
# 2004-2009 Louisiana Comprehensive Cancer Control Plan

Dedication: "This volume, representing the collective and ongoing efforts of many individuals and agencies, is dedicated to all those in Louisiana whose lives have been affected by cancer."

KATHLEEN BABINEAUX BLANCO
GOVERNOR

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May 11, 2004

Dear Louisianans:

Louisiana's high cancer rate is an issue of great importance to our citizens. In response to these concerns, the Louisiana Legislature has ordered a comprehensive statewide planning process to address the many important cancer issues impacting our state.

In its "Report to the 2003 Louisiana Legislature: Developing A Healthy People 2010 Program for the State of Louisiana," the Louisiana Department of Health and Hospitals lists cancer as the second highest leading cause of death in Louisiana. Seven out of the ten priorities that Louisiana has adopted as its health priorities in this report are addressed in this comprehensive statewide cancer plan.

Cancer has touched us all in some way -- a personal diagnosis or a spouse, parent, child, sibling, or friend who has been diagnosed. Our medical community has responded well to the severe challenges this disease places on our healthcare and social services systems. But our health system can do better. Now is the time to join forces and address this disease by coordinating our many systems, employing our resources more efficiently and effectively, and mobilizing our communities to assist in this fight.

I strongly support the Louisiana Cancer Control Partnership, which has already demonstrated what "Action Through Planning" really means to our state. As we move into the next phase of this journey and work toward the goal of a healthier Louisiana, I welcome your active support and cooperation.

Sincerely,

Kathleen Babineaux Blanco

Kathleen Babineaux Blanco
Governor
State of Louisiana

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**Letter from Governor Kathleen Babineaux Blanco**

Regular Session, 2003

# Senate Concurrent Resolution No. 10

A CONCURRENT RESOLUTION

To recognize the Louisiana Comprehensive Cancer Control Coalition and urge recognition and support for developing a Comprehensive Cancer Control Plan for Louisiana.

WHEREAS, an expected twenty-two thousand six hundred Louisiana residents will be diagnosed with cancer in 2003, according to the American Cancer Society; and

WHEREAS, nine thousand four hundred Louisiana residents are expected to die of cancer in 2003, according to the American Cancer Society; and

WHEREAS, based on cancer incidence rates from the Louisiana Tumor Registry for the years 1991 through 1995, forty-eight percent or about one out of every two males in Louisiana will be diagnosed with invasive cancer during his lifetime; and

WHEREAS, among females in Louisiana, thirty percent, or one of every three, will be diagnosed with invasive cancer during her lifetime, according to the Louisiana Tumor Registry; and

WHEREAS, the Louisiana Tumor Registry reports that a total of forty-four thousand nine hundred eighty-three residents of Louisiana died of cancer during the years 1991 through 1995, averaging about nine thousand cancer deaths per year; and

WHEREAS, cancer remains the second leading cause of death in Louisiana and the mortality rate for all cancers combined was seventy-three percent higher among males, with two hundred and fifty-eight male deaths for every one hundred thousand deaths and one hundred forty-nine female deaths for every one hundred thousand deaths in Louisiana, according to the Louisiana Tumor Registry; and

WHEREAS, Louisiana cancer mortality rates rank among the highest in the nation; and

WHEREAS, the purpose of the Louisiana Comprehensive Cancer Control Coalition (LCCC) is to develop the Louisiana Comprehensive Cancer Control Plan and to develop an effective infrastructure and framework to facilitate the reduction of incidence and mortality from cancer in the state of Louisiana; and

WHEREAS, Comprehensive Cancer Control Planning involves a partnership between the Centers for Disease Control and Prevention, Louisiana State University Health Science Center (LSUHSC), Louisiana Cancer and Lung Trust Fund Board, Louisiana Tumor Registry, American College of Surgeons (ACoS), Office of Public Health, public agencies, state academic and research institutions and community-based private and volunteer organizations whose mission is

to reduce the burden of these diseases, particularly in populations who suffer an inordinate share of cancer; and

WHEREAS, to be good stewards of the resources available to the Louisiana Comprehensive Control Coalition Plan, the initial focus will be on the prevention and control of cancers for which there is sound scientific evidence that interventions are effective in reducing incidence and mortality, and the promotion of implementation of these interventions.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana hereby commends the members of the Louisiana Comprehensive Cancer Control Coalition for their efforts to develop the Louisiana Comprehensive Cancer Control Plan.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the Louisiana Comprehensive Cancer Control Coalition.

{signed by}

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

# Acknowledgements - Special Thanks:

The Louisiana Cancer Control Partnership extends a special thank you to the following:

- Senator Louis J. Lambert, Jr., sponsor of Senate Concurrent Resolution No. 10, Regular Session 2003.

- Louisiana Legislative Women's Caucus - 2003

- Louisiana Legislative Black Caucus – 2004

- The Centers for Disease Control and Prevention, Comprehensive Cancer Control Program for providing the necessary funding under Program Announcement 02060 to develop and produce this comprehensive cancer control statewide plan (Plan).

- The one hundred and eighty (180) individuals and sixty-four (64) agencies that have participated in making this Plan possible. Please refer to Appendix A, B and C for a detailed listing of these partners and acknowledgement of their dedicated contribution.

## *Funding Source*

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# Louisiana Cancer Control Partnership

# Action Through Planning

# Mission Statement

## *National Goal*

To achieve significant reductions in the incidence, morbidity, and mortality of cancer among all citizens through a comprehensive, integrated, and coordinated approach to cancer prevention and control that covers the continuum of care from prevention to palliation.

## *Mission:*

The Louisiana Cancer Control Partnership's—Action Through Planning (LCCP) is a coalition dedicated to reducing cancer disparities by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control delivery beginning with prevention, early detection, treatment, rehabilitation, palliation, and survivorship through the end of life.

## *Louisiana Cancer Control Partnership's Goal:*

**To reduce cancer incidence, morbidity, mortality, and improve the quality of life among all Louisiana citizens.**

Process Outcomes

The Louisiana Cancer Control Partnership will continue to assess the cancer burden in Louisiana and assist in the dissemination and utilization of all relevant and available data that will contribute to its mission stated above.

The Louisiana Cancer Control Partnership will use its available resources to enhance a statewide infrastructure that will serve as the core for implementation of the plan, a clearinghouse for activities, strengthening of activities, and a reduction in duplication of efforts.

The Louisiana Cancer Control Partnership will be responsible for sustaining current partnerships to address cancer issues at a state, regional and local level that will recruit and secure new partners and funding.

The Louisiana Cancer Control Partnership will utilize evidenced-based data and research to plan, implement and evaluate the Plan's outcomes, objectives and strategies on a regular basis.

The Louisiana Cancer Control Partnership will continue to grow its partnerships and recommend allocation of limited resources to deliver a seamless system for a comprehensive approach to cancer control in Louisiana.

## Table of Contents

Symbols used:

| | |
|---|---|
|  | Objectives – the scales represent measurable indicators toward achievement |
|  | Strategies – the chess pieces represent activities used toward achieving objectives |
|  | Advocacy – the gavel represents legislation and policy issues in support of the Cancer Control Plan |

# Executive Summary

Background

In 1980, the Louisiana Cancer and Lung Trust Fund Board (LCLTFB, www.lcltfb.org) was legislatively created to determine policy for the Louisiana Tumor Registry and to distribute funds for cancer research. It was originally housed within the Louisiana Office of Public Health and later moved to the Louisiana State University Health Sciences Center. The board is comprised of twelve public and private institutions and agencies representing the entire State of Louisiana. In 1997 the board drafted the Louisiana Cancer Control Strategic Plan, which was to begin implementation in 1998. The plan was drafted with little input from stakeholders and was never implemented. In 1999, the American Cancer Society began an initiative called Triad, which is a partnership between the American Cancer Society, state tumor registries, and the American College of Surgeon's Commission on Cancer Physician Liaison program. This group was formulated in Louisiana to develop a data driven comprehensive cancer control plan. For two years, the Triad worked to expand its participation to include the state health department, Louisiana State University, Tulane Medical Center and some hospital administrators. In 2000, the LCLTFB staff began the process for revising its current cancer control strategic plan. Both the Triad and the LCLTFB began to merge their efforts in order to maximize the potential for comprehensive cancer control planning through a more coordinated effort. In 2002, the group now known as the "QUAD" submitted an application to the Centers for Disease Control and Prevention (CDC) requesting funding to support comprehensive cancer control planning and was subsequently funded. In October of 2002, the Louisiana State University Health Sciences Center School of Public Health, was funded by the CDC National Comprehensive Cancer Control Program, to develop a comprehensive cancer control plan for the State of Louisiana. Shortly thereafter, a campaign spearheaded by the American Cancer Society was successful in convincing the Louisiana legislature to pass a resolution in support of the development of a comprehensive statewide cancer control plan (Plan).

The National Goal,

> ***To achieve significant reductions in the incidence, morbidity, and mortality of cancer among all citizens through a comprehensive, integrated, and coordinated approach to cancer prevention and control that covers the continuum of care from prevention to palliation.***

was adopted by what is now known as the Louisiana Cancer Control Partnership--Action Through Planning (Louisiana Cancer Control Partnership or LCCP). This action group, which is made up of over 180 members and 64 agencies, throughout the state of Louisiana, was formed in May of 2003.

The legislative resolution opened the door for the process, and the funding received from the CDC allowed the hiring and dedication of staff to this project, which was greatly needed in order to bring the project to fruition. The staff carried out the goals and objectives of the work plan submitted to the CDC, a summary of which follows:

During the first eight months of the project period, five area meetings were held across the state and one open statewide meeting. At these meetings, cancer partners were presented with: the CDC's building blocks for the national campaign to develop statewide comprehensive cancer plans; definition of the mission and goal of Louisiana's plan and its process; presentations of area and state specific disease burden data compared with the United States; a review of summaries of other state plans for discussion on possible formatting and content; and an activity in defining the outline and description of a statewide comprehensive cancer control plan, specifically developed for Louisiana by its partners.

The result of these area meetings was the formation of nine work groups: Burden of Cancer, Disparities, Tobacco Use, Prevention and Early Detection, Treatment and Care, Research, Nutrition and Physical Activity, Advocacy, and Quality of Life. A chair and/or co-chair was nominated for each work group; a responsible Louisiana Cancer Control Partnership staff person was assigned to each work group; members of the LCLTFB volunteered to serve as topic experts for each of the work groups; a timeline was developed; roles and responsibilities of all partners were developed; and an executive committee was formed. Ultimately, after eighteen months and over eighty meetings of reviewing extensive available data and evidenced based programs, a thorough topic expert review, and many drafts of the Plan, this document has been produced.

It is the hope of all members of Louisiana Cancer Control Partnership that this Plan be used by all key stakeholders, partners, families and friends of anyone who has ever been affected by cancer. In an effort to make sure that this Plan is and will be useful to Louisiana residents now and in the future, an extensive evaluation of the Plan is outlined in the evaluation section. This evaluation includes an overall evaluation of the long term, intermediate, short term, and initial outcomes. In addition, the satisfaction of the entire membership who participated in creating and developing the Plan is integral. This will be measured by a survey conducted immediately following the Plan's distribution. This membership satisfaction survey will be tailored to fit the level of participation of Louisiana Cancer Control Partnership's partners. Louisiana Cancer Control Partnership is responsible for re-evaluating and updating the Plan yearly. The Louisiana Cancer Control Partnership will be responsible for evaluating the long term outcomes listed in the plan at the end of 2015, which will serve as the full measurement of the success of this process.

Finally, the Louisiana Cancer Control Partnership would like to give a heartfelt ***thank you*** to all of its partners for contributing to a higher quality of life for Louisiana cancer patients.

# Burden of Cancer in Louisiana

## *All Cancers Combined*

Cancer control through research, prevention, early detection, and advocacy is one of the most important health initiatives facing our country and state. It is estimated that 563,700 Americans will lose their lives to cancer in 2004, including about 9,700 in Louisiana. Louisiana ranked number three in 2001 for overall cancer death rates, behind Washington, D.C., and Kentucky.

The American Cancer Society predicts that 1,368,030 people will be diagnosed with cancer in the United States in 2004; of these, about 23,540 live in Louisiana. In general, the incidence rates for cancer in Louisiana tend not to exceed national rates for all sites combined. Discussions of the individual cancer types to be targeted by the Louisiana Cancer Control Partnership (LCCP) are found on the following pages.

For white women and African-American men and women, the incidence rates for all cancers combined were significantly lower than for their national counterparts in 1996–2000, but white men's rates were significantly higher in Louisiana than nationally. Table 1 summarizes incidence rates for cancers of all sites combined in the state and the nation. (All rates in this summary are age adjusted to the U.S. 2000 standard.) In both the United States and Louisiana, the incidence rates for men were much higher than those for women, and the rates for African-American men surpassed those for white men while those for African-American women were the lowest.

Table 1. Cancer Incidence Rates, All Sites Combined, per 100,000, 1996–2000

| | White men | White women | African American men | African American women |
|---|---|---|---|---|
| Louisiana | 587.6* | 401.9** | 664.0** | 386.4 ** |
| U.S. | 555.9 | 431.8 | 696.8 | 406.3 |

* Louisiana rate is statistically significantly higher than the U.S. rate.
** Louisiana rate is statistically significantly lower than the U.S. rate.

Although incidence rates in Louisiana tend to be lower than or similar to those for the nation as a whole except for white men, mortality rates from cancer are higher in Louisiana than in the United States for all four race/sex groups (Table 2). As with

incidence rates, the mortality rates are higher for men than for women in both the state and the nation. In both geographic areas, mortality is higher for African-American men and women than for whites even though African-American women experience lower incidence than white women. These statistics indicate that African-American men and women bear an unequal burden of cancer. The need for improved access to care and early detection among the medically underserved population is a focus of this LCCP document.

Table 2. Cancer Mortality Rates, All Sites Combined, per 100,000, 1996–2000

| | White men | White women | African American men | African American women |
|---|---|---|---|---|
| Louisiana | 283.6* | 175.0* | 394.9* | 214.1* |
| U.S. | 249.5 | 166.9 | 356.2 | 198.6 |

* Louisiana rate is statistically significantly higher than the U.S. rate.

## *Site-Specific Cancers*

The five most common cancers among men in Louisiana, 1996–2000, were cancers of the prostate (28% of total incidence cases), lung (20%), colon & rectum (12%), bladder (5%), and non-Hodgkin lymphoma (4%). During the same period, the five most common cancers among women were those of the breast (30% of total incidence cases), lung (14%), colon & rectum (12%), corpus uteri (4%) and non-Hodgkin lymphoma (4%). These were also the most frequent diagnoses nationally, except that among women nationwide, ovarian cancer ranked higher than non-Hodgkin lymphoma.

The Louisiana Cancer Control Partnership will focus its efforts on six types of cancer that can be prevented in large part or can be detected at an early stage, when treatment is more effective. The LCCP goals are:

- to reduce the incidence of lung cancer and skin melanomas by lowering the exposure to risk factors
- to reduce the morbidity and mortality from breast, cervical, colon & rectal, and prostate cancers through early detection screening programs, followed by appropriate treatment

Data on incidence, mortality, and behaviors relating to these six cancers are vital to planning intervention programs. A summary of this information is presented below for each site.

1. *Lung Cancer:* Smoking is the most preventable cause of death in our society, as tobacco use is responsible for nearly one in five deaths in the United States. According to the American Cancer Society, lung cancer mortality rates are about 22 times higher for current men who smoke and 12 times higher for current women who smoke than for people who have never smoked. Louisiana ranked 8th for white men, 12th for white women, 2nd for African-American men, and 19th for African-American women in lung cancer mortality rates in the United States in 1996-2000. During the period 1996–2000, an average of 3,341 cases of lung cancer were diagnosed in Louisiana each year, and 2,774 people died from the disease. Table 3 reports the incidence rates for Louisiana and the U.S. All four race/sex groups had higher mortality rates than their national counterparts (see Table 4) even though Louisiana African-American women had significantly lower incidence rates than the U.S.

Table 3. Cancer Incidence Rates, Lung & Bronchus, per 100,000, 1996–2000

| | White men | White women | African American men | African American women |
|---|---|---|---|---|
| Louisiana | 112.4* | 57.3* | 139.0* | 47.9** |
| U.S. | 79.4 | 51.9 | 120.4 | 54.8 |

*Louisiana rate is statistically significantly higher than the U.S. rate.
** Louisiana rate is statistically significantly lower than the U.S. rate.

Table 4. Cancer Mortality Rates, Lung & Bronchus, per 100,000, 1996–2000

| | White men | White women | African American men | African American women |
|---|---|---|---|---|
| Louisiana | 95.5* | 45.2* | 128.2* | 42.7 |
| U.S. | 78.1 | 41.5 | 107.0 | 40.0 |

*Louisiana rate is statistically significantly higher than the U.S. rate.

The above data show that reducing lung cancer incidence and mortality rates through the implementation of a comprehensive tobacco control program must be the highest priority of the Louisiana Cancer Control Partnership.

2. *Breast Cancer:* Breast cancer is the most common cancer among women, accounting for nearly one in three cancers diagnosed among American women. In Louisiana, 1996–2000, an average of 3,184 women were diagnosed annually with breast cancer, 411 with *in situ* disease and 2,773 with invasive breast cancer. As Table 5 shows, Louisiana mortality rates approximated the national levels even though the state's incidence rates were significantly below the national average. Both nationally and in the state, white women had higher incidence than African Americans, but the latter group was more likely to die from the disease.

Table 5. Incidence and Mortality Rates, Female Breast Cancer, per 100,000, 1996–2000

| | Incidence | | Mortality | |
|---|---|---|---|---|
| | Whites | African Americans | Whites | African Americans |
| Louisiana | 125.0** | 114.6** | 27.3 | 38.2 |
| U.S. | 140.8 | 121.7 | 27.2 | 35.9 |

** Louisiana rate is statistically significantly lower than the U.S. rate.

The American Cancer Society recommends annual mammograms for women aged forty and older to detect breast cancer at an early stage. According to the Behavioral Risk Factor Surveillance System, the percentages of Louisiana African-American women and of white women receiving mammography in 2001 were the same, 73.0% and 72.7%, respectively. According to the same survey, whereas 73% of women with a household income of $50,000 or more reported receiving screening in the past year, the number dropped to 64% among women with a household income less than $15,000 per year. Clearly, health initiatives aimed at detecting breast cancer early among African-American and low-income women are integral to the reduction of breast cancer deaths in the state.

3. *Cervical Cancer:* In Louisiana, 1996–2000, an average of 258 women were diagnosed with invasive cervical cancer each year. Table 6 shows that the cervical cancer incidence and mortality rates for Louisiana African-American women exceeded those for their national counterparts. Louisiana ranked 4th among African-American women for cervical cancer mortality between 1997 and 2001. These data underline the need to increase screening among African-American women in Louisiana.

| Table 6. Incidence and Mortality Rates, Cervical Cancer, per 100,000, 1996–2000 | | | | |
|---|---|---|---|---|
| | Incidence | | Mortality | |
| | Whites | African Americans | Whites | African Americans |
| Louisiana | 9.3 | 17.2* | 2.7 | 6.8 |
| U.S. | 9.2 | 12.4 | 2.7 | 5.9 |
| * Louisiana rate is statistically significantly higher than the U.S. rate. | | | | |

4. *Colon & Rectal Cancer:* Colon & rectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer deaths in the United States and in Louisiana among both men and women. Annually, 1996-2000, an average of 2,369 new cases were diagnosed in Louisiana, and 948 deaths were attributed to the disease. The Louisiana colon & rectal cancer incidence rates approximate the U. S. rates for all but white men (Table 7), but the state's mortality rates are higher than the national average for all four race/sex groups (Table 8). The removal of potentially precancerous polyps is a proven method to prevent colon & rectal tumors. According to the Behavioral Risk Surveillance System in 2002, 61% of Louisianians aged 50+ reported in 2002 that they had never had a colorectal cancer screening with a fecal occult blood test, regardless of gender or race. This is one of the lowest compliance rates in the nation for cancer screening, and it shows that for all race-sex groups, colon & rectal cancer early detection awareness and promotion activities are needed.

| Table 7. Cancer Incidence Rates, Colon & Rectum, per 100,000, 1996–2000 | | | | |
|---|---|---|---|---|
| | White men | White women | African American men | African American women |
| Louisiana | 72.9* | 46.7 | 74.7 | 53.6 |
| U.S. | 64.1 | 46.2 | 72.4 | 56.2 |
| *Louisiana rate is statistically significantly higher than the U.S. rate | | | | |

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| Table 8. Cancer Mortality Rates, Colon & Rectum, per 100,000, 1996–2000 | | | | |
|---|---|---|---|---|
| | White men | White women | African American men | African American women |
| Louisiana | 27.6* | 17.6 | 39.1* | 25.3 |
| U.S. | 25.3 | 17.5 | 34.6 | 24.6 |
| *Louisiana rate is statistically significantly higher than the U.S. rate. | | | | |

5. Prostate Cancer: Prostate cancer is the most commonly diagnosed cancer among men and is the second leading cause of cancer death for men in United States and Louisiana. In Louisiana during the five-year period, 1996–2000, an annual average of 2,963 men were diagnosed with the disease, and 552 died from it. Table 9 shows that incidence and mortality rates were markedly higher among African-American men than among whites, both in Louisiana and nationally. Although incidence rates were significantly lower in the state than in the U.S., the Louisiana mortality rates were close to the U.S. averages, indicating that Louisiana men had worse survival with prostate cancer than their national counterparts.

| Table 9. Incidence and Mortality Rates, Prostate Cancer, per 100,000, 1996–2000 | | | | |
|---|---|---|---|---|
| | Incidence | | Mortality | |
| | Whites | African Americans | Whites | African Americans |
| Louisiana | 157.2** | 223.3** | 30.6 | 70.6 |
| U.S. | 164.3 | 272.1 | 30.2 | 73.0 |
| ** Louisiana rate is statistically significantly lower than the U.S. rate. | | | | |

6. Melanoma of the Skin: The American Cancer Society estimates that more than one million new cases of basal and squamous cell cancers of the skin are diagnosed each year. In addition, 55,100 people in the United States will be diagnosed with melanoma of the skin, the most serious type of skin cancer, in 2004. In Louisiana, 1996–2000, an annual

average of 369 melanomas were reported, and an annual average of 90 deaths from melanoma occurred.

According to the Louisiana Tumor Registry, the white male incidence rate for skin melanoma in 1996-2000 was 15.1 while the female rate was 9.4. Those for African American men and women were 1.3 and 1.0, respectively, per 100,000. The Louisiana melanoma incidence rates for whites were significantly below those for the U.S. mortality rates for Louisiana white men were also significantly low while the rates for the other three race/sex groups were consistent with the U.S. Nationally and in the state, white men developed melanoma at a higher rate than white women, and the rates for African Americans were very low. Another focus of the Louisiana Cancer Control Partnership, the reduction of exposure to harmful light rays from the sun or tanning booths, will help reduce the impact of skin cancer.

*Notes:*

U.S. incidence rate estimates presented in this report are from the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute.

Statistical significance: $p \leq 0.05$.

# Outcomes

For the purpose of evaluation, the Louisiana Cancer Control Partnership has developed the following: long term outcomes, intermediate outcomes, short term outcomes and initial outcomes.

Long-term outcomes are defined as outcomes that measure the impact of disease burden, ie, incidence and/or mortality of cancer.

Intermediate outcomes are defined as outcomes that use other means of collecting data for measuring purposes such as BRFSS, Healthy People 2010, or these outcomes might pertain to an Objective that might take five years to accomplish because of its complexity, such as develop statewide programs in each of the nine regions of the state.

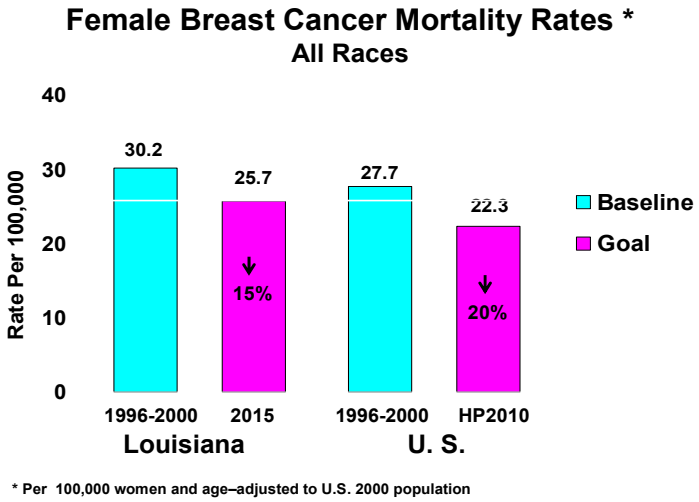
Short-term outcomes are defined as Objectives and are located within the Plan itself, within the individual sections. Objectives will be accompanied by activities and/or strategies that are followed by responsible parties, resources available, resources needed and participating partners.

Initial outcomes are defined as the activities listed in Louisiana Cancer Control Partnership's Mission Statement on page ii.

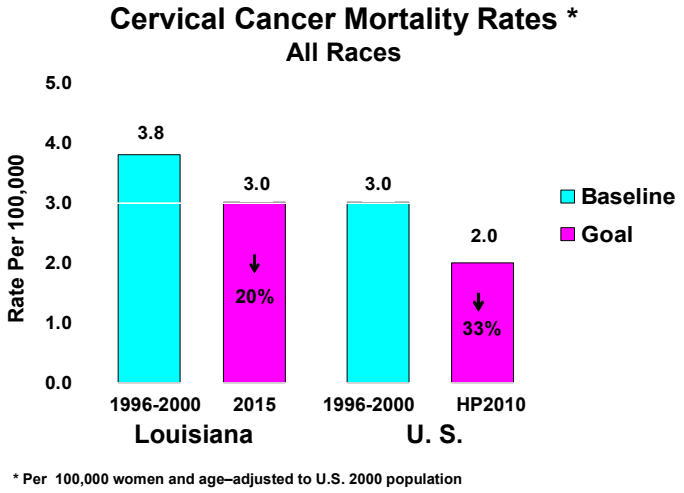
## *Long Term Outcomes:*

Reducing Mortality: By 2015:

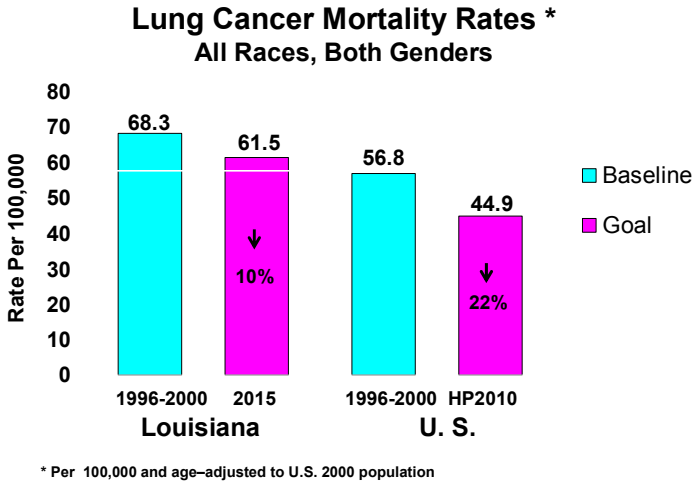
Reduce breast cancer mortality rates in Louisiana (all races) women from 30.2 per 100,000 to 25.7 (15% reduction). (National: 27.7; HP2010: 22.3, 20% improvement, Data Source: NVSS, CDC, NCHS)



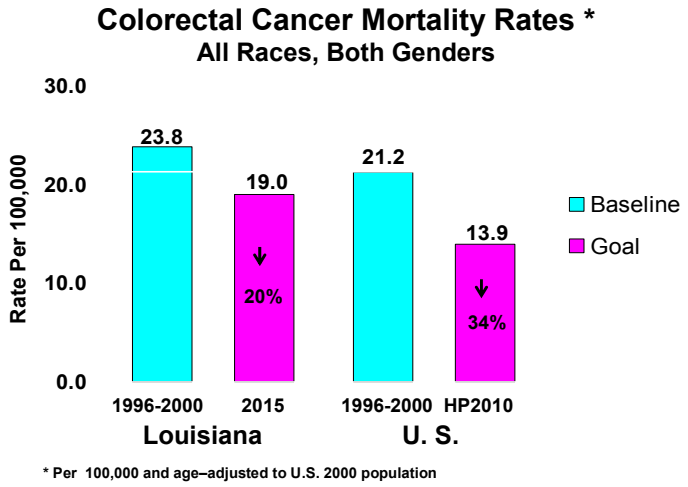
Reduce cervical cancer mortality rates in Louisiana women (all races) from 3.8 per 100,000 (LTR) to 3.0 (20% improvement). (National: 3.0, HP2010: 2.0, Data Source: NVSS, CDC, NCHS)



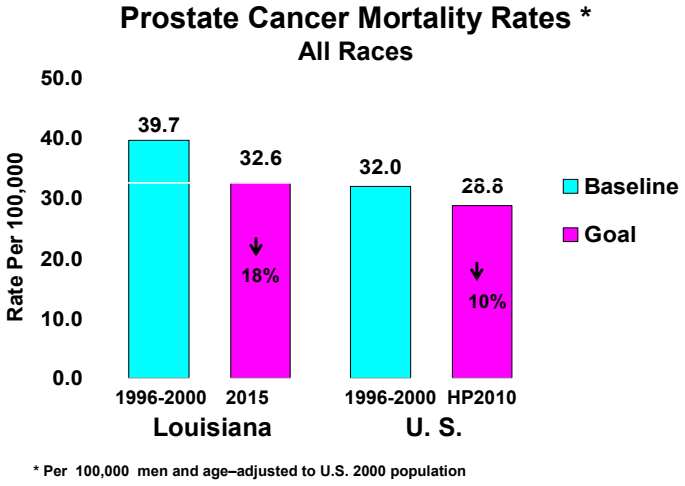

Reduce lung cancer mortality rates in Louisiana (all races, both genders) from 68.3 per 100,000 to 61.5 (10% improvement). (National: 56.8; HP2010: 44.9, 22% improvement, Data Source: NVSS, CDC, NCHS)



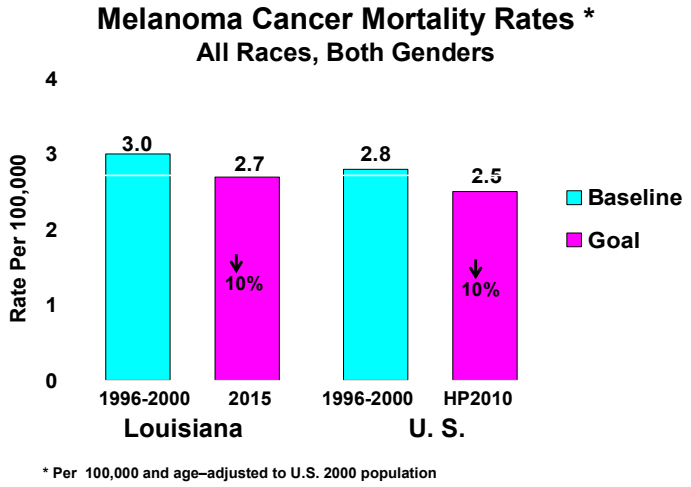
Reduce colorectal cancer mortality rates in Louisiana (all races, both genders) from 23.8 per 100,000 to 19.0 (20% improvement). (National: 21.2; HP2010: 13.9, 34% improvement, Data Source: NVSS, CDC, NCHS)




Reduce prostate cancer mortality rates in Louisiana men (all races) from 39.7 per 100,000 to 32.6 (18% improvement). (National: 32.0; HP2010: 28.8, 10% improvement, Data Source: NVSS, CDC, NCHS)

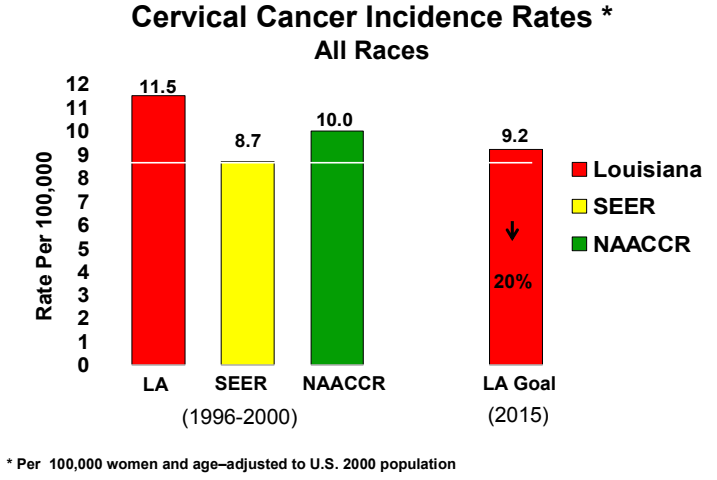


Reduce melanoma cancer mortality rates in Louisiana (all races, both genders) from 3.0 per 100,000 to 2.7 (10% improvement). (National: 2.8; HP2010: 2.5, 10% improvement, Data Source, NVSS, CDC, NCHS)

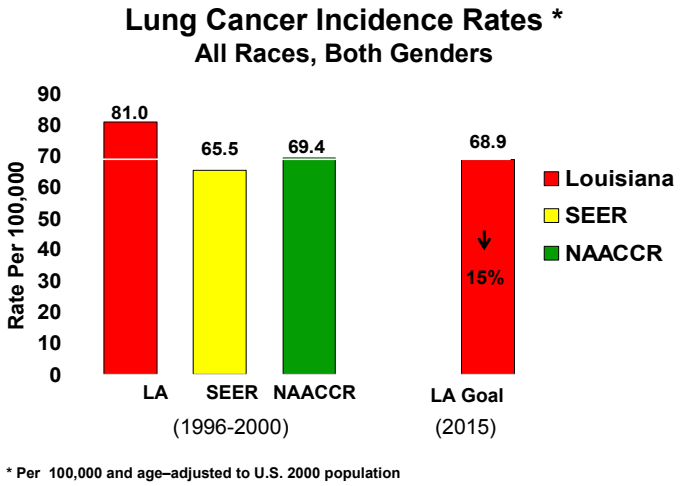



**Reducing Incidence**: By 2015:

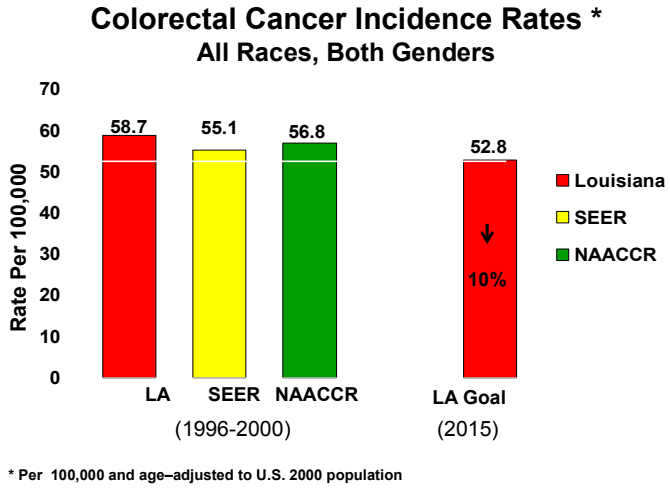
Reduce cervical cancer incidence rates in Louisiana women (all races) from 11.5 per 100,000 to 9.2 (20% improvement). U.S. rates: 8.7 (SEER); 10.0 (NAACCR)



Reduce lung cancer incidence rates in Louisiana (all races, both genders) from 81.0 per 100,000 to 72.9 (10% improvement). U.S. rates: 65.5 (SEER); 69.4 (NAACCR).




Reduce colorectal cancer incidence rates in Louisiana (all races, both genders) from 58.7 per 100,000 to 47.0 (20% improvement). U.S. rates: 55.1 (SEER); 56.8 (NAACCR)

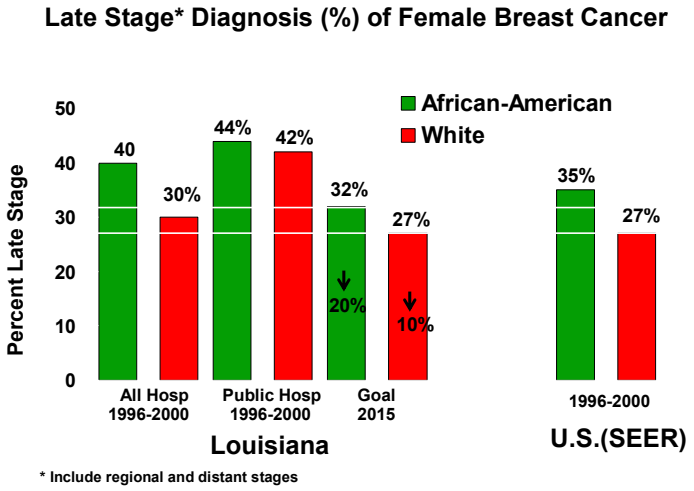



*Note: The above rates cover the years 1996-2000. They are average annual rates per 100,000 and are age adjusted to the 2000 US Standard population.*

**Reduce Morbidity**: By 2015:

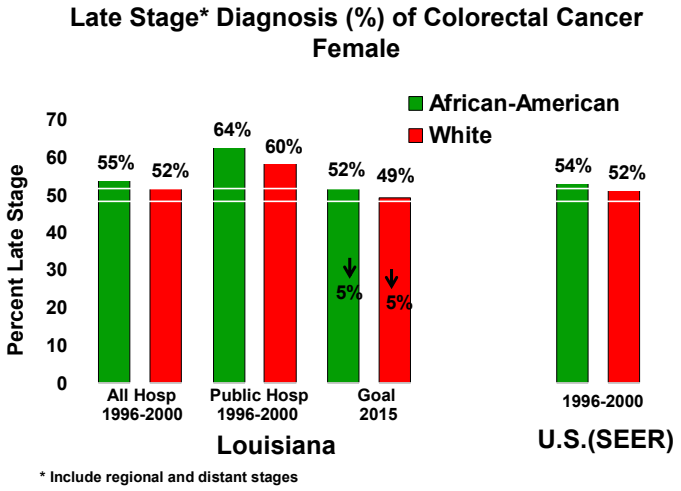
Reduce late stage diagnosis of breast cancer in Louisiana AA women from 40% to 32% (20% improvement). (US is 35%, LA public hospitals is 44 %)

Reduce late stage diagnosis of breast cancer in Louisiana white women from 30% to 27% (10% improvement). (US is 27%, LA public hospitals is 42%):



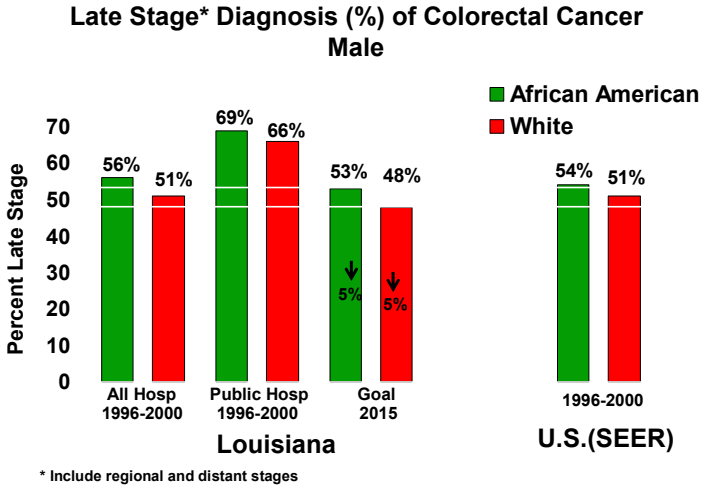

Reduce late stage diagnosis of colorectal cancer in Louisiana AA women from 55% to 52% (5% improvement). (US is 54%, LA public hospitals: 64%)

Reduce late stage diagnosis of colorectal cancer in Louisiana white women from 52% to 49% (5% improvement). (US is 52%, LA public hospitals: 60%)




Reduce late stage diagnosis of colorectal cancer in Louisiana AA men from 56% to 53% (5% improvement). (US is 54%, LA public hospitals: 69%)

Reduce late stage diagnosis of colorectal cancer in Louisiana white men from 51% to 48% (5% improvement). (US is 51%, public hospitals: 66%)




*Note: The above percentages cover the years 1996-2000. Late stage is defined as cases with regional or distant spread.*

## *Intermediate Outcomes:*

By 2009, increase the Louisiana excise tax on tobacco products from 36 cents to the national average of 74 cents (the 2004 national average), and advocate for money from tobacco excise taxes to be dedicated for comprehensive tobacco control.

By 2009, reduce the number of Lousiana adults age 18 and older who use tobacco products from 23.9% to 20%. (BRFSS, 2003)

By 2009, reduce the percentage of Louisiana middle school youth who use tobacco products from 17.1% to 15% (YTS, 2000-2001).

By 2009, meet or exceed the Centers for Disease Control and Prevention's recommended minimum expenditures for tobacco control for the State of Louisiana.

By 2010, increase the number of Louisiana adults who participated in any physical activities during the past month from 66.5% to 73.2% (10% improvement, BRFSS, 2002).

By 2010, increase the proportion of Louisiana adults from 20.1% to 24.1% who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10:00 am and 4:00 pm, wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun-protective factor (SPF) of 15 or higher, and avoid long periods in the sun (10% improvement, BFRSS, 2000).

By 2010, increase from 47.2% to 51.92% biennial mammography utilization by the population of women enrolled in Louisiana Medicare Part B. (Medicare Paid Claims Data: 2000 and 2001 – 47.2% Overall; 50.1% white, 37.5% AA, 34.6% Other-all %'s calculated on number of eligible beneficiaries) (10% increase).

By 2010, increase the percentage of eligible women participating in the Louisiana Breast & Cervical Health Program from 3% to 15%. (US Census Data provided by the Centers for Disease Control and Prevention: 106,674 women eligible, aged 40-64 for cervical screening, and aged 50-64 for breast screening, uninsured, income with 250% of FPL, 3 year average 1999-2001).

By 2010, increase the proportion of Louisiana women aged 40 years and older who have received a mammogram within the preceding two years from 75.2% to 77%. (BRFSS, 2002; HP 2010 Target: 77%).

By 2010, increase the proportion of Louisiana women aged 18 years and older who have ever received a Pap test from 93.4% to 97%. (BRFSS, 2002; HP 2010 Target: 97%).

By 2010, increase the proportion of Louisiana women aged 18 years and older who received a Pap test within the preceding three years from 82.9% to 90%. (BRFSS, 2002; HP 2010 Target: 90%).

By 2009, assess the capacity of Louisiana providers to provide recommended colorectal screening and appropriate follow up to Louisiana citizens age 50 and older.

By 2009, ensure that the fecal blood occult test is used in all of the Health Care Service Delivery facilities.

By 2010, increase the proportion of adults 50 years and older who have received a fecal occult blood test within the preceding two years from 27.8% to 35.3%. (BRFSS, 2002; HP 2010 Target: 35.3%).

By 2010, increase the proportion of Louisiana adults aged 50 years and older who have ever received a sigmoidoscopy from 40.6% to 50%. (BRFSS, 2002; HP 2010 Target).

By 2010, establish at least one community based client navigator program in each of the nine Louisiana Department of Health and Hospitals' regions.

By 2009, increase the opportunities for individuals to access medical care during non-traditional hours in five (New Orleans, Baton Rouge, Lafayette, Shreveport, Monroe) of the nine of Louisiana's Department of Health and Hospitals' regions.

By 2009, ensure at least one cancer early detection community based provider in each of the nine of Louisiana's Department of Health and Hospitals' regions.

By 2009, ensure that cultural competence curricula are incorporated within the training programs at all three medical schools and thirteen nursing schools in Louisiana.

By 2009, establish a culturally appropriate library of cancer related materials for health care professionals and their clients in Louisiana.

By 2009, increase the percentage of nurses certified in palliative care in Louisiana from .19 to .37. (National Hospice and Palliative Care, Last Acts,2002).

By 2009, increase the percentage of physicians certified in palliative care in Louisiana from .22 to .87. (National Hospice and Palliative Care, Last Acts, 2002).

By 2009, increase the number of Louisiana services that were reported being provided for supportive care to cancer patients, survivors, and family members, from 398 services to at least 500 services. (LCCP Cancer Resource Inventory, preliminary data, 2003).

By 2009, increase the percentage of Louisiana patients enrolled in hospice care at the time of their death from 19.7 to the national average while under hospice care (varies yearly).

## *Short Term Outcomes:*

Please refer to the Objectives listed within each section of the Plan for a full listing of short-term outcomes.

# Cancer Burden

The Cancer Burden section will explore and identify data resources that will provide information on cancer burden in Louisiana residents for cancer control. These data will include, morbidity and mortality in addition to estimated years lost due to cancer (and economic impact). While detailed data are preferred, they need to be balanced with stability of rates and patient confidentiality.

## Goal 1: To provide timely cancer incidence by gender, race, geographic area and socioeconomic status (SES).

Objective 1.1 By 24 months after the close of a diagnosis year (shortly after data submission to SEER), list the top 5 most frequently diagnosed cancers by region and parish of Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Reporting Facilities and the Louisiana Cancer Registrars' Association

Objective 1.2 By 24 months after the close of a diagnosis year (shortly after data submission to SEER), compile cancer incidence statistics (counts and age-adjusted rates) by region/geographic area for different gender-race groups in Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Reporting Facilities and the Louisiana Cancer Registrars' Association

Objective 1.3 By January 2005, develop a socioeconomic status (SES) index for each parish in Louisiana 

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center School of Public Health and National Cancer Institute

Objective 1.4 By December 2005, compile cancer incidence statistics (counts and age-adjusted rates) by socioeconomic status (SES) in Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center School of Public Health and the National Cancer Institute

## Goal 2: To provide timely cancer mortality data by gender, race, geographic area and socioeconomic status (SES).

Objective 2.1 After the close of state mortality file each year (about 24 months), list top 5 cancer deaths and counts in each region and parish in Louisiana.

Lead: Office of Public Health, Vital Statistics
Partners: Louisiana Tumor Registry

Objective 2.2 After the close of state mortality file each year (about 24 months), compile cancer mortality statistics (counts and age-adjusted rates) by region/geographic area for different gender-race groups in Louisiana.

Lead: Louisiana Tumor Registry
Partners: Office of Public Health, Vital Statistics

Objective 2.3 After the close of state mortality file each year (about 24 months), compile cancer mortality statistics (counts and age-adjusted rates) by socioeconomic status (SES) in Louisiana.

Lead: Louisina Tumor Registry
Partners: Louisiana State University Health Sciences Center School of Public Health and National Cancer Institute

## Goal 3: To identify gaps and disparities among racial-gender groups and geographic areas.

Objective 3.1 Compare and test statistical significance in the differences of cancer incidence rates and mortality rates among racial-gender groups and geographic areas in the Annual Louisiana Tumor Registry monographs.

Lead: Louisiana Tumor Registry
Partners: Office of Public Health

Objective 3.2 By 2005, compare and test the statistical significance of the differences among proportions of late stage at diagnosis for breast and colorectal cancers by racial-gender group and geographic area in Louisiana.

Lead: Louisiana Tumor Registry
Partners: Louisiana Cancer Control Partnership

Objective 3.3 By 2005, develop GIS technology to identify "high risk" groups or geographic areas in Louisiana.

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center School of Public Health

Objective 3.4 In 2006 utilize GIS technology to identify "high risk" groups or target areas for cancer control in Louisiana.

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center School of Public Health

## Goal 4: To develop indicators or surrogates for measuring access to cancer care.

Objective 4.1 By December 2005, compute mortality-to-incidence rate ratios by gender-racial group and geographic area in Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Office of Public Health

Objective 4.2 By December 2005, calculate the proportion of women with greater than 2 cm breast cancer at the time of diagnosis by race/ethnicity and geographic area in Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center, School of Public Health

Objective 4.3 By December 2005, compute time intervals between date of diagnosis and date of first treatment by racial-ethnic group and geographic area in Louisiana. 

Lead: Louisiana Tumor Registry
Partners: Louisiana State University Health Sciences Center, School of Public Health

## Goal 5: To develop a "cancer report card" for each region that includes progress made towards Healthy People 2010 goals on cancer rates, risk factors, screening rates, etc.

Objective 5.1 By July 2005, compile Healthy People 2010 goals on cancer mortality rates, cancer risk factors and cancer screening rates in Louisiana. 

Lead: Lousiana Cancer Control Partnership
Partners: American Cancer Society and Louisiana Tumor Registry

Objective 5.2 By July 2006, develop a prototype of the "Cancer Report Card" that includes region-specific cancer incidence and mortality rates, risk factors and cancer screening rates in Louisiana. 

Lead: Louisana Cancer Control Partnership
Partners: Louisiana Tumor Registry and Office of Public Health

Objective 5.3 By January 2007, issue a "Cancer Report Card" for each region in Louisiana 

Lead: Louisiana Cancer Control Partnership
Partners: American Cancer Society and Louisiana Tumor Registry

## Goal 6: To estimate years lost (and economic impact) due to cancer in Louisiana.

Objective 6.1 By January 2006, estimate years lost due to cancer death in Louisiana residents. 

Lead: Louisiana State University Health Sciences Center School of Public Health and Louisiana Tumor Registry
Partners: American Cancer Society and Louisiana Cancer Control Partnership

Objective 6.2 By January 2006, estimate the economic impact on Louisiana, resulting from cancer morbidity and mortality 

Lead: Louisiana State University Health Sciences Center School of Public Health and LouisianaTumor Registry
Partners: American Cancer Society and Louisiana Cancer Control Partnership

## Goal 7: To explore and identify data sources on cancer risk factors, use of cancer screening tests by gender-racial group and geographic area, in partnership with other work groups.

Objective 7.1 By 2005, estimate the proportion of the Louisiana population who are smokers or overweight or eat fewer than the desired number of portions of fruit and vegetables by geographic area. 

Lead: Louisiana Cancer Control Partnership
Partners: Louisiana Tumor Registry and Office of Public Health-BRFSS

Objective 7.2 By December 2005, provide estimates of the Louisiana population who are in compliance with cancer screening guidelines. 

Lead: Louisiana Cancer Control Partnership
Partners: Louisiana Tumor Registry and Office of Public Health-BRFSS

# Tobacco Use

The Tobacco Use section focuses primarily on tobacco prevention and control efforts in Louisiana. The goal will be to increase the coordination of prevention, cessation, treatment, policy, and awareness activities as they relate to tobacco use in Louisiana. Some specific areas that will be included in the coordination activities are: increasing smoking cessation attempts, reducing secondhand smoke exposure, reducing smoking initiation, reducing smokeless tobacco activities, and tobacco related prevention activities. Some methods to be used include tobacco counter-marketing campaigns; promoting cessation services and quit lines (e.g., NCI's Cancer Information Service, American Lung Association, Tobacco Prevention & Control Program); school and community programs; statewide coordination efforts; and surveillance. The result of the collective efforts will be increased and improved awareness, knowledge, and attitudes regarding smoking. Those implementing the strategies of this section will be coordinated closely with other statewide efforts that are already in place.

## *The Burden of Tobacco in Louisiana:*

Tobacco addiction and its deleterious effects are among the greatest health concerns in the United States. More than 440,000 deaths in this country are attributed to tobacco use each year (Centers for Disease Control and Prevention, 2004). The 2004 Surgeon General's Report lists a host of cancers caused by tobacco use: Lung, bladder, cervical, esophageal, kidney, stomach, pancreas, and oral cancers, and leukemia. In addition to this national epidemic, the Louisiana Department of Health and Hospitals Office of Public Health (2000) reported the following startling statistics:

- Tobacco causes more death and disability in Louisiana each year than AIDS, alcohol, car crashes, murders, suicides, and illegal drugs combined.
- Approximately 100,000 youth in Louisiana who are currently using tobacco are projected to die prematurely due to smoking.
- Persons who die as a result of smoking related illness would have lived an average of 15 years longer had they not smoked.
- Approximately one in four Louisiana adults (24.1%) are current smokers.
- Approximately 90% of all smoking initiation occurs before the age of 18 and one in four Louisiana children have tried cigarettes by the 6th grade.
- In Louisiana, excise tax for smokeless tobacco is only 20% of the manufacturer's price. In other states, this excise tax is reported to be as high as129% of the manufacturer's prices.
- According to the 2000 BRFSS data, overall, four percent of the adult population currently uses smokeless tobacco products. Eight percent of all the adult men and almost no women (0.1%) reported current use of smokeless tobacco.

In addition to cancer, there is also a strong correlation between smoking and other forms of lung disease, such as asthma and bronchitis, and the development of heart disease. Through information gathered for the SAMMEC study, Louisiana Office of Public Health (1999) reports that smoking is responsible for 60% of respiratory disease related deaths. In terms of specific diseases, smoking was considered a primary factor for 85% of deaths due to bronchitis and emphysema and 78.3% of deaths from chronic airway obstructive disease. Finally, according to the report, smoking is responsible for over 25% of all deaths due to heart disease in Louisiana. (The health consequences of smoking: a report of the Surgeon General, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Washington, DC 2004.)

In addition to the high costs of tobacco in terms of physical health, the state of Louisiana also faces staggering economic costs. According to the 1999 Smoking Attributable Mortality and Morbidity Economic Costs (SAMMEC) Report, Louisiana Office of Public Health (OPH) estimates that tobacco use costs the state of Louisiana approximately $2,813,000,000 annually ($645 per capita). This total reflects $1,151,000,000 in direct costs such as ambulatory care, hospitalizations, and other related medical services. The remaining $1,663,000,000 of the state total reflects indirect costs of tobacco use due to premature death and lost productivity (OPH, 1999).

The concerns of citizens over this problem have been amply demonstrated by Ed Renwick's 2002 poll "Opinions and Attitudes of the Voters of the State of Louisiana Regarding Selected Issues." For instance, two thirds of the registered voters polled noted that they were very concerned about tobacco use by young people. The voters interviewed were also interested in issues beyond tobacco use in children. Over three-fourths of respondents (78%) were concerned to some degree about the dangers of second hand smoke (55% very concerned and 23% somewhat concerned). This concern is echoed in that a total of 63% of those polled strongly favored giving Louisiana Communities the option of passing laws in their own areas to restrict smoking in public areas.

## *Healthy People 2010 Objectives for the Tobacco Priority Area*

In January 2000, the Department of Health and Human Services launched Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda. Healthy People 2010 contains 467 Objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. Objectives from Healthy People 2010 which are specific to tobacco use are as follows:

27-1 Reduce tobacco use by adults.

- Reduce cigarette smoking by adults aged 18 years and older to 12%.
- Reduce spit tobacco use by adults aged 18 years and older to 0.4%.
- Reduce cigar use by adults aged 18 years and older to 1.2%.
- Reduce use of other tobacco products by adults aged 18 years and older (Developmental).

27-2 Reduce tobacco use by adolescents.

- Reduce use of tobacco products in past month by students in grades 9 through 12 to 21%.
- Reduce use of cigarettes in past month by students in grades 9 through 12 to 16%.
- Reduce use of spit tobacco in past month by students in grades 9 through 12 to 1%.
- Reduce use of cigars in past month by students in grades 9 through 12 to 8%.

27-3 Reduce the initiation of tobacco use among children and adolescents (Developmental).

27-4 Increase the average age of first use of tobacco products by adolescents and young adults.

- Increase the average age of first use of tobacco products by adolescents aged 12 to 17 years to 14 years of age.
- Increase the average age of first use of tobacco products by young adults aged 18 to 25 years to 17 years of age.

27-5 Increase smoking cessation attempts by adult smokers to 75%.

27-6 Increase smoking cessation during pregnancy to 30%.

27-7 Increase tobacco use cessation attempts by adolescent smokers to 84%.

27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency.

- Increase insurance coverage of evidence-based treatment for nicotine dependency by managed care organizations to 100%.
- Increase insurance coverage of evidence-based treatment for nicotine dependency by Medicaid programs in States and the District of Columbia to 51%.
- Increase insurance coverage of evidence-based treatment for nicotine dependency by all insurance providers (Developmental).

27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%.

27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to 45%.

27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events to 100%.

27-12 Increase the proportion of work sites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%.

27-13 Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and work sites.

- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in private workplaces in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public workplaces in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in restaurants in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public transportation in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in day care centers in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in retail stores in all 51 jurisdictions.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas on Tribal properties (Developmental).
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in U.S. Territories (Developmental).

27-14 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

- Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all 50 States and the District of Columbia.
- Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all U.S. territories.

27-15 Increase the number of States and District of Columbia that suspend or revoke State retail licenses for violations of laws prohibiting the sale of tobacco to minors to 51.

27-16 Eliminate tobacco advertising and promotions that influence adolescents and young adults (Developmental).

27-17 Increase adolescents' disapproval of smoking.

- Increase 8th grade adolescents' disapproval of smoking to 95%.
- Increase 10th grade adolescents' disapproval of smoking to 95%.
- Increase 12th grade adolescents' disapproval of smoking to 95%.

27-18 Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs (Developmental).

27-19 Eliminate laws that preempt stronger tobacco control laws in all states.

27-20 Reduce the toxicity of tobacco products by establishing a regulatory structure to monitor toxicity (Developmental).

27-21 Increase the average Federal and State tax on tobacco products.

- Increase the average Federal and State tax on cigarettes to $2.00.
- Increase the average Federal and State tax on spit tobacco to (Developmental)

***NOTE: As used herein "tobacco use" refers to the use of any tobacco product, including cigarettes, pipes tobacco, cigars, as well as smokeless tobacco ("spit tobacco") and any other tobacco-based product.***

Overall Goal: To reduce the risk, incidence, morbidity, mortality and economic impact of tobacco-related cancers in Louisiana.

## Goal 8: To reduce the number of Louisiana residents who use tobacco products

Intermediate Outcome:

By 2009, increase the Louisiana excise tax on tobacco products from 36 cents to the national average of 74 cents (the 2004 national average), and advocate for money from tobacco excise taxes to be dedicated for comprehensive tobacco control.

By 2009, reduce the number of Louisiana adults age 18 and older who use tobacco products from 23.9% to 20%. (BRFSS, 2003)

By 2009, reduce the percentage of Louisiana middle school youth who use tobacco products from 17.1% to 15% (YTS, 2000-2001).

By 2009, meet or exceed the Centers for Disease Control and Prevention's recommended minimum expenditures for tobacco control for the state of Louisiana.

Objective 8.1: Reduce youth tobacco use initiation through increased public education and awareness initiatives 

Strategies: 

- Offer school based programs to teach youth about the short term, image based consequences of tobacco usage – including cigarettes as well as smokeless tobacco, the cost associated with tobacco use, and advertising techniques used by the tobacco industry to attract new tobacco consumers. Encourage children who do not smoke not to start.

  Lead: Department of Education, Louisiana Campaign for Tobacco-Free Living
  Partners: Cancer Association of Greater New Orleans, NCI's Cancer Information Service, Drug Abuse Resistance Education, Healthy Lifestyle Choices, Louisiana State University-Shreveport, Office of Addictive Disorders, School Nurses, Tar Wars (American Academy of Family Physicians)

- Ensure that tobacco retailers are complying with the law by not selling tobacco products to children under eighteen. Retailers will be periodically checked to ensure that they are not selling tobacco products, including smokeless (spit) tobacco to individuals under eighteen and that retailers are requesting proper identification.

  Lead: Office of Addictive Disorders
  Partners: Alcohol and Tobacco Control Compliance group, and the Tobacco Enforcement Unit (established by the Attorney General for Louisiana)

- Develop media-based tobacco counter marketing campaigns targeted at teens and young adults to prevent smoking among youth. The campaigns will use video, audio, Internet, and print materials made available from other states and the Centers for Disease Control and Prevention as well as newly developed materials.

  Lead: Louisiana Campaign for Tobacco-Free Living, Louisiana Office of Public Health Tobacco Control Program
  Partners: NCI's Cancer Information Service, Coalition for a Tobacco-Free Louisiana

Objective 8.2: Provide support for adult, youth and pregnant tobacco users trying to quit. 

Strategies: 

- Offer Medicaid and high-risk patients, and clients of the Maternal and Child Health Program referrals to established smoking cessation programs.

  Lead: Office of Public Health Tobacco Control Program
  Partners: American Cancer Society, American Lung Association, American Heart Association, Louisiana Campaign for Tobacco-Free Living with the Health Care Services Division , Louisiana State University-New Orleans Office of Public Health Maternal and Child Health Unit, Public Health Units, Louisiana State University Shreveport

- Increase funding for hospital-based cessation programs to increase accessibility for all smokers.

  Lead: Louisiana Tobacco Prevention Cessation Program
  Partners: American Lung Association, NCI's Cancer Information Service, Office of Public Health Tobacco Control Program

- Promote existing telephone quitlines to increase referrals to community services for support in cessation and maintenance of cessation.

  Lead: Louisiana Tobacco Prevention Cessation Program
  Partners: American Lung Association, NCI's Cancer Information Service, Office of Public Health Tobacco Control Program

- Provide school-based programs to encourage and assist youth smokers to quit, through school-based curricula, extra-curricular programs (e.g., sports, hobby clubs), and alternative activities.

  Lead: Office of Public Health Tobacco Control Program
  Partners: American Cancer Society, American Lung Association, Cancer Association of Greater New Orleans, Coalition for a Tobacco-Free Louisiana, Department of Education, Drug Abuse Resistance Education and Sheriff's Office, Tar Wars/AAFP

- Provide directory of venues for smoke-free social activities (e.g., smoke-free restaurants, bowling alleys, and other social and entertainment opportunities) to promote smoke-free social interaction for adults and youth.

  Lead: Office of Public Health Tobacco Control Program
  Partners: American Cancer Society, CHARGE Coalition (Acadiana) Coalition for a Tobacco-Free Louisiana, NoSE Coalition

- Promote faith-based and community-based programs to encourage and support adults and youth desiring to quit smoking.

  Lead: Office of Public Health Tobacco Control Program
  Partners: Louisiana Campaign for Tobacco-Free Living, Partners in Wellness

Objective 8.3: Eliminate racial, geographic, gender and economic disparities in tobacco use and its effects among different populations. 

Strategies:

- Coordinate referrals to cessation services for uninsured and underinsured populations through state sponsored programs. This includes community clinics, freedom from smoking clinics and clinics in the state hospital system.

  Lead: Louisiana Campaign for Tobacco-Free Living
  Partners: American Lung Association, NCI's Cancer Information Service, Louisiana Office of Public Health Tobacco Control Program, Louisiana State University Health Sciences Center-New Orleans, Louisiana State University Health Sciences Center-Shreveport

- Develop curricula for traditional health education programs (e.g., medical schools, nursing schools, dental schools) and continuing education and training models for practitioners in health care settings to take advantage of limited options to counsel underserved populations regarding cessation.

  Lead: Louisiana Campaign for Tobacco-Free Living
  Partners: American Cancer Society, American Lung Association, NCI's Cancer Information Service, Louisiana Office of Public Health Tobacco Control Program, Louisiana State University Health Sciences Centers in New Orleans and Shreveport, State Medical Society, State Dental Society, State Nursing Association, Tulane University Health Sciences Center, Xavier University School of Pharmacy

- Provide population specific tobacco control programming grants for underserved communities in Louisiana.

  Lead: Louisiana Office of Public Health Tobacco Control Program, Louisiana Campaign for Tobacco-Free Living
  Partners:

Objective 8.4: Support policy changes and legislative efforts to reduce the use of tobacco products through increase of tobacco excise tax, repeal of preemption in the state clean indoor air law, sustaining tobacco excise tax dollars dedicated to tobacco control, voluntary smoking policy adoption and promotion of local ordinance campaigns

Strategies:

- Community grants regarding statewide tobacco programs will require public education related to the benefits of tobacco excise tax increases, the importance of sustaining tobacco control funding, restoring local control, and adoption of local ordinances.

  Lead: Louisiana Office of Public Health Tobacco Control Program
  Partners: American Academy of Family Physicians (Tar Wars), Louisiana Campaign for Tobacco-Free Living, Office of Addictive Disorders

- Provide technical assistance regarding the passage of voluntary organizational smoking policies across the state.

  Lead: Coalition for a Tobacco-Free Louisiana
  Partners: American Cancer Society, American Heart Association, American Lung Association, Louisiana Campaign for Tobacco-Free Living, Louisiana Office of Public Health Tobacco Control Program, Peers Against Tobacco

- Organizations with lobbying abilities will continue efforts to further repeal preemption in the state Clean Indoor Air Law as well as protecting tobacco excise tax dollars dedicated to tobacco control. Such activities should also be incorporated in statewide youth advocacy initiatives.

  Lead: Coalition for a Tobacco-Free Louisiana
  Partners: American Cancer Society, American Heart Association, American Lung Association, CHARGE Coalition (Acadiana)

- Regional centers for tobacco control activity will be established across Louisiana to ensure the outreach and efforts of tobacco control allies are coordinated.

  Lead: Louisiana Campaign for Tobacco-Free Living
  Partners: Louisiana Cancer and Lung Trust Fund Board

Objective 8.5: Increase the proportion of work sites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.

Strategies:

- Encourage work site smoke free policies among the ten largest employers in the state.

  Lead: Louisiana Office of Public Health
  Partners: American Cancer Society, Louisiana Tobacco Control Program, Chronic Disease, Epidemiology Unit, Cardiovascular Health Program

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* Currently the figures available from the Youth Tobacco Survey (2001 data) are:
26.3% of middle school youth in Louisiana use tobacco in all forms
17.1% of middle school youth in Louisiana smoke cigarettes

## *The Faces of Cancer: Catherine Haywood*

Catherine Haywood turned fifty and was reading about menopause and how it sometimes caused women to get shorter…All she could think about was her own mother who had lost several inches in her height when she got older. She made an appointment with a private OB/GYN because she wanted to get on some kind of hormone replacement to prevent her from getting short. "If I hadn't been so vain, I'd be dead today," explained Catherine.

The doctor examined her, did a pelvic exam and a Pap test. She went back in two weeks and he said that there were some irregularities and he needed to do another Pap test. Catherine went back for follow up in two weeks and he said everything was fine and she could start hormone replacement, except that she needed to undergo some more tests.

When she returned for the follow up two weeks later on a Friday, the doctor told her that something was wrong and that she needed a colposcopy immediately. Catherine went back to see him the very next Monday. He told her she had cervical cancer and needed a radical hysterectomy. He sent her to an oncologist who agreed with the need for surgery. Two weeks later, Catherine entered the hospital and had her uterus and four inches of her vagina surgically removed.

**"If I hadn't been so vain, I'd be dead today."**

For years, Catherine had tried to quit smoking but the patches never worked. During these six weeks, she became depressed so her doctor prescribed Wellbutrin. In three days, she had quit smoking. That was a little over two years ago and she has not smoked since. And, she has gotten her hormone patch so she hopes that she won't get shorter.

Catherine talks about how wonderful and supportive her family was during this time. When asked if she had any words of wisdom, she carefully thought and stated, "Don't wait. I hadn't had a Pap smear in more than five years. I hate going to the doctor, but I made everybody else go. If I hadn't gone, I'd probably be dead today. Take care of yourself!"

# Prevention and Early Detection

The Prevention and Early Detection section focuses primarily on the following cancer sites: breast, cervical, colorectal, prostate, and melanoma of the skin. Current programs, barriers and challenges regarding prevention and early detection in relation to these sites will be addressed. More particularly, attention will be given to awareness, education, prevention, risk reduction, capacity, access, availability of early detection and screening, and follow up/referral to treatment.

## *Prevention*

Overall Goal: To reduce the incidence of cancers in Louisiana by promoting recommended healthy lifestyle choices related to physical activity, nutrition (including alcohol), tobacco use, and ultraviolet light exposure.

## *Nutrition and Physical Activity*

This section focuses on promoting a healthy diet and regular excercise, a key factor in prevention of cancers. Strategies will be used to promote a lifelong healthy lifestyle before, during, and after cancer treatment, using the following guidelines: the Food and Drug Association; American Dietetic Association; and the American Cancer Society. The over arching goal is to reduce cancer morbidity and incidence among Louisiana residents by supporting and promoting lifelong healthy eating habits and physical wellness activities.

**Background:**

According to the American Cancer Society, some cancers may be prevented through diet and physical activity. In addition, the National Cancer Institute reports that people who are overweight or obese are more likely to be diagnosed with cancers, such as breast, colorectal, endometrial, kidney, and pancreatic cancers. "Important health benefits (of physical activity) include a reduced risk of colon, breast, and endometrial cancer" (National Heart, Lung, and Blood Institute, 1998). Further, research from the National Cancer Institute suggests that people should eat a diet high in fruits, vegetables, and whole grains; and, maintain a healthy weight, engage in at least moderate activity for 30 minutes on most days of the week, limit alcoholic drinks, and prepare and store food safely. Louisiana 2002 BRFSS data reported that thirty-three and one-half (33.5%) percent of Louisiana residents indicated that they have not participated in physical activities during the last month. It is critical to address the barriers and challenges associated with poor nutrition and lack of physical activity in order to reach the partnership's mission.

## Goal 9: To reduce the rate of obesity in Louisiana children and adults.

Intermediate Outcome:

By 2010, increase the number of Louisiana adults who participated in any physical activities during the past month from 66.5% to 73.2% (10% improvement, BRFSS, 2002).

Objective 9.1: Create a statewide resource focusing on nutrition and physical activity that will provide professional and public education for all Louisiana residents.

Strategies:

- Support and promote Step Together New Orleans program and disseminate model to other regions.

  Lead: Step Together New Orleans Committee, City of New Orleans
  Partners: Cancer Association of Greater New Orleans, NCI's Cancer Information Service, Louisiana Cancer Control Partnership, Louisiana State University-Ag Center, Obesity Task Force, and the Office of Public Health

Objective 9.2: Increase opportunities for physical activity work site wellness programs for Louisiana residents by 2009 in ten major key employers

Strategies:

- Implement ACS's Working Well Program in identified work sites with 500 or more employees.

  Lead: American Cancer Society
  Partners: Louisiana Businesses and Employers, Louisiana Cancer Control Partnership, Louisiana State University Health Sciences Center

Objective 9.3: Develop a relationship with the Department of Education to enhance school health education initiatives.

Strategies:

- Support American Heart Association current agenda for physical activity for school-aged children.
- Assess current capacity to develop and provide school health activities.
- Support school health activities through the regional cancer coalitions.

Lead: Louisiana Cancer Control Partnership
Partners: American Cancer Society, American Heart Association, Department of Education

| ADVOCACY  |
|---|
| American Heart Association Initiatives<br>Physical Activity<br>• Support increased physical activity at least 30 minutes per day in Louisiana middle schools.<br>• Support funding for a physical education coordinator at the Department of Education.<br>• Support the inclusion of elementary physical education in the Louisiana minimum foundation formula.<br>Nutrition<br>• Support legislation that requires healthier choices in school vending machines. |

## *Ultraviolet Light Exposure*

**Goal 10: To increase knowledge regarding: the possible consequences of exposure through tanning beds; safe sun practices such as avoiding exposure during high sun daylight times; and wearing hats and protective clothing and if these two safe sun practices are not possible, promote the use of sunscreen.**

Intermediate Outcome:

By 2010, increase the proportion of Louisiana adults from 20.1% to 24.1% who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10:00 am and 4:00 pm, wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun-protective factor (SPF) of 15 or higher, and avoid long periods in the sun (10% improvement, BRFSS, 2000).

Objective 10.1: Collaborate with the programs listed below, to promote and encourage healthy lifestyle choices related to ultraviolet exposure to Louisiana citizens: 

Strategies: 

- Enlist the support of the Louisiana Wildlife and Fisheries to include information in its licensing brochures regarding sun safety practices.

- Promote the requirement of distribution of an educational brochure and/or the inclusion of sun safety practices for children upon hospital discharge for all new mothers through the Perinatal Commission.

- Encourage the inclusion of safe sun specifications for construction workers in all bids that are issued from the Department of Transportation.

- Collaborate with the Department of Education's Health Promotion Coalition to include sun safety practices in its curriculum for distribution to all schools.

- Promote safe sun practices with all newborn mothers who go through the Office of Public Health program.

- Promote safe sun practices with organized recreational departments in major cities.

Lead: Office of Public Health
Partners: NCI's Cancer Information Service, Department of Education, Department of Transportation, Louisiana State University Health Sciences Center, Louisiana Wildlife and Fisheries, Perinatal Commission

Objective 10.2: By 2009, ensure that every tanning bed commercial site in Louisiana has been certified and is following the requirements for educating clients as outlined in the Louisiana Sanitary Code.

| ADVOCACY  |
|---|
| The Louisiana Cancer Control Partnership does not approve the use of tanning beds and will encourage the state legislature to write supportive legislation. The Louisiana Cancer Control Partnership will simultaneously advocate for the strengthening of the certification process, including much higher licensing fees and fines for violations of the Sanitary Code. |

Strategies:

- Louisiana Cancer Control Partnership will work with the Office of Public Health to ensure that client notification regarding the harmful effects of UV rays is appropriately posted, as outlined in the Louisiana Sanitary Code, and will report any infractions to Office of Public Health for follow up. This random spot checking will be done periodocially and in all areas of the state.

- Develop a comprehensive statewide program to address the issues specific to ultraviolet exposure.

  Lead: Office of Public Health
  Partners: Louisiana Cancer Control Partnership

## *Other Lifestyle Factors*

### Goal 11: To establish baseline data regarding institutional policies, programs and environments that influence lifestyle behaviors.

Objective 11.1: Increase the proportion of work sites that offer a comprehensive employee health promotion program to their employees. Baseline: To be determined.

Strategies:

- To assess work site wellness and support for a healthy heart lifestyle with Louisiana and establish a baseline of work sites that offer comprehensive employee health promotion programs to their employees.

  Lead: Office of Public Health
  Partners: American Cancer Society, Cardiovascular Health Program, Chronic Disease Epidemiology Unit, Louisiana Tobacco Control Program

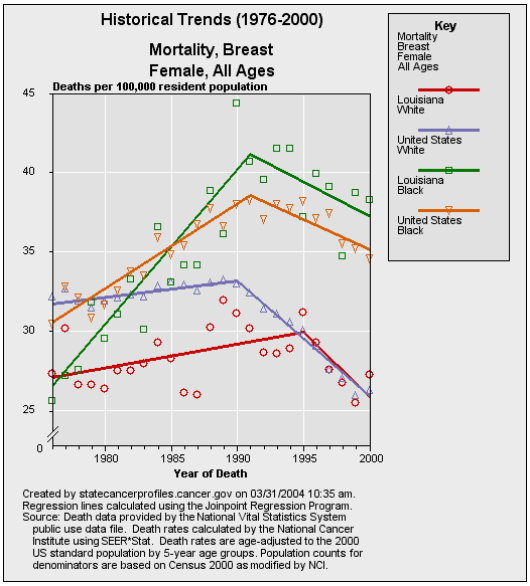
## *Early Detection*

Overall Goal: For cancers that are detectable and treatable, detect, diagnose and refer to treatment at an earlier stage to reduce morbidity and mortality.

### Breast and Cervical

Breast cancer was the most commonly diagnosed cancer among women in Louisiana, accounting for 13,867 invasive and 2,055 in situ cases during the years 1996-2000. White women in Louisiana and in the United States have higher breast cancer incidence rates than African American women. During the years 1996-2000, the incidence rate for breast cancer was 9% higher among white women in Louisiana than among African American women. The breast cancer incidence rates among white or African American women in Louisiana were, however, significantly lower than U.S. estimates for white or

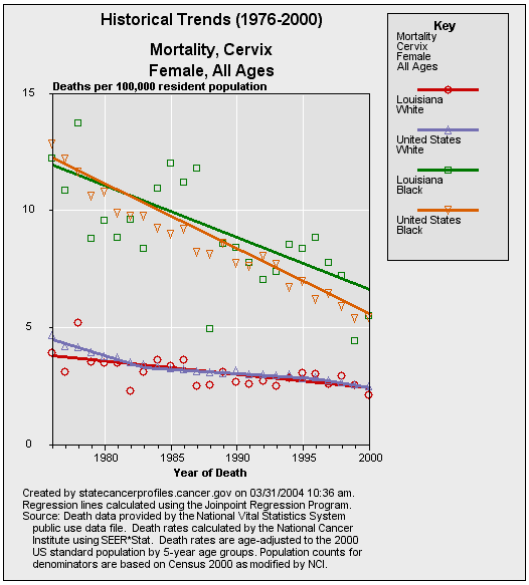
African American women. African American women in Louisiana and in the United States have higher breast cancer death rates than white women. The death rate from breast cancer was 40% higher among African American women in Louisiana than among white women.




Early detection improves survival rates for breast and cervical cancer, and can prevent cervical cancer. There are excellent, cost-effective early detection methods available for detecting these diseases, thereby reducing mortality. Louisiana has the 5th highest breast cancer mortality rate in the United States. Breast cancer is the second leading cause of cancer-related deaths in Louisiana women.

Mammography is the best available method for detecting breast cancer at its earliest, easiest to treat stages, before a health care provider or a woman can feel a lump. The American Cancer Society recommends women 40 and older have annual mammograms. If detected early, the survival rate from localized breast cancer is 97%.

In the United States, Louisiana has the 6th highest rate of incidence cervical cancer , a disease that can be prevented. Louisiana has the 15th highest mortality rate in the US. The Papanicolaou (Pap) test is an inexpensive screening method for detecting pre-cancerous and cancerous cervical lesions before symptoms appear. Women should begin getting Pap tests at the onset of sexual activity, but no later than 18. It is important for older woman to continue to get cervical cancer screening.




Louisiana has one of the highest proportions of low-income, uninsured women in the United States. Deaths from breast and cervical cancer occur disproportionately among women who have less than a high school education, are older, who live below the poverty level, or are members of certain racial and ethnic groups. Although the breast cancer incidence rate is lower in African-American women than White women, the mortality rate for African-American women is significantly higher than

for White women in Louisiana. Improving early detection will improve health outcomes for African-American women. Cervical cancer incidence is statistically significantly higher for African-American women than White women in Louisiana.

In Louisiana, there are an estimated 96,718 low-income, uninsured women aged 40-64 who qualify for breast health screening through the Louisiana Breast & Cervical Health Program – 14% of all Louisiana women are in this age group. This is the 2nd highest proportion in the United States. There are an estimated 106,674 low-income, uninsured women aged 40-64 who qualify for cervical health screening through the Louisiana Breast & Cervical Health Program – 15% of all Louisiana women are in this age group. This is the highest proportion in the United States.

According to Centers for Disease Control and Prevention/US Census population estimates of eligible participants and Louisiana Breast & Cervical Health Program's projected FY 03/04 number of women screened, Louisiana's funding level allows Louisiana Breast & Cervical Health Program to reach only 3% of the eligible population. It is estimated that other states are funded at the 13-15% level. To further demonstrate the need for increased funding for this state, Louisiana has the first or second highest percentage of women eligible for services in each of the categories included in the population estimates. More resources are needed to meet the need of screening for both breast and cervical cancer in Louisiana, in particular, with underserved women.

## Goal 12: To promote, increase, and optimize client centered, culturally and literacy level appropriate, cost effective, timely and high quality breast and cervical cancer screening, diagnostic and referral to treatment services.

Intermediate Outcomes:

By 2010, increase from 47.2% to 51.92% biennial mammography utilization by the population of women enrolled in Louisiana Medicare Part B. (Medicare Paid Claims Data: 2000 and 2001 – 47.2% Overall; 50.1% white, 37.5% AA, 34.6% Other-all %'s calculated on number of eligible beneficiaries) (10% increase).

By 2010, increase the percentage of eligible women participating in the Louisiana Breast & Cervical Health Program from 3% to 15%. (US Census Data provided by the Centers for Disease Control and Prevention: 106,674 women eligible, aged 40-64 for cervical screening, and aged 50-64 for breast screening, uninsured, income with 250% of FPL, 3 year average 1999-2001).

By 2010, increase the proportion of Louisiana women aged 40 years and older who have received a mammogram within the preceding two years from 75.2% to 77%. (BRFSS, 2002; HP 2010 Target: 97%).

By 2010, increase the proportion of Louisiana women aged 18 years and older who have ever received a Pap test from 93.4% to 97%. (BRFSS, 2002; HP 2010 Target: 90%).

By 2010, increase the proportion of Louisiana women aged 18 years and older who received a Pap test within the preceding three years from 82.9% to 90%. (BRFSS, 2002; HP 2010 Target: 90%).

Objective 12.1: Increase the provision of breast and cervical cancer early detection to Louisiana women, in particular, to low-income women who are under- or uninsured.

Strategies:



- Expand no-cost early detection services from four to all nine Department of Health and Hospitals regions of the state to increase services and improve access.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Louisiana Health Care Sciences Division, Mary Bird Perkins, Miles Perret Center, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, YWCA Greater Baton Rouge and Northwest

- Form early detection collaboratives in each of the nine health regions to address issues related to breast cancer early detection.

  Lead: Louisiana Breast & Cervical Health Program and Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Health Care Review, Louisiana Health Care Sciences Division, Mary Bird Perkins, Medicaid, Miles Perret Center, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, YWCA Greater Baton Rouge and Northwest

- Research the feasibility of and plan a mobile mammography program that will reach the hardest to reach and highest risk women in areas with the least access to early detection mammography.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Louisiana Health Care Review, Louisiana Health Care Sciences Division, Mary Bird Perkins Cancer Center, Medicaid, Miles Perret Center, Louisiana Cancer Control Partnership, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, YWCA Greater Baton Rouge and Northwest

- Increase the number of regions from five to seven where cancer control officers are housed to provide: local technical assistance and capacity building to community based organizations; increase access and provide transportation;

establish different pathways and alternatives for early detection services; and provide needed resources for low income and underserved women.

Lead: Louisiana Cancer Control Partnership
Partners: Louisiana Cancer and Lung Trust Fund Board, Louisiana State University Health Sciences Center of Monroe, Mary Bird Perkins Cancer Center, Miles Perret Center, New Orleans and Shreveport, Rapides Parish Foundation

- Provide a clearinghouse for educational brochures/literature for distribution that would be culturally and literacy level appropriate for prioritized populations regarding cancer.

  Lead: Louisiana State University School of Public Health
  Partners: American Cancer Society, Cancer Information Service, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Office of Public Health

- Provide transportation for women who are under or uninsured for early detection screening, follow-up and diagnostic procedures.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Louisiana Breast & Cervical Health Program Providers, Louisiana Cancer Control Partnership, local organizations

- Provide case navigators to assist low income, under- or uninsured women, and elderly women through diagnostic and follow-up services who have been identified with an abnormality.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Councils on Aging, Louisiana Breast & Cervical Health Program, Louisiana Health Care Review, Louisiana Health Care Services Division, Medicaid

- Increase access to cervical cancer early detection services for high-risk women through the STD Program, Office of Public Health Clinics.

  Lead: Office of Public Health and Louisiana Breast & Cervical Health Program
  Partners: Sexually Transmitted Disease Clinics, Louisiana Health Care Services Hospitals

- Identify treatment providers in each of the 9 Office of Public Health regions who will be part of a facility referral system for all patients diagnosed with cancer.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Health Care Review, Louisiana Health Care Sciences Division, Mary Bird Perkins Cancer Center, Medicaid, Miles Perret Center, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, YWCA Greater Baton Rouge and Northwest

Objective 12.2: Promote community-based organization outreach activities across the state to increase the knowledge of Louisiana women with regard to the importance of breast and cervical cancer early detection, and provide information regarding access.

Strategies:

- Increase from one region to nine regions, comprehensive regional educational seminars/workshops regarding the significance of accessing breast early detection services.

  Lead: NCI's Cancer Information Service (National Cancer Institute) and Louisiana Breast Cancer Task Force
  Partners: American Cancer Society, Councils on Aging, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Louisiana Health Care Review, Louisiana Health Care Sciences Division, Mary Bird Perkins, Medicaid, Miles Perret Center, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, YWCA Greater Baton Rouge and Northwest

- Increase from four to nine the number of regions with outreach activities for low-income, uninsured women.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Federally Qualified Community Health Centers, Louisiana Health Care Review, Louisiana Health Care Sciences Division, Mary Bird Perkins, Medicaid, Miles Perret Center, Office of Public Health, Partners in Health, Partners in Wellness, Woman's Hospital in Baton Rouge, Women With A Vision, YWCA Greater Baton Rouge and Northwest

- Establish and manage relationships with mayors to conduct the Mayor's Campaign against Cancer in Baton Rouge, New Orleans, and Shreveport.

  Lead: American Cancer Society
  Partner: Louisiana Cancer Control

- Provide consumer health profiles and other pertinent local information to all organizations and facilities engaged in outreach activities.

  Lead: NCI's Cancer Information Service (National Cancer Institute)
  Partners: American Cancer Society, Centers for Disease Control and Prevention, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Office of Public Health, Louisiana Tumor Registry

- Develop a clearinghouse of outreach resources including strategies, trainings and materials.

  Lead: Louisiana State University School of Public Health

Partners: American Cancer Society, NCI's Cancer Information Service, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Louisiana Health Care Review

Objective 12.3. Ensure that Louisiana women who have Part B Medicare health insurance, utilize mammography services annually. 

Strategies: 

- Develop collaborations with business and industry throughout the state, to share the costs of media awareness.

- Promote mammography utilization through grassroots efforts (Louisiana Health Care Review's Partners in Senior Health program) in communities throughout the state by increasing participation in Louisiana Health Care Review's Community Development Resource Kit program for Council on Aging Agencies by 256% (9 to 32); hospital participation by 150% (4 to 10); and faith-based partners by 234% (18 to 60), for a total growth of 229% (31 to 102).

- Upgrade the Louisiana Health Care Review's senior website and promote its utilization as an educational resource for prevention health messages such as the importance of mammography.

- Develop consultative relationships with hospitals throughout the state, which have mammography capabilities, to host and support grassroots mammography initiatives.

- Work with mammography facilities to implement reminder calls to Medicare senior women who are in need of screening.

- Seek low or no cost opportunities for raising awareness of Medicare senior women to the National Cancer Institute slogan, "Not Just Once but for a Lifetime."

- Seek health initiatives funding opportunities through grant collaborations.

- Develop a specific plan for Centers for Medicare and Medicaid Services Underserved Populations Project, using mammography rates in Medicare senior African American women as the quality indicator.

Lead: Louisiana Health Care Review
Partners: American Cancer Society, Councils on Aging, National Cancer Institute, NCI's Cancer Information Service, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Office of Public Health

Objective 12.4: Ensure that providers are recommending, conducting and referring their patients for appropriate early detection procedures according to established guidelines.

Strategy:

- Implement the American Cancer Society's physician practice strategy encouraging physicians to educate their patients about cancer screening guidelines and preventative screening benefits using *Put Prevention Into Practice* model.

  Lead: American Cancer Society
  Partners: American Cancer Society

Objective 12.5: Ensure that minority women have access to timely and appropriate health awareness education and early detection services.

Strategies:

- Increase state and federal appropriations to provide screening, diagnostic and referral to treatment services for low income, under- and uninsured Louisiana women.

  Lead: American Cancer Society
  Partners: Louisiana Breast Cancer Task Force, Louisiana's Women Legislative Caucus, YWCA of Greater Baton Rouge

- Evaluate the effectiveness of creating access to mammography to low income, underserved women with House Bill No. 2000, enacted during the regular session, 2001, which enabled women to access a screening mammography without the direction of a prescription from a licensed practitioner.

  Lead: Louisiana Cancer Control Partnership
  Partners: Louisiana State University School of Public Health

## *The Faces of Cancer: Karen Holloway*

Karen Holloway, a single mom of two girls, ages seven and eleven, works for a federally qualified medical health center in a rural area in northern Louisiana. Karen turned forty on November 29, 2003. She was diagnosed with breast cancer on January 14, 2004.

Karen had not had a Pap smear in over six years. She didn't feel comfortable having an exam in the clinic where she worked and she couldn't afford to go elsewhere, until someone told her about a woman doctor in Ferriday who would conduct an examination and a Pap smear for $40. Karen decided to take advantage of this opportunity. The doctor conducted a clinical breast exam and did not find anything, but she insisted that Karen get her baseline mammogram to make sure and because she was forty. Breast cancer runs in her family so she did some homework and found out that the Susan G. Komen Foundation had some vouchers left and she went up to Rayville and had a free mammogram. The tech took many pictures, at least three additional pictures of one of her breasts. She gave the clinic permission to fax her results to her place of work. The results indicated that she needed an ultrasound: there was a mass in one of her breasts.

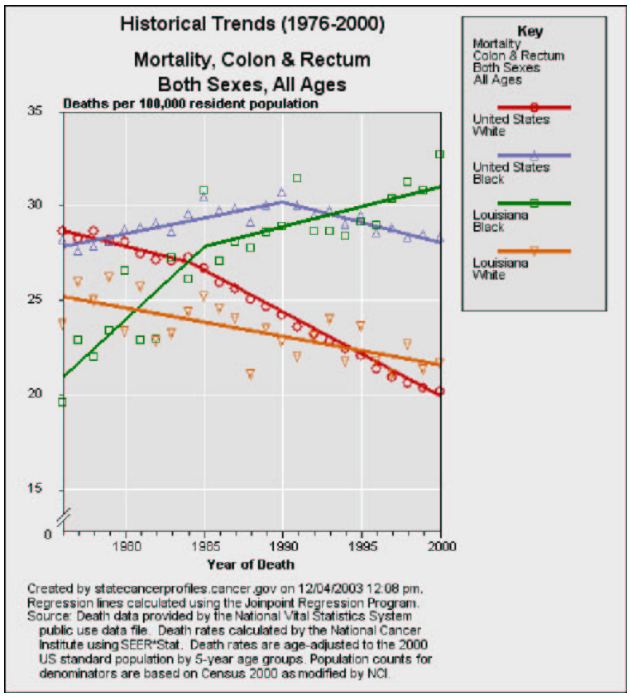
The first appointment she could get at the nearest public hospital was not until January 28 and she knew something was wrong, so one of her co-workers called the next closest public hospital, and she was able to get an appointment on January 10. It was a three hour drive, but for Karen it was worth it. The ultrasound was negative but they took another mammogram and there it was: a lump. The biopsy came back positive on January 14.

Karen was able to get into fast track Medicaid through the Louisiana Breast & Cervical Health Program. She had her surgery immediately and went through seven weeks of radiation at a new radiation treatment center that was only sixty miles away from her house. To Karen, that was much better than driving three hours back and forth every day. In fact, she would not have been able to do that. Karen's mother had a stroke about a year ago and her family has been taking care of her mom. When they can, they help Karen, but the family has its own struggles. Karen has gotten some relief to pay for some of the gas, a total of $300, which at state travel reimbursement rate, might have covered her travel for about eight trips for radiation. She has not been able to get any help to cover her house note and car insurance, but a local agency has picked up her utilities and water bills during this time. She is struggling to make ends meet financially and not disrupt the lives of her young children.

She hasn't worked steadily over the last five months, but she has completed her radiation and is back at work. She is tired all the time but she still takes care of her girls and has enrolled them in summer softball activities. Karen's mom asked her, "Baby, how are you going to do that?" when Karen told her the girls were going to play ball during the summer. "I told my momma that they can't suffer because I've got cancer."

Karen's message, "Have that mammogram done, even though you go and have a physical breast exam done. It would have been another year. Mammograms are very important."

## Colorectal Cancer




The Louisiana Tumor Registry (Louisiana Tumor Registry) SEER Program reported an average of 19,548 new cases of cancer diagnosed among Louisiana residents during the years 1996-2000, and 9,368 deaths per year. Colon and rectum cancer accounted for 12% (4th highest) of the cancers diagnosed in Louisiana. The average annual age-adjusted (2000 US Standard) cancer mortality rate for cancers of all sites combined was 233 cancer deaths per 100,000 persons in Louisiana. Colorectal cancer was the second leading cause of cancer deaths in Louisiana in 1996-2000. Louisiana Tumor Registry SEER data reported that colorectal cancer in Louisiana white men is statistically significantly higher when compared to US white men. More compelling, mortality rates in both African American and white men are statistically significantly higher when compared to US African American and white men. Furthermore, as shown in Figure 1 from Cancer Control PLANET, while mortality rates for whites and African Americans nationally and for whites in Louisiana, are decreasing, the rates continue to increase in African Americans in Louisiana. In fact, while the national mortality trend for all races combined continues to decrease, Louisiana is one of three states whose mortality trend remains constant between 24-25 deaths per 100,000.

Colorectal cancer survival is strongly correlated with stage of diagnosis. The burden of late stage colorectal disease in Louisiana is seen predominantly in the public hospital system (percent diagnosed at late stage: 69% AA, 66% W men compared to 55% AA, 52% W men US; 64% AA, 60% W women compared to 56% AA, 54% W women in US). The National Cancer Institute's State Cancer Profiles for 2000 ranks Louisiana 5th overall in deaths for colorectal. This ranking of 5th for deaths is disproportionate to the ranking of 15th in the incidence of colorectal cancer. Clearly, people in Louisiana diagnosed with colorectal cancer are dying at disproportionate rates.

According to the Louisiana 2002 BRFSS data, approximately 60% of adults, aged 50 years and older, have never received a colonoscopy or sigmoidoscopy (National Cancer Institute state ranking: 47th). Furthermore, the percentage of individuals that report that they have never had a colorectal cancer exam has increased from 53% in 1991 to 63% in

1999. Additionally, BRFSS indicates that African Americans are less likely to have been screened than whites (57.2% and 64% respectively).

The Louisiana Hospital Inpatient Discharge Database indicates that there were 2,014 discharges in 2001 related to colon and rectum cancer. The estimated total cost of this is approximately $67 million at an average rate of $33,000 per hospitalization. Similar to screening rates, while no difference in hospitalization is indicated between genders, there is a large discrepancy by race. Although African Americans make up only 32.5% of the population in Louisiana, 50% of those hospitalized for colon or rectum cancers were African Americans. Comparatively, 20% were white, 8% were "other" races, and 22% were reported as "unknown." Overall, the 2002 United Health Foundation State Health Rankings put Louisiana 50th in Health Indicators.

Louisiana's capacity to provide the recommended colorectal screening and early detection guidelines by American Cancer Society and USPSTF to its at-risk citizens is unknown. The safest and least expensive screening that is recommended by both institutions is the yearly Fecal Blood Occult Test. At this time, technology for less invasive and/or less expensive methods of screening are being developed. In addition, there is insufficient data to support the use of one strategy over another and/or if one method and/or strategy is better than another when balancing possible harms and cost-effectiveness. Louisiana will revisit its recommendations in this plan as the state of the art screening techniques evolve and address issues related to building capacity, outreach and follow up for treatment.

## Goal 13: To promote, increase, and optimize client centered, culturally and literacy level appropriate, cost effective, timely and high quality colorectal screening, diagnostic and referral to treatment services.

Intermediate Outcomes:

By 2009, assess the capacity of Louisiana providers to provide recommended colorectal screening and appropriate follow up to Louisiana citizens age 50 and older.

By 2009, ensure that the fecal occult blood test is used in all of the Louisiana Health Care Service Delivery facilities.

By 2010, increase the proportion of Louisiana adults 50 years and older who have received a fecal occult blood test within the preceding two years from 27.8% to 35.3%. (BRFSS 2002; HP 2010 Target).

By 2010, increase the proportion of Louisiana adults aged 50 years and older who have ever received a sigmoidoscopy from 40.6% to 50%. (BRFSS, 2002; HP 2010 Target).

Objective 13.1: Assess the capacity of Louisiana providers for screening, early detection, follow-up, diagnosis and referral for treatment.

Strategies:

- Reapply for Centers for Disease Control and Prevention's Colorectal Capacity Study in June of 2004.
- Utilize Centers for Disease Control and Prevention's survey in Louisiana to assess the capacity of colonoscopy and follow up.
- Access hospitals' listings of certified practitioners who perform colonoscopies, sigmoidoscopies, and endoscopies.
- Assess the reliability of labs to track home testing kit results and refer to treatment and/or follow up when necessary.
- Evaluate the use of client navigators to facilitate all opportunities for screening and/or referral to treatment and follow-up.

Lead: Louisiana Cancer Control Partnership and the Office of Public Health.
Partners: American Gastro Society, American SCE, NCI's Cancer Information Service, Centers for Disease Control and Prevention, Louisiana Hospital Association, Louisiana Cancer and Lung Trust Fund Board, Louisiana Tumor Registry, Office of Public Health, Providers

Objective 13.2: Increase public knowledge and awareness of the benefits and limitations regarding the importance of colorectal screening, risk factors and options for screening.

Strategies:

- Utilize social marketing strategies to provide information and public education regarding colon cancer during the month of March, which is designated as colon cancer month.
- Increase public service announcements and media exposure.
- Increase air time for radio and television for Centers for Disease Control and Prevention's educational program, Screen for Life.
- Incorporate colorectal cancer education information into community based programs that are already delivering cancer prevention outreach activities.

- Implement American Cancer Society Leading the Way Campaign to encourage continuity of partnerships that will embrace colorectal awareness activities and increase colon cancer screening sites.

  Lead: Louisiana Cancer Control Partnership
  Participating Agencies: American Cancer Society, NCI's Cancer Information Service, Centers for Disease Control and Prevention, Louisiana Health Care Services Division Hospitals, Office of Public Health

Objective 13.3: Increase the use of fecal occult blood tests by persons over age 50, particularly focusing on high risk Louisiana residents who are underserved and uninsured.

Strategies:

- Provide technical assistance and build the capacity of community organizations to develop outreach activities, specific to conducting regularly scheduled screenings and referral to treatment and follow up, in areas identified as at highest risk.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Health Care Services Division, Louisiana Cancer and Lung Trust Fund Board

- Develop a system for fast track colonoscopy for all patients with a positive FOBT.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Health Care Services Division, Louisiana State University Health Sciences Center, Monroe and Shreveport, Mary Bird Perkins Cancer Center, Miles Perret Center, Rapides Foundation

Objective 13.4: Promote the use of recommended guidelines to providers for referral to or provision of appropriate colorectal screening.

Strategies:

- Promote continuous provider education and assessment tools such as provider use of reminder cards and notes and distribution of client-centered, self-risk assessment information for distribution to clients.

- Provide professional education programs to primary care providers to improve adherence to guidelines.

- Encourage large insurers to promote colorectal screenings as part of routine health maintenance to their insureds.

Lead: American Cancer Society
Partners: NCI's Cancer Information Service, Louisiana Cancer Control Partnership, Louisiana Medical Society, Louisiana State University Health Sciences Centers

Objective 13.5: Ensure that providers are/or recommending, conducting and referring their patients for appropriate early detection procedures according to established guidelines.

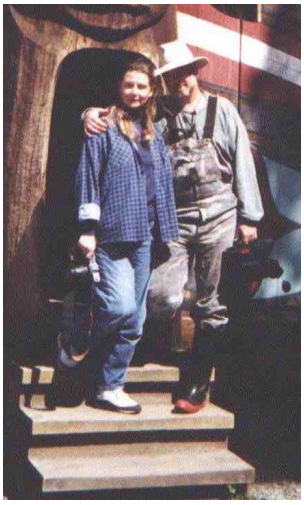
Strategy:

Implement the American Cancer Society's physician practice strategy encouraging physicians to educate their patients about cancer screening guidelines and preventative screening benefits using *Put Prevention Into Practice* model.

Lead: American Cancer Society
Partners: American Cancer Society

## *The Face of Cancer: DeborahCaron*

## NEVER GIVE UP!



The year 2000 was the best and worst year of my life; oddly enough both for the same reason….Cancer. My life, as I had known it for 45 years, came to an end on January 13 at 3:00 p.m. during a Sigmoidoscopy, when the physician said, "that doesn't look good at all". For over a year, three different doctors had been telling me that the reason I was in such excruciating pain was "hemorrhoids". That the reason I was so completely exhausted, weak and tired was anemia; but what was causing the anemia? The nausea...they had no idea, other than it probably was related to the anemia. Finally, when I was to the point of hardly being able to "void" (excuse me, but what else could I say?), it was decided to do the Sigmoidoscopy. That started my four-month journey through the valley of life and death, and an odd landscape of emotions: indescribable fear, grief, anger, rage, depression, gratitude, hope, faith, and joy.

On January 20, I was told during my first visit to the oncologist, that according to his interpretation of the pathology results, all they could do were "things to make my life more comfortable". I was admitted into the hospital that day to begin my new life as a "cancer patient". Two days later, another doctor told me that it probably had metastisized to my liver and that it was inoperable. Within two days I had been told twice there was probably nothing that could be done.

This may sound strange, but I truly feel blessed to have been able to go through this process….the process of cancer. So many wonderful things happened to me. I have met so many incredible people; doctors (the caring, empathetic, sensitive ones), oncology nurses (dispensing encouragement, love, and strength, even though they deal with tragedy of cancer everyday), interns (may they hold onto their "humanness" through the years), other cancer patients (their strength, positiveness, and willingness to help others is amazing), and complete strangers (e.g., the wonderful woman sitting in the waiting room that said "God Bless You" to me as I was wheel-chaired down the hall).

The first blessing of this terrible disease was truly (re)discovering what a remarkable, selfless, loving and supportive husband I have. From the first moment, he stopped the demands of his personal and professional life, and dedicated his existence to helping me survive. He stayed with me in the hospital, went with me to the tests, all my appointments, drove me on the daily 160-mile round trip to get radiation, encouraged me, held me, cried with me, and prayed with me. If there is one thing that cancer is good at, it is making you feel like you are no longer in control of anything. You quickly learn to do all that you can to take control of the cancer, not let it take control of you. Passivity is not something that people dealing with cancer should ever give in to. Being active, even proactive, in your treatment is absolutely critical.

The second blessing was that of my friends; friends I knew I had, friends I didn't realize I had, and friends I was going to make through this.

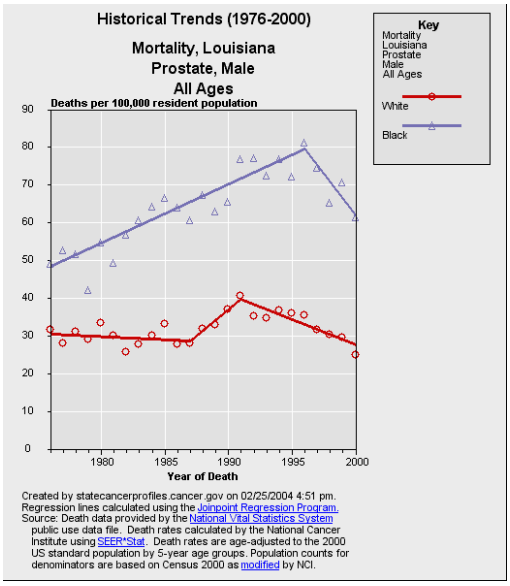
I was initially so overwhelmed and scared (just a few years ago, the diagnosis of Cancer was a death sentence) that I felt hopeless. My maternal grandfather had died of esophageal cancer, my grandmother, stomach cancer. They were both "opened and closed up" with no hope. My mother cared for them both and watched them die in pain. When they told me they were fairly certain I had liver cancer and that it was inoperable, I was hysterical. They gave me a sedative, and then the Head Nurse held my hand and told me that the most important thing to remember was that Attitude determines Outcome. She'd seen it happen over and over again. Never giving up, staying positive, trusting in God, and maintaining that "I'll do whatever it takes" attitude turning around a death sentence into life. I'll never forget her for what she gave me that night….the will to survive and the assurance that I was in control, not the cancer

I underwent chemo (ten days) and radiation (six weeks, five days a week) even before the surgery in an effort to shrink the tumors and reduce the amount of surgery that would be needed. Surgery was performed on April 19, 2000. My surgeon is the most wonderful, compassionate, and open surgeon I have ever met. He was another blessing given to me. The procedure was called an Abdomino-Perineal Resection (APR). It lasted over six hours. They performed an appendectomy, hysterectomy, removed two feet of my colon and 25% of my vaginal wall, and did a permanent colostomy. There were originally two tumors. By the time of the surgery, one tumor had completely disappeared and the other had shrunk 75%. Eleven lymph nodes were removed, with no sign of cancer spread in any of them. Additionally, the cancer had not spread into my bone as they had originally feared.

As I have said before, NEVER give up! You are a survivor no matter how long you have had cancer. Each day that you are here makes you a survivor. Don't be afraid of alternative treatments, just be sure that you let your oncologist know what you are doing. By all means, locate a local support group; they are invaluable. The emotional effects of having cancer show up long after the diagnosis and treatment. Having others to talk to who have been through it helps greatly. Locate forums, newsgroups, and chat rooms on the internet related to cancer.

## Prostate Cancer

**Prostate Cancer Burden and Need.** Prostate cancer is the second most common cancer and the second leading cause of cancer death in men in the United States and Louisiana. African-American men in Louisiana are disproportionately affected by prostate cancer, with a rate of 223 per 100,000 compared to the overall rate of 172.7 per 100,000 according to the Louisiana Tumor Registry data for 1996-2000. Furthermore African American men in Louisiana die from prostate cancer at more than twice the rate of white men (70.6 versus 30.6 per 100,000 respectively). According to the American Cancer Society, Cancer Facts and Figures 2003, Louisiana ranked 12th in prostate cancer incidence



rates; however, 4th in mortality. Data from Cancer Control PLANET on historical trends in mortality illustrate the difference between death rates for African-Americans versus whites in Louisiana (Figure 1). This figure illustrates a clear picture of the disparities that exist. In 1991, there was a turning point for white men, with a falling rate of prostate cancer mortalities. A similar turning point occurred for African American men in 1996.

However, there even exists a disparity in the rate of decline of deaths, causing an even larger difference in mortality rates between the two races. This is a gap that needs to be closed. The ongoing controversy regarding best practices for prostate cancer screening and treatment will continue past this document's production. The LCCP decided to support the CDC's recommendation of promoting and encouraging the use of the "informed decision making" model when formulating this section of the plan.

## Goal 14: To promote, increase, and optimize client centered, culturally and literacy level appropriate, cost effective, timely and high quality prostate screening, diagnostic and referral to treatment services, using an informed decision making model.

Objective 14.1: Educate men and their families regarding the importance of prostate cancer screening, and the implications thereof.

Strategies:

- Hold nine regional workshops for the public covering disease burden in Louisiana, regional data, screening and treatment options, and side effects.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Cancer and Lung Trust Fund Board, Louisiana Education ED Program, Louisiana State University Health Sciences Center, Shreveport, Office of Public Health, Mary Bird Perkins Cancer Center, Miles Perret Center

- Promote screening during National Prostate Month.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, NCI's Cancer Information Service, Us Too, Louisiana Cancer and Lung Trust Fund Board, Louisiana State University Health Sciences Center, VA – Hospital System, Louisiana Network

- Promote work site wellness programs.

  Lead: American Cancer Society
  Partners: Louisiana Cancer Control Partnership, Louisiana State University Health Sciences Center, Occupational Nurses Associations, Top Ten Louisiana Employers

Objective 14.2: Promote and encourage providers to use a model of informed decision making regarding screening with their patients 

Strategies: 

- Coordinate with Louisiana Medical Society development of strategies to encourage providers to implement an informed decision making model for prostate screening.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Cancer and Lung Trust Fund Board, Louisiana Education ED Program, Louisiana State University Health Sciences Center, Louisiana Medical Society, Office of Public Health

- Encourage medical and nursing schools to include an informed decision making model for prostate screening in their curricula.

  Lead: Louisiana Cancer and Lung Trust Fund Board
  Partners: American Cancer Society, Louisiana Cancer Control Partnership, Louisiana State University Health Sciences Center

Objective14.3: Promote increased prostate screening, with informed decision-making, to AA men with first degree family history of prostate cancer to begin screening at age 40. 

Strategies: 

- Pilot a program in STD/Office of Public Health clinics that will establish referral mechanisms for high risk AA men over 40 with first degree family history of prostate cancer and all AA men over 45 for screening and follow up.

  Lead: Office of Public Health
  Partners: Louisiana Cancer Control Partnership, Louisiana Education ED Program, STD Program

- Contract with community based organizations to provide outreach activities to AA men over age 40, and establish referring mechanisms for screening and/or conducting community screenings.

  Lead: Louisiana Cancer Control Partnership
  Partners: Louisiana Education ED Program, Mary Bird Perkins Cancer Center, Miles Perret, Partners in Wellness

Objective 14.4: Ensure that providers are recommending, conducting and referring their patients for appropriate early detection procedures according to established guidelines. 

Strategy:

- Implement the American Cancer Society's physician practice strategy encouraging physicians to educate their patients about cancer screening guidelines and preventative screening benefits using *Put Prevention Into Practice* model.

  Lead: American Cancer Society
  Partners: American Cancer Society

## *The Faces of Cancer: John Smith*

### Getting a Maximum Return on Your Investment

John Smith works at a major industrial plant in the Baton Rouge area that before some budget constraints/cuts, used to send him a reminder and required a full physical every year. About four years ago, he was diagnosed with prostate cancer. John said that, "it was divine intervention that I found out," and after reading his story, you might agree.

John had not had a full physical in over four years. He had been to the doctor for colds and the like, but he had not had a complete physical since his employer stopped giving them. He noticed that he was not feeling well after playing his usual Monday night basketball game, so badly that it felt like maybe he was having a stroke or a heart attack. They took his blood pressure and it was normal. He decided to go ahead and have a complete physical.

He didn't think much about it when the nurse and the doctor tried to reach him by phone. He finally called them back and he was told that his PSA was high. He wanted to know how high and the nurse replied, "I'm going to pray for you." John got nervous and remembered some family history—his grandfather, his mother's father, had died of something called "male" cancer at age 66 and did not even live to see him graduate from high school.

John engaged an excellent urologist and he went through the usual diagnostic testing which took about four to six weeks. There were some abnormalities that showed up and caused him some distress, like a lesion on his brain. That information put out the message to him that "it's possible that it has spread and you have from zero to ten years to live," but it was not related to cancer and turned out to be nothing. Although this death prophecy turned out to be false, it gave John the opportunity to take a broader look at his life and assess his own mortality. In those long, grueling four to six weeks, John decided that he had lived a very fulfilling life and when it was his time, it was his time and there was nothing he was going to be able to do to change that. It also raised his awareness to the need for a spiritual source during times of distress. After researching his options, John chose surgery because he felt that it had the higher chance of getting all of the cancer. It has been four years and he continues to be cancer free.

John has spent a lot of the last four years sending messages of "don't wait for something like this to happen to make it a part of your health. Often times these cancers are there and you don't know it. When it becomes known to you, it's too late." John pauses and then says, "the dilemma is how to get people to do it—early detection."

John likes to look at health as paying attention to an investment in you as part of his "portfolio." "You spend a lot of time going to college and honing your skills but if you don't take care of your health you won't get the maximum return on your investment." John tries to tie his message in with Father's Day by encouraging women to give the man in their life a gift—a full physical exam.

# Screening Guidelines

| Medical organization | Screening recommendations |
|---|---|
| **Breast cancer: Mammography** | |
| ACS* | Annually after age 40 |
| AAFP | Every 1 to 2 years, ages 50 to 69; counsel women ages 40 to 49 about potential risks and benefits of mammography and clinical breast examination. |
| AMA | Every 1 to 2 years in women ages 40 to 49; annually beginning at age 50 |
| NIH | Data currently available do not warrant a universal recommendation for mammography for women in their 40s; each woman should decide for herself whether to undergo mammography |
| USPSTF | Every 1 to 2 years, ages 40 and older |
| **Cervical cancer** | |
| ACS* | Pap test approximately 3 years after having vaginal intercourse, but no later than 21 years of age; at or after age 30, women who have had 3 normal test results in a row may get screened every 2-3 years |
| AAFP | Pap test at least every 3 years to women who have ever had sexual intercourse and who have a cervix |
| AMA | Annual Pap test and pelvic examination starting at age 18 (or when sexually active); after 3 or more normal annual Pap tests, the Pap test may be performed less frequently at the physician's discretion |
| USPSTF | Pap test at least every 3 years in women who have ever had sexual intercourse and who have a cervix; discontinue regular testing after age 65 if Pap test results have been consistently normal |
| **Colorectal cancer** | |
| ACS* | Annual FOBT plus FSIG every five years; a double-contrast barium enema every five years; a colonoscopy every 10 years |
| AMA | Annual FOBT beginning at age 50, and flexible sigmoidoscopy every 3 to 5 years beginning at age 50 |
| AGA | FOBT beginning at age 59 (frequency not specified); sigmoidoscopy every 5 years, double-contrast barium enema every 5 to 10 years or colonoscopy every 10 years |

| | |
|---|---|
| USPSTF | After age 50, yearly FOBT and/or sigmoidoscopy (unspecified frequency for sigmoidoscopy) |
| **Prostate cancer** | |
| ACS* and AUA | Offer annual DRE and PSA screening, beginning at age 50, to men who have at least a 10-year life expectancy; men at high risk should begin testing at age 45 |
| ACP-ASIM | Physicians should describe potential benefits and known harms of screening, diagnosis and treatment; listen to the patient's concerns, then individualize the decision to screen |
| AMA | Provide information regarding the risks and potential benefits of prostate screening |
| USPSTF | DRE and PSA tests are not recommended for the general population |

**Abbreviations for Medical Organizations:**

AAFP = American Academy of Family Physicians
ACP-ASIM = American College of Physicians-American Society of Internal Medicine
ACS = American Cancer Society; abbreviated screening guidelines
AGA = American Gastroenterological Association
AMA = American Medical Association
AUA = American Urological Association
NIH = National Institutes of Health
USPSTF = U.S. Preventive Services Task Force

# Treatment and Care

The Treatment and Care section addresses cancer-directed therapies such as surgery, chemotherapy, radiation, rehabilitation, the importance of pain management and the quality of life issues faced by patients and their families. Assessment included statewide availability of and access to quality client-centered care and methods. The resulting strategies that address gaps, challenges and barriers and, ultimately, promote high quality standards of treatment and care, are defined.

Healthy People 2010 overall cancer goal: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. (www.healthypeople.gov)

**Goal 15: To ensure that all Louisiana cancer patients have access to a healing environment of compassion and care, dedicated to providing the best of standardized medical care available, thus honoring each person's individual needs. This encompasses culturally and literacy appropriate information to assist in understanding the cancer diagnosis, treatment options and side effects, and promotes informed decision-making and improvement in quality of life. Develop an ongoing statewide collaborative capable of significant advocacy, coordination, and action in order to develop a healing, holistic system of care for the cancer patient. Priorities were defined by the Treatment Work Group as (1) Increase Accessibility, (2) Provide Quality Cancer Treatment, and (3) Facilitate Informed Decision Making.**

Intermediate Outcome:

By 2010, establish at least one community based client navigator program in each of the nine Louisiana Department of Health and Hospitals' regions.

## *Increase Accessibility to Cancer Treatment*

Objective 15.1: Increase accessibility to cancer treatment for under-insured and uninsured Louisiana cancer patients.

Strategies:

- Encourage the state legislature to adopt fast track Medicaid for all under and uninsured Louisiana residents who have been diagnosed with cancer.

  Lead: American Cancer Society, American Lung Association of Louisiana
  Partners: All non-governmental agencies listed in the Appendix of this document

- Increase funding and pathways to the Louisiana Breast & Cervical Health Program in order to increase the number of women eligible for the Medicaid fast track program.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Centers for Disease Control and Prevention, Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership, Louisiana Health Care Services Division, Louisiana Legislative Women's Caucus, Louisiana State University Health Sciences Center,

- Develop seven regional/community advisory boards to evaluate access to care issues.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana State University Health Sciences Center, Office of Public Health, local cancer services organizations and community members

- Promote insurance coverage for cancer treatments, medications, follow-up services and social services.

  Lead: American Cancer Society
  Partners: Louisiana Cancer and Lung Trust Fund Board, Louisiana Health Care Review, Louisiana Insurance Commission, Medicaid

- Provide a statewide plan/strategy for ensuring appropriate and adequate transportation and child care services for cancer patients.

  Lead: American Cancer Society, Louisiana Cancer Control Partnership
  Partners: Councils on Aging, Medicaid, Office of Public Health

- Promote existing and create new housing and transportation programs for cancer patients and their families within and across regions to ensure accessibility.

  Lead: American Cancer Society
  Partners: Local community based organizations, Louisiana Cancer Control Partnership

- Develop recognition programs for community and faith-based organizations, i.e., "Caring Communities Award" recognized by the Governor.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Cancer and Lung Trust Fund Board, Office of the Governor, State Legislators

- Identify and prioritize regional gaps in rehabilitation such as lymphedema treatment, reconstructive surgery (e.g., mastectomy), hospice, and assisted living both short and long-term care.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Cancer and Lung Trust Fund Board

- Identify and prioritize gaps in cancer treatment services for the medically underserved populations, including Native American Tribes.

  Lead: Louisiana Cancer Control Partnership
  Partners: NCI's Cancer Information Service, Office of Public Health

Objective 15.2: Provide evidence-based quality treatment for Louisiana cancer patients.

Strategies:

- Encourage cancer patients to seek treatment at American College of Surgeons' approved facilities by promoting the American College of Surgeons treatment centers and physicians to the public.

  Lead: American College of Surgeons
  Partners: Medical facilities both private and public, American College of Surgeons, American Cancer Society, Louisiana Cancer Control Partnership, Medical Societies

- Establish a mentor system for American College of Surgeons facilities to share strategies, technologies, and technical assistance, with the goal of increasing the number of ACOS facilities.

  Lead: American College of Surgeons
  Partners: Medical Professional Organizations, Louisiana State University Health Sciences Center-New Orleans, Louisiana State University Health Sciences Center-Shreveport, Louisiana State University Health Sciences Center, Private American College of Surgeons Medical Facilities, American College of Surgeons, American Cancer Society, Louisiana Cancer Control Partnership

- Promote web-linked nationally accepted cancer treatment and care guidelines, and statewide cancer resources.

  Lead: Cancer Information Series (National Cancer Institute)
  Partners: Louisiana Cancer Control Partnership

- Promote computer based, easily accessible CME/CEU programs for health care providers.

  Lead: American Cancer Society
  Partners: Louisiana State Medical School, Louisiana State University Health Sciences Center, Office of Public Health

- Promote and support the development of the Louisiana Cancer Research Consortium, a medical and scientific center for cancer research and treatment that will be recognized as a National Cancer Institute-Designated Cancer Center.

  Lead: The Louisiana Cancer Research Consortium of New Orleans

Partners: Louisiana State University Health Sciences Center-New Orleans, Stanley S. Scott Cancer Center and Tulane University Health Sciences Center

Objective 15.3: Promote distribution and usage of existing materials pertaining to nutritional assessment and physical activity needs of cancer to both cancer patients and providers (ACS, AICR, NCI).

Strategies:

- Disseminate ACS, AICR, NCI materials.

  Lead: American Cancer Society
  Partners: American College of Surgeons and accredited cancer centers, NCI's Cancer Information Service, and Louisiana State University School of Medicine Nutrition Section

- Develop and maintain cancer nutrition website resource

  Lead: Louisiana State University School of Medicine Nutrition Section
  Partners: Louisiana Cancer Control Partnership

Objective 15.4: Provide appropriate information to patients and their families to help them understand and participate in their treatment and care.

Strategies:

- Provide case navigators to assist low income, under- or uninsured, and the elderly through diagnostic, follow up, and treatment services.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Council on Aging, Louisiana Breast & Cervical Health Program, Louisiana Health Care Review, Louisiana Health Care Services Division, Medicaid

# Cancer Disparities

The Cancer Disparities section explored and identified issues that result in services and care being provided in manners that result in an unequal burden of disease morbidity and mortality for specific populations. Such issues may include: access to and availability of care, quality of care, provider cultural competence, institutional racism, special populations, financial barriers, ethnicity, gender, and socioeconomic status.

The Louisiana Comprehensive Cancer Control Plan addresses disparities throughout, as addressing many of the disparities will result in decreased incidence, morbidity, and mortality from cancer. As such, many of the issues addressed by this workgroup are included in other portions of the plan. This includes but is not limited to issues of:

- Optimizing the availability and utilization of low- and no-cost screening activities;
- Stabilizing and expanding the Louisiana Breast & Cervical Health Program;
- Providing transportation for early detection and treatment;
- Optimizing the availability and utilization of treatment services for the under- and uninsured;
- Increasing the understanding of the benefits of cancer early detection and treatment; and
- Increasing the understanding of prostate cancer screening and treatment issues among African American men.

Overall Goal: To reduce disparities in cancer incidence, mortality, and quality of life through provision of services for priority populations aimed at decreasing barriers to recommended cancer screening, early detection, treatment, and care.

Intermediate Outcomes:

By 2009, increase the opportunities for individuals to access medical care during non-traditional hours in five (New Orleans, Baton Rouge, Lafayette, Shreveport, Monroe) of the nine of Louisiana's Department of Health and Hospitals' regions.

By 2009, ensure at least one cancer early detection community based provider in each of the nine of Louisiana's Department of Health and Hospitals' regions.

By 2009, ensure that cultural competence curricula are incorporated within the training programs at all three medical schools and thirteen nursing schools in Louisiana.

By 2009, establish a culturally appropriate library of cancer related materials for health care professionals and their clients in Louisiana.

## Goal 16: Reduce institutional barriers to access to cancer early detection and treatment services for the under- and uninsured.

Objective 16.1: Augment existing healthcare services for the under- and uninsured.

Strategies:

- Utilize and secure funding for existing and new mobile medical services.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society, Louisiana Breast & Cervical Health Program, , Louisiana State University Health Sciences Center, Women's Hospital

- Facilitate partnerships between mobile medical service providers and stand-alone clinics serving priority populations.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Louisiana Cancer Control Partnership, Louisiana State University Health Sciences Center, Community-Based Providers, Woman's Hospital

- Utilize GIS mapping and Consumer Health Profiles to identify priority areas for mobile and other non-traditional services.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: American Cancer Society, Louisiana Cancer Control Partnership

- Conduct Community Forums for minority and underserved populations to engage them in cancer control.

  Lead: American Cancer Society
  Partners: Louisiana Cancer Control Partnership

- Investigate models of non-traditional service delivery.

  Lead: LCRC, LSU and Tulane Schools of Public
  Partners: Community-Based Providers, Louisiana Health Care Service Delivery

## Goal 17: Increase the understanding of the need for and provision of culturally appropriate and respectful care.

Objective 17.1: Increase the number of culturally competent* healthcare providers in Louisiana.

Strategies:

- Assess community satisfaction with and needs for culturally appropriate care.

  Lead: Louisiana Cancer Control Partnership
  Partners: Louisiana Breast & Cervical Health Program

- Assess the current cultural competence curricula of the three medical schools and thirteen nursing schools and make recommendations when needed.

  Lead: Louisiana Cancer Control Partnership
  Partners: Louisiana Cancer & Lung Trust Fund Board

- Provide opportunities for training on culturally appropriate and respectful care for current healthcare providers.

  Lead: Louisiana Breast & Cervical Health Program
  Partners: Louisiana Cancer Control Partnership, NCI's Cancer Information Service

- Encourage and develop programs of Advocates/Navigators.

  Lead: Louisiana Breast & Cervical Health Program, Louisiana Cancer Control Partnership
  Partners: CBOs, healthcare providers

*Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1997).

## Goal 18: Reduce the missed opportunities to provide early detection services, particularly for the growing population of employed Louisiana individuals who cannot afford or are not able to secure health insurance.

Objective 18.1: Provide early detection services in conjunction with other primary care services.

Strategies:

- Develop and disseminate a model of same-day mammography.

  Lead: Louisiana Cancer Control Partnership, Medical Center of Louisiana at New Orelans
  Partners: Health Care Services Division, Louisiana Breast & Cervical Health Program

- Assess the capacity to provide colorectal cancer early detection in primary care settings for the under- and un-insured.

  Lead: Louisiana Cancer Control Partnership

Partners: Louisiana Health Care Services Delivery, Louisiana State University Health Sciences Center, Office of Public Health

- Increase utilization of FOBT in Louisiana's Health Care Service Delivery facilities and other indigent care facilities.

  Lead: Louisiana Cancer Control Partnership
  Partners: Louisiana Health Care Service Delivery

# Quality of Life

Purpose: This section focuses on the examination of the current state of rehabilitation for cancer survivors in Louisiana and the quality of end of life services and seeks to develop priorities as part of the state's cancer control plan. These priorities include access to programs, services, and care related to survivorship including rehabilitation, palliative and hospice care, support services, social support networks, in every stage of the process, including end-of-life care. The overall goal for this chapter is to optimize and expand quality of life resources for all cancer patients, survivors, and their families.

This section of the plan was the most difficult section to quantify in the form of outcomes and objectives; therefore, LCCP will be focusing its efforts over the FY 2004-05 on identifying the need for and developing protocols for the collection of baseline data to help measure Louisiana's ability to increase the quality of life for cancer patients and their families. As medical research provides cancer patients with more options and better drugs, patients will be surviving longer and will be in greater need for rehabilitation, survivorship, and end of life services.

According to an article in the Last Acts November of 2002 publication, *Means to a Better End, A Report on Dying in America*, Louisiana reported that of the 12, 207 physicians in the state, only eleven were certified in palliative care. The lack of physicians and nurses who are certified in palliative care has contributed to the lack of dignity and quality of care during the end of life processes. The report stated:

> While opinion polls reveal that most Americans would prefer to die at home, free from pain and with their loved ones, the reality is vastly different. Americans often die along in hospitals or nursing homes, in pain and attached to life support machines they may not want. And this happens despite modern medicine's ability to east most pain, the existence of good models of delivering supportive care, and the increasing availability of excellent end of life care through hospice and palliative care programs. All these services, however, are underused—in large part because in our death-denying culture, many Americans don't want to discuss death and dying, or because many Americans don't know about these options for good end of life care and thus don't ask for them.

This report states that thirty states have statewide end of life care initiatives; however, Louisiana is not one of them. The article included an Appendix that reported individual state data. The following is a summary of Louisiana's data:

Quality of state advance directive laws, 2002: Louisiana received 3.0 points (Range: 1-5)
Deaths at home, 1997: 21.0%, ranked 8th lowest; in a hospital 65.1%, ranked 3rd highest; and in a nursing home 13.9%, ranked 4th highest
People over 65 who used hospice in the last year of life, by state, 2000: 19.7%
Median number of days in the hospice, 2001: 33.2, 3rd highest
Hospitals (n=123) reporting pain management programs: 30.9%, ranked 10th lowest; with hospice programs: 10.6%, ranked 7th lowest; with palliative care programs: 10.6%

People over 65 with 7 or more ICU days during the last 6 months of life, 2000: 11.3%
Nursing home residents in persistent pain, 1999: 43%
Strength of state pain policies, 2001: -1. Scores range from –2 to 9

Louisiana will continue to address the issues raised in its report card above, particularly in the areas of pain management and end of life services.

## *Professional Education*

### Goal 19: Increase among health care professionals awareness of and referrals to supportive and symptomatic care for cancer patients, survivors, and family members.

Intermediate Outcomes:

By 2009, increase the percentage of nurses certified in palliative care in Louisiana from .19 to .37. (National Hospice and Palliative Care Organization, Last Acts, 2002).

By 2009, increase the percentage of physicians certified in palliative care in Louisiana from .22 to .87. (National Hospice and Palliative Care Organization, Last Acts, 2002).

Objective 19.1: By 2009, provide two health care professional CME/CEU opportunities and/or meetings for nurses and physicians regarding palliative care.

Strategies:

- Support and promote education sessions about quality of life care services, especially those regarding end of life care, advanced directives, and length of stay for hospice.

- Establish a communication plan with the following: medical and nursing schools, the National Association of Social Work, American Medical Association, Louisiana State Medical Society, and the American Nursing Society.

- Develop a survivorship taskforce to plan and conduct workshops.

Lead: Louisiana Cancer Control Partnership
Partners: Louisiana and Mississippi Hospice and Palliative Care Organization and Palliative Care Institute

## *Care after Cancer Diagnosis*

Psychosocial support services provide the following; mental health evaluation, financial barrier evaluations, and spiritual services for cancer patients, survivors, and family members. Cancer patients and survivors might need assistance to obtain their medications, durable medical equipment, prostheses, and wigs.

### Goal 20: Ensure that cancer patients, survivors, and family members have access to care and support services.

Intermediate Outcome:

By 2009, increase the number of Louisiana services that were reported being provided for supportive care to cancer patients, survivors, and family members, from 398 services to at least 500 services. (LCCP Cancer Resource Inventory, preliminary data, 2003).

Objective 20.1: Implement a regional patient resource/referral network to include identification, development, and capture of appropriate/adequate community resources to meet the needs of cancer patients and their families.

Strategies:

- Identify, support, and promote existing social, support, and spiritual services for cancer patients, survivors, and their families including but not limited to medications and prescriptions, transportation services, durable medical equipment, wigs, and prosthesis, and build the capacity of community-based organizations to implement referral systems where there are identified gaps and needs.

- Create a regional communication plan to assist integration of support services' organizations, including medication programs.

- Implement the American Cancer Society's transportation grants program in at least 50% of all ACOS facilities to ensure transportation for underserved cancer patients.

- Promote ACS 1-800/website as a resource for cancer patients, their families and providers.

- Identify two hospitals with best practices regarding palliative care services or comfort care teams and share them with other medical facilities.

Lead: Louisiana Cancer Control Partnership
Partners: American Cancer Society and LCCP Members

Objective 20.2: Provide information to cancer patients, survivors, and family members about rehabilitation.

Strategies:

- Encourage nutrition and functional assessments for cancer patients among health care providers.
- Promote cancer survivorship days at local cancer community based organizations every other year.
- Promote the LMHPCO biannual quality of life conferences that focus on quality of life and survivorship.

Lead: Louisiana Cancer Control Partnership
Partners: American Cancer Society, American College of Surgeons, Louisiana and Mississippi Hospice and Palliative Care Organization

## *End of Life Care*

In 2000, 19.7 percent of Louisiana's deaths occurred while under hospice care. In 2001, the average length of stay in hospice care was 33.2 days in Louisiana. Rates of death in other locations include: 21% home, 61.5% hospital, and 13.9 nursing home.

### Goal 21. Improve the quality of life of patients dying with cancer.

Intermediate Outcome:

By 2009, increase the percentage of patients enrolled in Louisiana hospice care at the time of their death from 25% to the national average while under hospice care (varies yearly).

Objective 21.1: Increase the average length of stay from 30-45 days to 45-60 days in hospice care.

Strategies:

- Support programs that assist health care professionals who work with cancer and dying patients.
- Distribute appropriate educational materials to providers and clients.
- Conduct two patient clinical conferences statewide.

- Conduct an annual leadership conference to enhance skills and promote high quality hospice care.

- Produce a monthly newsletter highlighting public awareness, referrals and providing technical assistance.

- Provide monthly teleconferences with CEU's in nursing and social work regarding hospice care.

Lead: LMHPCO
Partners: Louisiana Cancer Control Partnership

***ADVOCACY*** 

Support and promote Louisiana Pain Initiative.

Goals:

- To inform people they have the right to effective pain assessment and management
- To provide practical information for people with pain
- To educate and raise public awareness about pain and pain issues
- To educate healthcare professionals regarding pain assessment and management
- To develop a pain resource center
- To advocate for people experiencing pain and to affect change in the legislative arena

These goals are accomplished through:

Patient/Public Education
Provider Education
Legislation and Advocacy
Research
Support and promote donated drug depository legislation.

Encourage legislation to support hospice care coverge by Medicaid.

Support legislation to regulate the collection of end of life data for certified licensed hospice agencies.

# Research

The role of research in the comprehensive cancer control plan is to increase the extent to which programming decisions are made on the basis of sound evidence. While the importance of basic science, pharmacologic and clinical trials research is recognized, it is not likely that such efforts will benefit the Louisiana Cancer Control Partnership within the time period covered by this plan. Furthermore, in 2002, the National Institutes of Health funded institutions in Louisiana in excess of $177 million for research, basic science, clinical trials, prevention, behavioral, and translational research, at Louisiana State University Health Sciences Center-NO, Louisiana State University Health Sciences Center-Shreveport, and Tulane University Health Sciences Center. Almost $9 million was funded from the National Cancer Institute for cancer research and an estimated $19 million yearly is available from state tobacco taxes both of which fund cancer research at these same facilities. This itemization of funding does not include funding from the American Cancer Society and others. The Centers for Disease Control and Prevention funds designated for Comprehensive Cancer Control cannot be used for research. Any of the very limited resources of the Louisiana Cancer Control Partnership that could be put toward this effort would be minute compared to the larger investments stated above. The Louisiana Cancer Control Partnership will focus its resources on encouraging participation in existing research programs, filling in gaps in available baseline data, and piloting programs that focus on behavior change.

## Goal 22: To enhance the understanding of behavioral, institutional, and epidemiologic factors specific to populations in Louisiana that effect cancer prevention and early detection.

Objective 22.1: Encourage and enhance the participation of priority populations in clinical, translational, and epidemiologic research.

Strategies:

- Publicize the National Cancer Institute Clinical Trials Search form to providers of services to priority populations.

  Lead: NCI's Cancer Information Service
  Partners: American College of Surgeons Facilities, Louisiana Cancer Control Partnership, Medical Schools

- Compile and regularly update lists of clinical and epidemiologic trials not included on the National Cancer Institute Clinical Trials Search Form

  Lead: Louisiana Cancer Control Partnership
  Partners: American College of Surgeons, NCI's Cancer Information Service, Medical Schools

- Encourage exploration of situations with high clinical trials enrollment rates in Louisiana's indigent or African American population.

  Lead: Institution where clinical trials are offered
  Partners: Louisiana State University Health Sciences Center School of Public Health

- Distribute the findings of the factors that have led to high clinical trials enrollment rates in an indigent, primarily African American populations.

  Lead: NCI's Cancer Information Service, Louisiana State University Health Sciences Center-New Orleans
  Partners: Louisiana Cancer Control Partnership

Objective 22.2: Encourage the development of community-based research projects for risk reduction in priority populations 

Strategies: 

- Utilize census information, Consumer Health Profiles and other data sources along with GIS mapping tools to identify priority populations.

  Lead: Louisiana Cancer Control Partnership
  Partners: NCI's Cancer Information Service, Louisiana State University Health Sciences Center School Of Public Health, Office of Public Health

- Distribute priority population information to partners around the state.

  Lead: Louisiana Cancer Control Partnership
  Partners: NCI's Cancer Information Service

- Facilitate partnerships between communities, community organizations, and medical schools.

  Lead: Louisiana Cancer Control Partnership
  Partners: Members of LCCP

## Goal 23: To establish baseline data regarding institutional policies, programs and environments, that influence lifestyle behaviors.

Objective 23.1: Increase the proportion of work sites that offer a comprehensive health promotion program to their employees. Baseline: To be determined. 

Strategies:

- To assess work site wellness support for a heart healthy lifestyle with Louisiana and establish a baseline of work sites that offer comprehensive employee health promotion programs.

  Lead: Office of Public Health
  Participating Agencies: Cardiovascular Health Program, Chronic Disease Epidemiology Unit, Louisiana Tobacco Control Program

Objective 23.2: Assess the capacity of Louisiana providers for screening, early detection, follow-up, diagnosis and referral for treatment.

Strategies:

- Reapply for Centers for Disease Control and Prevention's Colorectal Capacity Study in June of 2004.

- Utilize Centers for Disease Control and Prevention's survey in Louisiana to assess the capacity of colonoscopy and follow up.

- Access hospitals' listings of certified practitioners who perform colonoscopies, sigmoidoscopies, and endoscopies.

- Assess the reliability of labs to track home testing kit results and refer to treatment and/or follow up when necessary.

- Evaluate the use of client navigators to facilitate all opportunities for screening and/or referral to treatment and follow-up.

  Lead: Louisiana Cancer Control Partnership, Office of Public Health
  Partners: AGES, ASGE, Cancer Services Institute and any other related national professional organizations, Louisiana State University Health Sciences Center, Louisiana Cancer and Lung Trust Fund Board, Louisiana Hospital Association, Louisiana Tumor Registry, Office of Public Health, public and private providers

Objective 23.3: Establish baseline data for participation in existing oncology professional education classes regarding quality of life resources.

Strategies:

- Identify credentialing agencies, establish contact with them, access and gather data, analyze and process information, determine baseline.

- Establish and maintain relationships with medical and nursing schools in Louisiana.

- Assess the educational need for Lymphedema.

- Ensure health care providers disseminate Lymphedema material to cancer survivors, family members and caregivers.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society

Objective 23.4: Establish baseline of existing physical support services, i.e., medications and prescriptions for the indigent population, transportation services, durable medical equipment, wigs, and prostheses.

Strategies:

- Identify and locate services, establish relationship, gather and analyze data, establish baseline.

  Lead: Louisiana Cancer Control Partnership
  Partners: American Cancer Society

# Evaluation

Throughout the comprehensive cancer control planning process, various evaluation strategies have been implemented and the findings used to correct the process when necessary. Now the Louisiana Cancer Control Partnership is moving from planning to implementation. In the face of limited resources, the importance of evaluation in providing evidence on the quality and impact of programs and for use in future decisions about resource allocation cannot be understated. As such, it is of utmost importance that the Louisiana Cancer Control Partnership include evaluation goals and objectives from the very beginning and that partner organizations work with the Louisiana Cancer Control Partnership to implement evaluation and utilize its findings.

The plan includes measurable outcomes for our goals throughout. In many cases, these are intermediate outcomes that would lead to the primary outcomes of decreasing incidence, morbidity, mortality, and disparities in cancer care. It is the responsibility of the Louisiana Cancer Control Partnership staff to provide for the evaluation of the Louisiana Cancer Control Partnership process, the implementation of the plan, and the impact of the plan.

Overall Goal: To evaluate the extent to which the goals and objectives of the Louisiana Comprehensive Cancer Control Plan are achieved, to identify successful strategies for achievement, and to document barriers to achievement in order that they may be addressed.

Outcome: Strategies to monitor plan process are implemented.

Outcome: Strategies identified in the plan are implemented.

Outcome: Mid-course corrections are implemented as necessary.

Outcome: Stakeholders are satisfied with the planning and implementation process.

Outcome: Progress toward measurable outcomes is monitored.

Outcome: Strategies implemented are evaluated as to effectiveness.

Outcome: Mid-course corrections are implemented as necessary.

## Goal 24: To evaluate the process and implementation of the plan.

Objective 24.1: Evaluate the Louisiana Cancer Control Plan process.

Strategies:

- Identify and organize an evaluation work group.

Lead: Louisiana Cancer Control Partnership
Partners: Members of the LCCP

- Continue to assess member satisfaction with the Louisiana Cancer Control Partnership.

  Lead: Louisiana Cancer Control Partnership
  Partners: Members of the LCCP

Objective 24.2: Evaluate the extent to which the Plan is implemented. 

Strategies: 

- Monitor which strategies identified in the plan are implemented.

  Lead: Louisiana Cancer Control Partnership

- Develop an evaluation work plan.

  Lead: Louisiana Cancer Control Partnership

## Goal 25: To evaluate the impact of the plan

Objective 25.1: Monitor progress toward reaching cancer incidence, mortality, and survival goals. 

Objective 25.2: Monitor cancer incidence and mortality on an annual basis using data from Louisiana Tumor Registry NCDB, American Cancer Society and others. 

Objective 25.3: Monitor stage at diagnosis for breast, cervical, colorectal, and prostate cancers using data from Louisiana Tumor Registry and NCDB. 

Objective 25.4: Monitor progress in complying with early detection recommendations. 

Resources Available: BRFSS, program databases (Louisiana Breast & Cervical Health Program, Health Care Services Division, Louisiana Health Care Review)

Objective 25.5: Develop data sources for those objectives for which baseline data currently do not exist. 

Strategies: 

- Work with the Office of Public Health to add pertinent questions to the BRFSS.

  Lead: Office of Public Health
  Partners: Louisiana Cancer Control Partnership

- Work with Centers for Disease Control and Prevention to implement the colorectal screening capacity study in Louisiana.

  Lead: Louisiana Cancer Control Partnership
  Partners: Centers for Disease Control, Louisiana Colorectal Task Force

# Appendices

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American Cancer Society

American College of Surgeons, Commission on Cancer

American Lung Association

Centers for Disease Control and Prevention, Comprehensive Cancer Control Program

Louisiana Breast Cancer Task Force

Louisiana Breast & Cervical Health Program

Louisiana Campaign for Tobacco Free Living

Louisiana Cancer and Lung Trust Fund Board

Louisiana Department of Health and Hospitals, Office of Public Health

Louisiana Health Care Review, Inc.

Louisiana and Mississippi Hospice & Palliative Care Organization

Louisiana Pain Initiative

Louisiana Public Health Institute

Louisiana State University Health Sciences Center, School of Public Health

Louisiana State University Health Sciences Centers

Louisiana Tumor Registry

National Cancer Institute's Cancer Information Service

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Note: Names will be added as additional individuals or organizations are identified.

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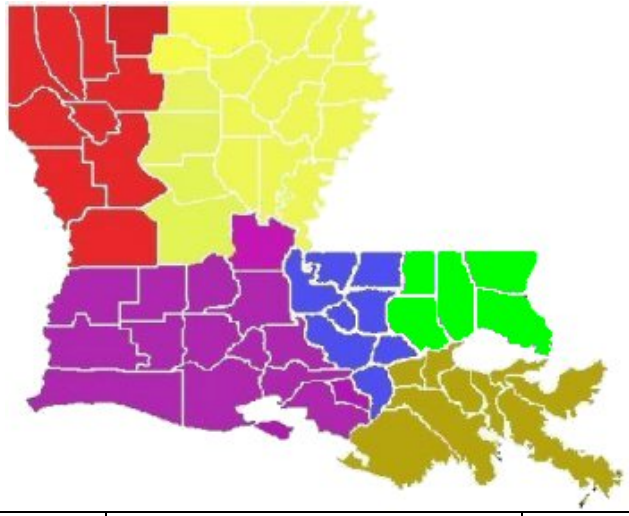
## *Appendix D – Cancer Control Officers – Regional Partners*



| Office | Partner | Parishes included in each Area |
|---|---|---|
| Shreveport | Feist-Weiller Cancer Center - LSUHSC-Shreveport | Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster |
| Monroe | TBA | Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Union, Tensas, West Carroll |
| Alexandria | Rapides General Hospital, St. Francis Christus Cabrini Hospital, and Tulane University HSC | Allen, Beauregard, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn |
| Lafayette | Miles-Perret Center | Acadia, Avoyelles, Calcasieu, Cameron, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, Vermillion |
| Baton Rouge | Mary Bird Perkins Cancer Center | Ascension, Assumption, East Baton Rouge, East Feliciana, Pointe Coupee, Iberville, West Baton Rouge, West Feliciana |
| Northshore | Mary Bird Perkins Cancer Center | Livingston, St. Helena, St. Tammany, Tangipahoa, Washington |
| New Orleans | LSUHSC-N.O. | Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, Terrebonne |

## *Appendix E – Acronyms and Glossary*

| | |
|---|---|
| AA | African-American |
| ACoS | American College of Surgeons |
| ACS | American Cancer Society |
| AHA | American Heart Association |
| AICR | American Institute for Cancer Research |
| ALA | American Lung Association |
| ASGE | American Society of Gastrointestinal Endoscopy |
| BRFSS | Behavioral Risk Factor Surveillance Survey |
| BSE | Breast Self-Examination |
| CBE | Clinical Breast Examination |
| CDC | Centers for Disease Control and Prevention |
| CEU | Continuing Education Units |
| CIS | Cancer Information Service of the National Cancer Institute |
| CME | Continuing Medical Education |
| CTFLA | Coalition for a Tobacco-Free Louisiana |
| DHH | Department of Health and Hospitals |
| DHH-OPH | Department of Health and Hospitals Office of Public Health |
| DRE | Digital Rectal Examination |
| FOBT | Fecal Occult Blood Test |
| FPL | Federal Poverty Level |
| FSIG | Flexible Sigmoidoscopy |
| GIS | Geographic Information System |
| HP2010 | Healthy People 2010 |
| LBCHP | Louisiana Breast and Cervical Health Program |
| LCCP | Louisiana Cancer Control Partnership |
| LCLTFB | Louisiana Cancer and Lung Trust Fund Board |
| LMHPCP | Louisiana and Mississippi Hospice, Palliative Care Organization |

| | |
|---|---|
| LPHI | Louisana Public Health Institute |
| LSUHSC | Louisiana State University Health Sciences Center |
| LTR | Louisiana Tumor Registry |
| NAACCR | North American Association of Central Cancer Registries |
| NCCCP | National Comprehensive Cancer Control Program |
| NCDB | National Cancer Data Base program of the American College of Surgeons |
| NCHS | National Center for Health Statistics |
| NCI | National Cancer Institute |
| NVSS | National Vital Statistics System |
| OAD | Office of Addictive Disorders |
| PSA | Prostate-Specific Antigen |
| SAMMEC | Smoking-Attributable Morbidity and Morality Economic Costs report of the Louisiana Office of Public Health |
| SEER | Surveillance, Epidemiology, and End Results program of the National Cancer Institute |
| SES | Socio-Economic Status |
| STD | Sexually Transmitted Disease |
| USPSTF | U.S. Preventive Services Task Force |
| YTS | Youth Tobacco Survey |

## *Definitions & Phonetic Pronunciations*[1]

***advance directives**:* legal documents that tell the doctor and family what a person wants for future medical care, including whether to start or when to stop life-sustaining treatment.

***behavioral research**:* research into what motivates people to act as they do. The results of such research can be used to help convince people to adopt healthy lifestyles and to follow life-saving screening and treatment guidelines.

[1] Adapted from **GLOSSARY: DEFINITIONS & PHONETIC PRONUNCIATIONS**, American Cancer Society, 2003.

***breast cancer**:* cancer that starts in the breast. The main types of breast cancer are *ductal carcinoma in situ, invasive ductal carcinoma, lobular carcinoma in situ, invasive lobular carcinoma, medullary carcinoma, and Paget's disease of the nipple* (see definitions under these headings). Some breast specialists believe that lobular carcinoma in situ is not a true cancer.

***breast self-exam*** (BSE): a method of checking one's own breasts for lumps or suspicious changes. BSE is recommended for all women over age 20, to be done once a month, usually at a time other than the days before, during, or immediately after her menstrual period.

***cancer***: cancer is not just one disease but a group of diseases. All forms of cancer cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a tumor. The tumor can invade and destroy healthy tissue. Cells from the tumor can break away and travel to other parts of the body. There they can continue to grow. This spreading process is called metastasis. When cancer spreads, it is still named after the part of the body where it started. For example, if breast cancer spreads to the lungs, it is still breast cancer, not lung cancer.

Some cancers, such as blood cancers, do not form a tumor. Not all tumors are cancer. A tumor that is not cancer is called benign. Benign tumors do not grow and spread the way cancer does. They are usually not a threat to life. Another word for cancerous is malignant.

***cancer care team**:* the group of health care professionals who work together to find, treat, and care for people with cancer. The cancer care team may include any or all of the following and others: primary care physicians, pathologists, oncology specialists (medical oncologist, radiation oncologist), surgeons (including surgical specialists such as urologists, gynecologists, neurosurgeons, etc.), nurses, oncology nurse specialists, and oncology social workers. Whether the team is linked formally or informally, there is usually one person who takes the job of coordinating the team.

***cancer cell***: a cell that divides and reproduces abnormally and has the potential to spread throughout the body, crowding out normal cells and tissue.

***carcinoma*** (car-sin-**o**-ma): a malignant tumor that begins in the lining layer (epithelial cells) of organs. At least 80% of all cancers are carcinomas.

***carcinoma in situ*** (car-sin-**o**-ma in **sigh**-too): an early stage of cancer in which the tumor is confined to the organ where it first developed. The disease has not invaded other parts of the organ or spread to distant parts of the body. Most *in situ* carcinomas are highly curable.

***case manager**:* the member of a cancer care team, usually a nurse or oncology nurse specialist, who coordinates the patient's care throughout diagnosis, treatment, and recovery. The case manager is a new concept that provides a guide through the complex system of health care by helping cut through red tape, getting responses to questions, managing crises, and connecting the patient and family to needed resources.

***cervix*** (**ser-**vix): the neck of the womb (uterus).

***chemoprevention*** (**key**-mo-pre-***VEN***-shun): prevention or reversal of disease using drugs, chemicals, vitamins, or minerals. While this idea is not ready for widespread use, it is a very promising area of study. The Breast Cancer Prevention Trial has shown that the drug tamoxifen can prevent some cases of breast cancer among women with high risk of the disease. But the drug may have some serious side effects.

***chemotherapy*** (**key**-mo-***THER***-uh-pee): treatment with drugs to destroy cancer cells. Chemotherapy is often used, either alone or with surgery or radiation, to treat cancer that has spread or come back (recurred), or when there is a strong chance that it could recur.

***clinical breast examination**:* an examination of the breasts done by a health professional such as a doctor or nurse.

***clinical trials**:* research studies to test new drugs or other treatments to compare current, standard treatments with others that may be better. Before a new treatment is used on people, it is studied in the lab. If lab studies suggest the treatment will work, the next step is to test its value for patients. These human studies are called clinical trials. The main questions the researchers want to answer are:

- Does this treatment work?
- Does it work better than what we're now using?
- What side effects does it cause?
- Do the benefits outweigh the risks?
- Which patients are most likely to find this treatment helpful?

***colon**:* the large intestine. The colon is a muscular tube about five feet long. It is divided into 4 sections: the ascending, transverse, descending, and sigmoid colon. It continues the process of absorbing water and mineral nutrients from food that was started in the small intestine.

***colonoscope*** (co-**lan**-uh-scope): a slender, flexible, hollow lighted tube about the thickness of a finger. It is inserted through the rectum up into the colon. A colonoscope is much longer than a sigmoidoscope, and allows the doctor to see much more of the colon's lining. The colonoscope is connected to a video camera and video display

monitor so the doctor can look closely at the inside of your colon. (This procedure is called a colonoscopy.)

***complementary therapy****:* therapy used in addition to standard therapy. Some complementary therapies may help relieve certain symptoms of cancer, relieve side effects of standard cancer therapy, or improve a patient's sense of well-being. The ACS recommends that patients considering the use of any alternative or complementary therapy discuss this with their health care team. See also, alternative therapy.

***detection****:* finding disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Note: many forms of cancer can reach an advanced stage without causing symptoms. Mammography can help to find breast cancer early, and the PSA blood test is useful in finding prostate cancer.

***diagnosis****:* identifying a disease by its signs or symptoms, and by using imaging procedures and laboratory findings. The earlier a diagnosis of cancer is made, the better the chance for long-term survival.

***digital mammography****:* a method of storing an x-ray image of the breast as a computer image rather than on the usual x-ray film. Digital mammography can be combined with computer-assisted diagnosis (CAD), a process in which the radiologist uses the computer to help interpret the mammogram.

***digital rectal exam (DRE):*** an exam during which the doctor inserts a lubricated, gloved finger into the rectum to feel for anything not normal. This simple test, which is not painful, can detect many rectal cancers.

***edema:*** (uh-**deem**-uh) build-up of fluid in the tissues, causing swelling. Edema of the arm or leg can occur after surgery or radiation. Arm edema can occur after radical mastectomy or axillary dissection of lymph nodes. Leg edema can occur if there are removal of the lymph nodes in the groin. See also, *lymphedema.*

***endoscopy*** (en-**dos**-ko-pee): inspection of body organs or cavities using a flexible, lighted tube called an *endoscope.*

***epidemiology*** (**ep**-uh-**deem**-ee-***AHL***-uh-gee): the study of diseases in populations by collecting and analyzing statistical data. In the field of cancer, epidemiologists look at how many people have cancer; who gets specific types of cancer; and what factors (such as environment, job hazards, family patterns, and personal habits, such as smoking and diet) play a part in the development of cancer.

***estrogen****:* a female sex hormone produced primarily by the ovaries, and in smaller amounts by the adrenal cortex. In women, levels of estrogen fluctuate on nature's carefully orchestrated schedule, regulating the development of secondary sex

characteristics, including breasts; regulating the monthly cycle of menstruation; and preparing the body for fertilization and reproduction. In breast cancer, estrogen may promote the growth of cancer cells. See *estrogen receptor assay, estrogen replacement therapy*

***estrogen replacement therapy****:* the use of estrogen from other sources after a woman's body no longer makes its own supply. This type of hormone therapy is used to relieve symptoms of menopause. It can provide protective effects against bone thinning (osteoporosis) after menopause. Since estrogen nourishes some types of breast cancer, scientists question whether estrogen replacement therapy increases breast cancer risk. Some new drugs called selective estrogen receptor modulators (SERMs) are being studied. They seem to have many of the helpful effects of estrogen replacement without increasing breast cancer risk; in fact, recent studies suggest that some SERMs may actually reduce breast cancer risk. See, *estrogen, menopause, and osteoporosis.*

***external beam radiation therapy (EBRT****):* radiation that is focused from a source outside the body on the area affected by the cancer. It is much like getting a diagnostic x-ray, but for a longer time.

***false negative:*** test result implying a condition does not exist when in fact it does.

***false positive:*** test result implying a condition exists when in fact it does not.

***fecal occult blood test****:*a test for "hidden" blood in the feces (stool). The presence of such blood could be a sign of cancer.

***first-degree relative****:* a first-degree relative is defined as a parent, sibling, or child.

***five (5)-year survival rate:*** the percentage of people with a given cancer who are expected to survive 5 years or longer with the disease. Five-year survival rates have some drawbacks. Although the rates are based on the most recent information available, they may include data from patients treated several years earlier. Advances in cancer treatment often occur quickly. Five-year survival rates, while statistically valid, may not reflect these advances. They should not be seen as a predictor in an individual case. See also relative five-year survival rate.

***gastroenterologist*** (gas-tro-en-ter-**ol**-o-jist): a doctor who specializes in diseases of the digestive (gastrointestinal) tract.

***high risk****:* when the chance of developing cancer is greater than that normally seen in the general population. People may be at high risk from many factors, including heredity (such as a family history of breast cancer), personal habits (such as smoking), or the environment (such as overexposure to sunlight).

***hormone replacement therapy****:* the use of estrogen and progesterone from an outside source after the body has stopped making its own supply because of natural or induced menopause. This type of hormone therapy is often given to relieve symptoms of menopause and has been shown to offer protection against thinning of the bones (osteoporosis) in women after menopause. Recent studies have found that combined hormone replacement therapy (estrogen plus progesterone) slightly increases breast cancer risk, as well as the risk of heart disease and blood clots. See also *estrogen replacement therapy.*

***hormone therapy****:* treatment with hormones, with drugs that interfere with hormone production or hormone action, or the surgical removal of hormone-producing glands. Hormone therapy may kill cancer cells or slow their growth.

***hospice****:* a special kind of care for people in the final phase of illness, their families and caregivers. The care may take place in the patient's home or in a homelike facility.

***hysterectomy*** (**his**-ter-***EK***-to-me): an operation to remove the uterus through an incision in the abdomen or through the vagina. Removal of the ovaries (*oophorectomy*) may be done at the same time.

***imaging studies****:* methods used to produce pictures of internal body structures. Some imaging methods used to help diagnose or stage cancer are x-rays, CT scans, magnetic resonance imaging (MRI), and ultrasound.

***immune system****:* the complex system by which the body resists infection by germs such as bacteria or viruses and rejects transplanted tissues or organs. The immune system may also help the body fight some cancers.

***incidence****:* the number of new cases of a disease that occur in a population each year. Compare to prevalence.

***informed consent:*** a legal document that explains a course of treatment, the risks, benefits, and possible alternatives; the process by which patients agree to treatment.

***in situ*** (in-**sight**-oo): in place; localized and confined to one area. A very early stage of cancer.

***invasive cancer****:* cancer that has spread beyond the layer of cells where it first developed to involve adjacent tissues.

***investigational****:* under study; often used to describe drugs used in clinical trials that are not yet available to the general public.

***lesion*** (**lee**-zhun): a change in body tissue; sometimes used as another word for tumor.

***limited breast surgery****:* also called lumpectomy, segmental excision, and tylectomy. This surgery removes the breast cancer and a small amount of tissue around the cancer, but preserves most of the breast. It is almost always combined with axillary lymph node removal and is usually followed by radiation therapy.

***localized cancer****:* a cancer that is confined to the place where it started; that is, it has not spread to distant parts of the body.

***lump****:* any kind of mass in the breast or elsewhere in the body.

***lumpectomy*** (lum-**peck**-to-me): surgery to remove the breast tumor and a small amount of surrounding normal tissue. (See also breast conservation therapy, two-step procedure.)

***lymphadenectomy:*** surgical removal of lymph nodes. After removal, the lymph nodes are examined by microscope to see if cancer has spread. Also called lymph node dissection.

***lymphatic system****:* the tissues and organs (including lymph nodes, spleen, thymus, and bone marrow) that produce and store lymphocytes (cells that fight infection) and the channels that carry the lymph fluid. The entire lymphatic system is an important part of the body's immune system. Invasive cancers sometimes penetrate the lymphatic vessels (channels) and spread (metastasize) to lymph nodes.

> ***lymph*** (limf): clear fluid that flows through the lymphatic vessels and contains cells known as lymphocytes. These cells are important in fighting infections and may also have a role in fighting cancer.
>
> ***lymph nodes****:* small bean-shaped collections of immune system tissue such as lymphocytes, found along lymphatic vessels. They remove cell waste and fluids from lymph. They help fight infections and also have a role in fighting cancer, although cancers sometimes spread through them. Also called lymph glands.
>
> ***lymphocytes****:* a type of white blood cell that helps the body fight infection.

***lymphedema*** (limf-uh-**dee**-muh): A complication in which excess fluid collects in the arms or legs. This often happens after the lymph nodes and vessels are removed from surgery, or injured from radiation or from a tumor that interferes with normal drainage of the fluid. This condition can be persistent.

***lymphoma*** (lim-**foam**-uh): a cancer of the lymphatic system, a network of thin vessels and nodes throughout the body. Its function is to fight infection. Lymphoma involves a

type of white blood cells called lymphocytes. The two main types of lymphoma are Hodgkin's disease and non-Hodgkin's lymphoma. The treatment methods for these two types of lymphomas are very different.

***magnetic resonance imaging (MRI)*** *:* a method of taking pictures of the inside of the body. Instead of using x-rays, MRI uses a powerful magnet to send radio waves through the body. The images appear on a computer screen as well as on film. Like x-rays, the procedure is physically painless, but some people may feel confined inside the MRI machine.

***malignant*** (muh-**lig**-nant) tumor: a mass of cancer cells that may invade surrounding tissues or spread (metastasize) to distant areas of the body.

***mammogram, mammography****:* an x-ray of the breast; the method of finding breast cancer that can't be felt. Mammograms are done with a special type of x-ray machine used only for this purpose. A mammogram can show a developing breast tumor before it is large enough to be felt by a woman or even by a highly skilled health care professional. *Screening mammography* is used to help find breast cancer early in women without any symptoms. *Diagnostic mammography* helps the doctor learn more about breast masses or the cause of other breast symptoms.

***mastectomy*** (mas-**tek**-to-me): surgery to remove all or part of the breast and sometimes other tissue. *Modified radical mastectomy* removes the breast, skin, nipple, areola, and most of the axillary lymph nodes on the same side, leaving the chest muscles intact. *Partial, or segmental*mastectomy removes less than the whole breast, taking only part of the breast in which the cancer occurs and a margin of healthy breast tissue surrounding the tumor. *Prophylactic mastectomy* is a mastectomy done before any evidence of cancer can be found, for the purpose of preventing cancer. *Quadrantectomy* is a partial mastectomy in which the quarter of the breast that contains a tumor is removed. *Simple mastectomy or total mastectomy* removes only the breast and areola.

***medical oncologist****:* a doctor who is specially trained to diagnose and treat it with chemotherapy and other drugs.

***melanoma*** (mel-uh-**no**-muh): a cancerous (malignant) tumor that begins in the cells that produce the skin coloring (melanocytes). Melanoma is almost always curable in its early stages. However, it is likely to spread, and once it has spread to other parts of the body the chances for a cure are much less.

***metastasis*** (meh-**tas**-teh-sis): the spread of cancer cells to distant areas of the body by way of the lymph system or bloodstream.

***micrometastases**:* the spread of cancer cells in groups so small that they can only be seen under a microscope.

***modified radical mastectomy**:* see mastectomy.

***morbidity**:* a measure of the new cases of a disease in a population; the number of people who have a disease.

***mortality**:* a measure of the rate of death from a disease within a given population.

***oncologist*** (on-**call**-o-jist): a doctor with special training in the diagnosis and treatment of cancer.

***oncology*** (on-**call**-o-jee): the branch of medicine concerned with the diagnosis and treatment of cancer.

***pain specialist**:* oncologists, neurologists, anesthesiologists, neurosurgeons, and other doctors, nurses, or pharmacists who are experts in pain. A team of health professionals may also be available to address issues of pain control.

***palliative*** (**pal**-e-uh-tive) *treatment:* treatment that relieves symptoms, such as pain, but is not expected to cure the disease.
Its main purpose is to improve the patient's quality of life.

***Pap test**:* this test involves scraping some cells from a woman's cervix and looking at them under a microscope to see if abnormal cells are present. Also called a *Pap smear*.

***pathologist*** (path-**all**-o-jist): a doctor who specializes in diagnosis and classification of diseases by lab tests such as examining cells under a microscope. The pathologist determines whether a tumor is benign or cancerous, and if cancerous the exact cell type and grade.

***pelvic examination**:* an examination of a woman's uterus and other pelvic organs. It is used to help find cancers of the reproductive organs. The doctor will visually examine external structures and palpate (feel) the internal organs such as the ovaries and cervix.

***polyp**:* a growth from a mucous membrane commonly found in organs such as the rectum, the uterus, and the nose.

***pre-cancerous**:* see pre malignant.

***predisposition**:* susceptibility to a disease that can be triggered under certain conditions. For example, some women have a family history of breast cancer and are therefore more likely (but not necessarily destined) to develop breast cancer.

***pre-malignant**:* changes in cells that may, but do not always, become cancer. Also called *precancerous.*

***prevalence**:* a measure of the proportion of persons in the population with a particular disease at a given time. Compare with incidence.

***prevention**:* the reduction of cancer risk by eliminating or reducing contact with carcinogenic agents. A change in lifestyle, such as quitting smoking, for example, reduces the risk of lung and other cancers.

***primary care physician**:* the doctor a person would normally see first when a problem arises. A primary care doctor could be a general practitioner, a family practice doctor, a gynecologist, a pediatrician, or an internal medicine doctor (an internest).

***primary site**:* the place where cancer begins. Primary cancer is usually named after the organ in which it starts. For example, cancer that starts in the breast is always breast cancer even if it spreads (metastasizes) to other organs such as bones or lungs.

***primary treatment**:* the first, and usually the most important, treatment.

***prognosis*** (prog-**no**-sis): a prediction of the course of disease; the outlook for the chances of survival.

***prostate*** (**pros**-tate: Note that there is no "r" in the second syllable): a gland found only in men. It is just below the bladder and in front of the rectum. The prostate makes a fluid that is part of semen. The tube that carries urine, the urethra, runs through the prostate.

***prostatectomy:*** surgical removal of all or part of the prostate gland.

***prostate-specific antigen*** (PSA): a gland protein made primarily by the prostate. Levels of PSA may be elevated for a number of benign reasons or prostate cancer. The PSA test is used to help find prostate cancer as well as to monitor the results of treatment.

***protocol*** (**pro**-teh-call): a formal outline or plan, such as a description of what treatments a patient will receive and exactly when each should be given. See also *regimen.*

***psychosocial*** (si-ko-**sew**-shul): the psychological and/or social aspects of health, disease, treatment, and/or rehabilitation.

***radiation oncologist**:* a doctor who specializes in using radiation to treat cancer.

***radiation therapist****:* a person with special training to work the equipment that delivers radiation therapy.

***radiation therapy****:* treatment with high-energy rays (such as x-rays) to kill or shrink cancer cells. The radiation may come from outside of the body (external radiation) or from radioactive materials placed directly in the tumor (brachytherapy or internal radiation). Radiation therapy may be used as the main treatment for a cancer, to reduce the size of a cancer before surgery, or to destroy any remaining cancer cells after surgery. In advanced cancer cases, it may also be used as palliative treatment.

***radical prostatectomy****:* surgery to remove the entire prostate gland, the seminal vesicles and nearby tissue.
*radiologic technologist:* a health professional (not a doctor) trained to position patients for x-rays, take the images, and then develop and check the images for quality. The films taken by the technologist are sent to a radiologist to be read.

***radiologist****:* a doctor with special training in diagnosis of diseases by interpreting x-rays and other types of diagnostic imaging studies; for example, CT and MRI scans.
*recurrence:*the return of cancer after treatment. Local recurrence means that the cancer has come back at the same place as the original cancer. Regional recurrence means that the cancer has come back after treatment in the lymph nodes near the primary site. Distant recurrence is when cancer metastasizes after treatment to distant organs or tissues (such as the lungs, liver, bone marrow, or brain).
*regional involvement:* the spread of cancer from its original site to nearby areas such as lymph nodes, but not to distant sites.

***rehabilitation****:* activities to help a person adjust, heal, and return to a full, productive life after injury or illness. This may involve physical restoration (such as the use of prostheses, exercises, and physical therapy), counseling, and emotional support.

***relapse****:* reappearance of cancer after a disease-free period. See *recurrence.*

***relative five-year survival rate****:* the percentage of people with a certain cancer who have not died from it within 5 years. This number is different from the five-year survival rate in that it does not include people who have died from unrelated causes.

***remission****:* complete or partial disappearance of the signs and symptoms of cancer in response to treatment; the period during which a disease is under control. A remission may not be a cure.

***risk factor****:* anything that affects a person's chance of getting a disease such as cancer. Different cancers have different risk factors. For example, unprotected exposure to strong sunlight is a risk factor for skin cancer; smoking is a risk factor for lung, mouth,

larynx, and other cancers. Some risk factors, such as smoking, can be controlled. Others, like a person's age, can't be changed.

***sarcoma*** (sar-**co-**muh): a malignant tumor growing from connective tissues, such as cartilage, fat, muscle, or bone.

***scan****:* a study using either x-rays or radioactive isotopes to produce images of internal body organs.

***screening****:* the search for disease, such as cancer, in people without symptoms. For example, screening measures for prostate cancer include digital rectal examination and the PSA blood test; for breast cancer, mammography and clinical breast exams. Screening may refer to coordinated programs in large populations.

***sentinel lymph node biopsy****:* a new procedure that might replace standard lymph node dissection. Blue dye and/or a radioisotope tracer is injected into the tumor site at the time of surgery and the first (sentinel) node that picks up the dye is removed and biopsied. If the node is cancer-free, fewer nodes are removed.

***side effects****:* unwanted effects of treatment such as hair loss caused by chemotherapy, and fatigue caused by radiation therapy.

***sigmoidoscope*** (sig-**moid**-uh-scope): a slender, flexible, hollow, lighted tube about the thickness of a finger. It is inserted through the rectum up into the colon. This allows the doctor to look at the inside of the rectum and part of the colon for cancer or for polyps. The sigmoidoscope is connected to a video camera and video display monitor so the doctor can look closely at the inside of your colon. Polyps are small growths that can become cancerous. This test may be somewhat uncomfortable, but it should not be painful.

***sign****:* an observable physical change caused by an illness. Compare to symptom.

***staging***: the process of finding out whether cancer has spread and if so, how far. There is more than one system for staging colorectal cancer, including the AJCC/TNM, Dukes, and Astler-Coller systems.

The TNM system, which is used most often, gives 3 key pieces of information:

- T refers to the size of the **t**umor
- N describes how far the cancer has spread to nearby lymph **n**odes
- M shows whether the cancer has spread (**m**etastasized) to other organs of the body

Letters or numbers after the T, N, and M give more details about each of these factors. To make this information clearer, the TNM descriptions can be grouped together into a

simpler set of stages, labeled with Roman numerals (usually from I to IV). In general, the lower the number, the less the cancer has spread. A higher number means a more serious cancer.

The 2 types of staging are:

- **clinical staging:** an estimate of the extent of cancer based on physical exam, biopsy results, and imaging tests.
- **pathologic staging:** an estimate of the extent of cancer by direct study of the samples removed during surgery.

***surgical oncologist****:* a doctor who specializes in using surgery to treat cancer.

***survival rate****:* the percentage of people still alive within a certain period of time after diagnosis or treatment. For cancer, a 5-year survival rate is often given. This *does not* mean that people can't live more than five years, or that those who live for 5 years are necessarily permanently cured.

***symptom****:* a change in the body caused by an illness, as described by the person experiencing it. Compare to sign.

***therapy:*** any of the measures taken to treat a disease.

***tumor:*** an abnormal lump or mass of tissue. Tumors can be benign (not cancerous) or malignant (cancerous).

***ultrasound****:* an imaging method in which high-frequency sound waves are used to outline a part of the body. The sound wave echoes are picked up and displayed on a television screen. Also called *ultrasonography.*

***watchful waiting****:* instead of active treatment for prostate cancer, the doctor may suggest close monitoring. This may be a reasonable choice for older men with small tumors that might grow very slowly. If the situation changes, active treatment can be started.

***x-rays****:* one form of radiation that can be used at low levels to produce an image of the body on film or at high levels to destroy cancer cells.

# *Appendix F – Online Resources*

## General Cancer Information

American Cancer Society
www.cancer.org

National Cancer Institute (NCI)
www.cancer.gov

People Living with Cancer (American Society of Clinical Oncology)
www.plwc.org

Oncolink (University of Pennsylvania)
cancer.med.upenn.edu/

## Searching for Specific Cancer Related Medical Research Articles

These sites allow you to search the medical literature for scientific abstracts of articles published in medical journals - they will not be helpful in searching for other Web sites or types of information.

National Library of Medicine (main page - allows access to several different databases)
www.nlm.nih.gov

PubMed/MEDLINE
www.ncbi.nlm.nih.gov/PubMed

## US Government Sites

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Environmental Protection Agency (EPA)
www.epa.gov

Federal Trade Commission (FTC)
www.ftc.gov

Food & Drug Administration (FDA)
www.fda.gov

National Cancer Institute (NCI)
www.cancer.gov

National Institutes of Health (NIH)
www.nih.gov

**Complementary & Alternative Therapies**

National Center for Complementary and Alternative Medicine (part of NIH)
http://nccam.nih.gov/

National Cancer Institute
www.cancer.gov/cancerinfo/treatment/cam

University of Texas Complementary/Integrative Medicine Education Resources (CIMER)
www.mdanderson.org/cimer

Memorial Sloan-Kettering Cancer Center (MSKCC) About Herbs
www.mskcc.org/mskcc/html/11570.cfm

Quackwatch
www.quackwatch.org

**Other Resources**

Association of Cancer Online Resources, Inc. (ACOR)
www.acor.org

OncoChat
www.oncochat.org

Health On the Net Foundation (HON)
www.hon.ch