



April 2007

A quarterly publication of the Indiana Cancer Consortium

Fathers Day Initiative

This Father's Day, the Indiana State Department of Health, Indiana Black Expo, Inc. and the American Cancer Society are asking for support from the people of Indiana. You can help us in the fight against prostate cancer by delivering a life saving message through our Father's Day Cards. The objective of the initiative is to increase prostate cancer awareness by providing our loved ones with a Father's Day Card that contains facts about prostate cancer screening and informed decision making. Hopefully, through this effort, men will gain some insight about the nature and risks of prostate cancer; the risks, benefits, and alternatives to screening; and they will be able to make a decision about screening based on their personal choice.

This year, instead of purchasing a Father's Day Card, we would like men to receive a free card designed by this initiative. On June 18, tell that special man he's someone you respect and admire by giving him our Father's Day Card! For more information, contact your Prostate Coordinator at 317-234-2883.



Evidence-Based Practice

The term evidence-based practice has been a frequent topic of conversation when adopting a cancer control plan strategy and developing an action plan. Evidence-based practice is becoming the benchmark for developing and implementing public health programs across the nation. Although we focus on predominately cancer-related programs, there are other evidence-based programs that have a non-direct impact on the cancer burden in Indiana. One resource you can utilize when developing your ICC action plan is the CDC Community Guide at www.thecommunityguide.org. With this resource, you will find a number of public health initiatives including cancer that may fit in well with your organization's current activities.

Cervical Cancer Outreach

The Indiana Cancer Consortium has received grant funding from the American Cancer Society and Merck & Co. to implement a project focused on increasing cervical cancer screening among uninsured and under-insured Hoosier women. A work group from the Breast and Cervical Cancer Coordinating Committee convened to brainstorm the logistics of increasing cervical cancer screening rates. The group has discussed both evidence-based programs and the local Pap-a-thons in northern Indiana, but have not settled on a plan of action. If you would like to assist with planning this exciting project, contact your ICC Health Education Coordinator at 317-233-7448.

Colorectal Cancer: Myths and Realities

Myth: *There is nothing I can do about getting colorectal cancer.*

Reality: Colorectal cancer can be prevented. Screening tests can detect polyps (grape-like growths on the lining of the colon or rectum) that can turn into cancer. Removing these polyps can prevent colorectal cancer from ever occurring. Starting at age 50, men and women who are at average risk should be screened regularly for colorectal cancer. New research shows that African Americans should begin screening at age 45. Men and women who are at high risk of the disease because of personal or family medical history may need to be tested earlier and should talk to their health care professional about when.

Myth: *Colorectal cancer is usually fatal.*

Reality: Colorectal cancer is usually curable when detected early. More than 90 percent of patients with localized colorectal cancer confined to the colon or rectum are alive five years after diagnosis

Myth: *Colorectal cancer is a disease for older, white men.*

Reality: An equal number of women and men get colorectal cancer. An estimated 75,810 women and 72,800 men will be diagnosed with colorectal cancer in 2006. African Americans are more likely to be diagnosed with colorectal cancer at later stages of the disease, and at a younger age.

Myth: *Screening tests are necessary only for individuals who have symptoms.*

Reality: Since symptoms of colorectal cancer are often silent, it is important to get screened regularly. Screenings test for a disease even if the patient has no symptoms. About 75 percent of all new cases of colorectal cancer occur in individuals with no known risk factors for the disease, other than being 50 or older. If you have a personal or family history of colorectal cancer, polyps or inflammatory bowel disease you may need to be screened before age 50. Talk with your health care professional.

To learn more, visit the Cancer Research and Prevention Foundation at www.preventcancer.org/colorectal

Source: Cancer Research and
Prevention Foundation



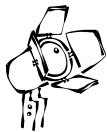
NBCCEDP Legislation Becomes Law

In mid-February, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act (H.R. 1132/ S. 624) was reintroduced in the House and Senate. This legislation would allow greater flexibility in the program for some states so it can reach more uninsured and other medically underserved women, and would authorize a significant increase in funding up to the \$275 million level over the next five years.

In mid-March, the House Energy and Commerce Committee and the Senate Health, Education, Labor & Pensions Committee voted unanimously to pass the reauthorization bill. On Tuesday, March 27, the full House followed suit in voting to again demonstrate its support for this successful program. On the heels of House passage earlier in the week and moved by the cancer stories circulating in the news, on March 29 the Senate followed suit by passing the National Breast and Cervical Cancer Early Detection Program Reauthorization Act. This bill was signed into law by the President on Friday, April 20, 2007.

This victory is the result of continued action and support of a partnership between the American Cancer Society and the Susan G. Komen for the Cure.

For more information, please visit GovTrack.us (database of federal legislation) at www.govtrack.us/congress/bill.xpd?bill=h110-1132



ICC Member Spotlight

Indianapolis Affiliate Susan G. Komen for the Cure

Komen recently went through a name change and new brand. They are no longer called the Susan G. Komen Breast Cancer Foundation but Indianapolis Affiliate Susan G. Komen for the Cure. Their new promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. They are really excited about the changes Komen has made and are focused in making Breast Cancer something that is only found in text books.

Komen Indy is dedicated to empowering all women, regardless of risk factors, to take charge of their own breast health. One method is through some new educational initiatives called Sharing the Promise. Early detection is the key to detecting and surviving this disease, and can save thousands of lives each year. They seek to empower women by offering free

seminars and educational programs informing women and men about breast health, providing community resources, and emphasizing the importance of early detection through survivor stories and informative curriculums.

Other educational incentives offered by Komen Indy include Komen Pink Parties and Komen Pink Champions. With Komen Pink Parties, an individual interested in making a difference can host a Komen Party in their home. The individual invites 10 or 15 girlfriends to their home to learn about being proactive in their breast health, a demonstrated BSE, opportunities to volunteer, information about Komen and of course fun "pink" giveaways. With the Komen Pink Champion initiative, employers, churches, and schools can get involved in spreading breast health awareness. An individual or organization can become a Komen Pink Champion by inviting a Komen representative to their organization. Komen Indy will provide a presentation, health fair,

and fun giveaways to their colleagues or friends at no charge.

April 21st is the annual Race for the Cure. Of the net proceeds from the race, 75% will stay in Central Indiana to fund screenings and follow-up care for underserved women. The proceeds will also help provide education about breast health and early detection as well as education and outreach programs specifically about breast cancer. Komen funded 21 local non profit organizations and gave over 1 million dollars. The goal for the 2007 Race for the Cure is to raise a record breaking 2 million dollars, thus allowing Komen to help provide more services to the women and men in our community. The remaining 25% helps fund the Susan G. Komen Breast Cancer Research Program that work to find the cures.

-Wendy Noe, Program Coordinator

Indianapolis Affiliate Susan G. Komen for the Cure www.komenindy.org

Committee Co-Chairs

Advocacy: Jerry King

Breast & Cervical Cancer: Laura Morris, Jeanne Schilder

Colorectal Cancer: Mary Shields, Erin Wyatt

Data: Greg Steele, Mindy Hightower King

Lung & other Tobacco Related Cancer: Brenda Chamness

Primary Prevention: Doug Schwartzentruber

Prostate Cancer: David Caldwell

Quality of Life: Harriet O'Connor, Jane Berby-Todd

Treatment Access & Utilization: Stephen Tharp

Mark your Calendars

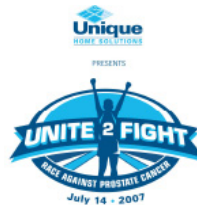
For 100 years the American Lung Association has been working to prevent lung disease and promote lung health through research, education and community outreach. Our progress would not have been possible without the generous support of thousands of Hoosiers. Together we are making a difference ... One Breath at a Time. www.lungin.org



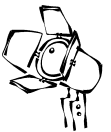
Lungs in Motion

RALLY • WALK • CELEBRATE

PRESENTED BY
AMERICAN LUNG ASSOCIATION
of Indiana



JOIN THE FIGHT and stand tall with thousands of others united in purpose - to support men with the disease, and to wipe away prostate cancer forever. With your involvement, we can make the most of life and the least of prostate cancer!
www.raceagainstoprostatecancer.org



Prostate Cancer Vaccine One Step Closer to Approval

April 4, 2007-

A vaccine to treat prostate cancer came one step closer to approval last week, when an advisory panel to the US Food and Drug Administration said the product was safe and effective.

The panel recommended the FDA approve Provenge (sipuleucel-T), made by Dendreon Corp., for men whose prostate cancer has spread to other parts of the body and no longer responds to hormone therapy. The FDA isn't required to follow the advice of its panels, but often does. A decision on whether to approve Provenge is expected in May.

If approved, Provenge will become the first vaccine designed to treat existing cancer, rather than prevent the disease from occurring. To make the vaccine, a patient's own cells are

combined with a protein that revs up the immune system and causes it to attack the tumor.

In a clinical trial of 127 men, Provenge seemed to help vaccinated men live about 4.5 months longer than those given an inactive placebo treatment. However, there was no difference in how long it took for the men's cancers to begin growing again. A second study also found no difference in how long it took the cancers to resume growing and so was stopped early.

Nevertheless, the panel voted 13-4 in favor of saying Provenge is effective. It voted 17-0 in favor of saying the vaccine is safe. Side effects during the clinical trials were mostly mild and included chills, fatigue, fever, and back pain. However, slightly more than 5% of men given Provenge suffered a stroke, compared to none

of those on placebo.

If approved, Provenge would provide another treatment option for men who currently have few options. Once prostate cancer has become resistant to hormone therapy, it is considered incurable. The chemotherapy drug docetaxel can extend survival by several months and relieve cancer pain. Bisphosphonate drugs can reduce pain from cancer that has spread to the bone and can slow the growth of the cancer.

Because Provenge has not yet been approved by the FDA, it is only available through clinical trials. Dendreon is conducting a phase 3 trial called IMPACT to test Provenge further in men with metastatic prostate cancer that has worsened while on hormone therapy.

American Cancer Society www.cancer.org

Strategy Adoption

Just a friendly reminder for member organizations, if you have not already done so, please adopt a cancer control strategy. To select a strategy, follow the link at www.surveymk.com/s.asp?u=232383204836.

On the survey, you will notice that there is only one quality of life strategy available. You do have the option to select quality of life strategies other than the one identified. If you wish to adopt an alternative strategy, please contact Kristin Hobson at khobson@indiana.edu or 812-855-4438.

la información del cáncer en español

The Department of Health and Human Services announces that the most reliable, up-to-date information about cancer is now available in Spanish! The National Cancer Institute (NCI) is pleased to announce the launch of their new Spanish Web site, Cancer.gov en español.

NCI, the Federal government's premiere cancer research institute, is committed to reducing cancer health disparities by making cancer information readily available to underserved populations. The Web site features themes of prevention, detection, treatment, and survivorship.

Highlights of the Web site include:

- Information organized by types of cancer
- Myths and beliefs
- Support and resources in your community
- Dictionary of cancer terms

For information about these topics and more, visit www.cancer.gov/espanol Or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237). Cancer information specialists answer calls in Spanish or English.



At Home Work or
Play: Public Health
Every Day

Indiana Public Health Association Spring Conference & Healthy Cities Conference

May 8 & 9, 2007

KEYNOTE SPEAKERS

Marti Rice, MPH: Regional Advisor, Healthy Municipalities, Cities & Communities, Pan American Health Organization

Deborah Klein Walker, EdD: President, American Public Health Association

Judith A. Monroe, MD: Indiana Health Commissioner

For more information and regular updates, visit <http://www.inpha.org/confevents.asp>

We want to recognize your member organization's
cancer control efforts. Please submit your information to
admin@indianacancer.org

Committee & Event Calendar

Date	Event	Location	Time
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April

April 6	Advocacy	Indiana Public Health Association	1:00-3:00 p.m.
April 17	Primary Prevention	Conference Call	4:00-5:00 p.m.
April 18	Data	IN State Dept of Health, Room 7B	9:00-10:30 p.m.
April 23	Steering Committee Retreat	TLD	TBA
April 25	ICC Spring Meeting	Marten House	9:30-3:30 p.m.

May

May 2	Breast & Cervical Cancer	IU School of Nursing, Room 336	3:00-4:00 p.m.
May 3	Quality of Life	Conference Call	12:00-1:00 p.m.
May 9	Colorectal Cancer	IU School of Nursing, Room 338	4:00-5:30 p.m.
May 10	Lung & other Tobacco Related Cancers	Indiana Tobacco Prevention & Cessation	9:00-11:00 a.m.
May 16	Data	IU School of Nursing	9:00-10:30 p.m.
May 16	Treatment Access & Utilization	IU School of Nursing, Room 338	9:00-10:30 a.m.
May 16	Steering Committee	IU School of Nursing, Room 338	11:00-1:00 p.m.
May 17	Prostate Cancer	IU School of Nursing, Room 338	3:00-4:30 p.m.
May 23	Breast & Cervical Cancer	IU School of Nursing, Room 336	3:00-4:00 p.m.
May 25	Advocacy	Indiana Public Health Association	1:00-3:00 p.m.

June

June 19	Advocacy	Indiana Public Health Association	3:00-4:50 p.m.
June 19	Primary Prevention	Conference Call	4:00-5:00 p.m.
June 20	Data	IN State Dept of Health, Room 7B	9:00-10:30 p.m.
June 27	Breast & Cervical Cancer	IU School of Nursing, Room 336	3:00-4:00 p.m.

