

CANCER NOTES

"Joining forces for cancer control in Virginia"

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Special points of interest:

- Report on cancer risk in each local health district is now available on the Web.
- Statewide meeting on colorectal cancer will be held in Charlottesville this coming April!
- Risk for certain cancers is linked to being overweight or obese.
- Virginia women enroll in a state screening program to reduce their risk of getting cervical cancer.
- CPAC has had a busy year implementing the state cancer plan!

COMPREHENSIVE CANCER PREVENTION AND CONTROL



Cancer has been the second leading cause of death in Virginia since 1950 and accounted for 23 percent (13,005) of all deaths in 2004. Thanks to advances in prevention, screening and treatment, many Virginians are surviving cancer. Educating Virginians on steps they can take to prevent, detect and treat cancer is a critical strategy in state cancer control efforts.

In 1998, the Virginia Department of Health (VDH) established a cancer control project with funding from the U.S. Preventive Health and Human Services Block Grant (PHHS). VDH brought together people interested in cancer prevention and control and reducing the burden of cancer in Virginia. This group worked together as a coalition focused on issues and strategies affecting all Virginians. As a result, the Cancer Plan Advisory Committee (CPAC) and the first *Virginia Cancer Plan 2001-2005* (VCP) were developed. The plan outlines recommendations for a statewide effort to reduce the burden of cancer in Virginia.

In 2002, the Centers for Disease Control and Prevention (CDC) awarded funding to the

VDH Division of Chronic Disease Prevention and Control to implement a **Comprehensive Cancer Prevention and Control Program (CPCP)**. The program's activities include: 1) increasing public awareness of cancer symptoms, risk factors and need for screening; 2) promoting best practices among health care professionals; 3) mobilizing partnerships with community-based public and private organizations, and 4) providing public health leadership in the area of cancer prevention control.

Through these partnerships, CPCP promotes cancer prevention and early detection and increases access to health and social services. The goals are to reduce cancer risk, detect cancers earlier, improve treatment and enhance survivorship and quality of life for cancer patients.

Public health has long attached importance to prevention and early detection of disease. Through partnership and collaboration, VDH will continue to reach people who do not traditionally seek health care and information on cancer. For more information about CPCP, contact Theresa Teekah (804-864-7877).

CANCER IN VIRGINIA: HEALTH DISTRICT PROFILES

The Comprehensive Cancer Prevention and Control Program has released a report examining the morbidity and mortality associated with six cancers—breast, cervical, colon & rectum, lung, melanoma and prostate—in the 35 local health districts. The report, titled *Preventable Cancers in Virginia: A Risk Assessment Report for Breast, Cervical, Colorectal, Lung, Melanoma and Prostate Cancers by Health District* profiles each health district and reports



data on demographics, cancer incidence, cancer mortality and prevalence of cancer screening and risk factors (e.g., smoking).

Each district is assigned a quartile ranking of risk level (1=lowest risk; 4=highest risk) with respect to each type of cancer based on incidence rate, proportion of cases diagnosed early (local stage), mortality rate and prevalence of risk factors. Recommendations are made as to which cancers should be targeted for intervention. An introduction and description of the study's methodology as well as each health district's profile can be found on the CPCP Web-site (<http://www.vahealth.org/cdpc/cancerprev/data.asp>).



Dr. Sheila A. Ward (left), with Cora Lee Owens, event coordinator, at the "Christmas for Seniors" event last December in Eastville, Virginia.

"Be a role model for your children and grandchildren... be physically active."

—Dr. Sheila A. Ward,
Norfolk State University

PARTNERSHIPS AND COLLABORATIONS

In December 2005, the Eastern Shore Area Agency on Aging/Community Action Agency, in partnership with the Comprehensive Cancer Prevention and Control Program (CPCP) and Norfolk State University (NSU) Department of Health, Physical Education and Exercise Science, sponsored a community event called "Look Better, Feel Better: Christmas for Seniors," in Eastville, Virginia. The event was held at the American Legion Post and was attended by more than 75 senior citizens from all areas of the Eastern Shore.

CPCP provided health promotion materials and information for the event. The handouts and displays focused on colorectal, breast, prostate and skin cancers, with a message on the im-

portance of early detection.

Sheila A. Ward, Ph.D., associate professor at NSU, and evaluator for CPCP, delivered the keynote speech and movement presentation, "Exercising to Look Better and Feel Better." Dr. Ward spoke on the relationship between physical activity and health (see "Overweight, Obesity and Cancer" this issue), the importance of older adults maintaining a physically active lifestyle and strategies for how to incorporate exercise in their daily lives. Dr. Ward led the audience in an exercise demonstration that included movements to improve flexibility, strength and endurance. The seniors were all smiles as they performed the exercises to many of their favorite gospel music tunes.

BURDEN OF COLORECTAL CANCER IN VIRGINIA

Colorectal cancer was the third leading cause of cancer-related death in Virginia in 2002. Colorectal cancer begins as polyps (growths) that can become malignant over time. These polyps can be detected using the fecal occult blood test (FOBT) and endoscopic tests (flexible sigmoidoscopy, colonoscopy), and removed in the doctor's office if found early.

Factors that increase your risk include: age (being 50 years and older); family history; a diet high in fat and low in fiber, fruits and vegetables; lack of physical activity; and being overweight.

According to the American Cancer Society,

an estimated 3,560 Virginians were diagnosed with colorectal cancer in 2005, and 1,380 died from colorectal cancer.

Based on 1998-2002 data, colorectal cancer was diagnosed at a rate of 49.9 cases per 100,000 people. Colorectal cancer deaths occurred at a rate of 21 deaths per 100,000. Men are more likely to be diagnosed with colorectal cancer, and are at higher risk of dying from the disease than women.

Based on a 2004 survey, six of 10 Virginians (59.5%) reported having an endoscopic test at least once, and 26.5 percent had a fecal occult blood test (FOBT) in the last two years.

PREVENTING COLORECTAL CANCER IN VIRGINIA



In collaboration with the Cancer Research and Prevention Foundation (CRPF), the Virginia Department of Health is sponsoring a conference, titled *Preventing Colorectal Cancer in Virginia: A Dialogue for Action*, to be held on April 26, 2006, at the Boars Head Inn in Charlottesville, Virginia.

The conference will bring together partners and stakeholders from across the state to discuss barriers to colorectal cancer screening and ways of increasing screening. The agenda features speakers who are recognized nationally and statewide for their work in colorectal cancer, including Dr. Laura Seeff of the CDC and

Dr. Carl Armstrong of the Virginia Department of Health. Dr. George Beller, of UVA, and husband of the late state senator Emily Couric, will deliver the keynote address.

The conference is open to healthcare providers, researchers, health educators and community advocates. Continuing medical education credits will be offered. Registration information was sent out in February.

For more information, contact Theresa Teekah at (804)864-7879. To register for the conference, contact Kaye Matusik of International MeetingWorks, at (703)425-8545.

OVERWEIGHT, OBESITY AND CANCER

Based on a review of research findings, people who are overweight or obese increase their chances of getting some cancers compared to people who maintain a healthy weight. Overweight (excess body weight) and obesity (excess body fat) account for increased risk from dying from cancer by as much as 14 percent among men and 20 percent among women in the United States. Obesity, the second leading cause of preventable death nationwide, accounted for 5.7 percent of total medical expenditures—\$1.641 billion—in Virginia from 1998 to 2000.¹

Several behavioral factors contribute to the development of overweight and obesity including poor diet and physical inactivity. Unfortunately, only 25 percent of Americans are aware that overweight and obesity increase the risk of developing cancer.² It is not known exactly why obesity increases cancer risk, but the mechanisms, depending on the type of cancer, may include changes in sex hormones, such as estrogen and progesterone, and insulin and insulin-related growth factors.³

Ethnic minorities have some of the highest cancer death rates and overweight and obesity rates, and lowest reported levels of physical activity. The highest cancer death disparities involve colorectal and breast cancers for

women, and colorectal and prostate cancers for men.

Physical activity, even moderate levels, such as brisk walking for three to four hours per week, has been found to reduce the risk of colon cancer by 50 percent. Also, walking 30 minutes per day was found to reduce breast cancer risk by 20 percent among postmenopausal women (McTiernan et al., 2003).⁴ Addressing ways to reduce overweight and obesity in these populations represent opportunities to reduce cancer deaths and death disparities.

REFERENCES

- ¹ Finkelstein EA, Fiebelkorn IC, & Wang G. (2004). State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 12(1), 18-24.
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- ³ Giovannucci E., Rimm EB, Liu Y., Leitzmann M, Wu K, Stampfer MJ, & Willett WC. (2003). Body mass index and risk of prostate cancer in U.S. health professionals. *Journal of the National Cancer Institute*, 95 (16), 1240-1244.
- ⁴ McTiernan A, Kooperberg C, White E et al. (2003). Recreational physical activity and the risk of breast cancer in postmenopausal women: The Women's Health Initiative Cohort Study. *Journal of*



Risk for dying from cancer can be attributed to being overweight or obese by as much as 14 to 20 percent in men and women in the U.S.

CERVICAL CANCER SCREENING

An estimated 10,370 cases of cervical cancer were diagnosed nationwide in 2005, including 200 new cases in Virginia. In the United States, 3,710 women will die from cervical cancer in 2005 (American Cancer Society, *Facts & Figures 2005*). This is one of the few cancers that is preventable through regular screening using the Pap test. If diagnosed with cervical cancer, a woman has a five-year relative survival rate of 92 percent, if diagnosed early.

Through a statewide network of over 200 clinical providers, the **Every Woman's Life (EWL)** program continues to provide breast and cervical cancer screening, follow-up and treatment services to low-income, uninsured/underinsured Virginia women age 40-64 years. The program specifically targets minority women, geographically-isolated women, and women who have never or rarely been screened for cervical cancer. Legislation passed in 2001 by the Virginia General Assembly allows most

EWL clients diagnosed with breast or cervical cancer to receive Medicaid benefits during treatment.

In 2004-2005, the program received \$2.5 million from the Centers for Disease Control and Prevention. For every dollar spent on administration of the program, three dollars went towards costs for screening and follow-up. Last year, the program screened 5,945 women for breast and cervical cancer, exceeding its goal by 845. Since 1997, over 16,000 women have been screened. Over half (51%) of the clients screened were minority women.

For more information, contact Kathy Rocco, EWL program director, at Kathy.Rocco@vdh.virginia.gov, or call the program's toll-free number 1-866-EWL-4YOU (1-866-395-4968).



Every Woman's Life



"I have my screening tests done because I want to be here with my family; I want to see my grandchildren grow up."
— M.V., EWL client (with granddaughter)



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Cancer Notes

is a publication of the **Comprehensive Cancer Prevention and Control Program**

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This publication is available to state and local partners, health districts and health-care providers interested in controlling cancer in Virginia. If you have a story to share about your organization or community, please contact us.

CANCER PLAN ACTION COALITION (CPAC)

The *Virginia Cancer Plan Action Coalition (CPAC)* is a statewide body of key stakeholders dedicated to reducing the human health and economic impact of cancer on Virginians. Founded in 1998 by the Virginia Department of Health, CPAC fosters the promotion and support of collaborative, innovative, and effective programs and policies for cancer prevention and control. Comprised of an executive board, an advisory board, and six work groups, meetings are hosted quarterly around the state on the second Thursday of March, June, September, and December.

The *Virginia Cancer Plan for 2001-2005*, or **VCP**, was developed by consensus in 2000 to be the first strategic planning document for cancer control statewide. CPAC and other public and private organizations currently use it as a resource guide for planning, implementation, research and evaluation of cancer control

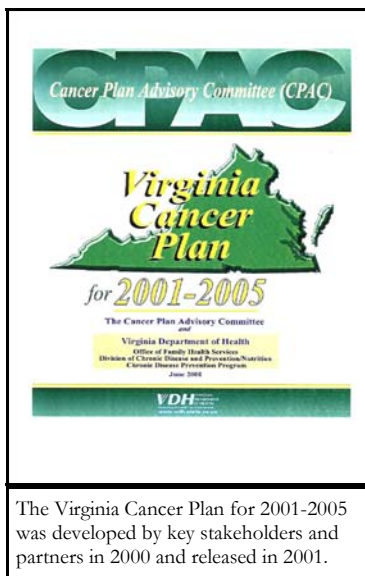
initiatives.

Prominent speakers, such as Gary Gurian of *C-Change* and Dr. Brad Hesse of the National Cancer Institute, have addressed the general membership. Highlights of past year activities include:

- Development of cancer baseline data.
- Video conferencing of quarterly meetings to southwest and northern Virginia to increase statewide reach.
- Implementation of recommendations from the VCP by work groups.
- Formation of an Advisory Board.

This year, CPAC will be working with the VDH to develop the *Virginia Cancer Plan 2006-2010*.

For more information about CPAC, contact co-chairs Nila Saliba at (434)243-9217 (ns7e@virginia.edu), or Lucie Ferguson at (804)915-1398 (Lucie.Ferguson@bshsi.com).



The Virginia Cancer Plan for 2001-2005 was developed by key stakeholders and partners in 2000 and released in 2001.