INSIGHT
News & Views from CDC's Division of Cancer Prevention and Control
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In This Issue:

Comprehensive Cancer Control
Collaborating to Conquer Cancer

THE COMPREHENSIVE CANCER CONTROL NATIONAL PARTNERSHIP

An Important Resource

Leslie Given and Karin Hohman, Guest Reporters

The impetus for the Comprehensive Cancer Control National Partnership (CCCNP) began in the early 1990s, as the comprehensive cancer control (CCC) movement began to take shape. Early on, the CDC, American Cancer Society, National Cancer Institute, American College of Surgeons, and North American Association of Central Cancer Registries came together to share their vision for coordinating cancer prevention and control programs and activities across the nation. The first official meeting of the CCCNP was held in 1999. Since then, the partnership has grown to include 16 national organizations that are actively supporting the vision and mission of the CCCNP.

VISION

A national movement of states, tribes, territories, U.S. Pacific Island Jurisdictions, and local communities working together to reduce the burden of cancer for all people.

MISSION

To facilitate CCC coalitions to develop and sustain implementation of comprehensive cancer control plans at the state, tribe, territory, U.S. Pacific Island Jurisdictions and local levels.

The CCCNP functions much like CCC coalitions do—members join voluntarily and leverage resources to achieve common goals. (For a list of CCCNP members, see page 2.) The CCCNP has a strategic plan, operating guidelines, and workgroups to support its mission. Organizational members contribute time, expertise, and in-kind resources to accomplish the work of the CCCNP. The CCCNP 2008–2013 strategic plan includes the following goals:

- Provide coalitions with technical assistance and training on implementing their CCC plan priority strategies.
- Identify and implement policy approaches to assist in the implementation of CCC plans.
- Establish communication mechanisms on CCCNP initiatives.
- Facilitate the exchange of information among CCC coalitions.
- Summarize and report on progress made through the CCC movement.
- Sustain the CCCNP as a model for collaboration.

Together, the CCCNP has made great progress in supporting CCC coalitions, first in developing CCC plans and forming coalitions, and now as they implement CCC plans. The CCCNP will continue to support training, technical assistance, information sharing, and networking opportunities for CCC coalitions.

To learn more about the CCCNP, visit their new web site at **http://cccnationalpartners.org** (more on page 9.) ■

CCC National Partnership

American Cancer Society

American Cancer Society Cancer Action Network

American College of Surgeons Commission on Cancer

American Legacy Foundation

Association of State and Territorial Health Officers

C-Change

Centers for Disease Control and Prevention

Health Resources and Services Administration

Intercultural Cancer Council

Leukemia & Lymphoma Society

LIVESTRONG

National Association of Chronic Disease Directors

National Association of County and City Health Officials

National Cancer Institute

North American Association of Central Cancer Registries

Susan G. Komen for the Cure

DIRECTOR'S SPOTLIGHT

Dr. Marcus Plescia

Dr. Marcus Plescia

This fall there have been important changes proposed by the U.S. Preventive Services Task Force (USPSTF) related to its recommendations for prostate and cervical cancer screening. These draft recommendations were open for public comment until November. Following consideration of comments, the task force will finalize new recommendations.

For **prostate cancer**, the draft USPSTF recommendations advise against prostate specific antigen (PSA) screening for men at any age, concluding that there is moderate certainty that the harms of PSA-based screening for prostate cancer outweigh the benefits, and the perception that PSA-based early detection prolongs lives is not supported by the scientific evidence. The proposed USPSTF recommendations state that PSA-based screening results in overdiagnosis and overtreatment of prostatic tumors that will not progress to cause illness or death. Currently, approximately 90% of men are treated (usually with surgery or radiotherapy) for PSA-detected prostate cancer in the United States. According to the draft statement from the USPSTF, "The vast majority of men who are treated do not have prostate cancer death prevented or lives extended from that treatment, but are subjected to significant harms.[1]

The science regarding the treatment of prostate cancer is evolving. Scientists, including some our own, will be participating in a **state-of-the-science** meeting in December on active surveillance for men who have had been diagnosed with prostate cancer. (For more information, see page 9.

Meanwhile, the USPSTF and the American Cancer Society (ACS)/ American Society for Colposcopy and Cervical Pathology (ASCCP) simultaneously released separate new draft recommendations for cervical cancer screening for women at average risk for the disease. The draft USPSTF recommendations advise **cervical cancer screening** every 3 years for women aged 21–65, but found insufficient evidence to recommend human papillomavirus (HPV) testing (either with cytology or alone) for women. In its new recommendations, ACS and ASCCP recommended both cytology and HPV testing every 3 years (or every 3–5 years if both tests are negative) for women aged 30 and over and cytology alone every 3 years for women aged 21–29. Both ACS and ASCCP now recommend ending screening around age 65.

[1]USPSTF web site draft prostate recommendations posted at **www.uspreventiveservicestaskforce.org** November 2011.

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I encourage you to visit the respective web sites to review these new recommendations. When these recommendations are released in their final format, we'll update our CDC web site to reflect the new changes. It is important as we move forward to help our program partners understand and implement the new recommendations. For the National Breast and Cervical Cancer Early Detection Program in particular, new cervical cancer guidelines will help inform projected screening estimates.

I feel certain that in the coming months these recommendations will generate considerable discussion. Together we will work through the implications and what this means for our B&C program at the national and local levels. I look forward to our discussions as we decide what if any changes will be necessary in the way we do business. ■

SURVIVORSHIP

Highlights from the Survivor Luncheon

Theodies Mitchell, Guest Reporter, and Anne Major, Team INSIGHT Reporter

Eileen Amara, Sheila Bennett, Debra Younginer from PSB, and Roderick Deacey

The National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program held their Program Directors and Data Managers Business Meeting in Atlanta, October 19–21. The theme was "Preparing for Tomorrow, Building a Solid Foundation." One highlight of this year's meeting was a Survivors Luncheon sponsored by the Avon Foundation. The luncheon included an overview of the prevention partnership with Avon Breast Health Outreach Program provided by Kathy Gates-Ferris from Ciccatelli Associates Inc. and three inspiring stories of those screened through the CDC and state programs in local county health departments. It was definitely a highlight of the conference and provided moving, firsthand testimony by those who have directly benefited from referrals to these critical programs.

First to speak was Eileen Amara, who was screened through the New York State Cancer Services Program and now speaks publicly about her experience, as well as assists with the program. In 2007, Eileen was referred to the program through a nearby medical clinic. Then after diagnosis of uterine and cervical cancer, she received treatment including radiation, chemotherapy, and surgery, but proudly declares, "I'm now cancer free." Her energetic message to others: "I had a family history of cervical and uterine cancers, but I didn't get checked until I had symptoms. So if you have a family history, tell your doctor, and ask if you should have special tests to find anything early. Today cancer is no longer a death sentence. So don't be in denial about cancer just because you think you can't afford diagnostics and treatment, if needed." (Eileen's survivor story is also chronicled on CDC's *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign's web site. Visit **www.cdc.gov/cancer/knowledge/survivor_stories.htm** to learn more.)

Next, Roderick Deacey provided testimony of surviving cancer twice. He is a native of the United Kingdom who moved to the United States in 1979, and enjoys his time now as a musician and singer-songwriter. He was screened for colorectal cancer (CRC) through the Maryland Colorectal Cancer Control Program. He cleverly opened with, "The program covered my rear end!" Mr. Deacey was previously insured and survived prostate cancer, but after being laid off during the recession,

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he received a referral for CRC screening through the Frederick County Health Department. He was found to have stage II CRC and received treatment through the program. He recommends that everyone spend their time doing what they really want to do, because we "don't know how much time we really have."

Last, Sheila Bennett moved the audience with her witness to her faith and overcoming breast cancer. Ms. Bennett told her inspirational story of being a successful evangelist and former foster caregiver from Hartwell, GA, who discovered changes in her breast while performing a self-breast exam, and quickly contacted the Hart County Health Department, where she received a referral for a free mammogram through the Georgia Breast and Cervical Cancer Early Detection Program. She said she felt it was a blessing to be referred quickly because of a cancellation, and noted that it was her birthday during breast cancer awareness month and she had no idea that the day after her birthday she would be dealing with cancer. She said social services removed her foster children, and she heartbreakingly lost her attempt at adoption due to the cancer treatment and resulting financial hardships. She persevered through treatment and credits her friend Becky Gilliam for being her support and driving her long distances every week for treatment. Her advice is, "Seek the support of a cancer champion and friend to help you navigate your cancer journey." She described her experience speaking publicly to all of the attendees at the business meeting and said, "It was one the highlights of my life; I felt like a celebrity in front of everyone. It was amazing!" ■

POLICY UPDATE

Governments Seek to Tighten Regulations on Tanning Bed Use

Kate Allen, Team INSIGHT Reporter

In October, California passed the most stringent tanning bed law in the country—a ban on indoor tanning for minors under the age of 18, and it will take effect on January 1, 2012. While Illinois, New York, Ohio, and Rhode Island considered similar bans, all were defeated.

According to the *United States Cancer Statistics*, more than 58,000 people were diagnosed with melanoma in 2007, and more than 8,000 died from it. In the United States, incidence of melanoma is rising—increasing by 3.1% per year from 1986 to 2006 among men and by 3.0% per year from 1993 to 2006 among women.

Research has found a compelling link between indoor tanning and melanoma. Studies find that exposure to ultraviolet (UV) radiation from indoor tanning results in a 75% increase in the risk of melanoma. And a Department of Health and Human Services and International Agency of Research on Cancer panel declared UV radiation from the sun and artificial sources, such as tanning beds, as a known carcinogen.

Due to the mounting scientific evidence of the dangers posed by tanning beds, the federal government and many states are considering ways to strengthen regulations on tanning bed use, especially among minors. Currently, 32 states have some restrictions on minors' access to indoor tanning, including bans on indoor tanning for minors under a certain age (usually 14 or 16) and requiring parental accompaniment or parental permission. Some states require that all tanners use eye protection or limit the time a tanner can use a bed in addition to having laws restricting youth access. Tanning time is usually limited to the manufacturer's recommended exposure.

Federally, the U.S. Food and Drug Administration (FDA) held an advisory committee meeting in March 2010 to seek (according to its web site) "independent, professional expertise and advice on regulatory issues related to tanning devices… Based on the recommendations of the advisory committee and FDA's own studies, the agency is considering revising some requirements for tanning beds, including strengthening the warning labels to make consumers more aware of the risks." FDA is expected to release its revised regulations in the coming months. CDC works to provide the scientific base for policy decisions, including skin cancer and tanning bed issues. CDC developed a supplement of 15 articles, published by the American Academy of Dermatology this month, focusing on melanoma surveillance, trends, and survival rates. The report, "Melanoma Surveillance in the United States," appears in the November 2011 issue of the *Journal of the American Academy of Dermatology*. Among its key findings are that deaths caused by melanoma accounted for $3.5 billion in lost productivity each year and that individuals who died of melanoma in 2006 died 20 years prematurely, compared to 16 years from other cancers. ■

STAFF PROFILE

Mona Saraiya

Cheryll Thomas, Team INSIGHT Reporter

Mona Saraiya, MD, MPH, (top right) and family

Mona Saraiya, MD, MPH, joined CDC as an Epidemic Intelligence Service (EIS) officer in the Division of Reproductive Health in 1995, and is currently a medical officer in DCPC. Since EIS, the majority of her CDC tenure has been spent with DCPC, focusing on and publishing extensively in two subject areas: skin cancer epidemiology and cervical cancer screening. Dr. Saraiya advised the "Choose Your Cover" campaign from a medical and epidemiological perspective and spearheaded two major skin cancer initiatives: the school guidelines on sun protection and the community guidelines on skin cancer prevention.

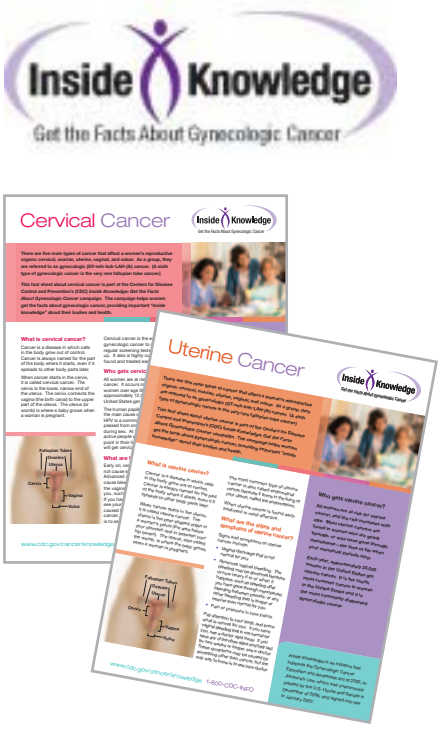
Dr. Saraiya provides gynecologic cancer expertise as a medical officer for the "Inside Knowledge: Get the Facts About Gynecologic Cancer" campaign and her work extends to helping inform practices and policies related to cervical cancer for CDC's National Breast and Cervical Cancer Early Detection Program. During the past 6 years, she has been an active member of various CDC human papillomavirus (HPV) vaccine workgroups.

Her cervical cancer and HPV research portfolio is vast as she completed an initiative to characterize the HPV-associated cancer burden in the United States. Furthermore, she has published several articles, including characterizing the incidence of cervical cancer in the United States, the necessary communication pieces for HPV testing and the HPV vaccine, the low Pap testing rates among foreign-born women in the United States, and adherence to cervical cancer screening guidelines, especially with newer technologies such as HPV testing.

Dr. Saraiya has been tapped to strategize and increase the international portfolio for DCPC, which includes work related to increasing acceptability, capacity, and evaluation in countries to conduct non-cytology-based screening and improve surveillance systems. Specifically, this includes strengthening cancer registries by working closely with international partners such as the World Health Organization and Pan American Health Organization. When asked about this new endeavor, she said, "This is an opportunity, given the timing of the United Nations Summit on Noncommunicable Diseases, and also a challenge, given the current economic climate, but even a small amount can make a difference."

Dr. Saraiya has served as a mentor to several public health students, medical students, and master's-level epidemiologists, many of whom she works alongside now in DCPC. When asked about her passion for mentoring, she said, "It is quite rewarding to work with young motivated individuals and see things from their fresh perspective. I often find I get a lot of energy and motivation from them, and to be able to teach is an art that needs constant improvement. I really agree with the anonymous quote that 'Mentoring is a brain to pick, an ear to listen, and push in the right direction.' It's as simple as that."

Dr. Saraiya completed her undergraduate education at the University of Chicago, earned her medical degree from Rush Medical College in Chicago, and a Master's in Public Health from Emory University. She completed her residency in Preventive Medicine and Public Health at Morehouse School of Medicine. When she has free time (right now she has three kids still in school), she loves to relax with a nice book, go for a walk, and explore new restaurants in metro Atlanta. ■



FROM THE FIELD

The National Program of Cancer Registries Highlights the Value of Success Stories

Joan Phillips, Team INSIGHT Reporter

Measuring the success of a program helps program planners understand what's working and what's not working. Often the effectiveness and value is best told through program participants. Such is the case of the National Program of Cancer Registries (NPCR), which, over the years, has requested "success stories" from NPCR-funded programs.

In 2010, DCPC again requested that the NPCR-funded programs provide such stories, this time to be posted at the Annual DCPC Program Directors (PD) Meeting. The response was excellent and NPCR received 51 stories from 41 programs. The programs were once more asked to submit stories and posters to display at the 2011 PD meeting. Again, response was excellent, with 50 stories submitted by 37 programs.

Attending both the 2010 and the 2011 meetings, Lori Swain, Executive Director of the National Cancer Registrars Association (NCRA), was impressed and she expressed an interest in having the posters displayed at the NCRA meeting in 2011. NPCR agreed and the response throughout the NCRA meeting from hospital reporters was excellent. They were pleased to see that their data collection efforts had an important impact on development of programs geared to improving the health of populations represented in their central cancer registries.

More recently, two of the submitted success stories—from Kansas and Wyoming—were selected by Susan Koering, MEd, RHIA, CTR, Immediate Past President of NCRA, for a poster presentation at the International Association of Cancer Registries meeting in Mauritius, an Indian Ocean island near southern Africa. The poster addressed the subtheme of the conference—"The Role of Cancer Registries in Cancer Control."

Several NPCR success stories have additionally been featured on the CDC web site at **www.cdc.gov/features** providing clear evidence of what is working in the programs. It is critical that we all continue to share our success stories with each other and the public. ■

MILESTONES

Honors and Achievements

Dr. Jacqueline Miller

DCPC congratulates Jacqueline Miller, MD, on her promotion to Captain with the U.S. Public Health Service Commissioned Corps. The Commissioned Corps represents an elite team of well-trained, highly qualified public health professionals dedicated to delivering public health promotion and disease prevention programs and advancing public health science throughout the nation. As one of America's seven uniformed services, the Commissioned Corps fills essential public health leadership and service roles within the federal government.

Dr. Miller is a board-certified general surgeon and a fellow of the American College of Surgeons. She is the medical director of CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). In DCPC, Dr. Miller focuses chiefly on breast cancer epidemiology, prevention, and early detection. In addition to her work in DCPC, she provides clinical services and teaches surgical residents and medical students at the Atlanta Veterans Administration Medical Center and is an assistant clinical professor at Emory University School of Medicine. NBCCEDP grantees hear regularly from her, in an "Ask Dr. Miller" newsletter that she sends each month sharing common questions and her responses related to breast and cervical cancer screening. ■

DCPC OVERVIEW

DCPC's Global Cancer Program

Jeff Glenn, Guest Reporter

As the global population ages and efforts to fight global infectious diseases become more successful, the proportion of worldwide deaths due to chronic diseases, such as cancer, continues to increase. According to the International Agency for Research on Cancer (IARC), there were 7.6 million cancer deaths worldwide in 2008, nearly two-thirds of which occurred in developing countries.[2] While the World Health Organization estimates that at least one-third of new cancer cases could be prevented with appropriate interventions, less-developed countries often lack the necessary resources for effective cancer prevention and treatment. The world's attention was drawn to the non-communicable disease (NCD) issue in September 2011, when representatives from more than 120 countries gathered at the United Nations and **officially recognized NCDs** as an urgent global health threat.

Since 2010, DCPC's global cancer program has been led by Mona Saraiya, MD, MPH, a medical officer in the Epidemiology and Applied Research Branch, and Jeff Glenn, MPA, a Presidential Management Fellow in DCPC's Office of Policy. Under their leadership, DCPC has enhanced its global portfolio through strong partnerships with the World Health Organization, the IARC, and the Union for International Cancer Control. A global cancer workgroup comprising DCPC staff was also organized to bring together staff with an interest in global health to discuss, plan, and implement global projects.

DCPC's global health activities apply the expertise of staff and address an important need by focusing on capacity building for cervical cancer screening and cancer surveillance in low- and middle-income countries (LMICs). While cervical cancer rates have decreased dramatically in the United States over the past few decades, many LMICs lack the necessary laboratory infrastructure for a screening program using conventional methods. In collaboration with the Pan American Health Organization, DCPC is addressing this issue by supporting efforts to train Bolivian physicians and nurses to conduct cervical cancer screening using visual inspection with acetic acid. As a key strategy to improve cancer registries among LMICs, DCPC is joining with IARC in a new global initiative to establish regional hubs of excellence for cancer registration in Asia, Latin America, and Africa. At a time when worldwide political momentum is shifting toward addressing the global burden of cancer, DCPC is positioned and committed to making an impact in this important area. ■

[2]Boyle P, Levin B. World Cancer Report 2008. Lyon: International Agency for Research on Cancer, 2008.

OBSERVANCES, EVENTS, AND MEETINGS

DECEMBER 2011

December 5–7

NIH State-of-the-Science:

Role of Active Surveillance in the Management of Men With Localized Prostate Cancer

NIH Campus, Bethesda, MD

http://consensus.nih.gov/

(See page 9 for more information.)

JANUARY 2012

Cervical Health Awareness Month

www.nccc-online.org/awareness.html

FEBRUARY 2012

February 4

World Cancer Day

www.worldcancerday.org/

February 13–14

National Health Policy Conference

JW Marriott, Washington, DC

http://academyhealth.org/events/

RESOURCES

New Resources for Preventing Infections in Cancer Patients!

Chemotherapy can put cancer patients at higher risk for developing serious infections. It has been estimated that each year, 60,000 cancer patients are hospitalized for chemotherapy-related infections and one patient dies every 2 hours from this complication. During October, CDC launched important new educational resources to help safeguard patients undergoing cancer treatment across the country. These resources are part of a comprehensive program (**www.cdc.gov/cancer/preventinfections**) that focuses on providing information, action steps, and tools for patients, their families, and their healthcare providers to reduce the risk of developing potentially life-threatening infections during chemotherapy treatment. The new resources are described below.

- **3 Steps Toward Preventing Infections During Cancer Treatment**—A web site (**www.preventcancerinfections.org**) for patients and caregivers, complete with an interactive risk assessment tool and consumer materials to help prepare, prevent, and protect cancer patients against potentially life-threatening infections.

- **Educational and promotional tools**, including the following:
  - — Video podcast
  - — Health e-card for cancer patients
  - — Health e-card for caregivers of cancer patients
  - — Poster for patients
  - — Poster for emergency room staff
  - — The fact sheet "Neutropenia and Risk for Infection: What You Need to Know"
  - — Patient kits (with thermometer, hand sanitizer, bar of soap, and 3 Steps magnet) for direct mail campaigns to oncology clinics

- **Basic Infection Control and Prevention Plan for Outpatient Oncology Settings**—Recommendations for infection prevention practices in outpatient settings, where more than one million cancer patients receive chemotherapy and radiation therapy each year. The plan and an associated checklist are available at **www.cdc.gov/hicpac/basic-infection-control-prevention-plan-2011**.

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National Partners Launch Web Site!

DCPC and the Comprehensive Cancer Control National Partnership (CCCNP), a partnership of 16 national organizations whose purpose is to support comprehensive cancer control coalitions in states, tribes, territories, and U.S. Pacific Island Jurisdictions, is pleased to announce the launch of a new public web site at **www.cccnationalpartners.org**. The CCCNP public web site is designed to provide information, tools, and resources relevant to those working in comprehensive cancer control and to highlight the work of CCCNP as it pertains to coalitions and their ability to perform comprehensive cancer control.

Visit the new CCCNP site to stay abreast of the latest updates from our member organizations, technical assistance tools and resources, as well as events and activities that support comprehensive cancer control efforts.

Spread the word and share this site! This process will culminate in the December conference.

Comprehensive Cancer Control
Collaborating to Conquer Cancer
www.cccnationalpartners.org

NIH State-of-the-Science Conference!

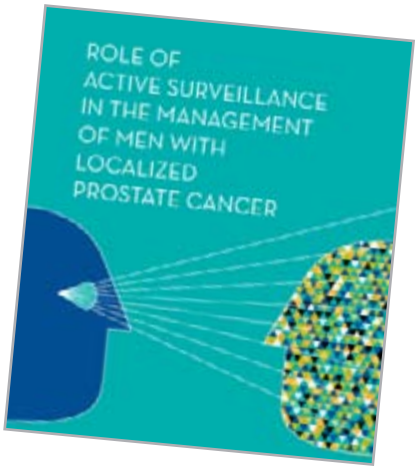
The DCPC and the National Cancer Institute will co-sponsor the NIH State-of-the-Science Conference: Role of Active Surveillance in the Management of Men With Localized Prostate Cancer on December 5–7, 2011, at the Natcher Conference Center, NIH Campus, Bethesda, MD.

Prostate cancer is the second leading cause of cancer-related deaths among men in the United States. Most prostate cancers are not aggressive at diagnosis and unlikely to become life-threatening. However, 90% of patients receive immediate treatment for prostate cancer, such as surgery or radiation therapy. In many patients, these treatments have substantial short- and long-term side effects without offering any clinical benefit.

Currently, clinicians rely on two observational strategies as alternatives to immediate treatment of early-stage prostate cancer: watchful waiting and active surveillance. Yet, it is unclear which men will most benefit from each approach. To better understand the benefits and risks of active surveillance and watchful waiting, the National Institutes of Health has engaged in a rigorous assessment of the available scientific evidence. This process will culminate in the December conference.

The conference is free and open to the public. Information and registration information is available at **http://consensus.nih.gov** or by calling 1-888-644-2667.

Can't attend in person? Register for the webcast and/or pre-order the statement at **http://consensus-nih.org/omar-public/conferences/aspc/cannotattend.aspx**.



SAVE THE DATE

CDC National Cancer Conference

Uniting Systems, Policy and Practice in Cancer Prevention and Control

Omni Shoreham, Washington, DC
August 21–23, 2012

For more information or to register for the conference, go to **www.2012CancerConference.com**.

Visit the conference web site for information and instructions on submitting an abstract. The deadline for submissions is January 18, 2012.

STAY INFORMED!

Keep up with the latest information on cancer and prevention and control.

Visit our web site at **www.cdc.gov/cancer** or follow us on Twitter.

@CDC_Cancer

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WATCH FOR OUR WINTER ISSUE!

We want to hear from you!
Please email your INSIGHT newsletter story ideas, survivorship honors, questions, and feedback to **dcpcnews@cdc.gov**, or call Anne Major, Co-Editor, at 770–488–4328.

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