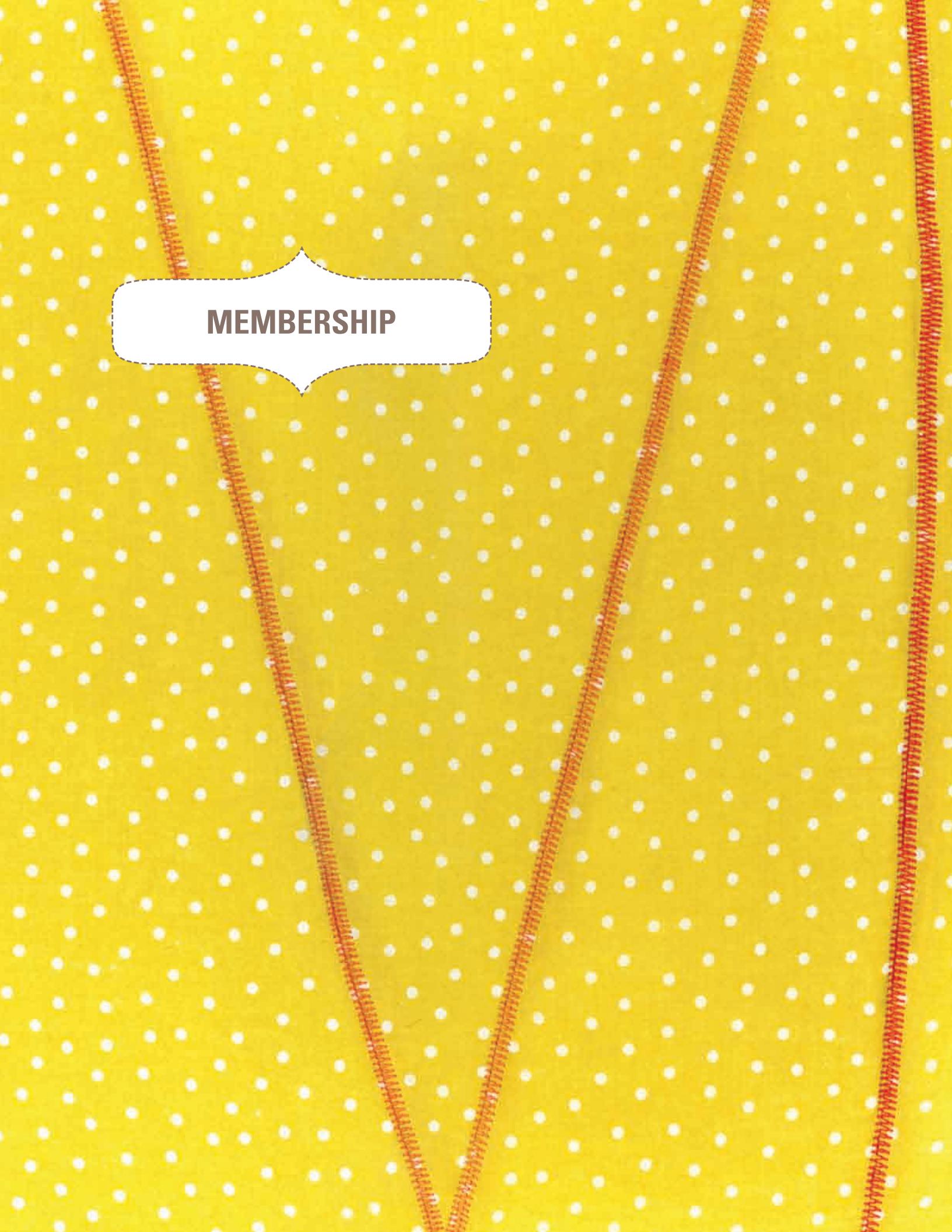
Memorial Sloan-Kettering Cancer Center. *Prostate Cancer: Risk Factors*. New York, NY, 2005 <www.mskcc.org>.

Oklahoma State Department of Health:

Chronic Disease Service. *Cancer in Oklahoma 2005*. Oklahoma City, OK, 2005

Oklahoma Breast and Cervical Cancer Early Detection Program 10 year Report

Us Too! International, Inc. *Prostate Education and Support*. Downer's Grove, IL, 2005 <www.ustoo.com>.



MEMBERSHIP

The Seams

Because one in three people living today will be diagnosed with some form of cancer during their lifetime, the members of the Oklahoma Cancer Control Network (OCCN) take seriously their charge to create and implement a cancer plan that is comprehensive, evidence-based, and achievable. The membership of the OCCN is dynamic, diverse, and broad. New members are sought and welcomed for the expertise, experience, and/or interest they bring to the activities of the OCCN. As the implementation of Oklahoma Cancer Plan progresses, the activities may change to more fully address the cancer burden, gaps in services, access issues Oklahoma citizens face everyday. We invite you to join us as we “**cut out cancer**” in Oklahoma.

Oklahoma Comprehensive Cancer Network (OCCN)

Membership Requirements

OCCN Membership Requirements

1 Be a legally operating entity within the state of Oklahoma (e.g., non-profit organization, for-profit-organization, governmental agency) OR be an individual that is interested in working towards reducing the burden of cancer in Oklahoma (e.g., advocate, cancer survivor, concerned citizen).

2 Endorse the mission, vision, roles, and values of the OCCN.

3 Agree to be identified as an OCCN member organization or individual.

Rights & Responsibilities of Official Representatives of Member Organizations of the OCCN

1 Attend OCCN meetings regularly.

2 Vote to elect OCCN Steering Committee members representing member organizations and vote to adopt or reject bylaw amendments.

3 Serve on the OCCN Steering Committee (if nominated by the Nominating Committee and elected by the members) or on other OCCN committees, workgroups, taskforce, etc.

4 Communicate their organization's viewpoints to the OCCN and inform their organization of the OCCN decisions and activities.

5 Support implementation of the state comprehensive cancer control plan by taking specific action within the member's own organization or in collaboration with other members or member organizations to help achieve one or more of the OCCN's priorities on a regular basis.

6 Agree to support and participate in efforts to evaluate implementation activities and to assess effectiveness in achieving the goals and objectives of the Oklahoma Cancer Plan.

7 Retain the right to resign membership at any time.

Rights & Responsibilities: Individual Members of the OCCN

1 Attend OCCN meetings regularly.

2 Vote to elect one CCN Steering Committee member to represent one (1) individual member (one permanent seat on the OCCN Steering Committee is reserved for individual members).

3 Serve on OCCN Steering Committee (if nominated by the Nominating Committee and elected by individual members or on other OCCN committees, workgroups, taskforces, etc).

4 Represent their individual views to the OCCN membership.

5 Agree to support efforts to implement and evaluate activities and to assess effectiveness in achieving the goals and objectives of the Oklahoma Cancer Plan.

6 Retain the right to resign membership at any time.

OCCN Membership Instructions

1 Fill out one (1) application per organization. If you are not affiliated (or choosing not to be affiliated) with an organization, please fill out an application as an individual member.

2 Organizational members complete sections **A, B, D** and **E**.

3 Individual members complete sections **A, B** and **C**.

4 Please return application with original signature by postal mail or fax.

5 For additional staff interested in participating in the OCCN, make copies of the form provided and complete section **A, B, and C**.

Upon receipt of this application, a member of the Oklahoma State Department of Health (OSDH) Comprehensive Cancer Control Program (CCCP) staff will contact you regarding the OCCN member handbook and orientation to the OCCN. At that time we will also be asking about your interests as they relate to implementing the Oklahoma Cancer Plan's goals and objectives.

Mail or fax completed form(s) to the following:

Mail

Oklahoma Comprehensive Cancer Control Program

Attn: Susan Lamb

1000 NE 10th Street

Oklahoma City, Oklahoma 73117-1299

Fax

405.271.6315

Attn: Susan Lamb

Questions?

Susan Lamb

ph 405.271.9444 x 57117

email susanl@health.ok.gov

MEMBERSHIP APPLICATION

A. CONTACT				B. PLAN IMPLEMENTATION COMMITTEES	
Name of Person Completing Form		Phone		I would like to serve on the following committee:	
		Email		Prevention	Quality of Life
				Early Detection	Survivorship
C. INDIVIDUAL MEMBER INFORMATION					
Name					
	Name/Credentials + Title				
Address					
	City/State/Zip				
Phone		Fax		Email	
By signing here, you agree to comply with membership requirements and bylaws					
	Signature + Date				
D. ORGANIZATION INFORMATION (PARTNER)					
Name of Organization					
Organization Mailing Address				Organization Physical Address	City, State, Zip
	City/State/Zip				
Web Site Address					
Head of Organization (Director, CEO, etc.)					
	Name/Credentials + Title				
By signing here, your organization agrees to comply with membership requirements and bylaws					
	Signature + Date				

Tear along perforation



MEMBERSHIP APPLICATION

E. OFFICIAL ORGANIZATIONAL REPRESENTATIVE TO OCCN						
Designated Official Representative						
		Name/Credentials + Title				
Organization Mailing Address					Organization Physical Address	City, State, Zip
		City/State Zip				
Phone		Fax			Email	
By signing here, your organization agrees to comply with membership requirements and bylaws						
		Signature + Date				
Designated Alternate Representative						
		Name/Credentials + Title				
Organization Mailing Address					Organization Physical Address	City/State/Zip
		City/State/Zip				
Phone		Fax			Email	
By signing here, your organization agrees to comply with membership requirements and bylaws						
		Signature + Date				



Cancer Control Programs
Oklahoma State
Department of Health

The Centers for Disease Control and Prevention (CDC) helped to develop and clarify the concept of a comprehensive approach to cancer prevention and control. The CDC's National Comprehensive Cancer Control Program serves as a national resource for supporting Oklahoma's efforts.

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