

Cancer



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Cancer Programs

Colorado

Promoting Awareness for Colorectal Cancer Screening

Public Health Problem

Colorectal cancer is the second leading cause of cancer deaths in the nation. The U.S. Preventive Services Task Force and other organizations have reviewed the evidence and recommend colorectal cancer screening for all adults 50 or older. Although screening has been proven to save lives and prevent cancer, screening rates for colorectal cancer continue to be low. In 2001, approximately 26% of Colorado adults aged 50 years or older reported having had a fecal occult blood test in the previous year, and approximately 37% reported having had a sigmoidoscopy or colonoscopy in the previous 5 years. Screening rates were similar for men and women, but non-Hispanic whites were twice as likely as Hispanics to report having had screening tests.

Program Example

Investigators at the University of Colorado collaborated with the Colorado Department of Public Health and Environment and Kaiser Permanente of Colorado to determine whether colorectal cancer screening rates could be increased among 1,100 Kaiser members aged 50–74 years, half of whom were Hispanic. One-third of the members received an educational brochure, tailored to their sex and race and ethnicity, along with a letter from Kaiser encouraging them to go for screening. One-third of the members received the brochure followed by a motivational telephone call. The remaining third of members received neither the brochure nor the call. All members were then contacted 4 months later to inquire about their colorectal screening practices, attitudes, and beliefs. Members who received educational materials, including Hispanic members, were more likely to be screened for colorectal cancer than those who did not. This 2001–2002 study supports earlier research findings, which show that encouraging people to request screening tests can increase rates of screening.

Implications and Impact

This effective intervention was the result of the collaboration and support from the state's Comprehensive Cancer Control Program. Outcomes from the project are being used to create, conduct, and evaluate a widely disseminated mail-delivered cancer awareness campaign. Materials developed in the project have been modified to reach more people throughout the state and have been tailored to sex and race and ethnicity. The materials, approaches, and evaluation methods developed in this project will be made available to other states as a model campaign for promoting colorectal cancer awareness and screening.

Contact Information

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Using Client Navigators to Help Women Obtain Breast and Cervical Cancer Screenings

Public Health Problem

The faces of Georgia's cancer patients are changing as the communities become more racially and ethnically diverse: the percentage of African American, Hispanic, and Asian women more than 40 years of age in Georgia increased from 27.2% to 30.5%, between 1997 and 2000. Barriers to obtaining cancer screenings must be addressed so that these women can receive appropriate and timely screening, follow-up, and treatment.

Program Example

Georgia's Breast and Cervical Cancer Program (BCCP) began using client navigators, also referred to as lay health advisors or community health workers, to provide outreach, education, and case management services in underserved communities. The BCCP developed and piloted a training course to improve and support the skills of client navigators and the quality of service they provided. The course also provided skill-based training in communicating; understanding different cultural beliefs, values, and norms; and eliminating barriers to screening. Seventeen client navigators have been hired and trained through this program. The client navigators' duties are twofold: they help women get needed breast or cervical cancer screenings, and they help the case managers conduct follow-up with their patients. For example, when a client cannot be reached by telephone or mail, one Georgia BCCP provider sends a client navigator to visit the home to assess the situation, discuss needed care, and resolve barriers.

Implications and Impact

The use of client navigators has been effective in linking women with the health care system and with sources of ongoing, appropriate medical care. Using client navigators increases the number of women screened by focusing on and addressing their specific health care barriers. Client navigators create relationships that build trust between a client and the health care delivery system, and they make more economical use of available staff by permitting clinicians to focus on patient care. One success story shared by a client navigator was about a quadriplegic patient. This patient received her Pap test and clinical breast examination at her home and on a later day was taken to her mammogram appointment through transportation arrangements made by the client navigator. This is one example of how client navigators in Georgia are addressing barriers to breast and cervical cancer screening, follow-up, and treatment; dispelling myths about cancer; and helping women overcome their fears and go forward with their plan of care. Without such support, many women might not complete their screening and follow-up. Using client navigators who are trained to handle these situations is one way that public health can overcome major health disparities.

New York



Monitoring Clinical Outcomes to Ensure High-Quality Breast Cancer Screenings

Public Health Problem

A mammography screening facility in the Bronx, New York, has provided more than 11,000 breast cancer screenings through the New York State Breast and Cervical Cancer Early Detection Program since 1995. Given the number of screenings, a diagnosis of approximately 60 cases of breast cancer would have been expected. Yet only 15 cases were detected—less than 25% of the expected cases of breast cancer. Furthermore, among women with normal mammograms, only 0.1% of clinical breast examinations reported from the facility showed a suspicious finding that warranted further evaluation. This rate was much lower than rates reported by other providers in the state program. These findings indicated that clinical breast examinations were not being performed or that they were of poor quality.

Program Example

These unusual findings at the Bronx screening facility prompted the New York State Department of Health to contact a random sample of 50 clients from the facility who were reported as having had a clinical breast examination in 1999. Only 3 of the 31 women interviewed reported that they had actually received a clinical breast examination during their visit. An emergency rescreening initiative was needed because the evidence indicated that women seen at this private radiology facility had received inadequate clinical care. CDC contributed emergency funding to the New York State Department of Health to conduct this large-scale rescreening effort. Beginning on June 1, 2000, more than 100 staff and volunteers attempted to contact by mail and telephone each of the 9,094 women seen at this facility since 1995 and found to be in potential need of a repeat comprehensive breast cancer screening. More than 25,000 telephone calls were logged as part of this process. Women received a minimum of 3 telephone contact attempts and as many as 10 calls in total.

Implications and Impact

Of the more than 9,000 women contacted, 3,125 were rescreened for breast cancer (8 of these women were found to have breast cancer). The remaining women were not rescreened for various reasons. For example, 1,160 of the women had already received another breast cancer screening at a different facility (15 of these women were found to have breast cancer). As a result of these findings at the Bronx facility, the attending physician's medical license was suspended for 1 year, and he was required to receive additional training in breast cancer screening, including reestablishing his mammography qualifications. The creation of an interdisciplinary quality assurance team to monitor clinical outcomes is essential to help ensure that women receive high-quality screening services. In addition, certain data must be collected to ensure there are no problems with the quality of clinical services that are provided at screening facilities. The ongoing analysis of clinical outcome data can result in the discovery and exploration of reasons for unusual data patterns. Ultimately, such analysis can help a program address any clinical deficiencies or data reporting problems in a timely manner.

Contact Information

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Northwest Portland Area Indian Health Board

Building the Next Generation of Native American Cancer Control Researchers

Public Health Problem

Cancer is the second leading cause of death among American Indians and Alaska Natives in the Pacific Northwest, which encompasses Idaho, Oregon, and Washington. In these three states, 16% of deaths among American Indians and Alaska Natives are caused by cancer, according to the Indian Health Service. Research is needed to better understand the cancer burden in this population. However, American Indian and Alaska Native students face many challenges in obtaining the level of education needed to become cancer control researchers.

Program Example

In response to a priority identified in its comprehensive cancer control planning efforts, the Northwest Tribal Cancer Control Project has launched a training program to build the next generation of Native American cancer control researchers. The training program provides American Indian and Alaska Native students with the opportunity to explore cancer research as a career option. This project was based on a relationship between the Northwest Portland Area Indian Health Board and the Cancer Information Service of the Pacific Region. The Northwest Tribal Science Education Partnership: Building on Tradition and Community to Prepare the Next Generation of Researchers is the product of this collaboration. Staff of the Northwest Tribal Cancer Control Project consulted with tribes about the proposed program and then recruited American Indian and Alaska Native high school students to participate in two sessions of HutchLab, an intensive laboratory course designed by staff at the Fred Hutchinson Cancer Research Center. This training introduced students to cancer researchers, concepts of scientific research, and other Native American students who are successfully pursuing college careers in research. It also gave them hands-on experience in a laboratory.

Implications and Impact

The Northwest Tribal Cancer Coalition is a broad-based group that represents tribes and organizations with the common goal of reducing the cancer burden. By building strong relationships, members seek and learn about opportunities to coordinate and integrate their efforts. This collaboration has offered American Indian and Alaska Native students the opportunity to learn about cancer research. This program could be used as a model for other states and communities to educate and train future cancer researchers.

Washington, D.C.

Using Lay Health Navigators to Improve Mammogram Appointment-Kept Rates

Public Health Problem

In Washington, D.C., an estimated 500 new cases of female breast cancer were diagnosed and approximately 100 women died of the disease in 2003. The District of Columbia Breast and Cervical Cancer Early Detection Program, also known as Project WISH (Women Into Staying Healthy), promotes the early detection of breast and cervical cancer among uninsured and underinsured women aged 18 years or older in the District of Columbia. Although Project WISH has been extremely successful in enrolling clients in the screening program, ensuring that women keep their appointments for screening examinations has been a challenge.

Program Example

Lay health navigators are often an effective link between health promotion programs and the community because they share the same language, culture, and beliefs as community members. Research shows that lay health navigator programs are particularly relevant for African American women because they often seek advice from female friends or relatives before making health-related decisions. To improve the appointment-kept rate for women with scheduled mammogram appointments, Project WISH began the Navigator Program in November 2001. To establish the Navigator Program, Project WISH identified women in the community who were familiar with the health care system in the District of Columbia. Lay health navigators were trained to focus on eliminating the fear and distrust that reduced the likelihood of women keeping their cancer screening appointments. The navigators then provided counseling, identified support services, and reminded clients about upcoming mammogram appointments.

Implications and Impact

Project WISH staff members evaluated the effectiveness of the Navigator Program and found that before the program began, 35% of women completed screening on the initial appointment date, compared with 70% of women after the program began. Furthermore, women served by the Navigator Program were five times more likely to complete breast cancer screening examinations on the scheduled appointment date than women who were not served by the program. Use of lay health navigators is an effective community outreach strategy for improving the appointment-kept rate because these navigators help reduce barriers to screening. As more women complete screening, more cancers will be detected in early stages, which may decrease breast cancer deaths.

Contact Information

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Cancer Registries

Colorado

Using an Internet-Based Query System to Provide Public Access to State and County Cancer Data

Public Health Problem

Each year in Colorado, more than 16,000 cancers are diagnosed, and an estimated 6,000 people die of cancer. In the United States, cancer data are regularly collected, analyzed, reported, and transferred at the state and national levels, but not always at the county level.

Program Example

The Colorado Central Cancer Registry collaborated with the Colorado Health Data Advisory Committee to develop an Internet-based query system called the Colorado Health Information Dataset (CoHID). CoHID's governing board, which includes representatives from both local and state health agencies, sets priorities for new modules and features to CoHID. Health providers and the public can use the system to access cancer incidence and death statistics as well as Behavioral Risk Factor Surveillance System data on health-related and screening behaviors. Tables of cancer counts and rates can be produced by year, county, age, sex, race, cancer site, and stage of disease at diagnosis. To allow easy analysis and customization of data queries, the site has a real-time help screen that allows users to better understand the data, interpret results, and make successful inquiries.

Implications and Impact

Access to population-based health data at the county level is crucial for monitoring health status and planning interventions for prevention and early detection of cancer. CoHID allows users to analyze the stage of cancer at diagnosis. In addition, CoHID complements routine publications of the Colorado Central Cancer Registry and serves a wide variety of data users. This system can be developed and used as a model by other state health departments. In addition, the data can also be used to identify cancer patterns among race, sex, and age-groups and lead to prevention and early detection measures that may save lives.

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Northern New England

Understanding Why Rates of Bladder Cancer and Deaths Are High in Northern New England

Public Health Problem

Rates of bladder cancer deaths have increased among white adults in Maine, Vermont, and New Hampshire over the past three decades. Between 1996 and 2000, Maine men had the highest rate of bladder cancer deaths in the nation (10.7 per 100,000 U.S. standard population versus 7.7 in the nation). Cases of bladder cancer are also on the rise. In 2003, estimated incidence rates of bladder cancer were high among Maine men (45.5 per 100,000 versus 36.6 for men nationwide) and women (12.5 versus 9.6 for women nationwide).

Program Example

With support from the National Program of Cancer Control Registries, the state health departments in Maine, Vermont, and New Hampshire collaborated with the Dartmouth Medical School, the National Institutes of Health, and the U.S. Geological Survey on a case-control study of adults in these three states. Participants included about 1,200 adults aged 30–79 years with histologically confirmed bladder cancer and an equal number without a history of bladder cancer. Because the request for bladder cancer data needed for this study was outside of the standard reporting period for the state cancer registries, the participating health departments asked that the

hospitals and medical facilities review all cases to identify patients with bladder cancer and then report the requested information. A rapid data collection procedure was developed to allow timely personal interviews of residents with a diagnosis of bladder cancer. Residents were asked about their diet, previous residences and occupations, medical history (including family medical history), and medication and tobacco use.

In addition, drinking water and biological specimens were analyzed.

Implications and Impact

Data from this study will be used to estimate the extent to which various lifestyle, occupational, and environmental exposures explain the increased incidence of bladder cancer and related deaths among residents of Maine, Vermont, and New Hampshire. Determining the importance of these potential risk factors will help guide the development of public health interventions and education programs to help residents lower their risk for bladder cancer.



Responding to Citizens' Concerns: Cluster Busting on a Shoestring

Public Health Problem

The Oregon State Cancer Registry (OSCaR) receives more than 200 requests for information each year. Many of the requests are from citizens concerned that cancer rates are high in their neighborhoods. Historically, several different state agencies and programs have responded to citizens' requests about possible cancer clusters, creating not only duplication of work but variability in the methods, responsiveness, and public health messages used to respond to citizens' concerns. Even though cancer data for Oregon have been available since 1996, agencies outside of the cancer registry have been unable to use the data because of concerns about analyses that have such small numbers of cases involved in cancer cluster reports.

Program Example

OSCaR developed a protocol to respond to cancer cluster concerns that focused on reducing overlap and inconsistencies in response, establishing clear guidelines, and addressing citizens' concerns by using local data. OSCaR's protocol follows reporting guidelines that call for responsibility, timeliness, and a specific methodology for addressing reports of cancer clusters within a community. A cross-agency Cluster Buster e-mail group was created to pass along citizens' concerns about cancer to researchers from the Oregon Department of Environmental Quality, the Drinking Water Program, and the Department of Environmental and Occupational Epidemiology. Telephone talking points were developed to enable general registry staff to answer broad questions about cancer concerns over the telephone. Citizen fact sheets and a template for an in-depth response letter were written to help citizens understand the burden and risk factors associated with specific cancers, recognize potential cancer clusters, and understand the difficulties of identifying a common cause for individual cancer cases. Templates were developed that allow staff to produce calculations of the observed versus expected number of cancer cases by county, city, or ZIP code and thus determine if the number of cancer cases is unusually high. Finally, a database was created to track all citizen requests for recurring areas of concern.

Implications and Impact

By developing and using this protocol to address people's concerns about cancer clusters, the state has reduced duplication of effort among state agencies as well as the number of cancer cluster requests that ultimately need investigation or follow-up. These tools give Oregon citizens a main point of contact when they have concerns about cancer rates in their neighborhood. They also ensure that results are communicated to citizens in a consistent, timely manner, ultimately reducing the number of potential clusters that the department must investigate.

Contact Information

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