



Minnesota Cancer Surveillance System NOTES



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Cancer Plan Minnesota 2005-2010

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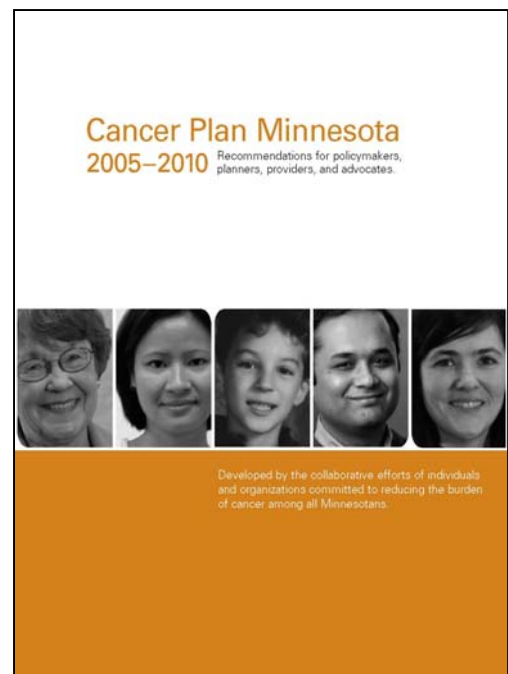
Look for the mid-April release of Minnesota's first comprehensive cancer control plan, Cancer Plan Minnesota 2005-2010, at www.cancerplanmn.org. The plan presents 24 objectives and 4 initial priorities (see page 2) that would more effectively reduce the burden of cancer in our state. Data from MCSS were critical in determining the burden of cancer, identifying disparities, and creating measurable objectives. These data will be equally important in evaluating the plan's success: Everyone involved in cancer registration should be aware of how important these data are to this public health initiative and should be proud of their contributions.

Cancer Plan Minnesota 2005-2010 includes strategies to improve all aspects of cancer control, from prevention and early detection through treatment, quality of life, and palliative care.

Developed over the last two years through a broad-based collaboration among healthcare providers and professionals, insurers, researchers, advocates, and governmental agencies, it is intended to serve as a framework for action. The release of Cancer Plan Minnesota 2005-2010 marks the transition from planning to implementation.

For information on how you or your organization can become involved, visit the cancer plan website.

<http://www.cancerplanmn.org>



Cancer Plan Minnesota 2005-2010 Initial Priorities:

(Executive Summary)

1. Increase the tobacco excise tax and expand clean indoor air policies.

Tobacco use and exposure to tobacco smoke are responsible for more cancer deaths than any other single factor. Smoking rates in Minnesota have not decreased during the last decade. The CDC estimates that each pack of cigarettes costs \$7.18 in medical care costs and lost productivity.

A major tax increase on tobacco will significantly reduce the number of youth who take up smoking and will encourage many adults to quit. Minnesota currently taxes each pack of cigarettes \$0.48, compared to \$0.84 nationally, and ranks 37th lowest in tobacco taxes. Minnesota was the first state to mandate smoke-free areas in restaurants and bars, but now lags behind 16 other states in passing statewide smoking bans to protect patrons and employees from exposure to secondhand smoke.

2. Reduce disparities in cancer screening and treatment.

A critical component of reducing the unequal burden of cancer is to improve the use of cancer screening and access to state-of-the-art treatment among populations that are underserved due to race, ethnicity, socioeconomic status, lack of health insurance, or residence in rural areas. Minnesota is one of two states in the nation with a funded initiative to eliminate health disparities. It can build, therefore, on partnerships already in place and projects already in progress across the state to enhance its efforts for cancer prevention and control.

3. Improve access to information about locally available services for cancer patients and their families.

After receiving a cancer diagnosis, many people find the search for needed services and support to be an overwhelming task, and, thus, a barrier to effective treatment and sustained quality of life. A comprehensive online portal to listings of available resources and support services, county by county, is needed to facilitate greater use of these services and to help identify resource gaps. This can build on the work of the American Cancer Society, the National Cancer Institute, and other organizations.

4. Increase colorectal cancer screening.

Colorectal cancer is the second leading cause of cancer death in Minnesota. Screening can identify colorectal cancer in its early stages, and, in addition, can identify precancerous lesions when they can be removed easily without additional treatment. Nonetheless, colorectal cancer screening occurs less frequently than screening for breast and cervical cancer. Increasing colorectal cancer screening has the potential to save the lives of hundreds of Minnesotans each year.

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May 12, 2005
9:00a – 3:30p
College of St. Benedict
St. Joseph, MN

Genomics and Public Health: A Practical Approach

This conference will include workshops and practical information about integrating genomics into work. Register at:
<http://www.sph.umn.edu/publichealthplanet/>

May 14, 2005
9:00a – 11:00a
UMN Cancer Center
Research Building
Room 450

Genetics and Cancer: Why is an understanding of genetics important in cancer research? How is this research applied to treatment?

Speakers: David Largaespada, Ph.D. and Paul Orchard, M.D.
To register, call: 1-888-226-2376

May/June 2005
MN Church Center
122 W Franklin Ave
Minneapolis, MN

Health Care for Somalis in Minnesota

This four-part conference series will engage health professionals in a discussion on Somali health issues.
For more information call: 612-871-3759

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CURRENT MCSS STUDY: COLORECTAL FAMILY REGISTRY STUDY

MCSS is ascertaining cases for Noralane Lindor, M.D., of the Mayo Clinic and Timothy Church, Ph.D., of the University of Minnesota for the "Family Registry for Colon Cancer Studies" project. The Mayo Clinic and the University are two centers of a multi-center study that is establishing a registry of people with family histories of colon or rectal cancer. This registry is intended to create a powerful and durable infrastructure to support the testing of both genetic and environmental hypotheses by investigators. We are in the seventh of ten years of case ascertainment. Colon cancer is a preventable disease. By discovering additional risk factors such as low penetrance genes or environmental exposures, cancer prevention efforts can be better targeted.

CURRENT MCSS STUDY: STATISTICAL MODELS FOR CANCER CONTROL AND EPIDEMIOLOGY

MCSS is collaborating with Bradley Carlin, Ph.D., a biostatistician at the University of Minnesota on a study entitled "Statistical Models for Cancer Control and Epidemiology." The study involves improving the accuracy of geocodes for cancers diagnosed between 1998 and 2002. A variety of factors influence an individual's access to medical services, which in turn may influence the quality of care received as well as survival from cancer. This study will address several questions regarding patterns of care and factors that influence survival. Dr. Carlin will first address the association between distance to radiation treatment facilities and type of treatment for women diagnosed with breast cancer and will also examine the association between general cancer survival and distance to treatment facilities. He is also interested in assessing how many women that elect to receive breast-conserving surgery actually receive the recommended follow-up radiation treatment, and whether distance to the treatment facility plays any role in treatment.

CURRENT MCSS STUDY: INDOOR TANNING USE, DNA REPAIR AND RISK OF MELANOMA

Case ascertainment for a case-control study of malignant melanoma began this past fall. MCSS is collaborating with DeAnn Lazovich, Ph.D., an epidemiologist at the University of Minnesota School of Public Health, to identify potentially eligible patients and to assist with inviting them to participate. Dr. Lazovich plans to assess whether indoor tanning is a risk factor for melanoma as well as to examine the role of DNA repair in modifying the risks of melanoma associated with ultraviolet radiation exposure. Case ascertainment will run through March 2008, and may require a short period of rapid case ascertainment. Erin Seaverson, M.P.H., MCSS Epidemiologist, is the MCSS Project Officer.

***** Thank you, Jerryn Ballard! *****

Jerryn Ballard has stepped aside from editing *MCSS Notes*. She became editor in 1988 and ensured that each issue was prepared and distributed according to exacting standards.

For 17 years of faithful service to *MCSS Notes* and its readership,

Thank You!

ONLINE NEWS SOURCES

Medline Plus: Cancer News. A US National Library of Medicine & National Institutes of Health service. Searchable library of past 30 days of news from NY Times Syndicate, Reuters Health Info, and others:
http://www.nlm.nih.gov/medlineplus/alphanews_c.html

National Cancer Institute (NCI) News Releases: <http://www.cancer.gov/newscenter>

American Cancer Society (ACS) Medical Updates: http://www.cancer.org/docroot/NWS/NWS_1

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) 1991-2002 National Report has been released and is available electronically at:

<http://www.cdc.gov/cancer/nbccedp/Reports/NationalReport/index.htm>

ACS Colorectal Cancer Facts and Figures – Special Edition 2005. Download available at:
http://www.cancer.org/docroot/STT/content/STT_1x_Colorectal_Cancer_Facts_and_Figures_-_Special_Edition_2005.asp



The Minnesota Cancer Surveillance System (MCSS) is the state's cancer registry. It is an ongoing program within the Section of Chronic Disease and Environmental Epidemiology at the Minnesota Department of Health (MDH).

MCSS Notes via Email

We are in the process of making a few changes and updates in order to better serve your needs as an *MCSS Notes*' subscriber. Before we implement such changes, we would like to hear from you. We are currently compiling a list to determine how many readers would prefer to receive their newsletter via Internet link within the body of an email as opposed to the hardcopy sent by USPS.

If you would like to receive *MCSS Notes* via email, please send us your name and address as printed on the current newsletter, as well as your email address. Comments and suggestions are always welcome. Look for further updates in upcoming issues. Thank you for your continued interest in the Minnesota Cancer Surveillance System.

***** MCSS Notes is Available Online *****

<http://www.health.state.mn.us/divs/hpcd/cdee/mcss/MCSSNotes.html>

Change of name or address? Please notify the editor.

MCSS Notes

MCSS Notes is published quarterly by the Minnesota Department of Health, Minnesota Cancer Surveillance System (MCSS), in cooperation with the Minnesota Society of Pathologists (MSP). Upon request, this information will be made available in alternate format, such as large print, Braille, or cassette.

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Commissioner of Health

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