

STATE OF TENNESSEE
COMPREHENSIVE CANCER
CONTROL PLAN
2009-2012



<http://health.state.tn.us/CCCP/>

The Tennessee Comprehensive Cancer Control Plan for 2009-2012 is a collaboration of professionals in healthcare, social work, higher education, government, non-profit agencies and citizens who have first-hand knowledge of cancer.

The pinwheel on the cover represents the different components of the plan. Just as this pinwheel is made up of different pieces attached together to form a cohesive whole, Tennessee's comprehensive cancer control plan is the result of representatives from many communities sharing information and combining it to form a cohesive plan.

A pinwheel not only symbolizes cohesion and harmony, but it also represents forward motion. The Cancer Control Plan represents the teamwork and determination of many individuals to move forward in the fight against cancer in Tennessee.

The pinwheel is a metaphor for the Tennessee Comprehensive Cancer Control Plan.



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Thank you to Vanderbilt-Ingram Cancer Center for designing and publishing this document.

INTRODUCTION LETTER



STATE OF TENNESSEE

PHIL BREDESEN
GOVERNOR

Dear Tennesseans:

You undoubtedly know someone who has been affected by cancer. Cancer remains the second leading cause of death in our state, impacting every individual, family and community. This 2009-2012 State Cancer Plan is the work of the Tennessee Comprehensive Cancer Control Coalition (TCCCC), a statewide collaborative initiative to reduce the burden of cancer in our state. This Plan was developed through the generosity of many organizations and individuals committing their time and expertise to create a comprehensive blueprint for actions that will guide these efforts and promote collaborations between public and private agencies and the citizens of Tennessee.

To produce this plan, members of the Tennessee Comprehensive Cancer Control Coalition examined the state's current cancer burden – the distribution and determinants of the 200-plus types of cancer, the disparities found in Black, Appalachian and other populations, and gaps in services that still exist in the 21st century. They have identified concrete goals and objectives and research-tested intervention strategies with measurable outcomes to address needs and inequities.

The most recent Centers for Disease Control and Prevention (CDC) data ranks Tennessee as the 6th highest state in cancer deaths. Despite recent progress to decrease smoking and the effects of second hand tobacco in Tennessee, lung cancer is the leading cause of cancer deaths in both men and women. There is much work to be done in this and other areas. The U.S. Department of Health and Human Services estimates that 50 percent of all cancer deaths may be prevented through eliminating or reducing specific unhealthy behaviors. Cancer shares many of the same risk factors as the other top killers in our state - heart disease, stroke and diabetes. Cancer prevention efforts to reduce tobacco use, to spur people to make good food choices and to exercise to maintain a healthy weight pave the way to a healthier Tennessee.

Please join with us to implement this Plan for change throughout the state. Major progress to reduce the burden of cancer in Tennessee cannot be made without us purposely working together to beat this dreaded disease.

Sincerely,

A handwritten signature in blue ink that reads "Phil Bredesen".

Phil Bredesen
Governor of Tennessee

A handwritten signature in blue ink that reads "Susan R. Cooper, MSN, RN".

Susan R. Cooper, MSN, RN,
Commissioner,
Tennessee Department of Health

INTRODUCTION

Why Care about Cancer?

You know someone who has been affected by cancer – a family member, friend, coworker, or perhaps, you yourself. The second leading cause of death in Tennessee, cancer, touches us all. In Tennessee, cancer claims about 12,300 lives each year. Although heart disease continues to be the leading cause of death for the total population, in Tennessee, like in other states, in persons under age 85 cancer is the leading cause of death. Approximately 1 in 3 Tennesseans now living, will eventually have cancer.

That's the sad prognosis, but many cancers can be avoided. Nearly 65 percent of new cancer cases and 33 percent 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. We believe that together, we can make a difference.

A Unified Fight Against Cancer

The Tennessee Comprehensive Cancer Control Coalition (TCCCC) exists to wage a unified fight against cancer across the state. To this aim, the Coalition has developed and sustained an integrated and coordinated approach to reducing cancer incidence, mortality, and morbidity and improving the quality of life for those affected by cancer in Tennessee. The mission statement of the TCCCC is: **To measurably reduce the burden of cancer on the citizens of Tennessee by implementing a collaborative statewide plan driven by data, science, capacity and outcomes.**

What is Comprehensive Cancer Control?

Comprehensive cancer control, as defined by the Centers for Disease Control and Prevention, is “a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced survivorship.” The Tennessee Comprehensive Cancer Control Coalition is dedicated to this approach.



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.

Using a state leadership structure, as well as standing and resource committees, more than 400 TCCCC volunteers are battling cancer across the state and in their own backyards via regional Coalitions impacting critical cancer issues in their communities.

EXECUTIVE SUMMARY

The Tennessee Comprehensive Cancer Control Plan provides a roadmap for the activities of the Tennessee Comprehensive Cancer Control Coalition (TCCCC) through the years 2009-2012. The Plan incorporates broad goals that will be implemented by members of five regional coalitions and twelve state-wide committees. The work plan is prepared annually using the framework of the Plan to prioritize the work and establish measurable outcomes for evaluation.

The Plan begins with a call to action from Phil Bredesen, Governor of Tennessee, and Susan Cooper, MSN, RN, Commissioner, Tennessee Department of Health. The call to action builds on the previous work of the coalition summarized in Cancer Plan Progress, 2005-2008. The incidence and mortality data used in this Plan are from Burden of Cancer in Tennessee, a report published by the Office of Cancer Surveillance in December 2007.

Following the call to action, a goal summary is listed which includes sixteen goals representing the scope of the Plan. Added to this Plan are specific goals that have been identified for the continuum of cancer care, including primary prevention, early detection, treatment and care, survivorship, and palliative care.

The overarching issues of cancer disparities, health literacy, surveillance, and lifestyle and environment that were identified in the 2005-2008 Plan remain in the 2009-2012 Plan. Goals for two other issues, clinical trials and advocacy, have been added to this Plan. This Plan also continues to identify specific cancers that can be impacted by prevention and screening efforts. There are goals, objectives, and strategies to address tobacco related cancers, women's cancers, colorectal cancer, prostate cancer, skin cancer and melanoma, and childhood cancers.

An additional priority for the 2009-2012 Plan is to establish sustainability for the TCCCC. This will be accomplished by working with state legislators and the Commissioner of Health to fund TCCCC initiatives.

Readers are invited to view the tear out on pages 15-16 to learn how they can participate in the coalition and plan implementation. A membership form is also included.

This Plan is provided to the citizens of Tennessee as a comprehensive strategy to reduce the burden of cancer in Tennessee.

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CANCER BURDEN IN TENNESSEE

The **Tennessee Cancer Registry** (TCR), which was established in 1983 by an act of the **Tennessee General Assembly**, is responsible for collecting data on all cancer cases diagnosed in Tennessee residents. The **Tennessee Comprehensive Cancer Control Coalition** (TCCCC) is a collaborative group of Tennessee citizens who use TCR data and other data sources to target cancer prevention and control activities to areas of Tennessee experiencing a high cancer burden.

Behind heart disease, cancer is the second leading cause of death in Tennessee. Despite recent progress to decrease smoking and the effects of exposure to second-hand tobacco smoke, lung cancer is still the leading cause of cancer deaths in both men and women. According to a 2008 **Centers for Disease Control Report**, Tennessee ranked 6th highest in the nation in cancer deaths based on data collected in 2004.

Cancer Incidence

Cancer incidence is the number of newly-diagnosed cases of cancer occurring in a population during a given time. The overall cancer incidence rate for the state of Tennessee for the years 2000-2004 with all races and genders combined is 435.6 per 100,000 population. This is below the U.S. rate of 458.2 per 100,000 population (See Table 1.) The four leading cancer diagnoses in our state are lung, breast, prostate, and colorectal cancers.

Cancer Deaths

Cancer mortality is the number of deaths due to cancer in a given period of time. For the years 2000 - 2004 combined, Tennessee's overall cancer mortality rate was 208.7, which was higher than the national mortality rate of 185.7 for that same time period. Across the state, more than 70 of our 95 counties have an overall mortality rate higher than the U.S. rate. The leading causes of cancer deaths in Tennessee were lung and bronchus, colorectal, breast, and prostate. In Tennessee, cancer of the lung and bronchus accounted for about 1 in 3 deaths due to cancer. 87% of these deaths can be attributed to smoking.

Cancer mortality is 10-25% higher for persons considered overweight and 50 to 100 percent higher for those classified as obese, yet the number of Tennesseans who are overweight or obese has been steadily increasing for two decades.

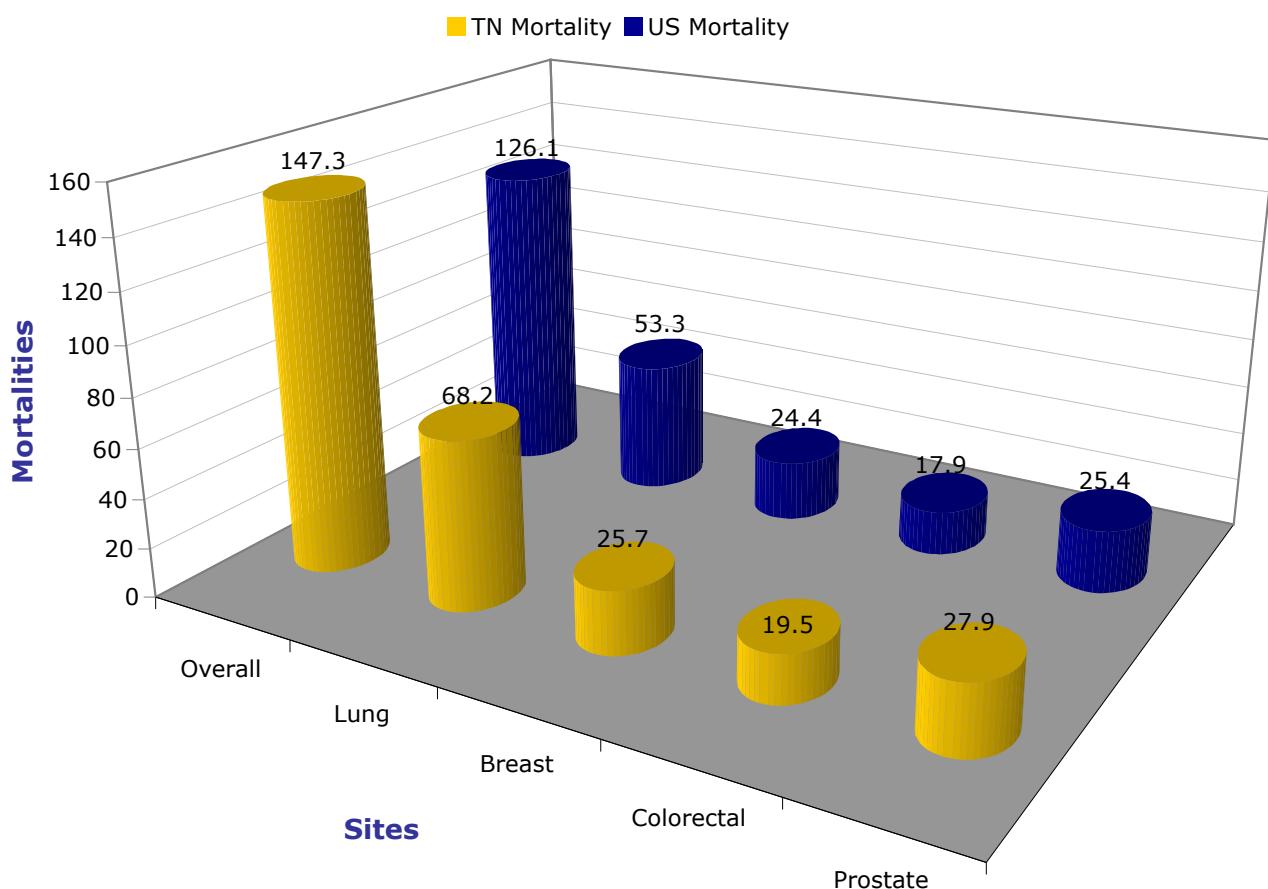
Cost

According to the National Institute of Health, in 2005, cancer cost the United States an estimated \$210 billion, including \$136 billion for lost productivity and more than \$74 billion for direct medical costs. Overall, the estimated cost for cancer in 2005 in Tennessee was \$4.2 billion, with \$1.5 billion of that in direct medical expenses.

Refer to *Burden of Cancer in Tennessee, December 2007*,

<http://www2.state.tn.us/health/CCCP/index/htm>

A Comparison of U.S. and TN Cancer Mortality Rates, 2000-2004*



PROGRESS REPORT 2005-2008

The **Tennessee Department of Health's Comprehensive Cancer Control Program (TCCCP)** first received a grant from the **Centers for Disease Control** to develop a State Cancer Plan in 2003. The **Tennessee Comprehensive Cancer Control Coalition (TCCCC)** was organized during the planning phase of the grant. Volunteers representing various medical and educational institutions, nonprofit organizations, local and state government, consumers, and legislators formed the Coalition. To evaluate the burden of cancer in Tennessee, coalition members looked at incidence, death rates, and geographic distribution for all cancers. In addition, the Coalition considered existing programs and initiatives and solicited collaboration from as many institutions and organizations as could be identified. These experts agreed that the initial plan should consist of nine components that included specific disease sites and cross-cutting issues, such as quality of life.

Each work group researched, wrote, and presented key concepts related to its assigned topic to write the first statewide Comprehensive Cancer Control Plan for Tennessee, published in 2005. The plan served as a blueprint for statewide efforts to reduce the burden of cancer in Tennessee during the next three years (2005-2008). The Coalition adopted the following mission statement: "To measurably reduce the burden of cancer on the citizens of Tennessee by implementing a collaborative statewide plan driven by data, science, capacity and outcomes."

TCCCC decided to focus initially on tobacco-related cancers, prostate, colorectal, women's cancers, and skin cancer/melanomas, as well as other cancers and cross-cutting issues. Awareness of early detection and screening for these cancers would have the greatest impact on the overall incidence and mortality of cancer in the most Tennesseans.

This section reviews the progress made by the TCCCC towards meeting the goals and objectives stated in the 2005-2008 State Cancer Plan.

Tobacco-Related Cancers

Adult current smoking prevalence went from 26.7% in 2005 to 22.6% in 2006 (Source: CDC, Behavioral Risk Factor Surveillance Survey (BRFSS). For high school students, those smoking one or more cigarettes within the last 30 days, represented 26.3% of respondents in 2005, whereas in 2007, the prevalence had dropped to 25.5% (Source: TN Dept. of Education, YRBSS).

In 2007, TCCCC played a major role in public education and advocacy that resulted in the state of Tennessee, one of the nation's top five tobacco producing states, passing a strong workplace smoking ban and raising the Tennessee State tobacco tax by 42 cents – from 20 cents per pack to 62 cents per pack. TCCCC promotion of the state's 2007 "Non-smokers' Protection Act" and the Tennessee Tobacco QuitLine continue to contribute to meeting the goal of decreasing tobacco use.

Women's Cancers

TCCCC co-sponsored more than 20 breast cancer prevention, screening and survivor celebrations reaching more than 2,000 women in 2006 and 2007. With creation of the TCCCC Subcommittee on the Elimination of Cervical Cancer in Tennessee, the Coalition was recognized by the Tennessee General Assembly as the source for establishing cancer policy in the state. Mandated and funded by the State Legislature, a 19-member sub committee was appointed by the Commissioner of Health and worked for two years to produce a formal and detailed plan to eliminate cervical cancer in the state by the year 2040. On April 1, 2008, it was presented to the Tennessee General Assembly.

In partnership with the Tennessee Breast and Cervical Cancer Screening Program and others, the TCCCC established the Witness Project of Davidson County in the fall of 2007. An evidence-based project that employs breast and cervical cancer survivors, it has witnessed to over 300 black women about the importance of cancer screening.

Prostate Cancer

More than 2,370 Tennessee men participated in more than a dozen TCCCC co-sponsored prostate cancer educational events across the state in 2006 and 2007. Informed decision making about prostate cancer screening was stressed at all of these events.

Colorectal Cancer

In 2006 and 2007, TCCCC surveyed 460 Tennesseans on barriers to colorectal cancer (CRC) screening. A statewide TCCCC plan to educate citizens and providers on the importance of colorectal screening has been enacted in 2008 in all five TCCCC regions. TCCCC's 2007-2008 Workplan goal to increase CRC screening utilization to 55 percent in 2008 BRFSS was surpassed in 2006. CRC screening rate was 56.2 percent in 2006 BRFSS (baseline of 50.6 percent in 2004).

Melanoma/Skin Cancers

In 2006 and 2007, more than 1,700 Tennesseans received TCCCC educational messages regarding the risks, early detection, and prevention of melanoma and skin cancers. These included 500 Girl Scout leaders provided with sun safety education and materials to take back to their troops. Reporting of melanoma cases improved by 59.6% for TCR 24-month data from the 2006 CDC Data Evaluation Report (DER) to the 2007 DER report.

Cancers Affecting Children

TCCCC volunteers produced more than 20 programs in 2006 and 2007 that educated primary healthcare providers, increased knowledge among the public, and increased cooperative efforts between institutions regarding the unique aspects of childhood cancer, its symptoms, and long-term effects of treatment. They also assisted patients and survivors in optimizing use of educational resources to cope with cancer, promote effective treatment and improve quality of life.

Pervasive Issues of Cancer Control

Surveillance: In 2005, the **Tennessee Cancer Registry** (TCR) reported cases represent approximately 80% of those expected in Tennessee. The expected number of cancer cases is based on the distribution of cases at the national level. Hence, Tennessee was missing roughly 20% of its cases. In January 2008, the TCR reported cases represented 101% of those expected, thanks in part to advocacy for better reporting at their facilities by coalition members, coalition support of TCR training initiatives, and improved electronic reporting from all cancer specialty laboratories. Reporting of melanoma cases improved by 59.6% for TCR 24-month data from the 2006 CDC Data Evaluation Report (DER) to the 2007 DER report. **The TCR's 2007 CDC data submission met the inclusion criteria for the United States Cancer Statistics report for the first time in the history of the TCR.**

Disparities

The Disparities Committee compiled data and developed a CD-ROM on Tennessee cancer disparities and health inequities to be used by each region in planning cancer control activities and outreach. Twenty Tennessee Cancer Disparities CD-ROMs were distributed to TCCCC leaders attending the Summit on the Burden of Cancer in Tennessee, May 10-11, 2007. A health disparities work group has worked with the

National Cancer Institute's Community Profiles in 2008, to identify disproportionate cancer burdens across the state.

Lifestyle and Environmental Risks

Programs have included:

- The TCCCC "Centers of Excellence" program brings cancer prevention, through a five-part curriculum, to day care programs, which receive licensure points for participation. The curriculum, "A-B-C-1-2-3 Healthy Kids in TN" has been presented to more than 5,000 children and their families in five daycare centers in Middle TN and two in Jackson, TN. This effort has resulted in partnerships with the Tennessee Department of Human Services, which licenses daycare centers, and the Tennessee Childcare Resource and Referral Network
- Middle Tennessee: About 600 citizens attended Humphreys County Health Council's Cancer Coalition Fish Fry designed to educate participants about cancer prevention
- Middle Tennessee: About 400 women participated in Nashville Sister's Network program called "Fashioned in Faith" featuring African American breast cancer survivors' stories
- Memphis: 75 people participated in health fair held at Faith Temple Church. TCCCC booth focused on healthy lifestyle choices to prevent cancer

Quality of Life & End of Life Care for Cancer Patients

In 2007-2008, the **Cancer Care** workgroup collaborated with **Middle Tennessee State University** researchers to create a database of quality-of-life/end-of-life cancer care resources. In 2007, a panel discussion on cancer patients' social service and supportive needs was held for 100 **FedEx** employees at a workplace wellness seminar in Memphis.

GOAL SUMMARY

Primary Prevention: To reduce the risk of colorectal, breast, lung and prostate cancer through healthful eating habits, physical activity, smoking cessation, and reduction of exposure to second hand smoke.

Early Detection: To promote awareness of and support implementation among the general public, high risk groups and health care professionals of early detection initiatives including appropriate follow-up of those with symptoms and treatment for those diagnosed.

Treatment and Care: To ensure that citizens of the state of Tennessee (including diverse populations) have access to and global support for timely and appropriate comprehensive cancer care delivered in facilities that participate in quality improvement programs and follow standard of care, nationally-approved treatment guidelines.

Survivorship: To improve Tennessee cancer survivors' quality of life through education and advocacy initiatives to address the physical, neurocognitive, emotional, social, and vocational (i.e. financial, employment, insurance) challenges of survivorship among diverse populations.

Palliative Cancer Care: To increase patient, caregiver, and health care professional awareness of palliation quality of life issues and options. To increase access to and utilization of palliation and pain control techniques.

Clinical Trials and other Cancer Research: To promote clinical trial education and awareness, to increase professional and public access to clinical trial participation, and to promote research for cancer care that will lead to improved outcomes and quality of life.

Disparities: To reduce disparities in the cancer diagnosis, treatment and mortality in the citizens of Tennessee.

Health Literacy: To promote activities related to health literacy within TCCCC and to improve issues related to health literacy in Tennessee.

Advocacy: To ensure that state legislators are aware of cancer issues throughout the state and that lawmakers hear that curing cancer is a priority to the citizens of Tennessee.

Surveillance: To improve the completeness and quality of reporting of cancer incidence and mortality data for diverse populations in Tennessee.



Tobacco Related Cancers: To achieve a tobacco-free Tennessee in collaboration with the **Tobacco Use Prevention and Control Program** in the **Tennessee Department of Health**.

Women's Cancers: To reduce breast, cervical, ovarian and uterine cancer mortality through increased awareness, early detection, diagnosis and treatment.

Colorectal Cancer: To reduce colorectal cancer (CRC) mortality through screening and early detection.

Prostate Cancer: To promote informed decision-making about issues associated with prostate cancer and prostate cancer screenings.

Skin Cancer and Melanoma: To decrease the incidence of melanoma and other skin cancers and increase education regarding prevention and treatment.

Childhood Cancer: To reduce/eliminate suffering and death due to childhood/adolescent cancers and to provide survivors the services needed to live meaningful and productive lives.

WHAT CAN YOU DO?

The Tennessee Cancer Plan: 2009-2012, lays out 16 broad goals that will make significant progress in reducing the burden of cancer among all Tennesseans. To accomplish these goals, everyone needs to be involved in the effort. The Tennessee Cancer Coalition and their constituent groups will work to achieve these goals, and there are things that each of us can begin to do right now to help work toward the mission of making cancer history for all Tennesseans.

Below are a few examples of what you can do to help work toward the goals presented here. Use these examples, and think of other actions you can take to reduce the burden of cancer throughout Tennessee. Fill in the blank spaces with your own ideas. Share your ideas by sending them to Tennessee Office of Cancer Surveillance, 425 5th Ave. North, 6th Floor, Nashville, TN 37243 Attention: Trudy Stein-Hart.

If you are a hospital

- Ensure that your cancer cases are reported in a timely way.
- Provide meeting space for cancer support groups.
- Collaborate to sponsor community screening programs.
- Acquire or maintain American College of Surgeons membership.

OR _____

If you are a local health department

- Provide cancer awareness information to citizens.
- Collaborate in community walking campaigns.
- Work with physicians to promote screening programs and case reporting.
- Provide space for survivor support groups.

OR _____

If you are a community-based organization

- Provide cancer awareness information to constituents.
- Promote cancer screening among clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

OR _____

If you are a professional organization

- Provide cancer awareness information to constituents.
- Promote cancer screening among clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

OR _____

If you are an employer

- Provide healthy foods in vending machines and cafeterias.
- Encourage employees to increase physical activity.
- Collaborate with hospitals to host screening events.

OR _____

WHAT CAN YOU DO?

If you are a school/university

- Include cancer prevention messages in health classes.
- Provide healthy foods in vending machines and cafeterias.
- Increase physical education requirements.
- Make your entire campus a smoke-free environment.

OR _____

If you are a faith-based organization

- Provide cancer prevention information to members.
- Learn how to provide healthy potlucks and meeting meals.
- Open your building for walking clubs in cold weather.
- Encourage members to get cancer screening tests on time.

OR _____

If you are a physician

- 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 fashion.
- Find out how to enroll patients in clinical trials.
- Make earlier referrals to hospice for end-of-life care.

OR _____

If you are a legislator

- Appropriate funding for comprehensive cancer control.
- Raise constituents' awareness about cancer prevention and control programs in your district or help establish new programs where needed.
- Sponsor or support legislation that promotes cancer prevention and control.
- Ensure that all Tennesseans have access to health care and to cancer early detection screening services.
- Ensure that tobacco settlement funds are used for tobacco and cancer control purposes.

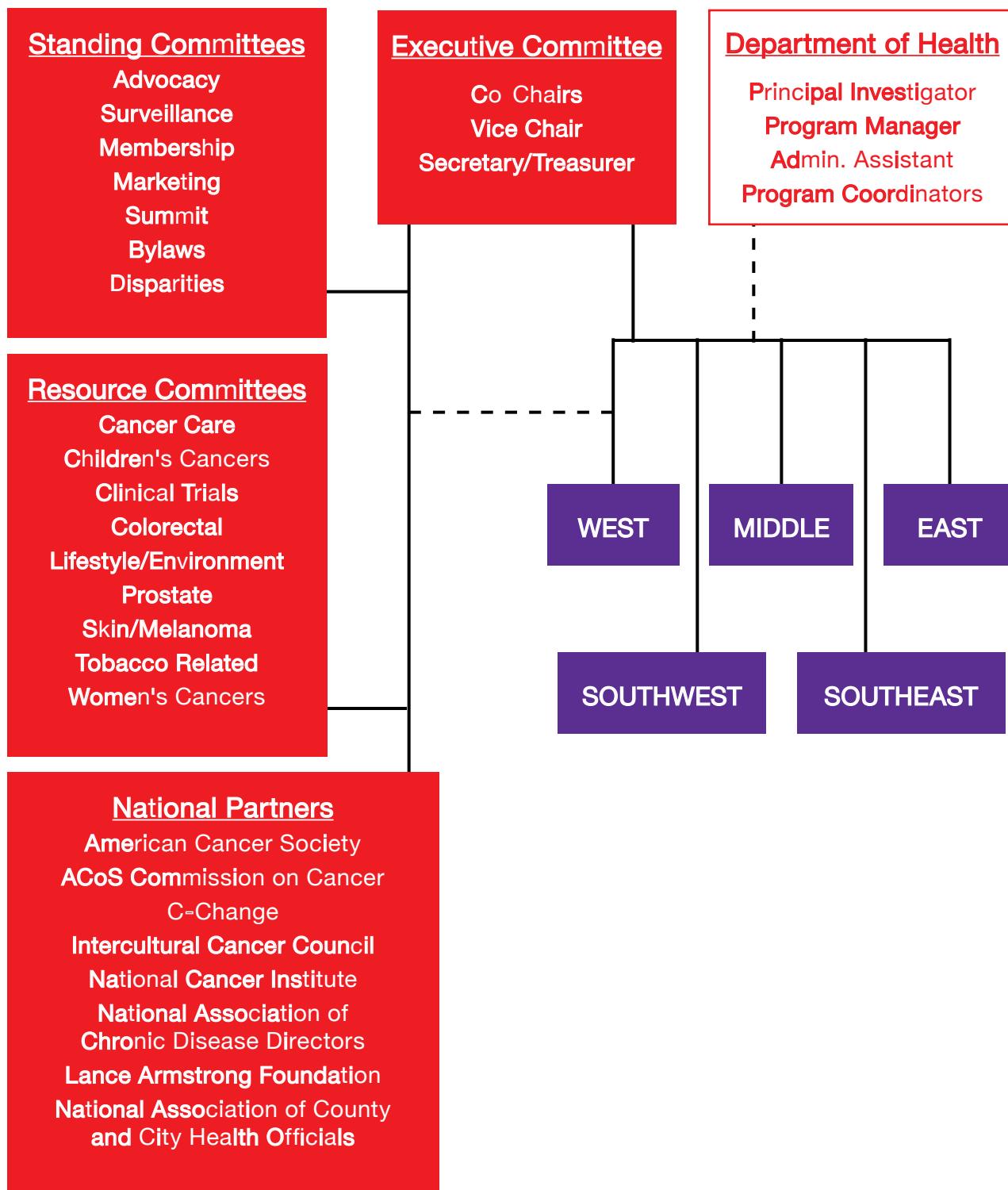
OR _____

If you are a Tennessean

- Stop smoking or never start.
- Eat more fruits and vegetables and maintain a healthy weight.
- Increase your daily physical activity.
- Know when to be screened and do it on schedule.
- Support smoke-free environment legislation.
- 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 American Cancer Society.

OR _____

TC4 ORGANIZATIONAL STRUCTURE



PRIMARY PREVENTION



Definition: Primary prevention of cancer can be defined as those actions that can be taken by individuals, communities, government, or other groups to prevent the occurrence of cancer through healthy lifestyle choices through control of environmental health and societal risk factors. There is evidence that the risk of cancer is increased with overweight status in at least three types of cancers, breast, colorectal and prostate cancer.

Goal: To reduce the risk of colorectal, breast, lung and prostate cancer through healthful eating habits, physical activity, smoking cessation, and reduction of exposure to second-hand smoke.

Objective 1: Increase the proportion of persons who eat five servings of fruit and vegetables daily to 35%, by 2012. Tennessee baseline consumption of fruits and vegetables five or more times daily is 26.5%, versus the 23.2% nationwide baseline consumption, [Tennessee Behavioral Risk Factor Surveillance Survey (BRFSS), 2006].

Strategies:

- Advocate for reimbursement of preventive nutrition counseling by public and private health insurance programs
- Promote governmental and voluntary policies that support the recommendations of the Food Guide Pyramid
- Implement effective community-based programs statewide that address one or more of the Dietary Guidelines for Americans
- Collaborate with public schools to plan and implement programs to increase healthy eating



**PEGGY IACHETTA
CANCER SURVIVOR
KNOXVILLE, TN
EASTERN REGION**

I was diagnosed with breast cancer 10 years ago in May at the age of 27. My family did not have a history of breast cancer but I discovered a lump like a hard marble. I was blessed that my doctor was aggressive with treatment.

My treatment started with a lumpectomy followed by 4 rounds of chemotherapy and 6 weeks of radiation. The cancer was caught in the first stage and has not reoccurred.

Early detection saved my life.

Treatment is an active part of beating cancer. Don't be afraid of it.

Objective 2: Increase the proportion of adults who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day to 50% by 2012. [Tennessee baseline for recommended guidelines for moderate intensity of physical activity is 26.1%, Tennessee baseline for recommended guidelines for vigorous intensity is 17.8%, TN Behavioral Risk Factor Surveillance System (BRFSS), 2005].

Strategies:

- Engage companies to implement evidence based worksite model programs statewide to promote physical activity
- Implement effective community-based programs statewide that promote daily physical activity
- Promote governmental, state, voluntary and local policies that promote daily physical activity
- Ensure that adequate opportunities for safe physical activity are available (eg., built environments, green spaces, community recreation facilities, walking trails and safe sidewalks)
- Collaborate with public schools to plan and implement programs to increase exercise

Objective 3: Decrease the proportion of adults who are overweight (body mass index $> 25\text{Kg/m}^2$) to 50% by 2012. Tennessee baseline is 62.3% of adults reported being overweight or obese (TN BRFSS, 2005).

Strategies: Same as objectives 1 and 2

EARLY DETECTION

Definition: Early detection involves obtaining cancer screening tests to detect cancer early and at the most treatable stage. Screening tests are lower cost and easily provided to large groups of people. Pap tests screen for cervical cancer and mammograms screen for breast cancer. Two other screening tests are currently available – colonoscopy for colorectal cancer and prostate-specific antigen (PSA) and or digital rectal examination (DRE) for prostate cancer. Other cancers can be diagnosed but, at this time, there are no screening tests available and/or recommended for large groups of people that would result in early detection.

Goal: Promote awareness of and support implementation among the general public, high risk groups and other health care professionals of early detection initiatives including appropriate follow up of those with symptoms and treatment for those diagnosed.

Objective 1: By 2010, utilize cancer screening rate data from available resources (BRFSS, HEDIS, TennCare, etc.) to identify counties or regions with lower rates.

Strategies:

- Provide cancer screening data to TCCCC regions
- Monitor trends in screening rates and identify opportunities for improvement in conjunction with regional health councils and professional health care organizations

Objective 2: Assist with developing strategies to increase screening related to breast, cervix, colorectal, and prostate cancers

Strategies:

- Provide community education campaigns, targeting under-served groups, on cervical, breast, colorectal and prostate cancers
- Incorporate the information developed by the Cervical Cancer Elimination Task Force to target and educate communities with low screening rates and/or high incidence and mortality from cervical cancer

- Target the health care community for continuing education and inclusion of these screening tests in their regular practice
- Work to increase available resources to provide these screening tests by educating the state legislature and influencing insurers/employers to include these tests in benefit packages

Objective 3: By 2011, facilitate the provision of distance learning options for the health care professional community to promote the importance and use of early detection tests.

Strategies:

- Assist health care systems in using practice-based tools that increase the awareness and recommendation of these early detection services
- Offer Continuing Education credit courses in partnership with professional organizations
- Incorporate distance learning courses on topics related to breast, cervical, prostate and colon/rectum cancers through the TCCCC website



TREATMENT & CARE

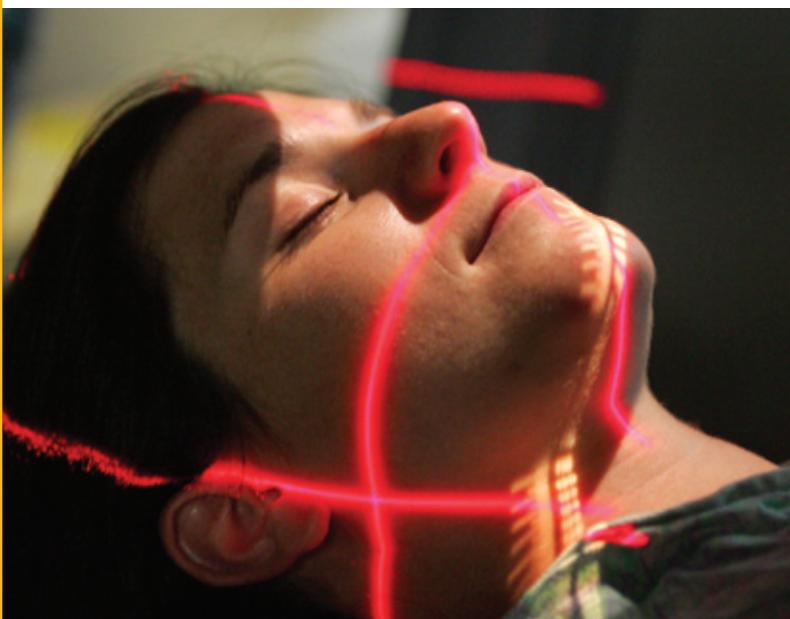
Definition: Treatment and care includes timely completion of diagnostic and staging studies, prompt implementation of evidence-based treatments, and management of treatment side effects with state of the art therapies throughout the continuum of cancer care.

Goal: Ensure that citizens of the State of Tennessee (including diverse populations) have access to and global support for timely and appropriate comprehensive cancer care.

Objective 1: Assist patients and families in obtaining the resources and support needed to receive evidence-based cancer treatment.

Strategies:

- Compile a comprehensive list of health care providers by each region of Tennessee delivering cancer care
- Educate primary care physicians on resources and funds for cancer treatment available in the state
- Increase the number of providers participating in the Tennessee Breast and Cervical Treatment Program
- Advocate for increased state funding for underinsured/uninsured citizens requiring cancer treatment
- Promote the establishment of cancer care navigators (i.e. through the ACS navigator program) in each region of the state to assist cancer patients and their families
 - Develop a guide (or use nationally developed materials) to assist cancer patients in self-navigating their cancer care
 - Establish and publicize a toll-free number for Tennesseans seeking cancer care that would be supported through regional partners in the state



Objective 2: Assist patients and families in obtaining resources and support needed to cope with their cancer treatment.

Strategies:

- Perform a needs assessment to determine the type of resources and support needed by patients and families and how they want that support to be delivered (i.e., in person, by phone, individually or in groups)
- Identify national, state and local resources available to cancer patients and their families
- Publish resource directory on website and distribute to health care providers in each region
- Support educational programs/resources for health care providers in communicating with patients and families in a culturally and literacy appropriate manner

Objective 3: Identify and develop strategies to correct disparities in treatment options and availability among diverse populations.

Strategies:

- Evaluate availability of cancer services and utilization patterns among regions and the diverse populations that exist in Tennessee
- Identify gaps in cancer care to include mortality rates by region, age and race
- Determine barriers to care (beliefs, economics, accessibility, awareness)
- Develop a group of regional partners to evaluate data, develop action plans and implement those throughout the state
- Advocate for legislation that provides equitable cancer care for all Tennesseans.
- Support policies that allow individuals and small businesses to purchase health insurance at affordable rates

Goal: Ensure citizens of the state of Tennessee are being cared for in facilities that participate in quality improvement programs and follow standard of care, nationally-approved treatment guidelines.

Objective 1: Assist health care providers in all areas of the state (especially rural and underserved) in obtaining current treatment guidelines and survivorship plans that follow evidence-based national standards.

Strategies:

- Partner with cancer care providers to select treatment guidelines that should be followed in the care of cancer patients
- Provide a link on the TCCCC website to these selected national treatment guidelines
- Develop a comprehensive e-mail list of cancer care providers in the state to allow communication about new findings and changes in treatment guidelines
- Sponsor CME accredited programs to educate physicians on the clinical impact of following cancer treatment guidelines
- Establish physician cancer specialists willing to serve as a resource for other physicians (especially those in rural areas) in the state to discuss patient cases
- Investigate the current use of telemedicine in Tennessee and identify opportunities for expanding this technology
- Determine number of CoC programs in Tennessee and percent of Tennesseans treated in accredited vs. non-accredited programs
- Conduct a campaign to encourage hospitals and cancer centers to become ACoS CoC certified
- Promote visibility of CoC accredited programs by identifying them in cancer related materials and the TCCCC website

SURVIVORSHIP

Definition: Survivorship focuses on improving the quality of life for people diagnosed with cancer that are living with, through, or beyond cancer from the moment of diagnosis. The term “survivor” also includes family members, friends and caregivers.

Goal: Improve Tennessee cancer survivors’ quality of life through education and advocacy initiatives to address the physical, neurocognitive, emotional, social, and vocational (i.e., financial, employment, insurance) challenges of survivorship among diverse populations.

Objective 1: By December 31, 2012, increase cancer survivors’ awareness of and access to survivorship resources and services.

Strategies:

- Develop and disseminate a baseline of existing survivorship resources and services, including therapy and rehabilitation services, support and education groups, and other cancer care resources at local, state, and national levels
- As a free service, review existing treatment summaries, survivorship guidelines, and care plans for survivors who have completed cancer treatment
- Recommend implementation of survivorship tools at cancer centers in Tennessee

Objective 2: By December 31, 2012, educate health care providers (including family physicians, primary care providers, oncology professionals, and medical students) at ten medical centers across the state about the long-term needs of cancer survivors.

Strategies:

- Develop and disseminate educational materials and tools on survivorship issues via trainings, the TCCCC Summit, the TCCCC website, electronic, and print communication. Outcome will be measured by website hits, number of requests, number of materials distributed at trainings and the annual Summit, and inquiries made to Department of Health requesting information
- Implement a TCCCC adopted written survivorship care plan (i.e., OncoLife and

Children's Oncology Group guidelines) for every survivor discharged from cancer treatment

Objective 3: By December 31, 2012, collaborate with community points of contact in all regions to increase awareness among the general public, policymakers, survivors, providers, and others about cancer survivorship issues and impacts.

Strategies:

- Partner with regional and community cancer centers and nonprofit organizations to offer survivorship seminars
- Meet with legislators to advocate for survivorship needs

Objective 4: By December 31, 2012, encourage and promote cancer survivorship research projects/grants.

Strategies:

- Develop a database of potential cancer survivorship research funding mechanisms available via the federal government, private voluntary organizations, and private health insurers
- Educate researchers and providers in each region about funding opportunities focused on cancer survivors



PALLIATIVE CANCER CARE

Definition: Palliative care is the active total care of symptoms in patients whose disease is not responsive to curative treatment. Hospice is a delivery system for palliation and other services at or near the end of life. The TCCCC seeks to address palliative and hospice care needs of persons with cancer and to work collaboratively with other organizations that provide care for persons with all chronic diseases.

Goal: To increase patient, caregiver, and health care professional awareness of palliation quality of life issues and options; and increase access to and utilization of palliation and pain control techniques.

Objective 1: By December 31, 2009, develop a collaborative effort to provide training for health care professionals as users of Advance Care Planning guidelines.

Strategies:

- Produce a brief instructional CD to explain importance of physician involvement in discussing Tennessee Advance Care Planning guidelines. The CD will instruct caregivers in how to help their patients fill out this important but frequently confusing document
- Collaborate with statewide health professional societies and organizations to distribute CD

Objective 2: By December 31, 2009, promote education and use of adequate and effective pain control through public education materials.

Strategies

- Generate a list of “hospice myths” from the public that often delay admission into hospice
- Develop, produce and market a television commercial for statewide use to explain and educate the public about purpose of hospice and reduce the myths regarding requirements and services of hospice care

Objective 3: By December 31, 2009, promote education and use of adequate and effective pain control through professional education offerings.

Strategies

- Identify and create a partnership with health professional organizations (e.g., State Licensure Board, Tennessee Hospital Association) to identify e-mail addresses of oncologists and primary care providers across the state
- Conduct a one year, monthly e-mail education campaign with primary care and oncology specialty care providers regarding topics in palliative care (e.g., Medicare hospice benefits, hospice reimbursement, hospital services in nursing homes, medical updates on pharmaceutical therapies for palliation, etc.)
- Arrange for on-line continuing medical education credit for participating health care providers



**KASSIDIE
BLACKSTOCK SKIN
CANCER SURVIVOR
KNOXVILLE, TN
EASTERN REGION**

I was 24 when I was diagnosed with skin cancer in July 2006. I had no family history, I was always careful to use sunscreen and avoid overexposure, even as a child.

I found a mole on my lower back but thought nothing of it since it was in a place that was easily concealed. When my doctor examined it, he wasn't concerned.

Six months later, the mole was rechecked and I was referred to a dermatologist. Approximately two months later, the mole was removed along with a wide excision.

Within a month, there was a second surgery to remove the first tier of lymph nodes followed by daily immunotherapy for one month.

During the immunotherapy I was shaky, nauseated, and my hair would fall out. Looking around at what other patients were going through, I thought that it wasn't that bad and I was going to get through it.

After the first round, I was given immunotherapy again, but this time it was twice a week for 5 months.

“Cancer can happen to anyone. I've been careful, but it still happened to me. Face your problems head on, know what you're fighting and fight it.”



CLINICAL TRIALS & OTHER CANCER RESEARCH

Definition: Cancer research includes laboratory, translational and clinical trials. Clinical trials are research studies that involve people and are the final step in a long process that begins with research in a laboratory and animal testing. Clinical trials are designed to answer questions about new ways to: prevent cancer, find and diagnose cancer, treat cancer, and manage symptoms of cancer or its treatment.

Goal: Promote clinical trial education and awareness.

Objective 1: By December, 2009, establish a repository of information for clinical trial education and awareness to be used by professionals and the public.

Strategies:

- Partner with ACS, NCI and Leukemia and Lymphoma Society (LLS) to identify Tennessee resources for clinical trials
- Identify menu of clinical trial information to be used by professionals and lay persons in a variety of settings
- Include relevant clinical trial information in every TCCCC sponsored activity
- Work with regional leaders to determine region specific needs for clinical trial information

Goal: Increase professional and public access to clinical trial participation.

Objective 1: By December, 2010, create access to a dynamic, searchable website to identify clinical trials available in Tennessee that is current, reliable, literacy appropriate and culturally sensitive.

Strategies:

- Identify institutions and practices where cancer clinical trials are being conducted in Tennessee
- Develop and maintain a website listing of clinical trials in Tennessee
- Identify point person in each region who will regularly provide information to update the website

Goal: Promote research for cancer care that will lead to improved outcomes and quality of life.

Objective 1: Increase awareness of cancer research resources within Tennessee.

Strategies:

- Include research topics in the annual Summit
- Work with regional representatives to include research topics in regional meetings
- Support regional research efforts



**RON OBENAUF
SHELBYVILLE, TN
DIAGNOSED IN APRIL 2003 AT AGE 52
CENTRAL REGION**

“I’m an advocate for clinical trials, the cure for cancer will come through them.”

“Fight through by preventing. Get the screening at age 50. The cure rate for colon cancer is 98%, if caught in the early stages. If you have a family history, then get the screenings earlier.”

ADVOCACY

Definition: Advocacy is the act of supporting, recommending or requesting the cause of another. Through public health advocacy, the TCCCC seeks to reduce the burden of cancer in Tennessee by supporting or actively working for the passage or defeat of public laws or policies that are cancer related.

Goals: Ensure that state legislators are aware of cancer issues throughout the state and that lawmakers understand that curing cancer is a priority to the citizens of Tennessee.

Objective 1: Identify issues/bills each year about which the TCCCC can have meaningful impact on legislative process.

Strategies:

- The Advocacy Committee will review bills filed at the start of the **General Assembly** in January of each year and communicate to TCCCC members summaries of those bills affecting cancer care, treatment, or funding in Tennessee

Objective 2: Recommend to Advisory Board 1-3 core issues per year about which TCCCC will request grassroots participation to contact state legislators and policymakers.

Strategies:

- The Advocacy Committee will work with representatives from the **American Cancer Society**, **National Cancer Institute**, and other national resource partners to identify cancer advocacy activities in other states that have been successful and make recommendations for action in the upcoming legislative session to the Advisory Board in the fall of each year

Objective 3: Educate members on how they can influence legislators.

Strategies:

- At the annual Summit, train regional leaders in how to work with their constituencies in grassroots advocacy

- Develop and organize an e-mail alert system to alert coalition members for legislative action
- Sponsor a reception for legislators during the session, so that coalition members can develop personal relationships with the members of the **General Assembly**

**LYNNE CARGEN
BREAST CANCER
SURVIVOR
NASHVILLE, TN
AGE 39 AT
DIAGNOSIS, 51 NOW
CENTRAL REGION**



At 29 I joked with my OB/GYN about not knowing if I would have cancer because my breasts were so lumpy. I had a baseline mammogram at 30 which, looking back, I know saved my life. Five years later I had microcalcifications and 30% of all DCIS cases will develop into cancer. DCIS (ductal carcinoma in situ) sits there inactive in many women but mine became cancerous. In spite of the great care I received in Nashville, I was still unprepared for cancer at age 39. After the bilateral mastectomy, 10 years ago, I sat in the hospital waiting for information of what to do now, but none came. After reconstruction, the nurse in my plastic surgeon's office gave me the help I needed for getting connected with support groups and being an advocate for cancer education and research. Support group was tremendous. I am so thankful for the experience I had, so fortunate for the care I received.

"I'm a research advocate to help educate communities about the necessities of research and clinical trials. Think before you pink. We cannot be complacent. Pink ribbons made us aware but awareness doesn't bring the cure. We must go beyond the pink ribbon."

DISPARITIES

Definition: Tennessee ranks very high nationally in all cancer death rates and several cancer specific death rates. National rankings and rates vary by race, ethnicity, geography, gender, age, and socioeconomic status. Some differences in rates are known, but the identity of specific factors that cause disparities and how these factors are interrelated is complex and poorly understood. Viewing cancer as a community health issue can lead to greater involvement in local implementation of this Plan. Communities across the state can identify themselves using the characteristics that define the disparities they suffer (e.g., race and place). Public involvement in cancer issues will lead to more engagement of communities with their health systems and patients with their providers to improve cancer action and outcomes as defined in the state Plan.

Goal: To reduce cancer related health disparities in Tennessee.

Objective 1: To understand the dynamics of cancer related health disparities in Tennessee.

Strategies:

- Prepare a report that identifies populations across the state that suffer from cancer disparities using the steps in the continuum of cancer care as a framework
- Assemble interdisciplinary teams of professional and community representatives in each region to further investigate and describe Tennessee's cancer related health disparities
- Disseminate information about regional cancer related health disparities
- Convene meetings of health providers and communities to discuss specific population based cancer disparities, best practices and resource tools available for stakeholders working in Tennessee to reduce and eliminate cancer morbidity and mortality

Objective 2: To strengthen a culture of collaborations to reduce cancer related health disparities.



Strategies:

- Use the Intercultural Cancer Council's "Cultural Competence in Cancer Care: A Health Care Professional's Passport" as the framework to define aspects of culture that influence cancer care outcomes for different populations in the state
- Offer state-wide cultural competency training opportunities for community leaders and health professionals serving populations which suffer from cancer related disparities (e.g., African Americans, Appalachians, Hispanics, rural residents, the poor and uninsured) through regional work shops and online training
- Leverage and maximize existing tools and resources that impact cancer related health disparities
- Collaborate with currently funded health disparities programs throughout Tennessee

Objective 3: To address public policy as it relates to Tennessee's cancer related health disparities.

Strategies:

- Examine the role of current health policies as they relate to Tennessee's cancer related health disparities
- Disseminate findings, recommendations, and best practices to Tennessee stakeholders
- Collaborate with partners across the state to advocate for more effective public policy addressing cancer related health disparities

HEALTH LITERACY

Definition: Health literacy is the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions. However, literacy goes beyond the individual. Literacy depends upon the skills, preferences, and expectations of health information and care providers; doctors, nurses, administrators, home health workers, the media and others.

Studies have shown that people with low health literacy do not understand health information as well and receive less preventive health care, such as cancer screenings, and use expensive health services such as emergency department care more frequently than those with high health literacy. 53% of Tennesseans are classified as low literacy; health literacy is even lower (TCCCC 2005-2008 plan).

Goal: To promote activities related to issues of health literacy within the TCCCC.

Objective: Ensure the products and programs of the TCCCC have been appropriately selected and assessed in respect to audience and health literacy.

Strategies:

- Assess the baseline knowledge of TCCCC members regarding measurement of health literacy
- Identify sources for dissemination of materials that are culturally sensitive and at an appropriate literacy level
- Provide training seminars and materials to each region

Goal: To improve issues related to health literacy in the State of Tennessee.

Objective: To impact health literacy specific to cancer prevention, control, treatment and survivorship within the state of Tennessee beyond coalition membership.

Strategies:

- Identify and make available to health care professionals best practices and resources that address the issues of health literacy

- Engage the media as a mechanism to increase professional and public awareness of health literacy as an issue. Assist the media in communicating and translating cancer information to the public
- Develop and provide training curriculum related to health literacy issues in TN including how to evaluate the quality and reliability of health information that is provided by websites and other resources related to cancer information



**JUDY TOGBO
WEST MEMPHIS, TN
14 YEAR BREAST CANCER SURVIVOR
WESTERN REGION**

My story begins with a stabbing pain in my breast that woke me up in the night. I found a lump the next day and had a mammogram and ultrasound the same day. Two weeks later I had a surgical removal of a milk duct where the lump was. I didn't have to have chemotherapy or radiation and there hasn't been any reoccurrences but always have a fear that it will come back.



“Back then cancer was a death sentence but now with education and medical advancement it's not as scary. Survival rate is much better and talking about it removes fear.”

“Ask questions if you don't understand.”

“Never assume cancer won't happen to you. Get screened and share with others what you know, encouraging them to be screened too.”

SURVEILLANCE & EVALUATION

SURVEILLANCE

Definition: Improving the ability of appropriate reporting sources such as hospitals and others to report new cancer cases in a timely and accurate manner, as required by law, and using the data to direct interventions and evaluate progress toward reducing the burden of cancer in Tennessee.

Goal: To improve the completeness and quality of reporting of cancer incidence and mortality data for diverse populations in Tennessee.

Objective 1: By December 31, 2012, increase annual reporting compliance by 10%, facilitating improved reporting from non-hospital sources, especially pathology laboratories. (Target is 50 of 123 pathology laboratories submitting data electronically in an approved, electronic format to the TCR. Currently 65 are reporting in both paper and electronic formats.)

Objective 2: Make diagnostic/prognostic variables such as Her-2/neu status and FISH mandatory to report. Work on complete ascertainment of analytic and non-analytic cases.

Strategies:

- TCCCC Surveillance Committee and other Coalition members make personal or email contacts with facilities to encourage better reporting

Objective 3: Increase use of cancer registry data for research purposes and for determining the burden of cancer in Tennessee.

Strategies:

- Collaborate with regional coalitions to determine county and region specific data needed
- At various state and private universities, TCCCC Surveillance Committee and other Coalition members promote use of TCR data via personal contact or emails to encourage use of TCR data

EVALUATION

Goal: To annually measure coalition strength, plan implementation, and outcomes.

Coalition Strength: The primary workforce for implementation of the State Cancer Plan is the TCCCC. It is essential the coalition have broad and deep representation from cancer professionals, survivors and the disparate community, such that local community leaders, the agencies they represent, and their peers and families are involved.

Objective 1: To evaluate who is participating (e.g., organizations and individuals represented), roles, responsibilities, attendance and what sectors of the community are not involved but should be.

Strategy: Conduct an annual on-line membership survey on demographics, involvement and satisfaction to determine "buy in" from all essential partners, and to assess how well the coalition is functioning.

Plan Implementation: The strategies in the State Cancer Plan have been categorized into sixteen program focus areas. To effect change, and ultimately reduce cancer incidence and mortality, strategies and attendant activities have been identified in each of these areas.

Objective 2: To evaluate plan implementation in the program focus areas.

Strategies: Each program focus areas will be assessed using the following questions:

- What interventions and initiatives did coalition members undertake?
- Were they evidence-based? What was the target group?
- Were the interventions implemented as planned (i.e., fidelity)?
- What products will be produced from these activities?
- What challenges were encountered in implementing the interventions and initiatives?

Outcomes: Outcome evaluation addresses progress toward the desired change in individuals, organizations, communities, and/or systems as a result of programs.

Objective: To collect meaningful baseline measures prior to beginning cancer control activities for the effectiveness of efforts to be assessed.

Strategy:

- The TCCCC Surveillance Committee will review and summarize annually data collected as part of TCCCC interventions and initiatives and make recommendations for the coalition's annual work plan and/or revision to the State Cancer Plan
- Short-term outcomes (knowledge, attitudes, intention to screen) will be evaluated through participant surveys (pre-and post-tests) collected quarterly via on-line reports submitted by regional coalitions and statewide committees.
- Intermediate outcomes (behaviors/screening) will be evaluated through follow-up participant Survey at 6 months and BRFSS data
- Long term outcomes (cancer incidence, mortality and disparities) will be evaluated through BRFSS data; Tennessee Cancer Registry data; Tennessee Department of Health statistics; SEER data



TOBACCO RELATED CANCERS

Goal: To achieve a tobacco-free Tennessee in collaboration with the Tobacco Use Prevention and Control Program at the Tennessee Department of Health. This is accomplished by preventing the initiation of tobacco use among young people, promoting quitting among tobacco users, and eliminating exposure to secondhand tobacco smoke.

Objective 1: Prevent the initiation of tobacco use among young people and decrease youth smoking rates by 16% by 2012 (Healthy People 2010, Objective, 27-2). [Among Tennessee youth, 9.7% of middle school students smoke (Youth Tobacco Survey, 2004), and 25% of high school students currently smoke. (Youth Risk Behavior Survey, 2007)]

Strategies:

- Use evidence-based interventions, implement community-based tobacco prevention and control programs that engage schools, youths, and parents, thereby improving anti-tobacco attitudes
- Support the Campaign for a Healthy and Responsible Tennessee (CHART) in advocating for monitoring and enforcement of laws restricting youth access to tobacco products and raising the tobacco excise tax to the national average or above



Objective 2: By 2012, reduce the proportion of Tennesseans aged 18 or older who use tobacco products to 12%. (Healthy People 2010, Objective 27-1). Smoking prevalence rate for adults is 22.6% (TN Behavioral Risk Factor Surveillance Survey, 2006).

Strategies:

- Continue promotion of the **Tennessee Tobacco QuitLine** throughout the state (1-800-QUIT-NOW)
- Conduct baseline assessment of American College of Surgeons approved cancer centers within the state to identify practices regarding intake screening and data collection respective to patient tobacco use

Objective 3: Increase insurance coverage of evidence-based treatment for nicotine dependency. (Healthy People 2010 Objective 27-8)

Strategy:

- Work with 3 large employers (those with at least 1000 employees), across the state to enhance their benefit packages, to include cessation counseling and pharmacotherapy as recommended in the CDC's *Making Your Workplace Smokefree: A Decision Maker's Guide*

Objective 4: Increase the proportion of persons covered by indoor worksite policies that prohibit smoking to 100%. (Healthy People2010 Objective 27-12). As of October 1, 2007, the Tennessee Non-Smokers Protection Act makes smoking illegal in all enclosed public places within the state, with a few exceptions.

Strategies:

- Investigate state agency monitoring of daycare compliance with current Tennessee smoke-free air laws
- Support **Campaign for a Healthy & Responsible Tennessee (CHART)** in advocating for state policies that restrict smoking in worksites to 100%

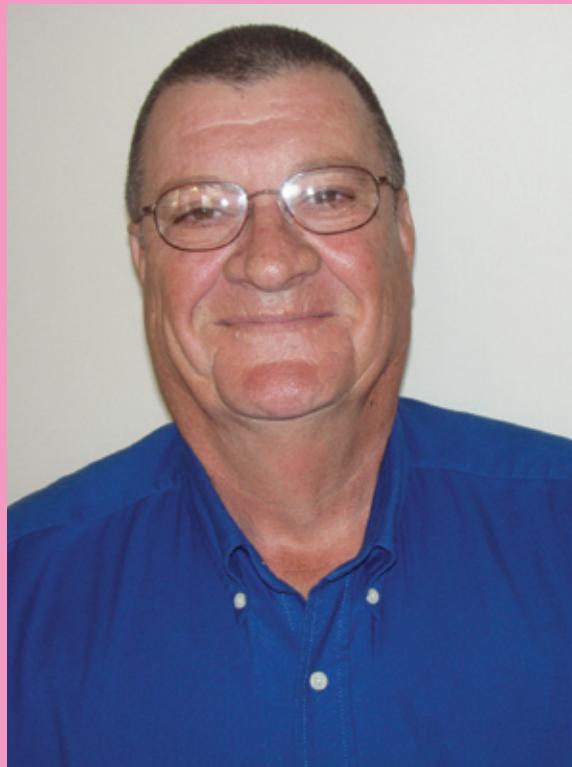
Goal 2: Identify and eliminate tobacco-related health disparities among population groups.

Objective 1: Promote innovative demonstration and research projects to prevent youth tobacco use, promote cessation, promote tobacco-free communities, and reach diverse populations. (CDC Best Practices for Comprehensive Tobacco Control Programs)

Baseline: Smoking prevalence rates are higher for males (26.7%), whites (25.3%), those with less than a high school education (39.1%) and those with an annual household income of less than \$25,000. (TN Behavioral Risk Factor Surveillance Survey, 2004-2006)

Strategies:

- Identify the state's tobacco-related cancer disparities using Tennessee Cancer Registry data
- Promote and refer Tennessee adult survivors of childhood cancer to the St. Jude Quitline for Childhood Cancer Survivors (1-877-4SJ-QUIT)
- Once established, promote and refer Tennessee armed forces personnel to the Military QuitLine research project at the University of Tennessee Health Sciences Center



**JIM ANDERSON
CHATTANOOGA, TN
LUNG CANCER DIAGNOSED
IN FEBRUARY 2007
SOUTH-EAST REGION**

“Watch your habits. I’m sure that my smoking attributed to this and faith, prayer, and good doctors will get you through. Cancer is scary so get checked. The key to survival is detecting it early.”

“You don’t understand what people go through until you go through it yourself. Now I want to help anyone else possible since I’ve been through it.”

WOMEN'S CANCERS

Goal: Reduce breast, cervical, ovarian and uterine cancer mortality through increased awareness, early detection, diagnosis and treatment.

Objective 1: By June 2010, increase awareness of these cancers by releasing current state data on incidence and mortality.

Strategies:

- Develop and promote public information campaigns with state partners (American Cancer Society, the six Komen Affiliates, family practice physicians, OB/Gyn physicians, mammography facilities, etc)
- Identify counties with the highest rates of breast and cervical cancer for special community based campaigns through the work of the regional TCCCC coalitions
- Continue to emphasize targeted outreach to underserved groups through the University of Tennessee Extension statewide, county-based educational delivery system, The Witness Project of Davidson County, Komen grantees and other local initiatives for breast and cervical cancer awareness and screening
- Promote awareness in January (Cervical Cancer Prevention Month), September (Gynecologic Cancer Awareness Month), and October (Breast Cancer Awareness Month) through TCCCC partners, regional health councils and TCCCC regional coalitions
- Work with medical and health care practitioner societies to encourage members to promote regular, periodic screening for breast and cervical cancer
- Review trends in ovarian and uterine cancer, at least bi-annually, and advocate for screening if evidence-based screening methods become available before 2012





Objective 2: By June 2012, increase funding for breast and cervical cancer screening.

Strategies:

- Advocate for expansion of state funding to improve Tennessee's incidence and mortality rates for these two highly treatable cancers
- Support local Komen Affiliate fund raising activities which in turn support local education and screening services
- Advocate for an increased appropriation from the federal government so that all states have additional resources for their state breast and cervical screening program

Objective 3: By June 2009, endorse and support activities to implement the Tennessee Cervical Cancer Elimination Plan.

Strategies:

- Inform all TCCCC members of the release of the Tennessee Cervical Cancer Elimination Plan in June 2008
- Encourage regional TCCCC coalition implementation of those components that can be included in routine regional coalition activities
- Advocate for funding of the Plan as outlined to reach cervical cancer elimination by 2040

COLORECTAL CANCER

EARLY DETECTION

Goal: Reduce colorectal cancer (CRC) mortality through screening and early detection.

Objective 1: By 2012, increase the rate of colorectal cancer screening of Tennesseans, aged 50 and older, by increasing the public's knowledge of colorectal cancer risk factors, symptoms, screening recommendations and options.

Strategies:

- Utilize state CRC mortality data to target counties or regions with rates of colorectal cancer mortality higher than the national average. Collaborate with successful and comprehensive health education providers such as county University of Tennessee Extension (UT) educators, regional health councils and professional health organizations
- Develop, implement, disseminate and evaluate cancer prevention and screening educational programs, with particular focus on reaching the Medicare and underserved populations
- Participate in the development of partnerships between community education organizations and the cancer centers across the state as appropriate
- Collaborate with work sites to promote CRC early detection and screening
- Support community, state and national agendas for increasing awareness of CRC issues
- Utilize established, evaluated messages and marketing materials from national organizations to promote CRC screening and early detection

Objective 2: Increase the proportion of primary care providers who recommend CRC screening to their high-risk and/or adult patients 50+.



Strategies:

- In partnership with professional organizations, offer primary health care providers continuing education courses focusing on CRC screening recommendations, evidence-based best practice strategies and skills for communicating with patients in a culturally sensitive manner that takes into consideration the patients' health literacy level
- Through TCCCC website direct healthcare professionals to on-line CME opportunities focusing on CRC
- Utilize state CRC mortality data to identify counties or regions with rates of CRC mortality higher than the national average. Provide outreach to health care professionals in that county/region with educational programs that focus on clarification and understanding of current screening guidelines

Objective 3: Increase Tennesseans' access to routine CRC screening and early detection.

Strategies:

- Use the Tennessee Breast and Cervical Screening Program as a model for CRC early detection and screening program targeting low-income and medically underserved Tennesseans
- Work with other advocacy organizations to educate and encourage the Tennessee State Legislature to increase funding for CRC control
- Engage insurers in the state in dialogue to discuss methods to increase CRC screening rates among their insured populations

PRIMARY PREVENTION

Goal: To reduce the risk of developing colorectal cancer through healthful eating habits and regular physical activity.

Objective: Increase the proportion of persons who eat five or more servings of fruits and vegetables daily to 35% by 2012. (Tennessee baseline consumption of fruits and vegetables 5 or more times daily is 26.5% vs. the 23.2% nationwide baseline consumption, TN BRFSS 2006)

Strategies:

- Advocate for coverage of nutrition counseling as part of all comprehensive health benefit packages under **TennCare**
- Collaborate with successful health education providers such as county **University of Tennessee Extension** (UT) educators and **Coordinated School Health Education** to provide culturally appropriate nutrition education as it relates to cancer risk health education
- Collaborate with **A-B-C 1-2-3 Healthy Kids** in Tennessee program to provide nutrition education to daycare enrollees, staff and parents
- Increase public awareness of existing programming resources (such as the **American Cancer Society's Great American Health Challenge, Body and Soul, Healthy Body, Healthy Spirit**, community based nutrition and physical activity programs of the **University of Tennessee Extension**) and Internet credible sites such as **FruitsandVeggiesmatter.gov**, **girlshealth.gov**, and **nutrition.gov**
- Collaborate with state nutrition programs to ensure appropriate funding for nutrition education across the state

Objective: Increase the proportion of adults who engage in sustained moderate physical activity for at least 30 minutes per day on 5 or more days a week to 35% by 2012. (Tennessee baseline for recommended guidelines for moderate intensity of physical activity is 26.1%).

Strategies:

- Encourage employers to support employees' physical activity such as workout facilities, workout credits, incentives for increasing exercise, fitness breaks, etc
- Support existing state and community-based physical activity initiatives such as the University of Tennessee's physical activity programs (**Walk Across Tennessee Program, Tai Chi, Master Your Body**)
- Participate in the development of new physical activity initiatives both state and community-based as appropriate
- Promote culturally appropriate physical fitness educational programs with particular focus on reaching underserved and at-risk populations





**JACK EVANS
ROCKFORD, TN
DIAGNOSED WITH
PROSTATE CANCER IN 2001
AT AGE 60
EASTERN REGION**

Prostate cancer is not fatal, if detected early. The male community needs to know that early detection is key. It saved my life.

Be aggressive in your medical care. Turn from being a victim to being an advocate.

PROSTATE CANCER

Goal: To promote informed decision-making regarding issues associated with prostate cancer and prostate cancer screenings.

Objective 1: Identify disparities in prostate cancer incidence and mortality among population groups in Tennessee.

Strategies:

- Regularly review data provided by the Surveillance committee to identify disparities in prostate cancer incidence and mortality
- Collaborate with TCCCC regional coalitions to plan educational programs to address the regional disparities

Objective 2: Increase educational opportunities for all citizens of Tennessee related to prevention, detection, and treatment of prostate cancer.

Strategies:

- Work with **TDoH Minority Health Office, Tennessee Men's Health Network, USToo** and others to present culturally appropriate, informed decision-making programs to minority population males on the need and effectiveness of prostate cancer screening
- Work with an advocacy committee to support a legislative action to provide printed material on the risks and benefits of screening and treatment choices to all men diagnosed with prostate cancer

SKIN CANCER & MELANOMA

Goal: To decrease the incidence of melanoma and other skin cancers and increase education regarding prevention and treatment.

Objective 1: By Spring 2010, increase the number of educational programs offered to the public about the risks, early detection, and prevention of melanoma / skin cancer.

Strategies:

- Collaborate with Tennessee public school system and the media to provide sun safety education for students and teachers
- Develop partnerships with agencies that have established programs on awareness, prevention, and early detection of melanoma/skin cancer to augment public health education through the use of illustrative teaching materials and utilization of evidence-based programs and media campaigns
- Provide specific information regarding increased risk of melanoma/skin cancer due to tanning bed use
- Seek extramural funding opportunities such as the **AAD/Johnson and Johnson Sun Shelter** grant for educational organizations



Objective 2: By Spring 2011, increase the number of screenings for melanoma/skin cancer.

Strategies:

- Collaborate with state/local organizations and community agencies to hold free screenings
- Inform dermatologists of the **American Academy of Dermatology's Melanoma Monday Screening** campaign which encourages member dermatologists to conduct free screenings during the month of May

- Survey state medical and nursing schools for presence of melanoma prevention, detection, and treatment information offered in healthcare programs
- Because recent studies show that men over 55 have the highest incidence rate of melanoma, target older men by providing gyms, senior centers, nursing home workers, and family members of nursing home patients with educational materials on identifying melanoma/skin cancers

Objective 3: By 2010, increase the reported number of melanoma cases to the **Tennessee Cancer Registry**.

Strategies:

- Assess compliance of reporting melanoma cases to **Tennessee Cancer Registry** by sending out informational letters and questionnaires to physician offices, laboratories, and hospitals to determine whether reporting is being done while stating the importance of reporting and strategies for compliance with the current law
- Educate non-compliant facilities on the process of reporting and encourage them to choose and support the use of software that enables ease of reporting

Objective 4: Reduce the proportion of Tennessee adults aged 18 and older who engage in unsafe sun exposure behaviors—such as using tanning beds excessively, not wearing protective clothing like hats or sunglasses—resulting in sunburn to 10% by 2012. [Tennessee baseline of sunburn: 25% of Tennessean surveyed reported having had a sunburn within the last 12 months, with almost 7% reporting having been sunburned six or more times, TN BRFSS, 2003.]

Strategies:

- Implement media and community-based programs to promote and educate the public on the benefits of sun protection, utilize existing proven programs like “**Slip, Slap, Slop**”
- Focus efforts on occupational groups statewide that are at increased risk due to time working outdoors including fishermen, farmers,



and public works employees

- Work with health care providers to promote education and counseling to clients regarding sun protection

Objective 5: Reduce the proportion of Tennesseans aged 18 and older who use artificial sun tanning and other sources of ultraviolet light to 5% by 2012.
[Tennessee legislation prohibits youth under the age of 18 from using artificial sun tanning facilities without written parental consent, Tenn. Code Ann. § 68-117-104]

Strategy:

- Utilize community-based programs and policies to promote the dangers of artificial sun tanning through health clubs, workplaces, schools, and the media

CHILDHOOD CANCER

Childhood/Adolescent cancer is the number one cause of death, due to disease, in children younger than 19 years of age. Deaths from cancer exceed those related to cystic fibrosis, muscular dystrophy, asthma, and AIDS combined. Tennessee is a leader in treating these young cancer patients, whose average age at diagnosis is six years old.

Childhood/Adolescent cancers differ from adult cancers in many ways.

	Childhood/Adolescent	Adult
Prevention & Early Detection	There are currently no known behavioral interventions or screening tests available that would result in early detection. Symptoms often mimic other childhood diseases, which delays diagnosis. Therefore, childhood cancers are often diagnosed at an advanced stage.	Lifestyle risk factors such as tobacco, diet, and exercise have been identified. In addition, screening tests such as mammograms and colonoscopies are available. Thus, some adult cancers can be diagnosed and treated at earlier stages.
Frequent Types	Blood (Leukemia, Lymphoma), Brain, Bone, Soft Tissue	Lung, Breast, Colon, Prostate, Skin, and other organs
Incidence Per Yr.	12,500	1,000,000
Approximate 5 Yr. Survival Rate	75%	50%
Percent of Patients Enrolled in Clinical Trials	70%	3%
Length of Treatment (depending upon diagnosis)	Up to 3 years	6 months to 1 year

Long Term Effects of Treatment	<p>Due to young age at diagnosis and highly toxic treatments, approximately 70% of survivors suffer serious long term effects, such as heart failure, learning disabilities, and increased risk of other primary and secondary cancers.</p>	<p>Varies based on treatment.</p>
---------------------------------------	---	-----------------------------------

Goal: To reduce/eliminate suffering and death due to childhood/adolescent cancers and to provide survivors the services needed to live meaningful and productive lives.

Objective 1: All children/adolescents in Tennessee will receive the highest quality, state-of-the-art, comprehensive cancer care to meet their medical, psychosocial, and educational needs.

Strategies:

- Recognize and support the need for increased capacity at comprehensive pediatric cancer centers, as a result of the increase both in incidence and in the number of patient visits per year
- As the incidence of childhood/adolescent cancer is increasing, educate local medical providers and school nurses about both symptoms and the location of the nearest comprehensive pediatric cancer center
- Establish and make easily accessible a statewide inventory identifying existing local/state/national resources written in layman's terms (low reading level) that offer psychosocial, educational, complementary (i.e. yoga, art therapy), fertility, financial, spiritual, and community support/services both during treatment and throughout the child's life
- Help families address the major financial burdens resulting from childhood cancer including direct medical expenses, ongoing insurance coverage, missed work, transportation costs (as treatment centers are often far from home), and childcare for siblings



Objective 2: All children/adolescents in Tennessee will receive a Treatment Summary and Survivorship Plan which will include details about the Modalities (surgery, chemotherapy, radiation therapy) used to treat childhood cancer, a description of the health risks associated with their individualized treatment, methods of risk education, and a schedule of necessary health screenings and annual exams as each child transitions from pediatric to adult care.

Strategies:

- Schedule each survivor for an appointment at a specialized Survivorship Program at the culmination of active treatment/follow-up visits
- Promote the creation of an online Survivorship Plan that is easily accessed and updated as the survivor moves or changes medical providers. (http://www.txccc.org/content.cfm?menu_id=128)
- Ensure that survivors, as a high risk population, have access to continuing resources and programs that promote the practice of positive health behaviors and that optimize physical, intellectual, social, and emotional (feelings of loss/isolation, fear of recurrence, issues of independence) development



Objective 3: Increase knowledge among primary health care providers, patients/families, educators and the public as well as increase cooperative efforts between agencies and institutions regarding the unique aspects of childhood/adolescent cancer, the long term effects of treatment, and the need for specialized support systems.

Strategies:

- Conduct statewide workshops addressing school reentry/adjustment to: a) foster communication between health care providers, school staff, patients/families, and the community and b) raise awareness of the long term effects (physical, neurocognitive, and psychosocial) of childhood/adolescent cancer
- Conduct statewide training for preschool/daycare staff to implement the ABC-123 Healthy Kids Tennessee curriculum



- Conduct workshops, offer retreats and provide resources for young adult cancer survivors addressing follow-up care, psychosocial needs, employment (discrimination, disability rights), health insurance, fertility, relationships, advocacy, and moving forward positively as healthy survivors
- Conduct statewide workshops for primary care providers to: a) foster communication between oncology and community health care providers and b) raise awareness of the long term effects (physical, neurocognitive and psychosocial) of childhood/adolescent cancer

Objective 4: All children/adolescents in Tennessee will have the opportunity to benefit from basic research and to enroll in clinical trials designed to maximize therapeutic efficacy while minimizing toxicity.

Strategies:

- Support research/clinical trials for novel therapies, rather than solely relying on new combinations of existing drugs
- Promote and support funding for basic research that addresses the potential role of both genetics and environmental causes of childhood/adolescent cancer
- Support research/clinical trials to identify best treatment plans for adolescent/young adult populations
- Identify funding sources to support research on late effects of treatments and long-term follow-up survivor care

Objective 5: Raise awareness of childhood/adolescent cancer and advocate for policies, laws, and practices that meet the needs of survivors and their families.

Strategies:

- Obtain and display Proclamations signed by the Governor and local Mayors recognizing September as Childhood Cancer Awareness Month
- Develop Childhood Cancer Awareness Month web pages publicizing local and statewide events and community partners
- Submit Letters to the Editor of major publications statewide to increase awareness
- Advocate for passage of legislation for increased funding for research
- Advocate for services related to long term survivorship such as psychosocial support, education, employment, and insurance

Objective 6: Optimize each child's quality of life through symptom control beginning at the time of diagnosis and continuing throughout the child's life.

Strategies:

- To establish and make easily accessible a statewide inventory identifying existing local/state/national resources for home health and hospice care
- Educate both health care providers and parents about communicating candidly and proactively regarding minimizing the symptoms associated with cancer diagnoses and treatments

Objective 7: All children/adolescents/family members in Tennessee will have equal access to educational, rehabilitative, and psychosocial services both during and after treatment.

Strategies:

- Conduct baseline and ongoing neurocognitive testing for preschool through college age students
- Implement the services necessary for each child as indicated by testing
- Implement the services necessary to address psychosocial issues including emotional status, developmental impact of treatment, parental work concerns, and family dynamics
- Educate health care providers about the necessity of cross-cultural awareness and strategies when communicating with culturally diverse survivors/families of childhood cancer



**JARRETT STEIN
CANCER SURVIVOR
AGE 14 AT
DIAGNOSIS
NOW 21
NASHVILLE, TN
CENTRAL REGION**

I know that I benefited from the experiences of children who were treated before me, because my protocol was the result of clinical trials that other children enrolled

in. As a way to honor those children and help others in the future, I am trying to raise awareness and funds for childhood cancer research, for cures and less toxic treatments, and for survivorship programs. That is why I go to Washington to speak with representatives from Tennessee, that is why I share strategies that worked for me with other teens, and that is why I am sharing my story here.

After having cancer, I now realize what is important to me and what is not and when I am being true to myself and when I am not. Although it may seem that sometimes we are given too many choices and sometimes we are given too few, for me it is the understanding that it is not only the choices I am given, but the ones I create on my own that will mold who I am and who I become.



GLOSSARY

Several technical terms are used in presenting the information in this plan. The following definitions are provided to assist the reader.

Incidence Rate

An incidence rate is the number of new cases of a disease that occur in a specific time period within a specific population, divided by the size of the population at risk. For example, if 10 residents of a county with 20,000 residents at risk for the disease are diagnosed with lung cancer during a single year, then the incidence rate for that county for that year is .0005. Since cancer incidence rates are usually expressed per 100,000 population, this figure is then multiplied by 100,000 to yield a rate of 50 per 100,000 per year. The term "at risk" above is an important distinction. The "at risk" population is not necessarily the total population. For example, when calculating rates for uterine cancer, the "at risk" population in the denominator would be the total population of women, men would not be included since men cannot develop uterine cancer.

In situ

Cases diagnosed as "in situ" include malignant tumors that are confined to the cell group/layer of origin, and have not penetrated the supporting structure of the organ/cell layer in which they arose.

Mortality Rate (Death Rate)

A mortality rate is the number of deaths that occur in a specific time period within a specific population, divided by the size of the population at risk for the disease. Only those persons whose death certificate lists cancer as the underlying (i.e., primary) cause of death are included in a cancer mortality rate. Like incidence rates, mortality rates are usually expressed as the number of deaths per 100,000 population.

Age-adjusted rate

Age-adjustment is a statistical process used to calculate a weighted average of the rates for two or more different populations based on the different age distributions of the populations of interest. Almost all diseases or health outcomes vary according to age groups. Most chronic diseases, including most cancers, occur more often among older populations. Other outcomes, such as many types of injuries, occur more often among younger populations. The age distribution determines what the most common

health problems in a community will be. One way of examining the pattern of health outcomes in communities of different sizes is to calculate an incidence or mortality rate, which is the number of new cases or deaths divided by the size of the population. In chronic diseases and injuries, rates are usually expressed in terms of the number of cases or deaths per 100,000 people per year. The incidence and mortality rates in this plan were age-adjusted using the United States population in 2000 as the standard and using Tennessee Department of Health population estimates as denominators.

Age-Adjusted Rates for Tennessee and the Year 2000 Standard

The U.S. Department of Health and Human Services requires that health data be age-adjusted using the US Year 2000 population as a standard, beginning with the 1999 reporting year. Prior to the release of 1999 data, various federal and state agencies calculated disease rates using different US population standards, including the 1940 and 1970 standard populations. All incidence and mortality rates presented in this plan are age-adjusted, except for those rates specific to an age group.

Tennessee Population Denominators Used in Age-Adjusted Calculations

The population data used in this report to calculate age-adjusted rates were obtained from the Tennessee Department of Health's Division of Statistics. When comparing age-adjusted rates in this report to national rates and other cancer registry data, which may use US Census population totals, slight variations may occur.

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Making Your Workplace Smokefree – A Decision Maker's Guide
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National Cancer Institute
<http://www.cancer.gov>

Smokefree Tennessee Campaign
<http://www.smokefretn.org>

Tennessee Cancer Registry
<http://health.state.tn.us/TCR/index.htm>

Tennessee Department of Health, Smokefree Tennessee
<http://health.state.tn.us/smokefreetennessee>

ACKNOWLEDGEMENTS

American Cancer Society,
Tennessee Division

American College of Surgeons

Campaign for a Health
and Responsible Tennessee

Candlelighters of Middle Tennessee

Cervical Cancer Coalition of Tennessee

CureSearch/Children's Oncology Group

East Tennessee Children's Hospital

East Tennessee State University

Knoxville Dermatopathology Labortory

Leukemia & Lymphoma Society

Meharry Medical College

Middle Tennessee State University
Center for Health and Human Services

Monroe Carell Jr. Children's Hospital
at Vanderbilt

National Association for the
Advancement of Colored People

National Black Leadership
Initiative on Cancer

National Cancer Institute
Cancer Information Service

Oncology Nursing Society

Prostate Cancer Coalition of Tennessee

Rural Health Association of Tennessee

Sisters Network

St. Jude Children's Research Hospital

State of Tennessee Bureau of TennCare

Susan G. Komen Cancer Foundation

Tennessee Academy of Family Physicians

Tennessee Breast and Cervical
Screening Program

Tennessee Cancer Registry

Tennessee Department of Education

Tennessee Department of Health

Tennessee Primary Care Physicians

Tennessee's Men's Health Network

University of Tennessee Extension
& Community-based Health Institutes

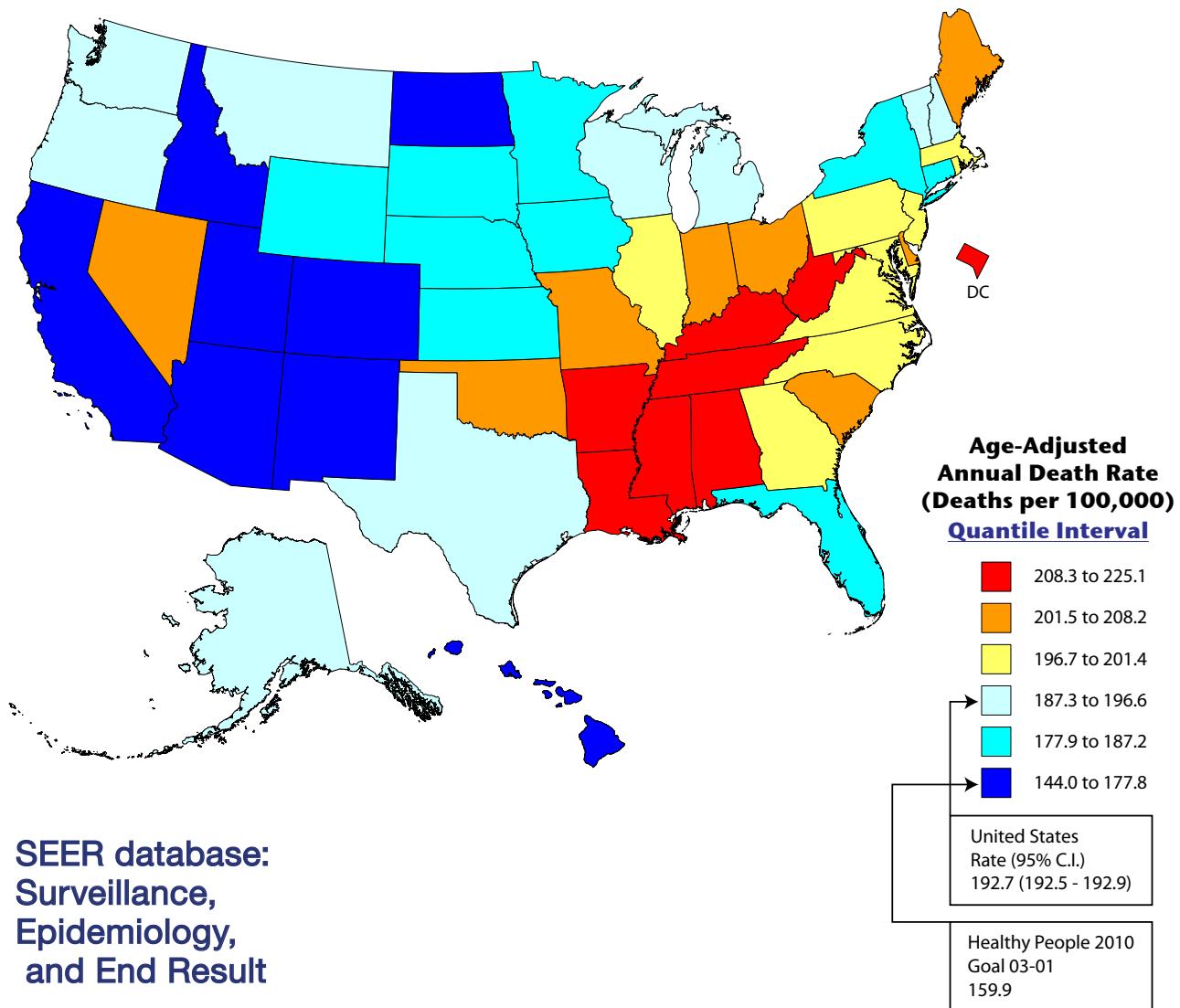
Vanderbilt-Ingram Cancer Center

West Clinic



TN A LEADING STATE FOR CANCER DEATH RATES FOR U.S., 2000-2004

Age-Adjusted Death Rates for United States, 2000-2004
All Cancer Sites
All Races (Includes Hispanic), Both Sexes, All Ages



A P P E N D I X

Table 2. A Comparison of US and TN Cancer Incidence and Mortality Rates, 2000-2004*

	Overall†	Males	Females	White Males	Black Males	White Females	Black Females	National	
Ranking**	2010 Target††								
TN Incidence	435.6	459.2	361.3	457.1	479.2	363.3	349.5	44	
US Incidence	458.2	557.8	413.1	549.7	635.1	418.1	384.1		
TN Mortality	208.7	277.6	172.0	269.0	361.5	167.3	209.3	6	
US Mortality	185.7	238.7	162.2	234.7	321.8	161.4	189.3		159.9
TN Lung Incidence	82.2	100.0	53.6	100.4	97.1	54.4	49.4	3	
US Lung Incidence	67.4	89.0	55.2	88.3	109.2	56.6	51.0		
TN Lung Mortality	68.2	100.9	45.8	99.5	117.4	46.1	44.9	4	
US Lung Mortality	53.3	73.4	41.1	72.6	95.8	42.1	39.8		44.9
TN Female Breast Incidence	109.3	NA	113.9	NA	NA	114.7	106.6	41	
US Female Breast Incidence	117.7	NA	125.3	NA	NA	127.3	111.4		
TN Female Breast Mortality	25.7	NA	26.3	NA	NA	25.0	35.6	11	
US Female Breast Mortality	24.4	NA	25.5	NA	NA	25.0	33.8		22.3
TN Colorectal Incidence	48.4	55.9	41.0	55.1	62.3	40.0	48.9	34	
US Colorectal Incidence	49.5	62.9	45.8	62.2	70.2	44.9	52.9		
TN Colorectal Mortality	19.5	25.7	17.4	24.1	40.2	16.2	27.7	12	
US Colorectal Mortality	17.9	23.5	16.4	22.9	32.7	15.9	22.9		13.9
TN Prostate Incidence	117.5	110.8	NA	106.0	151.5	NA	NA	48	
US Prostate Incidence	145.3	160.8	NA	151.1	239.3	NA	NA		
TN Prostate Mortality	27.9	31.1	NA	27.1	67.9	NA	NA	17	
US Prostate Mortality	25.4	27.9	NA	25.6	62.3	NA	NA		28.8
TN Cervix Incidence	8.5	NA	8.1	NA	NA	7.7	10.8	15	
US Cervix Incidence	7.9	NA	8.8	NA	NA	8.4	12.3		
TN Cervix Mortality	3.0	NA	3.2	NA	NA	2.7	6.9	5	
US Cervix Mortality	2.4	NA	2.6	NA	NA	2.3	4.9		2.2
TN Melanoma Incidence	18.6	13.4	8.8	15.2	--	10.2	0.9	21	
US Melanoma Incidence	17.1	21.1	13.6	23.0	1.0	15.1	0.9		
TN Melanoma Mortality	3.0	4.2	1.8	4.7	0.6	2.0	0.5	14	
US Melanoma Mortality	2.7	3.9	1.7	4.3	0.5	2.0	0.4		2.5

*Incidence and mortality rates per 100,000 population for the 5-year period ending in 2004 and age-adjusted to the U.S. 2000 standard population; Source: Cancer in North America: 2000-2004, North American Association of Central Cancer Registries; NA = not applicable.

**National rankings are based on overall cancer incidence and mortality statistics.

†Overall cancer incidence and mortality statistics are from the State Cancer Profiles website of the National Cancer Institute and are for the last year of the reporting period, 2004.

††Healthy People 2010 target goals for cancer mortality, published by the U.S. Department of Health and Human Services; bold numbering indicates met or exceeded target goal based on Healthy People 2010 recommendations.

Table 1. TN Counties with the Highest Cancer Mortality for Selected Cancers, 2000-2004

TN Counties with the highest cancer death rates per 100,000 population

All Cancer Sites	Lung & Bronchus	Prostate	Breast	Colorectal	Cervix	Melanoma
Lake	Lake	Lauderdale	Cheatham	Grundy	Shelby	Wilson
Marion	Trousdale	Marion	Warren	Clay	Hamilton	Maury
Claiborne	Claiborne	Carter	Grainger	Lauderdale	Davidson	Bradley
Overton	Cheatham	McNairy	Marion	Hardeman	Knox	Rutherford
Lauderdale	Stewart	Shelby	Unicoi	Carroll	Anderson	Sumner
Cocke	Campbell	Lincoln	Cocke	Macon	Bedford	Sullivan
Trousdale	Overton	Rhea	Smith	Henry	Benton	Knox
Grainger	Polk	Unicoi	Dickson	Lewis	Bledsoe	Hamilton
Grundy	Lewis	Hamilton	Lauderdale	Dickson	Blount	Washington
Carroll	Humphreys	Bedford	Tipton	Rhea	Bradley	Davidson

Source: State Cancer Profiles website, National Cancer Institute; results are based on reported rates, age-adjusted to the US 2000 Standard Population

CERVICAL CANCER PREVENTION PLAN

Submitted to Governor of Tennessee and Members of the 2008 General Assembly in fulfillment of Public Acts 2006, Chapter No. 921 on April 1, 2008 by Tennessee Cervical Cancer Elimination Subcommittee, Stephan L. Foster, Pharm.D., FAPhA, Chairperson.

EXECUTIVE SUMMARY

In May 2006, the Tennessee General Assembly established a task force to study the prevalence and burden of cervical cancer in Tennessee to develop strategies for the education of the public and health care providers about cervical cancer prevention and detection and to publish a statewide cervical cancer elimination plan. The task force is called the Tennessee Cervical Cancer Elimination Subcommittee. The 19-member group worked for two years to produce concrete recommendations for eliminating cervical cancer in Tennessee. The report is presented in three chapters, which mirror the duties assigned by the legislature:

- **Chapter 1:** A Review of statistical and qualitative data on the prevalence and burden of cervical cancer;
- **Chapter 2:** Strategies to raise public awareness, value of prevention and early detection, and physician education;
- **Chapter 3:** A Statewide Comprehensive Cervical Cancer Prevention Plan.

No woman in the U.S. should develop or die from cervical cancer. This disease is preventable through regular screening and treatable if detected early. Cervical cancer is caused by infection with the human papillomavirus (HPV), which is the most common sexually transmitted infection in the US. While most HPV infections have no symptoms and resolve without treatment, HPV is of public health importance because persistent infection with certain high-risk types can lead to cervical cancer. Annually in Tennessee, cervical cancer is diagnosed in approximately 250 women and 100 die of the disease, with a greater disease burden experienced by black women.

In June 2006, an HPV vaccine was licensed by the Food and Drug Administration (FDA) for use in females, ages 9-26 years. HPV vaccination is effective and has been shown to decrease cervical cancer rates. It will take many years before the impact of the HPV vaccine is felt; therefore, efforts to detect and treat cervical abnormalities and cervical cancer at early stages must continue and intensify.

The overall recommendations of the Subcommittee are condensed on the following page and explained in depth in the body of the report. The recommendations highlight the importance of providing awareness and education to both the lay public and healthcare providers concerning the importance of preventive screening and HPV vaccination. The overall recommendations are provided as a strategy to eliminate cervical cancer in Tennessee by 2040.

SUBCOMMITTEE RECOMMENDATIONS

To develop and promote a comprehensive statewide prevention plan for cervical cancer, the Subcommittee met over the course of two years, created a plan and compiled these recommendations for cervical cancer control in Tennessee.

- Promote continued Pap testing and routine HPV vaccination of all girls and young women, in accordance with established CDC guidelines, to eliminate the primary biologic cause of cervical cancer
- Maximize the use of federal Vaccines for Children (VFC) Program to vaccinate all eligible young women 11 through 18 years of age against HPV
- Adopt strategies to make HPV vaccine affordable to uninsured or underinsured young women ages 19-26, including appropriation of State funds to purchase vaccine for these women
- Appropriate state funds to fully vaccinate (3 doses at approximately \$126 per dose) 14,000 young women annually in health departments who are ACIP-recommended to receive HPV vaccine, but are not eligible for VFC. Cost estimate: \$5 million/year for 10 years
- Establish an on-going Cervical Cancer Elimination Advisory Committee for oversight and consultation on cervical cancer elimination that will conduct a three-year pilot program to educate the 10 Tennessee counties with the highest incidence rate for cervical cancer. The pilot will be an adaptation of Team-Up Tennessee and feature culturally appropriate, messages and materials provided by the Tennessee Department of Health and the Centers for Disease Control and Prevention (CDC). Cost estimate: \$280,000/year for three years
- Take the pilot education project statewide to educate all Tennesseans about cervical cancer prevention and screening and the importance of the vaccine. Cost estimate: \$655,000/year

- Implement methods for collection of cervical cancer data from primary care providers throughout the State of Tennessee, including the appropriation of funds to establish two new cancer registrar positions within the Tennessee Cancer Registry. Change the cancer reporting laws and rules to enable the collection of precancerous lesions that is currently not permitted
- Advocate the use of liquid-based cytology versus conventional Pap-based slides due to the improved sensitivity achieved in using liquid-based cytology. This would have the effect of capturing more cases, hence improving surveillance
- Encourage healthcare providers to promote strategies that facilitate easy access for the second and third doses in the vaccine series to increase the timeliness of series completion
- Promote effective strategies to increase both appropriate cervical cancer screening and follow-up for abnormal screenings in accordance with established standards of practice
- Provide professional education programs and information for physicians and allied health professionals regarding cervical cancer screening, current standards of care for women with abnormal Pap tests and current information about the vaccine

COALITION LEADERSHIP

Co-Chair, Debra Wujcik, - Vanderbilt-Ingram Cancer Center, Nashville

Co-Chair, Bruce Behringer - East Tennessee State University, Johnson City

Vice-Chair, Robert Clark - St. Jude Children's Research Hospital, Memphis

Secretary/Treasurer, Mary Jane Dewey - Tennessee Dept. of Health, Nashville

Past-Chair, John L. Bell - University of Tennessee, Knoxville

Tara Bankes - Knoxville Dermatopathology Laboratory, Knoxville

Sheila Bates - Vanderbilt -Ingram Cancer Center, Nashville

Angie Beaty - American Cancer Society, Knoxville

Toni Bounds - East Tennessee State University, Johnson City

John Chiaramonte - American Cancer Society, Nashville

Angela Colbert - Memorial Health Care System, Chattanooga

Rejeana Coleman - Northcrest Medical Center, Springfield

Gail Hardin - National Cancer Institute's Cancer Information Service, Nashville

Sandy Hayes - Jackson-Madison County Regional Health Department, Jackson

Donna Henry - Tennessee Department of Health, Nashville

Jennifer Louis - Candlelighters of Middle Tennessee, Nashville

Mike Leventhal - Tennessee Men's Health Network, Knoxville

Gail Lowery - National Cancer Institute's Cancer Information Service, East & West TN

Alecia Malin Fair - Meharry Medical College, Nashville

Pat Matthews-Juarez - Meharry Medical College, Nashville

Nancy McCullough - Nashville General Hospital at Meharry, Nashville

Nipun B. Merchant - Vanderbilt University, Nashville

Tonya Micah - Vanderbilt-Ingram Cancer Center, Nashville

Gina Myracle - West Tennessee Cancer Center, Jackson

Helen Pinkerton - Southside/Dodson Avenue CHCS, Chattanooga

Lee Schwartzberg - The West Clinic, Memphis
Angel Strange - American Cancer Society, Nashville

Anne Washburn - Vanderbilt-Ingram Cancer Center, Nashville

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West TN Coordinator, Gwen Brown, U.T. Medical Group, Memphis

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East TN Coordinator, Linda Cruze, University of Tennessee, Knoxville

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Paul Googe - Knoxville Dermatopathology Laboratory, Knoxville

Gwyneth L. McEuen - Vanderbilt-Ingram Cancer Center, Nashville



**YVONNE MILLS
MEMPHIS, TN
AGE 52
DIAGNOSED IN MAY 2002
WITH BREAST CANCER
WESTERN REGION**

I always had a mammogram and performed self breast exams regularly. There were no signs and I was the first in my family to have cancer. I was talking with a friend and reached down and felt a lump in my breast. I saw my primary care physician soon after and had a mammogram and ultrasound done within a week. From there I was sent to a surgeon and had a lumpectomy 2 weeks later.

The surgery was followed by 3 weeks of chemotherapy and 38 treatments of radiation. It is so important during this time to take of yourself by eating healthy to replenish your good cells.

The difficulty with treatments was the burn I received from the radiation. I was hospitalized from a secondary infection from a radiation burn. Having an allergic reaction to sulfur in the cream caused the infection.

“Faith in God and support from my family, church members, and support group encouraged me.”

“All things are possible and cancer doesn’t mean death. Be positive. Have the will to live.”

“Early detection is so important, don’t be afraid to get the help available.”

“You don’t have to do it alone, there are support groups to help you through.”

TENNESSEE COMPREHENSIVE CANCER CONTROL COALITION

MEMBERSHIP FORM

The purpose of the TCCCC is to develop and implement the **State of Tennessee Comprehensive Control Plan 2009-2012**. The coalition invites individuals and organization with an interest in cancer prevention and control to participate in our mission to “decrease the burden of cancer in Tennessee”.

By completing this form, you will be added to the coalition’s mailing and email list and will be contacted by the **Membership Committee**.

Name: _____

Credentials and Title: _____

Organization: _____

Address: _____

Phone/Fax: _____

Email: _____

I am interested in the following:

- | | |
|--|--|
| <input type="checkbox"/> Tobacco Related Cancers | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Women’s Cancers | <input type="checkbox"/> Disparities |
| <input type="checkbox"/> Colorectal Cancer | <input type="checkbox"/> Lifestyle & Environment |
| <input type="checkbox"/> Prostate Cancer | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Skin Cancer & Melanoma | <input type="checkbox"/> Clinical Trials |
| <input type="checkbox"/> Childhood Cancer | <input type="checkbox"/> Survivorship |
| <input type="checkbox"/> End of Life Care | <input type="checkbox"/> Other _____ |

Please return the form to: Tennessee Comprehensive Cancer Control Program, 425 Fifth Ave. North, Cordell Hull Building, 6th Floor North, Nashville, TN 37243 or fax to (615) 532-7904. If you have questions please call (615) 253-2558 or visit the coalition’s web site at <http://health.state.tn.us/CCCP>.

Place
Stamp
Here

Tennessee Comprehensive Cancer Control Program
425 Fifth Avenue North
Cordell Hull Building
6th Floor North
Nashville, TN 37243



DEPARTMENT OF HEALTH
 TENNESSEE CANCER
COALITION
COMPREHENSIVE CANCER CONTROL PROGRAM