



## January 2010 Update

*VTAAC provides a forum for collaboration, engagement and sharing of resources for individuals and organizations concerned about cancer in Vermont.*

### Welcome!

This is the fourteenth edition of our quarterly newsletter. We are presenting this update to the many members of our coalition to provide news, plans and other information. If you have any questions or information to be shared, please contact our coordinator, **David Cranmer** <[david.cranmer@cancer.org](mailto:david.cranmer@cancer.org)>, 802-872-6303.

### VTAAC Convenes Quality of Life Committee

As part of the planning for the 2015 Vermont State Cancer Plan, a Quality of Life Committee was recruited with 23 people agreeing to participate. The first meeting was held in December.

It was agreed that VTAAC would expand its Quality of Life goals to cover Vermonters from the day of diagnosis, for the rest of their lives. Objectives being considered are:

- access to affordable and quality cancer care, (i.e.: transportation, health insurance);
- access to palliative (pain management) care from start of treatment;
- access to appropriate information as needed;
- access to complementary/integrative medicine;
- access to appropriate emotional/psychosocial support when needed;
- written survivorship treatment plans;
- completed advanced directives on file;
- access to hospice/end-of-life care when appropriate.

The Quality of Life Planning Committee will be meeting to review the goals and objectives and set up workgroups to address individual objectives. Meetings will be in face-to-face, teleconference, or both.

If you are interested in participating on this committee, please contact David Cranmer at 802-872-6303, or [david.cranmer@cancer.org](mailto:david.cranmer@cancer.org).

### Save the Date!

The VTAAC Annual Meeting will be held on **Thursday, April 15, 2010** at the Capitol Plaza in Montpelier, 9am to 3pm. Please join us for presentations and discussions on reducing the burden of cancer for all Vermonters.

## **Annual Report on Cancer – Colorectal cancer diagnoses, deaths are lower**

The American Cancer Society recently published its *Annual Report to the Nation on the Status of Cancer*. The report had a special emphasis on colorectal cancer trends and the impacts of interventions.

Colorectal cancer rates fell 22% from 1975 to 2006 in the United States, and deaths attributed to the disease fell 26% during the same period because of increased screening, changes in risk factors and improved treatment, according to the Annual Report.

The declines might become even more dramatic, said researchers from the National Cancer Institute, the CDC, the American Cancer Society and the North American Association of Central Cancer Registries, who were responsible for the report. According to the researchers' modeling, Americans could see a 36% decline in colorectal cancer mortality if current trends persist. Furthermore, researchers said that with accelerated cancer control efforts, colorectal cancer mortality could be cut in half by 2020.

The prediction is based on potential reductions in risk factors, such as smoking, obesity and red meat consumption, and also includes factors that could decrease risks, including exercise and supplement use.

The CDC launched a Colorectal Cancer Control Program in September, 2009. That program provides screening services in 26 states to low-income men and women aged 50-64 years who are underinsured or uninsured.

Researchers found that from 2002 to 2006, new cases of colorectal cancer fell 3% in men and 2.2% in women, while deaths declined by 3.9% in men and 3.4% in women.

Colorectal cancer is the third most frequently diagnosed cancer in American men and women and the second-leading cause of cancer deaths in the nation. Although overall rates are declining, researchers expressed concern about increasing incidence rates among men and women younger than 50 years.

From 1997 to 2006, rates of new colorectal cancer cases decreased for men and women in all racial and ethnic groups except American Indian/Alaska natives.

Overall, researchers found that rates of new diagnoses and deaths of all cancers fell significantly from 2000 to 2006 for men and women and for most racial and ethnic populations.

The decreases were attributed, in part, to declines in rates of new cases and deaths for the three most common cancers in men (lung, prostate and colorectal cancers) and two of the three leading cancers in women (breast and colorectal). New diagnoses for all types of cancer decreased nearly 1 percent each year from 1999 to 2006, and deaths decreased 1.6 percent from 2001 to 2006.

For men, incidence rates also decreased for cancers of the oral cavity and pharynx, stomach, and brain. However, rates increased for cancers of the kidney, liver and esophagus, as well as for leukemia, myeloma and melanoma.

Among women, incidence rates decreased for cancers of the uterus, ovary, cervix and oral cavity, but rates increased for cancers of the lung, thyroid, pancreas, bladder and kidney, as well as for non-Hodgkin lymphoma, melanoma and leukemia.

Cancer death rates were the highest in black men and women; Asian and Pacific Islander men and women had the lowest rates. Researchers said differences in death rates by ethnic groups could reflect differences in risk behaviors, socioeconomic status, and access to screening and treatment.

For more information, go to:

[http://www.cancer.org/docroot/NWS/content/NWS\\_1\\_1x\\_Annual\\_Report\\_Cancer\\_Death\\_Rate\\_Down\\_Increase\\_in\\_Certain\\_Cancer\\_Types.asp](http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Annual_Report_Cancer_Death_Rate_Down_Increase_in_Certain_Cancer_Types.asp)

### **First Phase of Cancer Survivor Community Study is Completed**

In April 2008, the *Vermont Cancer Survivor Surveillance System* submitted by **Berta Geller, Ed.D.** at the University of Vermont's Office of Health Promotion Research, received R-21 funding from the National Cancer Institute. The goal is to test if we can start a population based registry of cancer survivors, using community based participatory research.

A steering committee was created, made up of survivors, cancer registrars and the research team and the program was named the *Cancer Survivor Community Study*. Working with Cancer Registrars at 4 hospitals in northwestern Vermont, a letter and simple one page survey was mailed to patients listed on the cancer registry at each hospital. Packages were mailed late 2008-early 2009 on a county-by-county basis.

At the same time, local cancer survivors were recruited to "get the word out" about the cancer survivor registry. Letters to the editor and articles appeared in print media. Volunteers appeared on local media; spoke to senior citizens and local cancer support groups. Posters and flyers were distributed.

Of the study invitations that were mailed in the four counties, a total of 3,373 responded with 2,005 agreeing to participate (1,989 returning the one-page survey) and 1,368 declining (of this group 953 returned the survey).

A 12 page survey about met and unmet needs was developed and mailed last fall to 2,005 participants. The research team is now processing returns and analyzing results.

For more information contact Berta Geller at 800-654-6314 or [berta.geller@uvm.edu](mailto:berta.geller@uvm.edu).

### **Change of Date**

The date for the annual *Vermont Blueprint for Health Conference* has been changed to Monday, April 26, 2010. It will be held at the Burlington Sheraton Conference Center. For more information, go to: <http://cme.uvm.edu>.

## **New Cancer Survivorship Continuum Introduced**

At the Quality of Life meeting, VTAAC Coordinator, **David Cranmer** presented a new *Cancer Survivorship Continuum* that he has been developing with the Livestrong Survivorship Clinic in Boston.

1. We use the definition of cancer survivorship as starting with diagnosis, but for Quality of Life it starts with **symptoms/screening/detection**. This is a time of fear and uncertainty.
2. The next stage is the actual **diagnosis**. This is a time of doubt and internal turmoil. There's the need for information, and the pressure to make treatment decisions.
3. Next is **treatment**. "You're actually doing something about your cancer". This period can last from weeks to years. The survivor may be more focused on surviving the treatment.
4. We progress to **post treatment**. There are three points here:
  - a. the treatment is successful and the survivor moves into remission;
  - b. later recurrence of the cancer or development of a secondary cancer, which brings the survivor back into the **treatment** stage;
  - c. the treatment failed and the survivor moves into end of life care.
5. **Remission** is also known as extended survivorship. This is the time for the survivor to discover their "new normal". There is a need to move the survivor from oncology care back to primary care. There is a need for more information about surviving cancer.
6. **End of life care**, when all options are over. Every cancer survivor has the right to die with dignity and without pain.

## **Timeline for the 2015 Vermont State Cancer Plan**

At the VTAAC Annual Meeting John Olson presented the following timeline for developing and publishing the new State Cancer Plan.

- **January - June 2010**
  - Apply for annual CDC grant by Jan 30, 2010
  - Review preliminary draft of Plan with VTAAC Steering Committee
  - Final draft of Plan written & presented at VTAAC Annual Meeting
  - Workgroups prioritize activities

To see elements of the current Plan, visit [www.vtaac.org](http://www.vtaac.org). Each section of the Plan is listed under "VTAAC Pages - Priority Areas".

## **Every Vermonter Can Take Action Against Cancer!**

- Avoid all tobacco products and second-hand smoke.
- Support smoke-free environments
- Eat a nutritious and balanced diet and maintain a healthy weight.
- Increase your daily physical activity.
- Have your home checked for radon gas.
- Talk to your health care provider about appropriate cancer screenings.
- Volunteer with your hospital, health department, faith community or local groups that support cancer control efforts.

## Vermont Cancer Awareness Calendar First Six Months 2010

<b>January</b>	National Cervical Cancer Awareness and Screening Month 30 Free Cervical Cancer Screening Day in Vermont
<b>February</b>	National Cancer Prevention Month National Nutrition Month 4 World Cancer Day
<b>March</b>	National Colorectal Cancer Awareness Month 6 ACS Relay for Life – Stowe 7 ACS Spin For Hope 13 ACS Hope on the Slopes 22 ACS Daffodil Day
<b>April</b>	National Cancer Control Month National Cancer Fatigue Awareness Month <b>15 VTAAC Annual Meeting</b> 5 National Testicular Cancer Awareness Week 5 National Young Adult Cancer Awareness Week 23 ACS Relay for Life – Middlebury College 24 ACS Relay for Life – Castleton State College 24 ACS Relay for Life – UVM 12 National Oral, Head & Neck Cancer Awareness Week 19 National Minority Cancer Awareness Week 30 Stowe Weekend of Hope
<b>May</b>	National Oncology Nurses Month National Skin Cancer Detection and Prevention Month 1 ACS Relay for Life – Norwich University 1-2 Stowe Weekend of Hope 3 National Melanoma Monday 3 National Brain Tumor Action Week 10 National Women's Health Week 31 World No Tobacco Day
<b>June</b>	4 National Cancer Survivors Day – Rutland & Bennington 6 National Cancer Survivors Day 11 ACS Relay for Life – Chittenden 11 ACS Relay for Life – Brattleboro 12 ACS Relay for Life – St. Johnsbury 14 National Men's Health Week 18 ACS Relay for Life – Woodstock 19 Lacing up for Cancer – Morrisville 26 ACS Relay for Life – Bennington 26 ACS Relay for Life – Montpelier 26 ACS Relay for Life – Newport 26 ACS Relay for Life – Rutland

## Save the Dates

- **Free Women's Screening Days**  
Several locations, Saturday, January 30, 2010  
[www.freepaps.org](http://www.freepaps.org)
- **World Cancer Day**  
Everywhere, Thursday, February 4, 2010  
[www.who.int/mediacentre/events/annual/world\\_cancer\\_day/en/index.html](http://www.who.int/mediacentre/events/annual/world_cancer_day/en/index.html)
- **ACS Relay for Life Nordic Style**  
Trapp Family Lodge, Stowe, VT, Saturday, March 6, 2010, 6pm  
<http://main.acsevents.org/nordicstylevt>
- **VTAAC Annual Meeting**  
Capitol Plaza, Montpelier, VT, Thursday, April 15, 2009

### January is

National Cervical Cancer Awareness Month

### February is

National Cancer Prevention Month

### March is

National Colorectal Cancer Awareness Month

## Upcoming VTAAC Meetings

### Executive Committee

Friday, February 19, 2010 – 1:00pm – Site: TBD

### Steering Committee

Friday, March 19, 2010 – 1:00 pm - ACS Williston

### Cervical Cancer Workgroup

To be determined, check the [calendar](#) at [www.vtaac.org](http://www.vtaac.org)

### Colorectal Cancer Workgroup

To be determined, check the [calendar](#) at [www.vtaac.org](http://www.vtaac.org)

### Quality of Life Committee

To be determined, check the [calendar](#) at [www.vtaac.org](http://www.vtaac.org)

[Click Here to see the VTAAC Calendar](#)