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Iowa Cancer Consortium *News*

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Above & Beyond: Cancer Survivors Trek to Everest

Story by Brian Triplett

A group of 14 cancer survivors from Iowa who didn't know one another a few weeks ago are on a journey they are sure to never forget. Most are leaving the continent for the first time, but have fled the flat fields of the Midwest nonetheless for the tallest mountains on the planet – the Himalayas of Nepal – for an 18-day trek to base camp of Mount Everest.

The eclectic mix ranges from ages 27-64 and includes a high school principal, a police officer, a truck driver and a musician. They have survived prostate, brain, tonsil and breast cancer, leukemia, Hodgkin's and sarcoma.

The team of 29 is also comprised of five survivors' family members, a writer, a photographer and a staff of doctors and trainers. The endeavor was organized and is being led by Dr. Richard Deming – Medical Director of Mercy Cancer Center in Des Moines and member of the ICC Board of Directors.

The 57-year-old radiation oncologist is an Ironman triathlete and has been on a few adventures in his day, including canyoneering in Oman, heliskiing in Canada, and an intense hike throughout the Himalayas a decade ago.

"On our journey we will certainly experience some hardships along the way," Deming said. "However, we know that the adversity we encounter will lead us to new heights of personal growth."



Photo by Chelsea Lister

Follow the journey to Everest at
www.theworldtri.com.

Most of the 14 participants have completed the LIVESTRONG at the YMCA's 12-week program designed for adult cancer survivors at the

Continued on page 2...

It's Cancer Clinical Trials Awareness Month in Iowa!

Ideas for promoting Cancer Clinical Trials Awareness Month, along with a media/tool kit can be downloaded at www.canceriowa.org/Clinical-Trials-Awareness-Month.aspx.

('Everest' continued from page 1)

Healthy Living Center in Clive, Iowa, where Deming heads a weekly spin class and speaker series followed by fruit smoothies and fellowship for the survivors and their supporters.

Once full funding was secured for the survivors in January from a number of cancer advocacy organizations, foundations and personal philanthropists to ensure that money wouldn't stand in the way of this opportunity, the group formed fairly quickly. Brain cancer survivor Justin Anderson from Clear Lake, Iowa, who was diagnosed in 2010 at age 26, will never forget the message he woke up to from Dr. Deming one morning inviting him to go to Nepal.

"I saved it because it's the greatest voicemail you could ever wake up to," said Anderson, who is a lead singer of a band, a college student, and happily married as of a few weeks ago. His new wife Alicia told him he'd be dumb not to go on this once-in-a-lifetime opportunity.

"I think, 'Man, the view of the world must be great on top of Everest,'" Anderson said. "I'm ready to embrace another culture. I really want to get a better picture of the world outside what I know. I want to make some new friends. It's funny. When I tell people that I'm going to Everest, I say, 'I only had to get brain cancer to go.' But I'll take it."

Anderson celebrated a clear MRI last week and will be hiking with a travel guitar so he can entertain his new friends at 18,000 feet.

Former writer for ESPN and the Los Angeles Times, Brian Triplett, and photographer out of The New School in New York, Chelsea Lister, will document the three-week journey. Follow their daily updates at www.theworldtri.com.

ENACCT Offers Free On-line Trainings

The Education Network to Advance Cancer Clinical Trials (ENACCT) is now offering seven complimentary on-line programs for

- cancer clinical research staff to help improve recruitment and retention practices, especially for minority populations
- community leaders interested in becoming clinical trial advocates
- healthcare professionals interested in helping support their patients to learn more about cancer clinical trials as a treatment option

CME/CEUs are available for most of the courses.

For more information and a list of courses, visit www.clinicaltrialstraining.org.

What's Happening with State Tobacco Control?

Last week the Iowa House passed the Health & Human Services appropriations bill with **NO funding for tobacco prevention and cessation services.**

According to Peggy Huppert, Iowa Government Relations Director for the American Cancer Society, this action "turned back the clock on our efforts to control tobacco use and tobacco-related deaths by over ten years. Since our services began, we've seen a **dramatic decline in smoking rates from 23% to 14% among adults and from 33% to 20% among high school students.** Iowans recognize these services have worked, as evidenced in our recent survey that showed **a full 68% of Iowans want these services fully funded,** not zeroed out. The Iowa House today disregarded scientific evidence, as well as the recommendations of the Governor and their Senate colleagues."

The bill now heads to the Senate and will most likely end up in a conference committee where differences between the House and Senate will be negotiated.

For more information, contact Peggy at (515) 727-0076 or peggy.huppert@cancer.org.

Meet Bobbie Bohnsack, ACS Iowa Director of Community Partnerships



The American Cancer Society's Midwest Division, Health Equity Department has a Director of Community Partnerships in Minnesota, Wisconsin, South Dakota, and now Iowa.

In February 2011, Bobbie Bohnsack joined the American Cancer Society as the IA Director of Community Partnerships.

American Cancer Society's Health Equity Department seeks to promote health equity and eliminate cancer disparities. The burden of cancer falls unequally across various populations in the United States, with higher incidence and mortality numbers among certain groups. Health equity is about addressing those inequalities and moving us towards a world with more birthdays for all populations.

The American Cancer Society's efforts to advance health equity include partnering with community health systems, community organizations,

volunteers and community health workers to promote cancer prevention and screening; research to address cancer disparities; culturally and linguistically appropriate patient support services; and advocating for better cancer screening and treatment coverage. By partnering with community health systems, community organizations, volunteers and community health workers we can educate and mobilize communities to promote cancer prevention and early detection, and save lives from cancer.

April 17–23 is National Minority Cancer Awareness Week

- Racial and ethnic minorities and the medically underserved are more likely to develop cancer, and die from it, than the general U.S. population.
- African Americans have the highest death rate and shortest survival of any racial and ethnic group in the U.S. for most cancers.
- Although the overall racial disparity in cancer death rates is decreasing, in 2007 the death rate for all cancers combined continued to be 32% higher in African-American men and 16% higher in African-American women than in white men and women.
- The four most common cancers (breast, prostate, colorectal, and lung) account for almost half of all cancer cases among Hispanic/Latinos. Additionally, Hispanic/Latinos are more likely to be diagnosed at a later state of the disease.
- Cancer is the leading cause of death among Asian Americans, with heart disease being first among all other racial and ethnic groups.
- Lung and colorectal cancer incidence rates for American Indian/Alaska Native men and women are significantly higher than they are for white people. Additionally, American Indian/Alaska Native women in all regions of the U.S. are more likely than white women to be diagnosed with late-stage breast or cervical cancer that is more difficult to treat.
- Inadequate health insurance, race, lack of education, rural or inner city residence, unemployment, poverty, and language all contribute to cancer disparities.
- Men and women facing barriers to health care are less likely to get lifesaving early detection tests such as mammograms, Pap tests, and colon cancer screening.



For more information, please contact Bobbie Bohnsack with the American Cancer Society, at (515) 727-0063 or bobbie.bohnsack@cancer.org.

The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding

From the Institute of Medicine (IOM):

At a time when lesbian, gay, bisexual, and transgender individuals—often referred to under the umbrella acronym LGBT—are becoming more visible in society and more socially acknowledged, clinicians and researchers are faced with incomplete information about their health status. While LGBT populations often are combined as a single entity for research and advocacy purposes, each is a distinct population group with its own specific health needs. Furthermore, the experiences of LGBT individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and needs. Researchers still have a great deal to learn and face a number of challenges in understanding the health needs of LGBT populations.

To help assess the state of the science, the National Institutes of Health (NIH) asked the IOM to evaluate current knowledge of the health status of lesbian, gay, bisexual, and transgender populations; to identify research gaps and opportunities; and to outline a research agenda to help NIH focus its research in this area. The IOM finds that to advance understanding of the health needs of all LGBT individuals, researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research. Building

a more solid evidence base for LGBT health concerns will not only benefit LGBT individuals, but also add to the repository of health information we have that pertains to all people.

For more information, and to download a copy of the IOM report, visit www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx.

Lesbian, Gay, Bisexual, Transgender (LGBT) Cultural Competency Training

FREE | April 18, 2011 | 9 a.m. - 4:30 p.m.
Wallace State Office Building | 502 E. 9th Street
Room 40 | Des Moines
Register at www.surveymonkey.com/s/HKBYPGJ



Follow the ICC on Facebook!

Visit www.facebook.com/IowaCancerConsortium



Reminders...

- ICC Spring Meeting | April 14 | Grinnell
[More info...](#)
- Show your support for Comprehensive Cancer Control in Iowa by sponsoring the 2011 Iowa Cancer Summit!
[More info...](#)

Cancer in Iowa 2011

Story by UI Health Care Media Relations

Though cancer death rates continue to decline across the state, cancer remains a leading cause of death in Iowa, according to the *Cancer in Iowa: 2011* report released March 14 by the State Health Registry of Iowa, based in the UI College of Public Health. The latest report estimates 6,300 Iowans will die from cancer and 16,500 new cancers will be diagnosed this year.

"Year to year we don't see much change in the numbers. What is more telling are the trends," said Charles Lynch, MD, PhD, UI professor of epidemiology and medical director of the registry.

Colorectal cancer is one of the state's "big four" cancers in addition to breast, lung and prostate cancers. The "big four" account for half of all cancer deaths in Iowa.

With March serving as Colorectal Cancer Awareness Month, UI experts emphasized an important reminder about colorectal cancer—one of the keys to reducing death from colorectal cancer is detection at an early stage. When diagnosed at an early stage, the five-year relative survival rate for colorectal cancer is more than 95 percent.

Colorectal cancer usually begins with small growths, or polyps. As they grow, these polyps may become cancerous. Screening can lead to detection and removal of polyps.

"Colorectal cancer is unique in that screening can find pre-malignant polyps, which when removed can prevent cancer from ever developing," said George Weiner, MD, director of Holden Comprehensive Cancer Center at the UI.

The goal is to increase screening participation and decrease perceived barriers, he said.

"One of the issues we have with colorectal cancer is we are in a similar place as we were with breast cancer 20 years ago--people are afraid to talk about it," Weiner said. "We need to get to a comfort

level with colorectal cancer screening in the same way women view the importance of mammograms and pap smears--they may not like it, but they do it because it is the right thing to do."

The U.S. Preventive Services Task Force recommends screening for colorectal cancer in adults at average risk between age 50 and 75 by any of the following methods: annual sensitive fecal occult blood tests; flexible sigmoidoscopy every five years combined with fecal occult blood testing every three years; or screening colonoscopy every 10 years. Screening should be considered earlier for people who have certain risk factors, such as family history.

According to the report, colorectal cancer incidence has been declining for the past two decades. Compared to the 1980s, colorectal cancer incidence rates have declined 18 percent and death rates have declined more than 30 percent. In addition in recent years, an increasing number of Iowans report ever having had a sigmoidoscopy or colonoscopy, but there are still significant numbers of Iowans who have not been screened at recommended intervals, according to

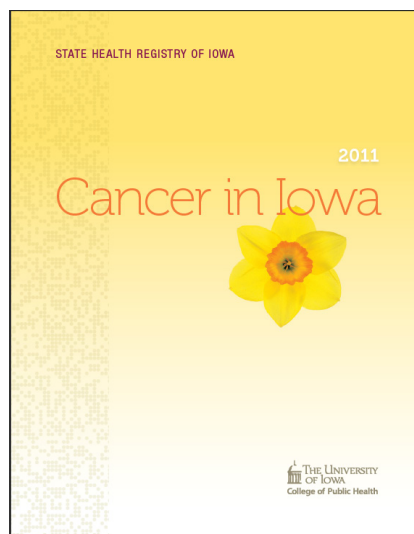
the report.

"Screening may help explain recent declines in colorectal cancer diagnosis and death, but we can do better," Lynch said. "Colorectal cancer is highly preventable and treatable, and screening is the key.

"This is an important issue. This is an area where we can improve, and the tools are there. We need to get more Iowans to follow the screening guidelines," he added.

The State Health Registry of Iowa has been gathering cancer incidence and follow-up data for the state since 1973. The report includes county-by-county statistics, summaries of new research projects and a special section on colorectal cancer.

Download the report at http://cph.uiowa.edu/shri/pubs/pdf/cancer_2011.pdf.



Funding Opportunities

RWJF | Mobilizing Action Toward Community Health: Community Grants Program

Brief Proposal Deadline: April 27, 2011 | www.rwjf.org/applications/solicited/cfp.jsp?ID=21351

LIVESTRONG Community Impact Project

Application Deadline: April 27, 2011

www.livestrong.org/What-We-Do/Our-Actions/Programs---Partnerships/Community-Impact-Project/How-To-Apply

Networking, Action and Education

Closing the Gap: A Comprehensive Approach to Addressing Cancer Health Disparities

Cancer Control P.L.A.N.E.T. cyber-seminar | April 20, 2011 | 3-4 p.m.

<https://researchtoareality.cancer.gov/cyber-seminars>

Art Show: What Cancer Cannot Do

May 2011 | Wellness Center Art Gallery | Scottish Rite Park | Des Moines

Cancer survivors are encouraged to create and share their original work based on the theme, "What Cancer Cannot Do." Art is due April 18th.

For more information, contact: Brenda Kane | bkane.BK@gmail.com | (515) 418-3000.

CancerClassroom: An Educational Webinar Series from the NCI

A free, four-part webinar education series for early career public health professionals or those new to the field of oncology. | www.cancer.gov/cancertopics/cancerlibrary/health-professional-training-tools/cancerclassroom

National Women's Health Week

May 8-14, 2011 | www.womenshealth.gov/whw/about/

Pieathlon: Fight Cancer, Eat Pie

May 14, 2011 | YMCA | Waukee, IA | <http://pieathlon.org/>

New Accreditation Opportunity for State, Local and Tribal Health Departments

www.cdc.gov/media/releases/2011/p0324_publichealthdeptaccreditation.html?source=govdelivery

2010 National Healthcare Quality & Disparities Reports

<http://www.ahrq.gov/qual/qdr10.htm>

Low Health Literacy Linked to Higher Risk of Death and More Emergency Room Visits and Hospitalizations

From the Agency on Healthcare Research and Quality (AHRQ) | Learn more and download the report at www.ahrq.gov/clinic/tp/lituptp.htm#Report

Looking Ahead...

ICC Spring Meeting

April 14 | 9 a.m. - 3:30 p.m.

[More info...](#)

Preventing Cancer in the Latino Community: Survivorship

April 21 | 11:30-1:00 | [More info...](#)

Iowa Cancer Plan Community Feedback Teleconference

April 27 | 12-1 p.m.

[More info...](#)



The mission of the Iowa Cancer Consortium is to reduce cancer incidence and mortality in Iowa through collaborative efforts that provide services and programs directed toward comprehensive cancer prevention and control.

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